

Medication Reconciliation: Enhancing Continuity of Care in Transitions

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Abstract

Medication reconciliation is a crucial aspect of patient care that aims to enhance continuity of care in transitions, such as hospital admission, discharge, or transfer to another healthcare facility. This essay explores the significance of medication reconciliation in improving patient safety and quality of care. By reviewing relevant literature, this paper discusses the methodology, findings, and limitations of medication reconciliation in healthcare settings. The study concludes with recommendations for healthcare professionals to implement effective medication reconciliation processes to ensure seamless transitions and promote patient safety.

Keywords: Medication Reconciliation, Continuity of Care, Transitions, Patient Safety, Healthcare

Introduction

Medication reconciliation is defined as the process of comparing a patient's medication orders at different points in the healthcare system to avoid errors such as omissions, duplications, dosing errors, or drug interactions. It is a critical component of the healthcare system to ensure the safety and quality of patient care during transitions between different healthcare settings. Effective medication reconciliation can prevent adverse drug events, reduce medication errors, improve patient outcomes, and enhance continuity of care.

Medication reconciliation is a critical process in healthcare that involves creating the most accurate list possible of all medications a patient is taking and comparing that list against the physician's admission, transfer, and discharge orders. This essay explores the importance of medication reconciliation in enhancing continuity of care during transitions, its key components, benefits, challenges, and the impact on patient safety and outcomes.

Importance of Medication Reconciliation:

During transitions of care, such as hospital admission, transfer between healthcare facilities, or discharge to home, patients are at an increased risk of medication errors and adverse drug events. Medication reconciliation plays a vital role in ensuring the accuracy of medication lists, addressing discrepancies, preventing medication-related problems, and promoting seamless transitions for patients.

Key Components of Medication Reconciliation:

Obtaining Medication History: Healthcare providers gather information about a patient's current medications, including prescription drugs, over-the-counter medications, supplements, and herbal products.

Verification: The accuracy of the medication list is verified by comparing it with the patient's medical records, prescriptions, and information provided by the patient or caregiver.

Reconciliation: Discrepancies are identified and resolved through communication with the patient, caregivers, pharmacies, and other healthcare providers to ensure the most up-to-date and accurate medication list.

Documentation: The updated medication list is documented in the patient's medical records and communicated to all members of the healthcare team involved in the patient's care.

Benefits of Medication Reconciliation:

Enhanced Patient Safety: By reducing medication discrepancies and errors, medication reconciliation improves patient safety and decreases the risk of adverse drug events during care transitions.

Continuity of Care: Ensuring accurate medication lists across transitions promotes continuity of care, facilitates better communication among healthcare providers, and reduces the likelihood of treatment interruptions or duplications.

Optimized Treatment Outcomes: By providing healthcare providers with a comprehensive and accurate medication list, medication reconciliation supports appropriate prescribing, dosage adjustments, and medication management, leading to improved treatment outcomes.

Cost Savings: Preventing medication errors and adverse drug events through medication reconciliation can result in cost savings by reducing hospital readmissions, emergency department visits, and unnecessary healthcare expenses.

Challenges and Future Directions:

Challenges in medication reconciliation include incomplete medication histories, lack of standardized processes, time constraints, and the need for improved communication among healthcare providers. Future directions involve the integration of electronic health records, interoperability of healthcare systems, and the use of technology to streamline the medication reconciliation process.

Medication reconciliation is a fundamental component of patient safety and quality care during transitions in healthcare settings. By ensuring accurate medication lists, addressing discrepancies, and promoting seamless communication among healthcare providers, medication reconciliation enhances continuity of care, reduces medication errors, and improves patient outcomes. Emphasizing the importance of medication reconciliation in care transitions is essential for promoting patient safety, optimizing treatment effectiveness, and ultimately enhancing the quality of care provided to individuals as they move across different healthcare settings.

Methodology:

This essay reviews the literature on medication reconciliation to provide insights into its importance in enhancing continuity of care during transitions. A systematic search was conducted in reputable databases, such as PubMed, CINAHL, and Scopus, using keywords including medication reconciliation, continuity of care, transitions, patient safety, and healthcare. Relevant studies, reviews, and guidelines published between 2010 and 2020 were included to support the discussion on the role of medication reconciliation in improving patient safety and quality of care in healthcare settings.

Findings:

The findings indicate that medication reconciliation plays a significant role in enhancing continuity of care during transitions by ensuring the accuracy and consistency of a patient's medication list. Studies have shown that medication discrepancies are common during transitions, leading to medication errors and adverse drug events. By implementing systematic medication reconciliation processes, healthcare professionals can identify and resolve medication discrepancies, improve communication among healthcare providers, engage patients in their care, and prevent medication-related problems.

Discussion:

The discussion highlights the importance of medication reconciliation in promoting patient safety and quality of care during transitions between healthcare settings. Healthcare professionals need to collaborate effectively to conduct medication reconciliation accurately and timely. Electronic health records, medication history forms, standardized procedures, and patient engagement strategies can facilitate the medication reconciliation process and improve communication among healthcare providers.

Limitations and Recommendations:

Despite the benefits of medication reconciliation, several limitations exist, including time constraints, inadequate training, lack of standardized processes, and reliance on manual documentation. To enhance the effectiveness of medication reconciliation, healthcare organizations should invest in technology solutions, provide ongoing education and training for healthcare providers, implement standard protocols for medication reconciliation, and involve patients in the review and verification of their medication list.

Conclusion:

In conclusion, medication reconciliation is a critical component of patient care that enhances continuity of care during transitions in healthcare settings. By ensuring the accuracy and consistency of a patient's medication list, healthcare professionals can prevent medication errors, improve patient safety, and promote quality of care. To achieve optimal outcomes, healthcare organizations need to prioritize medication reconciliation, implement standardized processes, leverage technology solutions, and engage patients in the medication reconciliation process. By addressing the challenges and barriers associated with medication reconciliation, healthcare providers can enhance patient safety, quality of care, and continuity of care in transitions between healthcare settings.

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