High 5s: Action on Patient Safety

Standard Operating Protocol Fact Sheet: Medication Reconciliation

A Standard Operating Protocol (SOP) is a set of instructions for implementing a defined patient care process by multiple users in a consistent and measurable manner. In the High 5s initiative, each SOP targets a specific patient safety problem, defines a standardized care process for addressing the problem, and prescribes an implementation plan that includes relevant measures and analytic procedures. These High 5s SOPs are to be implemented in a group of selected hospitals within participating countries for the purpose of demonstrating the feasibility of implementation of standardized care process across multiple hospitals and countries, as well as determining the impact of this standardization effort on the targeted patient safety problem.

The Medication Reconciliation SOP

This SOP addresses the prevention of medication errors resulting from incomplete or miscommunicated information at points of transition in the patient care process, such as admission to the hospital, transfers within the hospital, and discharge from the hospital.

This SOP seeks to prevent these errors by obtaining, at the time of admission, a complete and accurate list of each patient's current home medications—including name, dosage, frequency and route; using that list when writing admission, transfer and/or discharge medication orders; and comparing the list against the patient's admission, transfer, and discharge orders, identifying and bringing any discrepancies to the attention of the prescriber and, if appropriate, making changes to the orders.

Recommended Actions

Due to the complexity and resource requirements for implementing a comprehensive programme of medication reconciliation for all patients across the full continuum of care, this SOP is implemented in phases beginning with patients age 65 or older admitted through the emergency department to inpatient services. Subsequent phases will include all patients at all entry points and all transitions in care.

This SOP seeks to prevent medication errors by recommending the following:

- "Best possible medication history" on admission
- Comparison with admission orders
- Reconciliation of discrepancies
- Implementation of process at all patient care transitions across the care continuum.

Evaluation

Evaluation of the SOP implementation and its impact on patient outcomes will include:

- Standardized process and outcome measures addressing the collection and communication of medication-related information and the detection and reconciliation of discrepancies in order to evaluate hospitals' performance over time and in comparison with other participating hospitals and countries.
- Detailed event analyses of specified adverse drug events if and when they occur
- Qualitative information obtained through direct observation at the participating hospitals and interviews of their leadership and staff members

The results of these evaluation strategies will be used to improve the efficiency and effectiveness of a standardized approach to the management of patient-specific medication information and to assess the feasibility and efficacy of standardization in this context.

Further Information on the High 5s

For further information, please visit www.high5s.org