NQF Safe Practice #17: Medication Reconciliation

NQF# Not NQF Endorsed

Developer: TMIT

Data Source: Leapfrog Hospital Survey

Practice Statement: The healthcare organization must develop, reconcile, and communicate an accurate patient medication list throughout the continuum of care.

Objective: The healthcare organization must develop, reconcile, and communicate an accurate medication list throughout the continuum of care.

Rationale: The goal of medication reconciliation is to reduce adverse drug events (ADEs) during transitions of care. A meta-analysis of 22 studies focusing on medication history discrepancies found that 10 to 16 percent of patients had at least one prescription medication history error at hospital admission. Many of these medication history errors occur upon admission to or discharge from a clinical unit of the hospital. The frequency of medication reconciliation errors is estimated to be 20 percent of ADEs within hospitals. The severity of these events has been measured in several studies. Effective preventability strategies for the reduction of medication errors and subsequent ADEs have been found through successful medication reconciliation processes. Although reducing medication errors related to medication reconciliation has been a Joint Commission safety goal since 2005, hospital implementation is still in the early stages, and these changes are not yet to be fully tested.

Evidence for Rationale:

Impact:
- 10 to 67 percent of patients have at least one prescription medication history error at hospital admission
- Medication reconciliation errors is estimated to be 20 percent of ADEs within hospitals.

Evidence of High Impact:

Opportunity:
- Opportunity for improvement exists, based on the coefficient of variation for the measure.

Evidence:
- Limited strength of evidence

Citations for Evidence:

NQF. Safe practices for better healthcare-2010 update: A consensus report.
http://www.safetyleaders.org/pages/QuickStart.jsp?step=0&spnum=17