The NIHR-SPCR Medicines Reconciliation Tool

Introduction

This tool has been adapted from the NHS Education for Scotland medicines reconciliation bundle to form an audit tool which can be used to assess the quality of your medications reconciliation process on discharge. It deliberately focuses on vulnerable patients who are likely to need changes to medications at a change of care level where it is easy for mistakes to be made.

Definitions of medicines reconciliation vary but for the purposes of this tool we define it as;

"*The process by which the GP makes an up-to-date medication list following hospital discharge, in the best interests of the patient, using all the information reasonably available to him/her and considering the patients' wishes where possible"*

Instructions

Use the following table to collect data from 20 patients aged 65 and over identified to have been discharged from emergency hospital between 3 and 6 months ago (exclude elective admissions). These patients may be identified using the read code 9b0B and a time limited search or from other local listings of hospital discharge. Use the discharge document, the consultation record and the medication record to determine if the measures have been achieved for the patient. If the patient did not require medicines reconciliation (or the discharge summary contained no drug listing) indicate this at measure 2 and do *not* continue across the table, merely collect data on how quickly the discharge summary was processed and move on to the next record.

Process steps (working from left to right across the table)

1. Has the discharge summary been processed by the practice in order for it to reach a GPs attention within 2 working days of arrival at the practice?

   Use the audit trail within your electronic document management system or the arrival date stamp. It may be that you are so certain of your system that you know this aim would be achieved in 100% of cases.

2. Are changes to the medications required?

   If there are no changes or there is no drug listing on the summary indicate No and stop at this column

3. Have the changes to medication been documented?

   Use the 'current' and 'past' drugs feature of your electronic prescribing system to determine if changes have been made where a consultation record is not present. If medicines reconciliation did not occur when it should have done stop at this measure and do not continue across the table.

4. Has the GP completed medicines reconciliation within 2 working days of receipt? (Y/N)

   Use the electronic document management system audit trail to determine the date the GP 'files' the summary or use the date of the last medication change or consultation relating to correcting medications listings. Medications reconciliation may take longer, depending on

the complexity of the changes required and whether the GP needed to contact the secondary care team, therefore measure 4a) is of interest.

5. Did the GP discuss any changes with the patient (or their representative)?

   Use the consultation record to see if the GP records discussions with the patient or carer regarding the admission since the discharge. We recommend that where this is necessary it is done within 7 days of the GP receiving the summary. Use measure 5a) to indicate whether you feel discussion is clinically necessary in each case.