IMPROVING MEDICINE RECONCILIATION IN HIGH DEPENDENCY UNIT C OF HEART HOSPITAL

Medication Reconciliation Matters

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Background

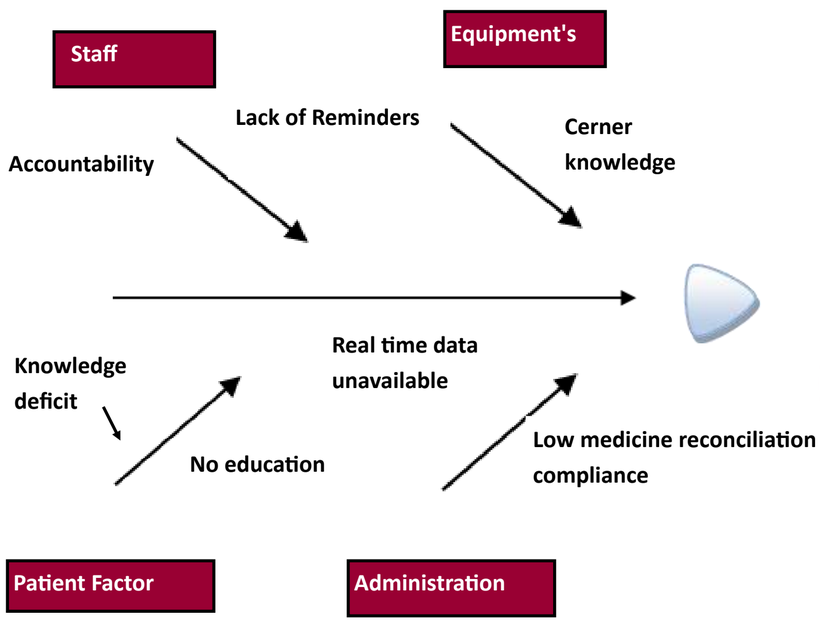
A common patient safety problem around the world is the lack of accurate and complete information about patients' medicines when their care is transferred between healthcare settings. More than 40% of medication errors are result from inadequate reconciliation during admission, transfer and discharge of patients these errors are also an economic burden to health services.

Medication reconciliation is the process of creating the most accurate list possible of all medications a patient is taking including drug name, dosage, frequency, and route and comparing that list against the physician's admission, transfer, and/or discharge orders, with the goal of providing correct medications to the patient at all transition points within the hospital.

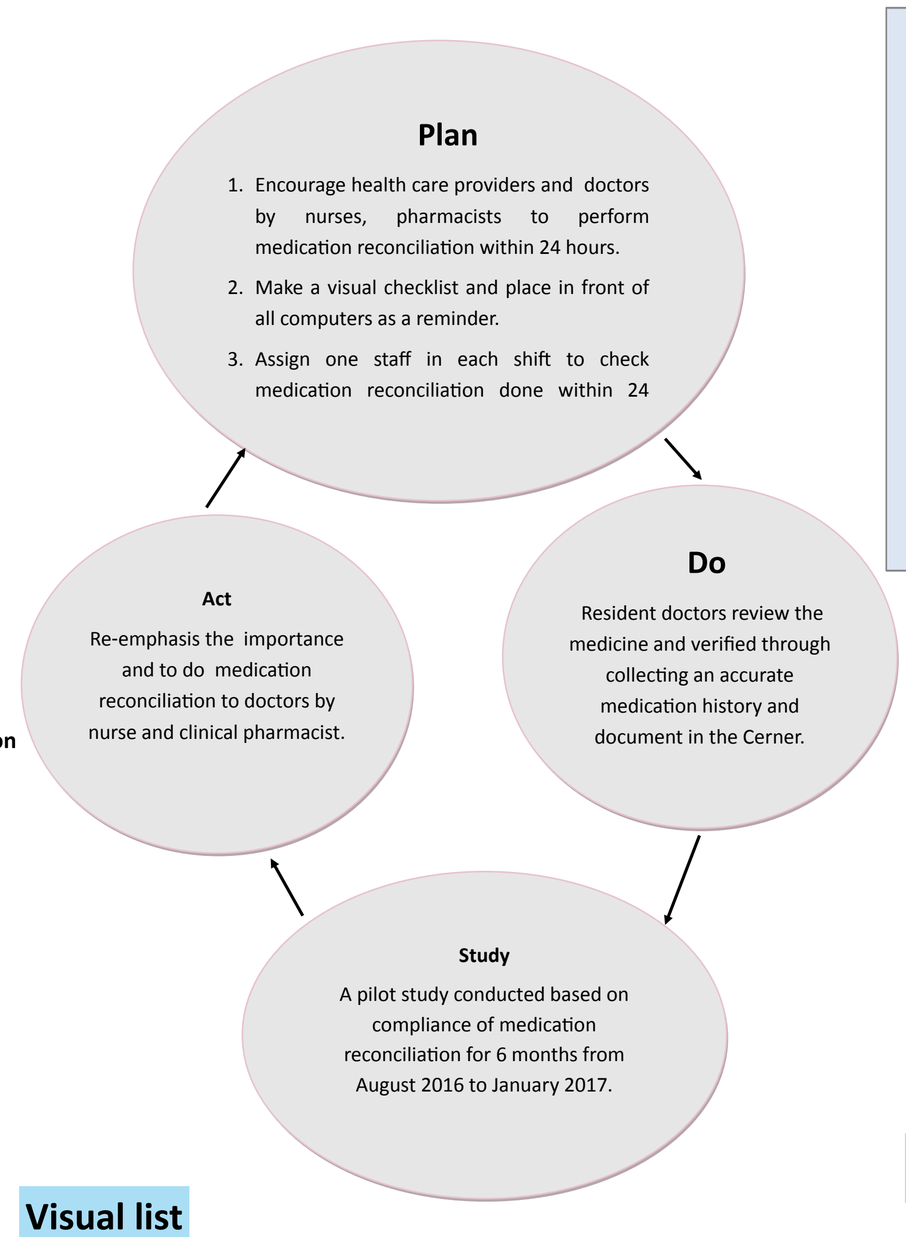
Aim

To achieve 90 % compliance with medication reconciliation within 24 hours of admission by January 2017.

