

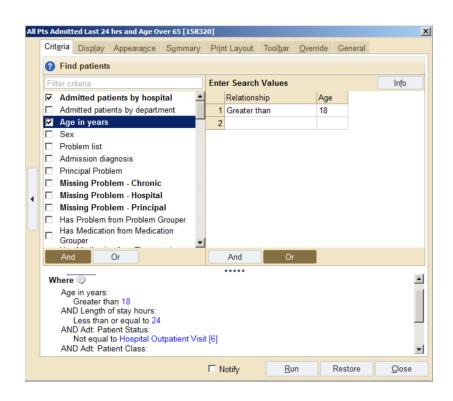
# Medication Reconciliation: Addressing Workflow Challenges

Sarah A. Bajorek, PharmD, BCACP Pharmacy Supervisor – Transitions of Care and Medication Reconciliation

### **Identifying Patients**

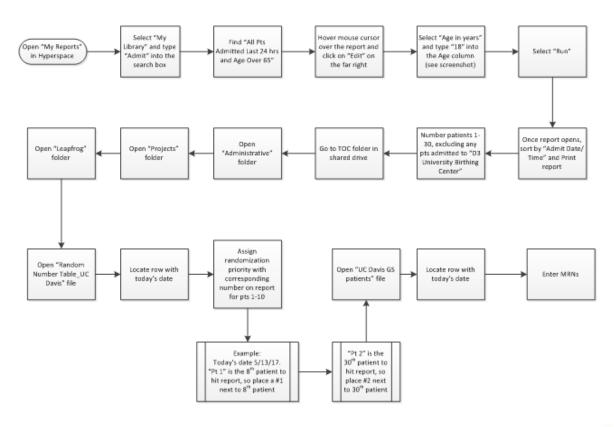
### Epic report

- Run everyday at 0700
- All patients admitted to the hospital in the previous 24 hours
- Exclude patients <18 years of age or admitted to Labor & Delivery



### Pharmacy technicians

- Run the report
- Identify patients for the day based on Leapfrog randomization table
- Update shared excel file



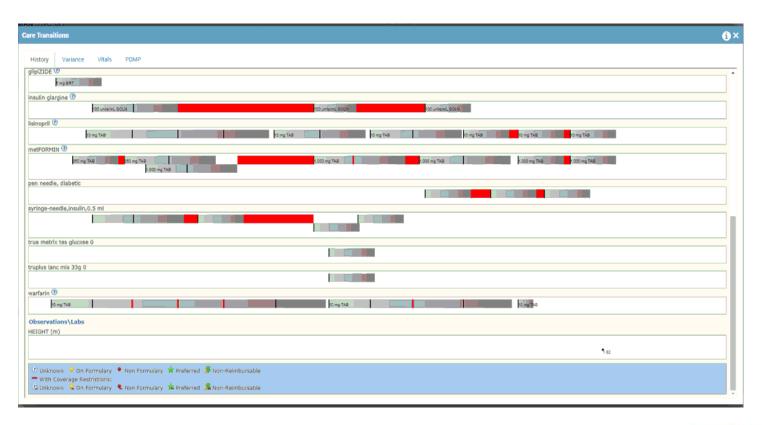
#### Pharmacist

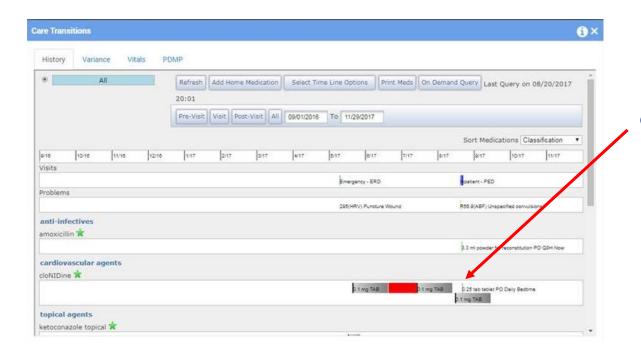
- Arrives 0730
- Prints out pre-admission med list (PAML) (usually 3-5 patients)
- Reviews additional sources
  - Prior hospitalizations
  - Outpatient encounters
  - CareFusion MedMined®
- Reviews H&P, recent progress notes, demographics (family members, preferred pharmacy, insurance, etc)

## Captures pharmacy fill history

- Drug name
- Quantity dispensed and days' supply
- Dispensing pharmacy (most of the time)
- Prescriber's name (sometimes)
- Helps improve efficiency

(50yr M) EDPAV-D09 (Adm: 09/12/17 1530)							
Admission Dx:	DOB: 6/22/1967		Sex: M		i.4 kg	Ht: 1.83 m	
Home Medications							
Medication Lancets (ACCU-CHEK MULTICLIX LANCET)	Sig USE TO TEST BLOOD GLUCOSE	Start Date 1/5/12	End Date	Taking?	Authorizing Provider		
MED RECONCILIATION (all recorded)							
Med Reconciliation							
None							
Prior to Admission Medications Needing Review							
Medication Lancets (ACCU-CHEK MULTICLIX LANCET)	Details USE TO TEST BLOOD GLUCOSE		Provider			ast Reconciliation Status Needs Review	
Reviewed Prior to Admission Medications							
None							





Green bar = inpatient orders

#### Pharmacist

- Contact bedside RN
  - Determine if patient or caregiver available
    - If not, will have RN contact pharmacist when available
    - Call caregiver or family at home if needed
  - Determine if interpreter is needed and if one has already been ordered
- Interview patient and/or caregiver
  - What if they've already been interviewed by pharmacy?
  - What if they are frustrated they are being asked about medications AGAIN?

#### Pharmacist

- Compare patient reported list with PAML and inpatient admission orders
- Contact primary team if indicated
- The day of (if possible) or after discharge, reconcile discharge medications with patient reported list, PAML, and inpatient orders
- Contact the primary team if indicated

# Thank you! Any questions?