



# Medicine Reconciliation Procedure

Procedure Number  
WCDHB-PN-0040

Version Nos:  
4

## 1. Purpose

This Procedure is performed to reduce all discrepancies that have the potential to become medication errors or result in medication related harm to patients. Medicine Reconciliation will be completed within 24 hours of the patient being admitted to Grey Base Hospital from Monday to Friday.

## 2. Application

This Procedure is to be followed by all Pharmacy staff, Medical staff and Nursing staff throughout the West Coast District Health Board (WCDHB).

## 3. Definitions

For the purposes of this Procedure:

**Medicine Reconciliation** is the process to: **collect, compare and communicate** the most accurate list of all medicines that a patient is taking, together with the allergies and/or adverse drug reactions (ADR's) with the goal of providing correct medicines for a given time period at all transition points i.e. at admission, transfer and discharge.' Grey Base Hospital is currently concentrating on the admission process.

**Discrepancy** – A medicine that is omitted, altered, added or substituted on the patient's medication chart without documented explanation in the patients' clinical notes. A discrepancy can be either intentional or unintentional.

**Intentional Discrepancy** – A medication that is prescribed differently from the patient's original pre-admission medication but the prescriber has intentionally changed the medication for a specific documented reason i.e. a deliberate decision by the prescriber at the time of prescribing.

**Primary source of information** – verbal from patient/caregiver, medication list (yellow card), own medicines

**Reconciled** – A medication written or omitted that has been found by a health practitioner, patient or caregiver and has been communicated and documented as to the reasons for the change.

**Secondary source of information** – GP's, Community Pharmacy, rest homes.

**Unintentional Discrepancy** – A medication that is identified as prescribed differently from the patient's original pre-admission medication list and the prescriber has changed unintentionally i.e. unaware or unknown to the prescriber at the time of prescribing.

**Unreconciled** – a medication written or omitted that has been found by a health practitioner, patient or caregiver that has **not** been communicated and documented as to the reasons for the change.

## 4. Staff Authorised To Perform Procedure

This Procedure shall be performed by Pharmacists and Prescribers.



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## 5. Resources Required

This Procedure requires:

- i. WCDHB Medicine Reconciliation Form
- ii. MR sticker
- iii. WCDHB Medication Chart
- iv. WCDHB Pharmacy Department – Medication chart annotation policy

## 6. Process

- 1.00 Patient is admitted to Ward.
- 1.01 Prescriber to clerk patient in and charts medication on WCDHB Medication Chart.
- 1.02 Pharmacist will ask the ward staff who the new admissions are or check on their patient list from the previous day. On the surgical ward the Pharmacist will need to check on the order of the operating list.
- 1.03 Pharmacist starts the Medicine Reconciliation (MR) Process (aim to have MR completed within 24 hrs for all patients admitted from Monday to Friday only).
- 1.04 On admission the Pharmacist **collects** a medication history from a minimum of two source types, with the primary source type being the principal starting point where practicable.
- 1.05 The Pharmacist will consult and confirm with the patient first (or family or caregivers) prior to utilizing secondary sources.
- 1.06 This collected list obtained from the primary and secondary sources becomes the most accurate list at this point in time and is documented on the **MR form**.
- 1.07 The Pharmacist then **compares** the collected medicines, allergies, and ADR information against the prescribed information, that is, the current medication chart, identifying and documenting any discrepancies. This includes looking for:
  - *Changes and/or differences in the patient's medicines, allergies, and ADR's which have been documented in the clinical notes by the prescribing health practitioner.*
  - *Differences between the medicines, allergies, and ADR history and medication chart that are not documented as intentional in the clinical record (even if clinically indicated), will be defined as unintentional discrepancies.*
- 1.08 The Pharmacist will reconcile discrepancy as intentional in green pen on the MR form when appropriate.
- 1.09 The Pharmacist will place a green sticker labeled '**MR completed by pharmacist**' in the clinical notes – they will need to date, time and sign alongside this sticker when MR has been completed.
- 1.10 The Pharmacist will **communicate** any unintentional discrepancies to the prescribing health practitioner by pager if not present on the ward.



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- 1.11 The prescribing health practitioner will reconcile all undocumented discrepancies and indicate if they are intentional or unintentional in blue or black pen as soon as possible. The prescribing health practitioner who has completed the MR process will include their signature, pager number as well as the date and time of reconciliation.
- 1.12 If the prescriber is unsure of whether the medication should be reconciled then they need to discuss this with their consultant.
- 1.13 As part of MR, the Pharmacist will annotate on medication chart according to the WCDHB Pharmacy Department Medication Chart Annotation Policy.
- 1.14 The MR form will be filed behind the medication chart in the clinical notes.

## 7. Precautions And Considerations

- ➔ Pharmacy staff shortages may preclude MR from being completed within 24 hrs.
- ➔ Support of individual Consultants will be required if prescriber unable to reconcile a medication.

## 8. References

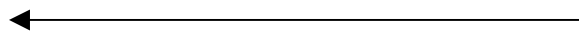
Safe Medication Management Programme – MR Standards 2009

## 9. Related Documents

Safe Medication Management Programme – MR Standards 2009

WCDHB Pharmacy Department Medication Chart Annotation Policy

WCDHB Medication Policy



<b>Revision History</b>	<b>Version:</b>	4
	<b>Developed By:</b>	Clinical Nurse Educator/Head Pharmacist
	<b>Authorised By:</b>	Medication review Committee
	<b>Date Authorised:</b>	September 2009
	<b>Date Last Reviewed:</b>	September 2009
	<b>Date Of Next Review:</b>	September 2011



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## 10. Related Documents

