

Exploring the Accuracy of the Medication Reconciliation Process on the Medical Floor

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Medication reconciliation is an essential step in the admitting process and helps to ensure patients receive the appropriate and best medical care. Sometimes completion of this important task is inaccurate resulting in errors that can carry on during the hospital stay and ultimately to transition care to other settings. As a part of resident driven quality improvement project, we examined the accuracy of the medical reconciliation process for patients admitted to our internal medicine service. The medication list of patients admitted to IMS at the Toledo hospital were audited by medical residents. The initial medication reconciliation was completed by an RN, whereafter the resident uses various means (contacting patient pharmacy or verbal communication with patient) for verification. A medication list was considered accurate if there was a discrepancy in the medication count, route, dose, and/or frequency. During the study period, the medication lists from 94 patients were reviewed on the IMS service. Of those, 52 (53.3%) had at least one discrepancy when reviewed. Of the charts where medication errors were found, 71.3% had three or more discrepancies. The most common type of errors involved incorrect additions or omissions of a prescribed medication (39.8 and 32.7% respectively). Through examination of the medicine reconciliation process we can quantify the errors and begin to take steps to improve the process. Our next focus should be on understanding why medication lists contain erroneous information because of added or missing medications.