**Standardization of Pharmacists Involvement in Best Possible Medication History and Medication Reconciliation**

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**Background**: Medication reconciliation is an important safety initiative, but variation exists amongst pharmacists in selection of which patients are prioritized. In order to balance performance of medication reconciliation and other clinical duties, standard criteria for prioritization was necessary.

**Description**: In order to minimize variation amongst pharmacists in patient selection, the process of standardizing practice for best possible medication history (BPMH) initiation and medication reconciliation was required to allow all pharmacists to apply a consistent approach.

**Action**: Data was collected to enable description of demographic and medication related characteristics of admitted inpatients. Characteristics were analysed to determine the optimal combination to capture at least half of all admissions, a cut-off deemed by pharmacists as a reasonable amount to allow time for other duties. The identified characteristics were used as the basis for pharmacist selected patient prioritization. Validation of use of this criterion occurred to determine the feasibility of use in practice.

**Evaluation**: Two medical and 2 surgical units were audited over a 7-day period. 126 patient charts were reviewed, with 106 (84%) having a documented BPMH. Pharmacists initiated 51 (48%) BPMHs. Of these, 36 (71%) patients were aged $\geq$ 65. Prior to admission, 36 (71%) patients were on high risk medications and 42 (82%) patients were on $\geq$ 5 medications. These characteristics were tried in 12 permutations to identify criteria that would capture 50% of all admissions. The criterion of high risk medications was expected to be present in 52% of all audited patients, and therefore selected as criteria for pharmacist prioritization of BPMH initiation.

**Implications**: Prioritizing patients on high risk medications was identified as the best criteria to standardize pharmacist initiated BPMH. Standardization enables the discipline to set minimum criteria for when BPMHs and medication reconciliation will be provided by pharmacists to enable a balance of clinical duties.