



Regional Office
20 Corporate Woods Blvd.
Albany, NY 12211-2370
(518) 426-3300
www.atlanticquality.org



MEDICATION RECONCILIATION AUDIT TOOL - DISCHARGE

Facility: _____ Date: _____

Data Collector's name: _____ Email/Phone: _____

Purpose: To evaluate *your facility's internal discharge medication reconciliation processes*: 1) the accuracy of the medication reconciliation of the pre-admission list to current orders and discharge orders, 2) the documentation of rationale for intended medication discrepancies, 3) the incidence of unintended medication discrepancies, 4) the provision and assessment of patient/caregiver medication education, and 5) the timeliness of provision of the reconciled discharge medication list to the subsequent provider.

Instructions:

- Using the criteria below, audit 5-10 medical records of patients discharged from your facility on any anticoagulant or hypoglycemic drug.
- Answer Y or N to the following audit criteria questions using data elements found in the patient's medical record.
- For questions contact: Anne Myrka, anne.myrka@area-i.hcgis.org
- Please use additional copies of this form if your audit exceeds 5 patient records.
- **Please FAX this completed form to 518-426-3418 to Anne (main phone:518-426-3300)**

Medication Reconciliation Audit Criteria - DISCHARGE	Pt. 1 Y/N	Pt. 2 Y/N	Pt. 3 Y/N	Pt. 4 Y/N	Pt. 5 Y/N
Was the original home medication list (pre-admission list) reconciled with current orders and discharge orders?					
Was there is a 1:1 match for every medication on the home medication list (pre-admission list) to the current orders and to the discharge orders? (all elements for all drugs must match for Yes)					
For medications without a 1:1 match, was a rationale for the discrepancy documented? If No, please complete the Medication Discrepancy Tool (MDT- see below) (use one MDT for each applicable patient record).					
Did the reconciled medication list include the medication name, dose, route and frequency for each medication? (all elements for all drugs must be present for Yes)					
Did the reconciled medication list include the date and time of last dose given for each medication? (must be present for all drugs for Yes)					
Did the reconciled medication list include the date and time of the next dose due for each medication? (must be present for all drugs for Yes)					
Did the final reconciled medication list for discharge indicate whether medications should be stopped, started, or continued?					
Was patient/caregiver education provided?					
Was patient/caregiver understanding of education assessed and documented? (both elements must exist for Yes)					
Was the final reconciled medication list communicated to subsequent providers within 24 hours of discharge?					

* "Original Home medications list" and "pre-admission list" refer to medications the patient was taking *where they lived prior to admission to your facility* and includes lists provided by skilled nursing facilities, assisted living facilities, adult homes, home healthcare agencies, primary care, etc.



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Medication Discrepancy Tool (MDT)

Facility Name: _____ Date of Discharge: _____

Patient Identifier (facility use only): _____

Data Collector's name: _____ Email/Phone: _____

If used in conjunction with the Medication Reconciliation Audit Form, circle one of the following to indicate the corresponding patient record: Pt.1 Pt.2 Pt.3 Pt.4 Pt.5

Instructions: Document and explain any discrepancies in the patient's medication orders that could have resulted in a medication error. Multiple causes and contributing factors can be selected if needed using the list below.

Medication	Cause & Contributing Factors	Resolution
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		

Causes and Contributing Factors:

- a. Ordered medication conflicts with patient's listed allergies
- b. Discharge instructions and/or summary incomplete, inaccurate, does not match MAR, PRI, etc.
- c. Duplication (multiple drugs ordered with the same action without any rationale)
- d. Dose/Frequency discrepant
- e. Drug name discrepant/incorrect
- f. Medications omitted
- g. Patient level factors (did not fill/obtain medication, did not take medication at all or as prescribed, did not understand use of the medication, need for patient assistance not recognized)
- h. Other

Name of the facility where patient was discharged to: _____

Was there a delay in starting the appropriate medications for the patient? Y N If yes, how long? _____