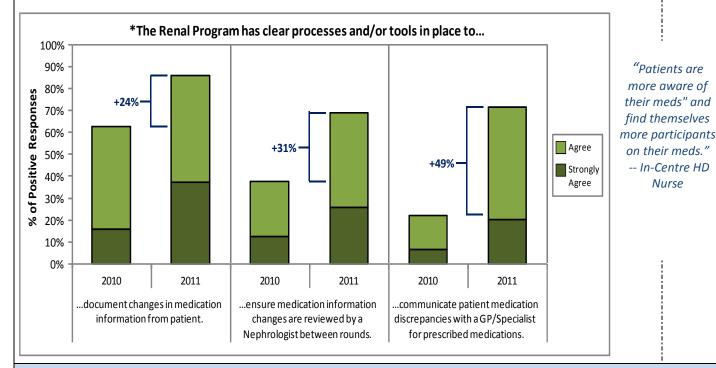
As part of a larger evaluation of the phased Renal Medication Reconciliation (Med Rec) project, Renal Hemodialysis (HD) Nursing staff* were surveyed in 2010 and 2011 about processes, tools and time required for review of renal patient medication practices. This summary outlines key findings from the follow-up survey (1-year into the Renal Med Rec project) and related project next steps.

"Patients are

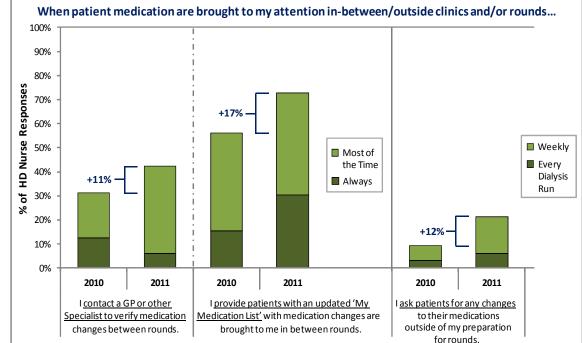
Nurse



Key Finding #1: More HD Nurses agree that the Renal Program has clear processes/tools in place for Medication Reconciliation.



Key Finding #2: More HD Nurses are taking steps to address medication changes in between rounds.



What Needs Improvement?

Key Finding #3: HD Nursing staff identified areas that still need improvement in the Renal Med Rec project, in particular:

- Improved communication of patient medication between Renal Units and GPs: and
- Improved clarity regarding the pharmacists' role in Renal medication reconciliation processes.

"[What can be improved is] better use of our Pharmacist. Also, it would be beneficial if family physicians could fax medication changes to the dialysis unit when they make them so that we had a copy of the order." - In-Centre HD Nurse

What's Next for Renal Medication Reconciliation?

Over then next year (2012/13), the Med Rec Project team aims to 1) build upon strengths and 2) address what still needs improving with Renal medication reconciliation processes, including:

- A greater focus on med rec during patient transitions, including tools for Renal patient med reviews within 1 week of discharge from acute care;
- Exploring ways to work with community pharmacists for medication reconciliation in the ambulatory/CKD setting; and
- Investigating better ways to communicate patient medication information between various points of care (in particular Renal Units and GP offices)

Appendix 2