

ASHP Statement on the Pharmacist's Role in Medication Reconciliation

Position

The American Society of Health-System Pharmacists (ASHP) believes that an effective process for medication reconciliation reduces medication errors and supports safe medication use by patients. ASHP encourages hospitals and health systems, including community-based providers and managed care systems, to collaborate in organized, multidisciplinary medication reconciliation programs to promote continuity of patient care. ASHP further believes that pharmacists, because of their distinct knowledge, skills, and abilities, are uniquely qualified to lead interdisciplinary efforts to establish and maintain an effective medication reconciliation process in hospitals and across health systems. Pharmacists should lead or assume key roles in the following essential components of medication reconciliation: developing policies and procedures, implementing and continuously improving medication reconciliation processes, training and assuring the continuing competency of those involved in medication reconciliation, providing operational and therapeutic expertise in the development of information systems that support medication reconciliation, and advocating for medication reconciliation programs in the community. Pursuant to their leadership role, pharmacists share accountability with other hospital and health-system leaders for the ongoing success of medication reconciliation processes across the continuum of care.

Background

The term “medication reconciliation” is defined by the Joint Commission as “the process of comparing the medications a patient is taking (and should be taking) with newly ordered medications” in order to resolve discrepancies or potential problems.¹ The goals of medication reconciliation are to obtain and maintain accurate and complete medication information for a patient and use the information within and across the continuum of care to ensure safe and effective medication use. Although it is sometimes associated with survey and accreditation activities, medication reconciliation is an important component of patient safety and has demonstrated effectiveness in preventing adverse drug events. When organizations do not consistently and reliably reconcile patient medications across the continuum of care, medication errors and adverse drug events occur: approximately half of all hospital-related medication errors and 20% of all adverse drug events have been attributed to poor communication at the transitions and interfaces of care.^{2,3}

In 1999, the Institute of Medicine report *To Err Is Human: Building a Safer Health System*⁴ identified medication errors as the most common type of health-system error, contributing to several thousand deaths each year. The fiscal impact of these errors is also significant. With reported costs of \$2595–4685 per adverse drug event, drug-related morbidity and mortality were estimated to cost over \$177 billion in 2000 alone.⁵

Reports and studies such as these had a profound impact on the medical community, and the call for action was

immediate. Organizations such as the Institute for Healthcare Improvement, the Agency for Healthcare Research and Quality, and the Joint Commission launched initiatives for performance improvement and established higher expectations through new regulatory standards for improved communication between providers and patients and across health care systems.

In 2005, the Joint Commission made medication reconciliation a focus of one of its National Patient Safety Goals. The initial goal included a number of detailed and specific requirements, which made implementation challenging and resulted in numerous findings of noncompliance during survey. In response, the Joint Commission affirmed the importance of the goal but suspended it in 2009 and 2010 for extensive revision. After a comprehensive literature review and analysis of data collected by surveyor teams, a modified goal was released in 2011, and scoring of the goal began in July 2011.⁶ The revised goal sets an expectation for maintaining accurate medication information at critical risk points in the medication-use process while allowing organizations latitude to define processes and encouraging performance improvement.

The purpose of this statement is to describe pharmacists' responsibilities and accountabilities in medication reconciliation practices.

Pharmacists' Responsibilities

When performed by pharmacists, medication reconciliation can reduce the frequency and severity of hospital medication errors that could potentially result in patient harm.⁷ Pharmacists have demonstrated high rates of patient interventions; interventions per patient; and documentation of medications, medication interactions, drug-related admissions, and previous drug failures.⁸

ASHP and the American Pharmacists Association began a collaborative effort in 2007 and 2008 to create a shared vision for the role of the pharmacist in medication reconciliation processes.⁹ That vision recognizes that pharmacists should take a leadership role in improving medication reconciliation, acting as both advocates and medication experts, to provide information to and educate patients and health care providers. Specifically, pharmacists' responsibilities were described as including but not being limited to

- Providing leadership in designing and managing patient-centered medication reconciliation systems.
- Educating patients and health care professionals about the benefits and limitations of the medication reconciliation process.
- Serving as patient advocates throughout transitions of care.

Using this vision as a guide, ASHP has developed the following recommendations for pharmacists' functions in medication reconciliation activities.

Pharmacists' Functions

Although medication reconciliation is required at key transitions of care, activities associated with medication reconciliation should be considered part of ongoing care provided to a patient. Beyond active participation in medication reconciliation activities, pharmacists have five fundamental functions in medication reconciliation: developing policies and procedures regarding medication reconciliation processes, implementing and continuously improving those processes, training and assuring the continuing competency of those involved in medication reconciliation, providing operational and therapeutic expertise in the development of information systems that support medication reconciliation, and advocating for medication reconciliation programs in the community. The extent of pharmacist involvement in these functions will depend on the resources available.

Policy and Procedure Development. Pharmacists should provide leadership and participate in establishing policies and procedures that encourage (a) provision of patient care services that include medication reconciliation processes, (b) implementation and operation of an evidence-based medication reconciliation system that optimizes available resources, (c) education of organization staff on the importance of medication reconciliation as a patient safety initiative, and (d) promotion of medication reconciliation as a focus of performance-improvement activities.

