

Society of Hospital Medicine  
Medication Reconciliation: A Team Approach  
A Multi-disciplinary Conference – AHRQ Sponsored  
Chicago, Illinois - March 6, 2009

The purpose of the conference was to identify:

- Key action items
- Organizational roles and partnerships
- Address opportunities and challenges in medication reconciliation

A key to success was in convening key stakeholder groups to participate in facilitated discussions.

- Multidisciplinary stakeholder group of 36 key stakeholders representing 17 organizations
- Participation by invitation only
- Attendees represented healthcare policy, patient safety, regulatory, professional, technology, and consumer organizations as well as patients and literacy experts

- June 2008 - March 2009
- Monthly Task Force conference calls
- Literature search
- Compiled database of medication reconciliation research and education projects submitted by conference attendees
- Surveyed conference attendees for input on the definition of medication reconciliation
- Monthly updates emailed to conference invitees

# Participating Organizations

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- AACN, American Association of Critical Care Nurses
- AAFP, American Academy of Family Physicians
- AAP, American Academy of Pediatrics
- ACEP, American College of Emergency Physicians
- CMS, Centers for Medicare and Medicaid Services
- CMSA, Case Management Society of America
- IHI, Institute for Healthcare Improvement
- ACP, American College of Physicians
- AMA, American Medical Association
- AMNS, Academy of Med-Surg Nurses
- ASHP, American Society of Health-System Pharmacists
- CAPS, Consumers Advancing Patient Safety
- NQF, National Quality Forum
- SGIM, Society of General Internal Medicine

## Participating Organizations con't.

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- ISMP, Institute For Safe Medication Practices
- JCR, Joint Commission Resources
- Northwestern Memorial Hospital MATCH Program
- Microsoft Corporation
- UCSD Hospital Medicine
- TJC, The Joint Commission
- Mass Coalition for Prevention of Medical Errors
- Patient Advocate Archie Willard
- University of Oklahoma College of Pharmacy - Tulsa
- IN Compass Health
- KRE Consulting

- Large group plenary session
- Four breakout sessions
  1. Patient Education, Literacy, and Empowerment
  2. Community Resources and Partnerships
  3. Implementation Strategies
  4. Measurement of Success

# 1 - Patient Education, Literacy, and Empowerment

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- Health Systems must partner with community pharmacy providers to ensure an uninterrupted communication link in both the inpatient and outpatient setting.
- Research and Quality Improvement communities must develop and test interventions and disseminate results.
- Professional societies must agree to a standard, patient-centered method to promote and maintain a universal medication reconciliation process.
- Public health systems must encourage and promote the established standards for medication reconciliation which include issues of patient literacy.



## 2- Community Resources and Partnerships

- Definition of “medication reconciliation” must be clarified.
- Utilizing public health methodologies, viewing the issue from the broader public health perspective of “medication safety” rather than “medication reconciliation.”
- Identifying the role of communities germane to medication safety and utilizing social marketing, health promotion, and community mobilization to advance the knowledge base and for dissemination.
- Partnerships with traditional and non-traditional groups/communities need to be fostered.

- Identify common goals each supported by standardized practices.
- Adopt the Continuity of Care Record as a national standard.
- Within various clinical roles, identify the key priorities.
- Narrow the focus to medications prescribed or OTCs recommended by your physician\*

*\*Note: caution was expressed in the large group to narrowing the focus, especially with respect to certain complicated treatments.*

- Identify an executive champion.
- Develop a toolkit to educate patients on what to disclose to their provider and impact of non-prescription treatments on care.
- Develop a provider toolkit to better understand how the patient perceives use of medications.
- Develop standard script for providers to use in dialogue with patients.
- Develop a universal format for the medication list.

## 4 - Measurement of Success

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- Identify funding sources to identify data needs and solutions to inform future measure development.
- Include other provider settings (e.g., skilled nursing) and interested parties (e.g., state Medicaid agencies) to engage.
- Scan field for existing/ emerging initiatives, e.g., readmissions initiatives that include medication reconciliation as a component and that may point to appropriate metrics.

- Identify best practices of medication reconciliation programs that have demonstrated improved outcomes within hospitals, but also across organizations and transitions, including rural and urban, and academic and community settings.
- Emphasize patient focused metrics that focus on episodes of care and transitions of care.

## Common Themes

- A formal written document of the conference proceedings is very important to the group as a means of providing a more impactful report to their organizations.
- Expressed interests in joint ventures between organizations and this project. Important to have an involved group effort among all participants.
- Important to have a standardized medication reconciliation definition. It needs to be comprehensive, accurate and clear with guiding principles and clearly defined processes.

### Common Themes, cont.

- Redefine current definitions of medication reconciliation. It would be extremely beneficial if organizations would endorse the redefined definition.
- Important to address non-prescription medications, such as supplements, herbals, over-the-counter medication, etc., in the medication reconciliation list to the patient. If excluded, it can potentially be a high risk to the patient.
- Recommend identifying risk assessment (best practices) and using lessons learned to help shape the medication reconciliation process.

- Final conference proceedings will be distributed to conference participants.

Proceedings will:

- Capture the attention of busy executives
  - Build the case for the importance of medication reconciliation and the need to address key issues identified by conference participants.
- Discussions and evaluations of current medication reconciliation definitions will be distributed for review by the group.



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