

Medication Reconciliation Standardization in a Regional Health Authority Renal Program

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Background: Maintenance of an up-to-date medication list, using medication reconciliation (MedRec) to identify discrepancies, has been shown to reduce adverse drug events in hemodialysis patients.

Objectives: Develop and implement a renal program-wide, sustainable MedRec program primarily using nurses.

Methods: The project team worked with the hemodialysis nurses to develop a standardized MedRec process utilizing the provincial patient database and guidelines from Safer Healthcare Now. The nurses were educated and given tools to support them to gather a best possible medication history (BPMH). An Evaluation Analyst developed a Logic Model and Data Collection Plan to support the project.

Results: After one year, the percentage of medications with a discrepancy and the average number fell from 23% to 15% and 3.9 to 2.7 per patient, respectively. Over 85% of the staff surveyed stated that there were now clear processes and tools in place to conduct a BPMH, update the medication lists in the provincial renal database, and to communicate the medication information to the patient and other caregivers.

Conclusions: A project team consisting of three hospital pharmacists with support from an Evaluation Analyst was able to successfully standardize a MedRec process in a regional outpatient HD program primarily using nurses.

Key Words: medication reconciliation, hemodialysis, renal, BPMH (best possible medication history)