



Highly Informative Tips (HITs) for Implementation

Adverse Drug Events (Medication Reconciliation)

Start small and don't aim for perfection immediately. You and your staff will get frustrated trying to reach 100%, so set an achievable goal (85% reconciled is recommended goal). Solutions for reconciliation will not be able to cover every possible situation that staff may encounter, and that is okay. Find manageable solutions that will cover the majority of patients.

- Start with a small pilot group at the hospital to work out bugs on new form (start in an "easy area" like surgery, not in the ED!)
- Gradually revise forms to improve medication reconciliation rather than introduce a complete new form to staff. For example, start with a stamp on the form, then change the form to include information on the stamp.
- Roll form to 3-5 pilot units before dispersing house-wide
- Medication Reconciliation may require different processes for different areas of the hospital (e.g. med surg, emergency, pediatrics, etc)

Develop process for obtaining patient medication lists. Patients often provide inaccurate or incomplete medication information at admission, so it helps to develop processes to get an accurate history from patients. There is no magic bullet for patient lists, but educating patients to carry their med lists does help. Best resources are patient first, then family, then pharmacies.

Personalize the importance of Medication Reconciliation at your hospital to engage staff. If it seems like more unnecessary work, buy-in to the process will be low. Make sure staff understand that this is important for the patient and not just another regulatory requirement. Review hospital correspondence for stories about medication issues and share with staff to increase their engagement with the project.

Reduce workflow when possible. To reduce time burden for staff, consider making the Medication Reconciliation form an order form. Many examples are available at www.ihl.org.

Stress how improved process can reduce work if done effectively at admission. Involve pharmacy and potentially reduce workload for those with direct care responsibilities.

Engage patients in the process. Community activation is one essential element for good medication lists on admission. Consider distributing medication wallet cards, thumb drives, etc. and engage pharmacies, physician offices and senior centers in this effort to activate the community to carry medication information.

Assign tasks. Assign medication reconciliation or confirmation of the task to a specific person or persons on the team. A task that is everybody's job ends up being overlooked.

Use resources creatively. Some hospitals have pharmacy staff or students check in with the patient within 24 hours of admission to verify medication lists. Give students the task of



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brainstorming solutions. This approach creatively uses resources and also gets students thinking towards quality improvement throughout their careers.

Measure Your Progress. Determine a goal such as completeness and reliability. For example, one hospital looks at documentation of Drug, Dose, Route, and Frequency. If any ONE is missing, it's considered unreconciled.

Developed by the Colorado Foundation for Medical Care from the IHI How To Guides and national calls.