

Designing a Form to Use for Reconciling Medications

Notes from the *Massachusetts Reconciling Medications Collaborative* Sponsored by the Massachusetts Coalition for the Prevention of Medical Errors

The use of a standardized form for reconciling patients' medications lies at the heart of the *Reconciling Medications* safety initiative. The form serves as a vehicle for consolidating information about a patient's medications that is often dispersed throughout their medical record. Hospitals generally start by adopting the form as a place for nursing (sometimes with pharmacy assistance) to document all the medications the patient was taking prior to admission. This intake medication list is then compared against the physician's admission orders. Discrepancies are brought to the attention of the physician and, if appropriate, changes are made to the orders. Any resulting changes in orders are documented.

A second implementation step is to move clinicians to work from the home medication list on the reconciling form when they are writing their orders. This shifts the reconciling activity from one of error trapping to one of error prevention, and adds significant efficiencies to the process.

Longer-term implementation steps have included integrating the reconciling form into automated medication information systems (e.g. Meditech) and MAR entry and potentially as a building block for the implementation of a CPOE system. This automation is used to auto-generate an updated reconciling sheet that includes home medications as well as new orders for physician review at each point of patient transfer and at discharge. Some hospitals have also identified ways to turn their reconciling forms into order sheets. This requires careful planning, with the development of multiple-copy forms and also an amendment form or some other system for recording any changes in the medication list after the physician's orders have been processed.

Implementation Tip: Start testing with a copy of a reconciling form borrowed from another institution. Don't waste time in long planning meetings to settle on the best format for your organization. Instead, use small tests of both the form and the process to engage your clinicians and staff in helping develop a reconciling system that works for you.

Several examples of forms being used to reconcile medications at institutions in Massachusetts are provided below. These examples can serve as a starting point for hospitals looking to implement the reconciling safety practices.

The hospitals that provided these sample forms have told us that the ***process of developing the form*** was an important component of both educating their clinicians and nursing staff about reconciling and obtaining buy-in for the implementation effort. Therefore, they strongly suggest using these examples as a starting point, but then working within your organization to design a form that integrates into your existing processes and also matches wording, formatting and designs people are already familiar with.

Implementation Tip: Review the discussion notes from Collaborative participants about things they learned as they tested their form for use in reconciling medications:

[Enhancing the reconciling form](#)

Thanks to the following Massachusetts hospitals
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PILOT forms:

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