Patient Safety: Medication Reconciliation and Management

VNAA Best Practice for Hospice and Palliative Care
Medication Reconciliation and Adherence

Medication reconciliation is the process of identifying the most accurate list of all medications a patient is actually taking and using this information to determine which medications the patient should be taking. Medication adherence is the extent to which the patient and/or caregivers medication administration behavior coincides with medical advice.
Why Medication Reconciliation and Adherence

- Patients often enter hospice care after receiving medical treatments from multiple providers and institutions who prescribe multiple medications.
- Patients and caregivers often are confused and anxious about which medications and/or doses they should be taking when they enter hospice care.
- 50% of patients do not take medications properly (WHO, 2003)
- 33-66% (Brown, 2011) of medication-related hospitalizations in the US are the result of poor medication adherence.
Medication Reconciliation – Best Practices

1. The hospice has a standardized medication reconciliation process in place that is completed and reviewed by the IDT within 5 days of the initiation of care.

2. Any discrepancies that are identified are clarified with the physician and/or pharmacy consultant within 24 hours.

3. There is a process in place to review current medications to determine which ones are related to the terminal illness and therefore the financial responsibility of the hospice.
Critical Interventions/Actions – Medical Reconciliation

Recommended process is:

• First **Verify** – collect an accurate list of ALL medications the patient is taking. This becomes the “ONE TRUE SOURCE”

• Second, **Clarify** – any questions about which drugs, which dose and which frequency.

• Third, **Reconcile** by reviewing this list with the hospice physician and/or pharmacy consultant along with any questions or concerns in order to obtain clarification or revised orders.
Critical Interventions/Actions – Medical Reconciliation (2)

• Provide medication and medication reconciliation education to staff and consider as yearly competency.

• Assure staff has access to AND a process in place to use up to date medication information and software programs to analyze medication interactions, duplication, adverse effects etc.
Critical Interventions/Actions – Medical Reconciliation (3)

Assure Staff Training includes at least the following:

- Ask the patient/caregiver before the first visit to collect all of the patient’s medications.
- Note any discrepancy between the prescription on the bottle and what the patient states he/she is taking.
- Ask about the use of non-prescription medications.
- Identify any combinations of medications that may be contraindicated or medications that seem to be inappropriate such as those on the Beers Criteria.
Staff Training - 2
• Determine if the patient is self-managing or needs help in managing medications.
• Identify patients who are on high-risk medications
• Identify patients who are at high risk for non-adherence
Medication Management

Hospice programs are responsible for the management of all medications the patient takes. Managing medications for a hospice patient has some unique aspects for the clinician. Hospice clinicians must also teach and support informal caregivers on proper medication administration and management in the home.
Medication Management – Best Practices

1. The hospice provides oversight of all medications that are prescribed for the patient.

2. The IDT maintains and reviews the drug profile of each patient on a regular basis.

3. The hospice assures immediate access to medications needed for prompt relief of symptoms that commonly arise in terminally ill patients.
Critical Interventions/Actions – Medication Management

Medication management training for RN’s should include:

- See VNAA Best Practice Module Medication Reconciliation & Management for a detailed description of RN training.
Patient and informal caregivers should be trained on medication management and administration. This training should include (Lau 2009):

- Teamwork - how to communicate and coordinate with hospice providers.
- Organizational skills such as how to acquire, store, track and discard medications.
- How to recognize and respond to common symptoms at the end of life and to know which ones are expected.
Critical Interventions/Actions – Medication Management

Patient/Caregiver Education -2

• Medication knowledge including generic versus brand names, round-the-clock vs PRN dosing, time to peak drug effect, the difference between short-acting/fast-release and long-acting/extended release drugs. Danger in double dosing. If liquid medicines are prescribed making sure that caregivers pay attention to the units of measurement and not confuse milliliters and milligrams. Proper use of transdermal patches if being used.

• How to assess the patient’s symptoms and administer medications given the patient’s individual needs, preferences and ways of communication.