

INTRODUCTION

Medication reconciliation is a formal process for creating the most complete and accurate list possible of a patient's current medications and comparing the list to those in the patient record or medication orders. This reconciliation is done to avoid medication errors such as omissions, duplications, dosing errors, or drug interactions.

AIM

The aim of medical reconciliation is to prevent adverse drug events (ADEs) at all interfaces of care (admission, transfer and discharge), for all patients and to eliminate undocumented intentional discrepancies and unintentional discrepancies by reconciling all medications, at all interfaces of care.

OBJECTIVE

- Define the components of an accurate medical reconciliation.
- Recognize gaps and inconsistencies in the medical reconciliation process.
- Identify next steps in your practices to improve medical reconciliation.

METHODS

The audit included patients admitted to Fortis Hospital, Gurugram. We have used Descriptive Cross Sectional Study Design and the data used was collected by creating audit tool. This data is completely based on documented files.

AUDIT TOOL FOR ADMISSION	AUDIT TOOL FOR UNIT TRANSFER	AUDIT TOOL FOR CROSS CONSULTATION	AUDIT TOOL FOR DISCHARGE
PATIENT'S NAME	PATIENT NAME	PATIENT NAME	PATIENT'S NAME
UHD	UHD	UHD	UHD
DOCTOR'S NAME	DATE OF AUDIT	DOCTOR'S NAME	DATE OF AUDIT
DATE OF AUDIT	DIAGNOSIS	SPECIALITY	DIAGNOSIS
DIAGNOSIS	SPECIALITY	DIAGNOSIS	SPECIALITY
SPECIALITY	DOCTOR'S NAME	DOCTOR'S NAME	DOCTOR'S NAME
MEDICAL RECONCILIATION DONE AT THE TIME OF ADMISSION (YES/NO)	MEDICAL RECONCILIATION AT UNIT TRANSFER (YES/NO)	MEDICAL RECONCILIATION DONE AT CROSS CONSULTATION (YES/NO)	MEDICAL RECONCILIATION AT THE TIME OF DISCHARGE (YES/NO)
IF YES, LIST OF MEDICATIONS	DOCUMENTED (YES/NO)	DOCUMENTED (YES/NO)	IF YES, LIST OF MEDICATIONS
MEDICAL RECONCILIATION DONE IN MAR SHEET (YES/NO)	IF YES, LIST OF MEDICATIONS	IF YES, LIST OF MEDICATIONS	MEDICAL RECONCILIATION DONE IN PROGRESS NOTES
IF YES, LIST OF MEDICATIONS	REMARKS:	REMARKS:	MEDICAL RECONCILIATION DONE FROM MAR SHEET
REMARKS:	VERIFIED BY DOCTOR		

SAMPLING METHOD - Simple random sampling method was used for auditing.

DATA ANALYSIS - Data collection and Analysis was done with the help of Microsoft excel.

SAMPLE SIZE- 100 IN TOTAL (25 in each transition points)

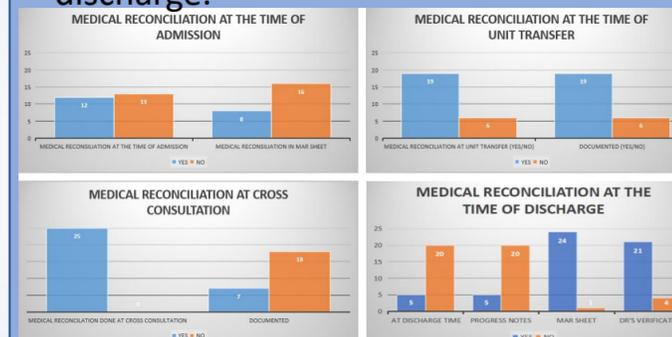
TYPE OF DATA FOR THE PROJECT

– Quantitative primary data

STUDY DESIGN - Descriptive Cross-Sectional study.

RESULTS

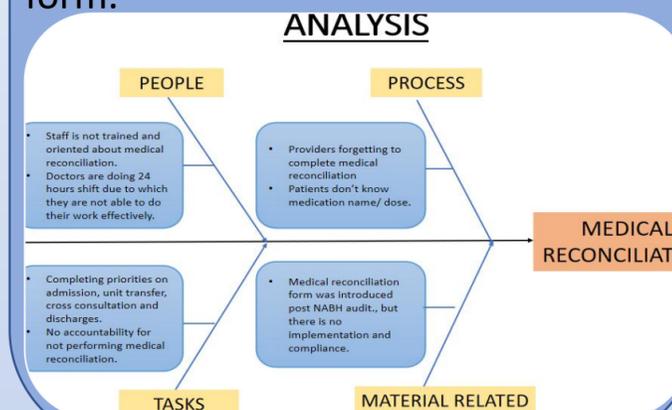
Medical reconciliation at the time of admission
 Medical reconciliation at the time of cross consultation
 Medical reconciliation at the time of unit transfer.
 Medical reconciliation at the time of discharge.



No visibility in cross consultation, unit transfer and discharge.

Discharge is done by floor doctors, and they are overloaded with work due to which they are not able to do medical reconciliation.

There is no implementation and compliance of medical reconciliation form.



RECOMMENDATION

- Introduction of EHR, for ease and accessibility of medical reconciliation done by doctors.
- adequately rostering of doctors, 6hr/8hr shift in a day.
- suggested increase in 1 doctor on floors so that one can look into medical reconciliation.
- training of doctors and nursing.
- Medication management plan can be introduced at the time of discharge to compare medicines

CONCLUSION

- Structured medical reconciliation soon after or at the time of admission, transition points of care and discharge.
- Reduces number of unintentional errors.
- Reduces potential errors by clarifying intentional changes.
- Still room for improvement- documentation.
- The biggest cause of potentially harmful discrepancies are due to history errors.
- Sustained, coordinated efforts will ensure optimal medication adherence.