LEAPFROG HOSPITAL SURVEY

Factsheet: Medication Reconciliation

Measure Background

Adverse Drug Events (ADEs), defined as patient injuries related to using a drug,[1] are an epidemic patient safety issue. ADEs occur in 5% to 40% of hospitalized patients and in 12% to 17% of patients after hospital discharge.[2,3] Transitions of care, such as hospital admission and discharge, contribute to ADEs through medication discrepancies: unexplained differences in documented medication regimens across different sites of care.[4,5] Medication discrepancies occur in up to 70% of patients at hospital admission or discharge.[6-10] Almost one-third of these discrepancies have the potential to cause patient harm (i.e., potential ADEs [PADEs]).[10] ADEs associated with medication discrepancies can prolong hospital stays and may lead to subsequent emergency department visits, hospital readmissions, and use of other health care resources.[11,12]

Why is Medication Reconciliation Important?

Medication reconciliation is the "process of identifying the most accurate list of all medications a patient is taking…and using this list to provide correct medications for patients anywhere within the health care system."[13] When a patient is admitted or discharged from a site of care (e.g., a hospital), it is vitally important that the health care provider ensures that the patient's list of medications is completely accurate. It must both include any new medications and exclude any medications that the patient should discontinue. Medication reconciliation interventions have been shown to improve important outcomes such as reducing medication discrepancies, potential adverse drug events, and adverse drug events.[14]

Medication Reconciliation Measure

The medication reconciliation measure that Leapfrog is collecting through its annual hospital Survey is a measure endorsed by the National Quality Forum (NQF#2456). The measure is intended to reflect the 'quality' or accuracy of a hospital's medication reconciliation processes.

The measure asks hospitals to conduct a random sample of its adult patients to collect the total number of unintentional medication discrepancies identified between the patient's gold standard medication history and the patient's admission and discharge orders. The "gold standard medication history" is created by a licensed pharmacist, or a specially trained and certified pharmacy technician, interviewing the patient to identify what medications the patient was taking prior to admission to the hospital. This may be in addition to any pre-admission medication list that was obtained by the care team.

The patient's gold standard medication list should be created by the licensed pharmacist or certified pharmacy technician shortly after a patient is admitted to the hospital. Leapfrog has provided a medication history checklist to aid in the development of this list.

To identify unintentional medication reconciliation discrepancies, the gold standard medication history is compared to the patient's admission orders and discharge medication orders to identify discrepancies in medication dose, route, or frequency between the lists.

Why Purchasers Need to Get Involved

Medication discrepancies are a common, preventable cause of harm to patients. Patients that experience an ADE can have longer lengths of stay and return visits to the hospital. The time employees could be out of work due to a serious medication discrepancy alone places a large burden on employers with lost time and productivity. Beyond the lost time, medication discrepancies increase the costs of care. Hospitals that have robust medication reconciliation practices in place can help save purchasers lost employee time and productivity, as well as reduce costs. Hospitals will benefit from having a signal from health care purchasers that this is an important patient safety issue.

References

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