Implementation and Performance Improvement. Pharmacists should lead or participate in organizational implementation of and performance-improvement efforts regarding medication reconciliation activities. These activities may include but are not limited to (a) establishing a medication reconciliation implementation task force or redesign team, (b) creating a vision and expectations for medication reconciliation activities, (c) securing executive-level commitment to or sponsorship of medication reconciliation resource needs, (d) identifying barriers that are preventing, or potential barriers that may prevent, safe and effective medication reconciliation procedures within their practice model, as well as possible solutions, (e) guiding workflow development that integrates operational and clinical needs, (f) establishing roles and responsibilities of health care providers in medication reconciliation processes, including pharmacy technicians, pharmacy students, and other medical support personnel, (g) ensuring that competency-based training for all personnel involved in medication reconciliation procedures is established, (h) creating or assisting in the development of standardized documentation templates for medication lists and reconciliation, (i) ensuring that established procedures meet regulatory requirements and organizational policy, and (j) developing a method for ongoing medication reconciliation system evaluation.

Training and Competency Assurance. Pharmacists should lead or participate in (a) identifying all health care providers and support staff involved in medication reconciliation activities, (b) creating competency training and skills assessment that are specific to each staff member's roles and responsibilities in medication reconciliation (e.g., conducting a medication interview, taking a medication history, per-

forming medication reconciliation), (c) providing education and performing assessments to ensure the competency of those who document and perform medication reconciliation activities, and (d) providing didactic or simulated training for medication history and reconciliation procedures.

Information Systems Development. As more organizations adopt computerized provider order entry, electronic medical records, and other information systems, pharmacists should ensure that the systems support medication reconciliation throughout the continuum of care. Consideration should be given to establishing methods for data extraction from the medical record that allow for internal and external reporting of measures related to medication reconciliation.

Advocacy. Pharmacists should provide information about medication reconciliation to health care providers, patients, and the community, and they should evaluate the effectiveness of these advocacy efforts on the medication reconciliation process. Activities may include clinical grand rounds, professional conferences, patient counseling, and mass communications such as newsletters and public service announcements. These efforts should (a) demonstrate the effectiveness of sound medication reconciliation processes in improving patient safety and reducing health care costs, (b) emphasize the importance of timely and accurate communication of medication information between patients and their health care providers, (c) clarify and describe the important role of technology and electronic medical records that support medication reconciliation documentation and reconciliation, (d) provide strategies for preventing medication adverse events related to overuse, misuse, omission, duplication, or other discrepancies found during medication reconciliation processes, (e) highlight the importance of completing a full and accurate medication history, including supplement use, prior to prescribing or administering a new medication, and (f) describe opportunities for pharmacist extenders, such as pharmacy technicians and students, to participate in medication reconciliation activities.

Resource Constraints. Although the literature demonstrates the important role of pharmacists in successful medication reconciliation processes across the continuum of care, significant resources are needed to perform medication reconciliation skillfully and efficiently, which suggests opportunities for expanding the roles of pharmacy residents, students, and technicians. When properly trained, these individuals can participate in the documentation of medication histories, which should then be reviewed by the pharmacist for accuracy prior to medication reconciliation, as described in the ASHP Pharmacy Practice Model Initiative Summit Recommendations.¹⁰ In one study, potential errors due to incomplete or incorrect information, illegible orders, and serious drug interactions were reduced by 82% by having pharmacy technicians obtain medication histories.¹¹

When confronted with limited resources, pharmacists should at a minimum participate in and guide interdisciplinary efforts to develop and define policies and procedures for their organizations, standardize workflows for electronic documentation, promote safe practices to the community, and, most importantly, engage health care leadership in efforts to ensure medication reconciliation processes are successful.

Conclusion

An effective process for medication reconciliation reduces medication errors and supports safe medication use. Pharmacists are uniquely qualified to lead interdisciplinary efforts to establish and maintain an effective medication reconciliation process in hospitals and across health systems and should lead or assume key roles in the essential components of medication reconciliation. Because of their crucial role, pharmacists share accountability with other hospital and health-system leaders for the ongoing success of medication reconciliation processes across the continuum of care.

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Approved by the ASHP Board of Directors on April 13, 2012, and by the ASHP House of Delegates on June 10, 2012. Developed through the ASHP Council on Pharmacy Practice.

This statement was drafted by Michelle M. Thoma, Pharm.D., who declared no potential conflicts of interest.

ASHP gratefully acknowledges the following individuals and organizations for reviewing drafts of this statement (review does not imply endorsement): Academy of Managed Care Pharmacy (AMCP); Paul Barrett, Pharm.D., M.P.A., BCPS, FASHP; Julie Cooper, Pharm.D., BCPS; Jean Douglas, Pharm.D.; Michael S. Edwards, Pharm.D., M.B.A., BCOP, FASHP; Kristine M. Gleason, B.S.Pharm.; Kayla Hansen, Pharm.D., M.S.; Becky Harvey, Pharm.D.; John Hertig, Pharm.D., M.S.; Justin Julius, Pharm.D.; Nishaminy Kasbekar, Pharm.D., FASHP; Carlo Lupano, B.S.Pharm., M.B.A., CCP; Ashley M. Overy, Pharm.D.; Fred J. Pane, B.S.Pharm., FASHP; Barbara Petroff, M.S., FASHP; James Ponto, M.S., FASHP; Curt W. Quap, M.S., FASHP; Elizabeth Sampsel, Pharm.D., M.B.A., BCPS (AMCP); Jamie S. Sinclair, M.S., FASHP; Richard L. Stambaugh, Pharm.D., M.S., BCPS; Robert L. Stein, Pharm.D., J.D.; and Jeffrey Stroup, Pharm.D., BCPS, AAHIVE.

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The bibliographic citation for this document is as follows: American Society of Health-System Pharmacists. ASHP statement on the pharmacist's role in medication reconciliation. *Am J Health-Syst Pharm.* 2013; 70:453–6.