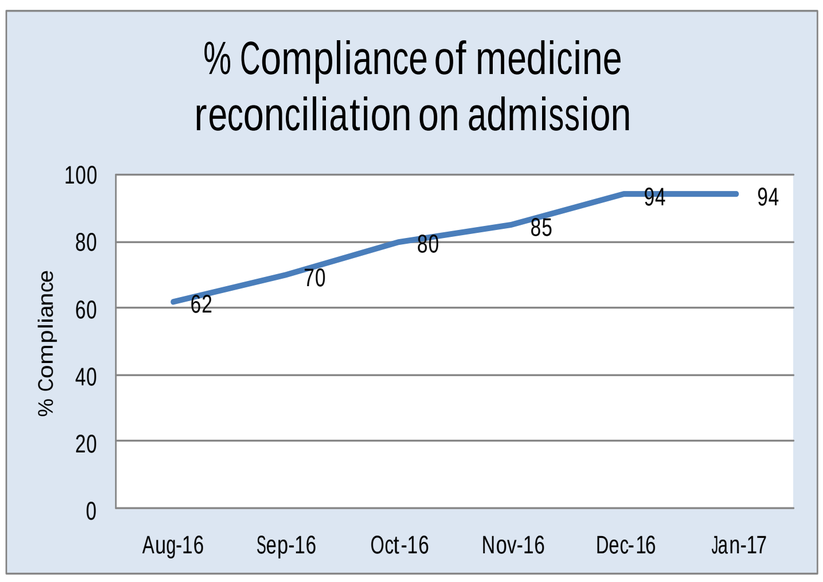
Cause & Effect Analysis

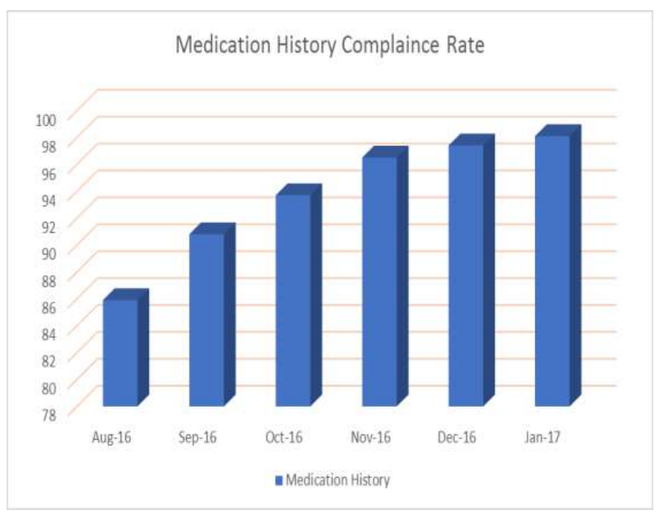


Interventions

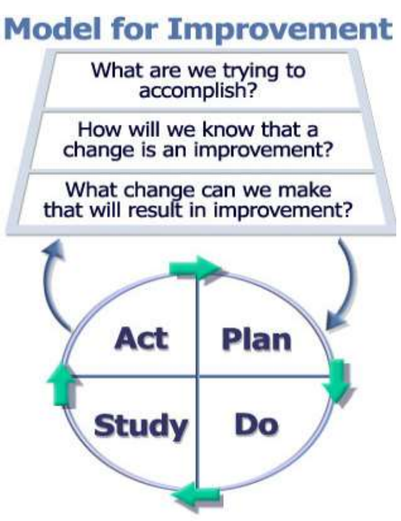


Benefits

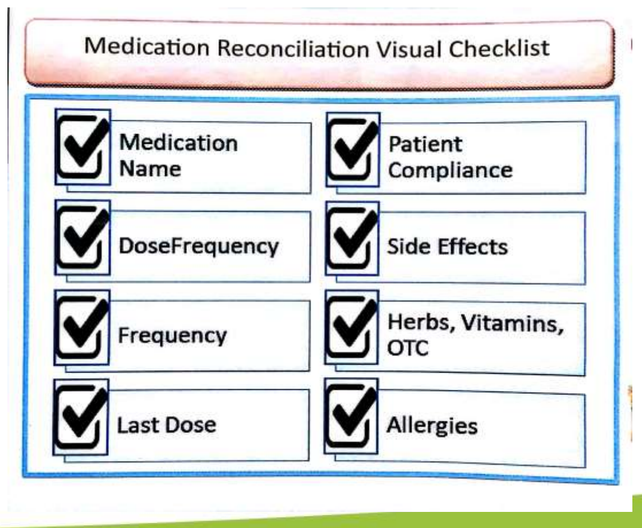




Methodology



Visual list



Conclusion

Medication Reconciliation is a powerful and effective tool in the fight against preventable Adverse Drug Events. Consequently, it is a focus of patient safety. Nurses need to understand the requirements and actively support the process as the right thing to do for their patients.

Sustainability Plan & Next steps

- Reevaluate staff on the proper way of medicine reconciliation.
- Continued monitoring

Reference:

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