Medication reconciliation continues to be an ongoing concern as many facilities struggle with how best to meet not only the Joint Commission’s National Patient Safety Goals but to do so in the most cost-effective and efficient manner possible. Among the goals of medication reconciliation is the prevention of errors of omission, such as when a long-term medication is missed or forgotten upon admission, and errors of commission, such as when a new medication is started that is contraindicated given the patient’s current medication profile. Another goal is to prevent errors in dose, frequency, and form by diligently performing the reconciliation interview. Finally, errors of duplication are targeted, so that a patient will not resume taking home medications that are duplicated by medications initiated in the hospital.

Despite the push to prevent such errors, a recent report issued by the Joint Commission showed that most hospitals in the U.S. are doing a sub-par job of reconciling patients’ medications. (Improving America’s Hospitals: The Joint Commission’s Annual Report on Quality and Safety) According to the report, only about two-thirds of accredited hospitals consistently obtained and documented a list of medications being taken by patients upon admission and 27% failed to communicate a list of patients’ medications to the next provider of service upon referral or transfer to another health care facility. In 2007, the Joint Commission reformatted all of the National Patient Safety Goals as standards with performance elements and termed them “implementation expectations.”

A crucial element to a successful medication reconciliation program is the development of a process that results in useful, reliable, and timely information for physicians to use when making decisions regarding a patient’s medication regimen. In gathering information, there are multiple questions to ask and multiple pieces of information to collect about the patient’s medications, including the name, dose, frequency, the date and time last taken, and the indications for each drug.

Automating the Process
Automating the medication reconciliation process also helps pave the way toward adoption. According to PP&P’s 2008 State of Pharmacy Automation survey on medication reconciliation, 29% of respondents reported dissatisfaction with their current system. Conversely, automated medication reconciliation systems, while not yet widely adopted, earn much higher ratings, with 87% reporting satisfaction with these solutions.

These automated solutions for medication reconciliation are not yet widely implemented, with only 40% of survey respondents reporting having implemented such a solution. Nonetheless, the move toward these products is growing, with 55% of respondents planning to adopt an automated solution. An automated process not only improves data collection, but also increases staff satisfaction with the process, a key factor in ensuring data accuracy.

Given that many of the automated medication reconciliation solutions are relatively new to the marketplace, it is no surprise that one of the top hindrances to implementing such a solution is an insufficient awareness of available products. This trailed only lack of budget in our survey as the leading reason pharmacists have not implemented an automated solution for medication reconciliation.

With that in mind, PP&P brings you the following buyer’s guide, offering descriptions of some of the products in the market. You can use this buyer’s guide to research your options and learn about the vendors offering medication reconciliation solutions.

To receive more information about any of the products listed in this guide, simply circle their corresponding numbers on the free reader service card bound in this issue. You can also visit www.findit.pppmag.com for additional information.
HCS Medication Reconciliation is an automated medication history retrieval and software solution that exceeds the Joint Commission’s requirements. Upon admission, clinicians are provided with a detailed report of a patient’s prior medication history, including drug strength, quantity, and original fill and last refill dates. The solution alerts clinicians to possible medication interactions, duplicate drug therapies, compliance issues, and formulary interchanges. At admission and transfer, clinicians can immediately create a drug order and/or input additional medications. Upon discharge, a similar view allows reconciliation of inpatient and home medications, enabling medication reorder and/or addition of new medications. In addition to discharge prescriptions, HCS provides patients with education materials in English or other languages. Finally, HCS enables transmission of the discharge list to the patient and the next care provider. HCS Medication Reconciliation can integrate with any existing hospital information system.

MediModules’ MediRecon is a web-based, patient-centric electronic medication reconciliation solution for outpatient and inpatient settings and incorporates workflow for reconciliation at admission, transfer, and discharge. MediRecon aids compliance with mandatory Joint Commission National Patient Safety Goals 8A, 8B, and 13. It provides a seamless workflow for physicians, nurses and pharmacists and ensures the accuracy of medications across the continuum of care. It is SSL-encrypted, provides audit logs, and meets HIPAA standards. MediRecon integrates with existing EMR/EHR/ADT or enterprise IT systems. MediRecon provides a bi-directional connectivity with MyMediList.org, a free online personal medication record, to ensure patients’ active involvement. Printouts including MediWallet, encourage patient safety beyond the clinical setting. MediRecon also provides online tools to facilitate point-of-care communication among providers.
Mediware’s MediREC electronic medication reconciliation uses ADT information and industry databases to improve the speed and accuracy of reconciliation interviews.

MediREC provides a 12-month history of home medications, including retail, mail order and government-contract prescriptions. This information is presented along with the specific fill date, quantity, day’s supply, pharmacy and prescriber information to create a medication reconciliation dashboard.

Key features include:
- Electronic management of home medications
- Drug interaction and duplicate therapy checks
- Detailed clinical documentation
- Powerful immunization tracking
- Transition of care support
- Inpatient, ER, and outpatient settings support
- Discharge orders

Look to R.C. Smith for assistance with compliance to USP-797 as well as creative ways to improve your pharmacy’s workflow.

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Design Clinicals
Circle reader service number 136
or visit www.DesignClinicals.com

Design Clinicals’ MedsTracker provides a streamlined electronic process by combining disparate lists for one-step reconciliation and ordering. Pharmacists, physicians and nurses can enter and reconcile medication histories via the user interface that eliminates the need to compare paper reports. MedsTracker interfaces with existing information systems and pulls data from retail pharmacies.

Features include:
- Proactive alerts to help prevent alert fatigue
- Medication images to help identify unknown pills
- The ability to adjust doses for hepatic or renal insufficiencies
- Printed or faxed prescriptions
- Vaccine history tracking
- A comprehensive, easy-to-understand Medication report for the patient
- Automatically faxed reports to outside physicians

MedsTracker can reduce medical errors using safety alerts, while improving communication among the entire healthcare team, and educating and empowering patients to actively participate in their care plan.

OZtech
Circle reader service number 151
or visit www.oztechsystems.com

OZtech’s Medication Reconciliation System is a web-based system that enables hospitals to avoid medication errors and comply with the Joint Commission’s requirements for patient safety. Embedded in the system are SureScripts-RxHub’s e-prescribing and patient’s pre-admission medication history. The system ensures that a complete and accurate list of a patient’s medications are obtained upon admission, updated during the course of care, and communicated to the next provider of care. Users can compare side-by-side pre-admission and current medication lists, and maintain the lists across the continuum of care. Upon discharge or transfer, the system generates all required reports, prescriptions, instructions to patient, calendars, etc. The system can generate unlimited custom reports to enable administrators to track and measure compliance and to report to regulatory agencies as needed.

Thomson Reuters
Circle reader service number 156
Or visit www.thomsonclinicalxpert.com

Clinical Xpert Medication Reconciliation from Thomson Reuters is a complete admission-to-discharge workflow solution that addresses all the hospital-based functions required for medication reconciliation.

Based on the Clinical Xpert platform, the solution:
- Streamlines the creation of the patient’s home medication list using both internal and external data sources, automated interaction checking, visual pill identification, and prompts to ask about OTC medications and supplements
- Provides a web-based process to reconcile medications through each patient transfer within the hospital
- Provides automatic checking for drug and allergy interactions to prevent adverse drug events (ADEs) before they happen
- Finalizes patient medications at discharge, including e-prescribing to the patient’s local pharmacy and printing the personal medication card and medication instructions

Clinical Xpert Medication Reconciliation can be used in full electronic form, or as a paper/electronic hybrid - so you can fit the solution to your hospital’s processes and governance.