

UC Riverside, School of Medicine Policies and Procedures**Policy Title:** Medication Reconciliation**Policy Number:** 950-03-024

Responsible Officer:	Chief Medical Officer
Responsible Office:	Clinical Affairs
Origination Date:	October 2022
Date of Revision:	NA
Scope:	UCR Health Clinic Practice Sites

I. Policy Summary

This policy provides a standardized process to accurately reconcile patients' medications at the beginning of an episode of care. To ensure patient safety, medication reconciliation processes should involve the patient and/or their designee, and in some case, other secondary source. Medications ordered for the patient while under the care of UCR Health are compared to those medications on the home medication list. Discrepancies will be resolved during medication reconciliation with the licensed provider.

II. Definitions

A. Medication Reconciliation: A process to review a patient's current medications for duplications, omissions, and interactions with those medications ordered for the patient while under the care of a different provider/organization. The goal is to identify and resolve any discrepancies.

B. Medication: Includes the following and not limited to:

- a. prescription medication,
- b. sample medication,
- c. herbal remedies,
- d. vitamin,
- e. vaccine,
- f. over the counter drug.
- g. diagnostic and/or contrast agent,
- h. radioactive medications,
- i. respiratory therapy treatments,
- j. blood derivatives,
- k. intravenous solutions (plain, with electrolytes and/or drugs) and
- l. Oxygen and other medical gases.

This definition does not include food products such as enteral nutrition solutions.

III. Procedure

A. The patient's home medication or medication list will be reviewed, documented, and updated at each clinic visit by the physician or physician designee.

B. The physician or physician's designee will review and compare the current medication or medication list when medications are changed, stopped or new medications are prescribed.

C. The medication list will include:

1. Medication name
2. Dose
3. Frequency
4. Route

D. If a procedure was scheduled at the clinic, procedure A, B and C above will be completed as part of the pre-procedural process.

E. The physician will review and update the medication list prior to ordering medications for the procedure or upon ordering medications at the end of the procedure.

F. If new medications are prescribed, licensed staff will provide the patient or patient's designee with instructions for safe and appropriate use and the importance of bringing an accurate medication list to the next episode of care.

G. Each patient should receive an after-visit summary (AVS) containing a complete medication list. Medication education regarding the purpose and side effects of the medication is provided and questions are answered by the licensed staff within their scope of practice.

IV. Responsibilities

A. Medical assistants (MA's) may compare patient's home medication list to the current clinic record. MA's may also update the clinic record based on patient's home list. Any changes or updated medication list on EPIC by an MA must be reviewed by the provider.

B. Licensed Staff (PA, RN, NP, DO, MD) can review, verify, and educate patients on current medications.

C. Qualified health professionals can prescribe medications based on their scope of practice.

V. Additional job aid ⁱ

1. Addendum A: When patient brought in medicines for medication reconciliation.

2. Addendum B: When patient did not bring in medicines for medication reconciliation.

VI. Revision History - NA

Approvals:

COMPLIANCE COMMITTEE (10/25/2022)

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10/26/2022 | 11:13 AM PDT

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ⁱ Department of health and human services: Agency for healthcare research and quality – guide to improving patient safety in primary care setting by engaging patients and families, create a safe medicine list together (Internet), 2018, April (cited 2022, October). Available from <https://www.ahrq.gov/patient-safety/reports/engage/medlist.html>

Addendum A: When patient brought in medicines for medication reconciliation

Department of health and human services: Agency for healthcare research and quality – guide to improving patient safety in primary care setting by engaging patients and families, create a safe medicine list together (Internet), 2018, April (cited 2022, October). Available from <https://www.ahrq.gov/patient-safety/reports/engage/medlist.html>

1. Thank the patient for bringing in the medicines.
2. Go through each prescription medicine.
 - a. Compare the medicine name, prescribed dose, and prescribed frequency to what is documented in EPIC.
 - b. Hand the medicine to the patient and ask the patient how he or she takes the medicine.
 - c. If the patient is not taking the medicine as prescribed, try to find out why.
 - d. If the medicine is expired, inform the patient of appropriate ways to dispose of expired medicines. The Food and Drug Administration has advice for appropriately disposing of medicine: <https://www.fda.gov/drugs/safe-disposal-medicines/disposal-unused-medicines-what-you-should-know>
3. Go through each of the over-the-counter medicines, vitamins, and herbal medicines.
 - a. Compare the medicine to what is documented in EPIC.
 - b. Ask the patient how they take the medicine (when and how much). It may be helpful to ask the patient to show you how they take the medicine.
4. If there are any medicines listed in EPIC that the patient did not bring in, discuss those medicines one by one with the patient.
 - a. Ask the patient if they are still taking the medicine. Ask the patient how they take it (when and how much).
 - b. If the patient is not taking the medicine as listed in EPIC, try to find out why.
5. Ask the patient whether they have remembered all the medicines. Encourage the patient to disclose everything, including medicines from other doctors and medicines they only take occasionally, such as pain relievers.
 - a. Acknowledge that many patients see a variety of providers and ask if the patient sees any other healers and, if so, whether those providers have suggested taking anything else.
 - b. If there are additional medicines, ask the patient how they take them (when and how much).
6. Update EPIC as necessary.
7. Use both the medicine labels and EPIC to check whether any refills are needed.
8. Inform the provider of any medicines that are not being taken as directed or as listed in EPIC.

Addendum B: When patient did not bring in medicines for medication reconciliation

Department of health and human services: Agency for healthcare research and quality – guide to improving patient safety in primary care setting by engaging patients and families, create a safe medicine list together (Internet), 2018, April (cited 2022, October). Available from <https://www.ahrq.gov/patient-safety/reports/engage/medlist.html>

1. Discuss the medicines listed in EPIC one by one with the patient.
 - a. Ask the patient if they are still taking the medicine. Ask the patient how they take it (when and how much).
 - b. If the patient is not taking the medicine as listed in EPIC, try to find out why.
2. Ask if the patient is taking any other medicines, including prescriptions, over-the-counter medicines, vitamins, and herbal medicines. Encourage the patient to disclose everything, including medicines from other doctors and medicines he or she only takes occasionally.
 - a. Acknowledge that many patients see a variety of providers and ask if the patient sees any other healers and, if so, whether those providers have suggested taking anything else.
 - b. If there are additional medicines, ask the patient how they take them (when and how much).
3. Update EPIC as necessary.
4. Using EPIC, check whether any refills are needed.
5. Inform the provider of any medicines that are not being taken as listed in EPIC.