

MEDICATION RECONCILIATION AUDIT TOOL

Facility: _____ Date: _____

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

Purpose: To evaluate *your facility's internal medication reconciliation processes*: 1) the collection and accuracy of the home medication list, 2) the accuracy and timeliness of the medication reconciliation of the home list to the admission orders, 3) the documentation of rationale for intended medication discrepancies, and 4) the incidence of unintended medication discrepancies. Records of patients receiving anticoagulants will be selected for review to identify root cause for unintended anticoagulant order discrepancies.

Instructions:

- Using the criteria below, audit 5-10 medical records of patients discharged from your facility on any anticoagulant (see list below)
- 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@hcqis.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	Pt. 1 Y/N	Pt. 2 Y/N	Pt. 3 Y/N	Pt. 4 Y/N	Pt. 5 Y/N
Was an original home* medications list collected on admission?					
Did the list of original home medications collected at admission include the medication name, dose, route and frequency for each medication? (all elements for all drugs must be present for Yes)					
Was the original home medication list reconciled with admission orders in less than 24 hours?					
Did the reconciled medication list reside in a dedicated location in the medical record?					
Was there is a 1:1 match for every medication on the home medication list to the admitting 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).					

* "Original Home medications 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, etc.

Anticoagulants: Coumadin (warfarin), Pradaxa (dabigatran), Xarelto (rivaroxaban), Eliquis (apixaban), Lovenox (enoxaparin), Arixtra (fondaparinux), Heparin, Fragmin (dalteparin)

Medication Discrepancy Tool (MDT)

Facility Name: _____ **Date of Admission:** _____

Patient name: _____ **MR#** _____

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:

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 from: _____

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