

Medication Reconciliation: Evaluating Acute Care Process Change and Medication Prescribing Errors

Abstract

The medication reconciliation process has recently received increasing attention in the drive to improve national patient safety. The Institute for Health Care Improvement (IHI), has named it as one of six proposed interventions for their 100,000 Lives Campaign, and JCAHO has included it as one of the 2005 Hospitals' National Patient Safety Goals [1, 2]. According to the IHI, forty-six percent of all medication errors occur at transition points (e.g., hospital admission, transfer between units, discharge from hospital) and "medication reconciliation can virtually eliminate errors occurring at transitions in care" [2]. Such conventional wisdom has not been rigorously evaluated, and more important, the process of obtaining and maintaining an accurate medication list is fraught with difficulties involving the intersection of people, care processes and technology [3-11].

The primary aim of this study is to investigate the impact of a collaborative, technology-supported process for medication reconciliation across the health care continuum (outpatient to inpatient, inpatient from admission to discharge) on medication prescribing errors in a community health care system. The quasi-experimental design will use pre- and post-implementation comparisons of medication prescribing errors at one site with a medication reconciliation process and a separate site with no medication reconciliation process. Secondary aims are to document the pre- and post-implementation medication reconciliation process and describe the frequency, type, and severity of medication prescribing errors.