Building a Foundation for Medication Reconciliation

The incidence of Adverse Drug Events (ADEs) is alarming.

Though the Joint Commission reviewed its mandate for accurate medication reconciliation in National Patient Safety Goal #3, hospitals may still struggle with compliance. Today's medication reconciliation processes are inefficient, inconsistent and unreliable. Each time a patient is admitted a nurse, pharmacist, practitioner or technician spends an average of 17 minutes just gathering a medication history. It's a vital but tedious process that involves interviewing the patient or family, and sometimes requires calling pharmacies, prescribing physicians or other caregivers to interpret the anecdotes provided by patients and their healthcare proxies.

For all that effort, the medication history is often incomplete, and when it relies heavily on patient or family recall, may also be inaccurate and unverifiable. That's a frightening scenario, yet often the only scenario without additional sources of information. Without a proper medication history, the intent and outcomes expected from the medication reconciliation process are undermined. The risks of ADEs increase, and patient outcomes and safety are jeopardized.

While there is no absolute answer for eradicating ADEs, a standardized approach to medication reconciliation can provide a uniform, risk-adverse environment to improve patient safety and promote the quality of care. One study projects that up to 70 percent of potential errors and 15 percent of all ADEs could be prevented by standardizing the process.

Standard Register's Rx History can help you make immediate, sustainable and significant improvements in your medication reconciliation procedures. By providing a consistent, reliable approach to gathering a comprehensive medication history, at each care transition point, it helps establish a solid foundation for medication reconciliation. And it does so very efficiently.

Over 770,000 people are injured or die each year in hospitals from adverse drug events.

– Agency for Healthcare Research and Quality

More Accurate, Comprehensive Rx Histories

Rx History gathers a patient's medication history directly from the prescription access points to create a reliable, comprehensive list of patient medications.

- *Generates an "as-filled" prescription medication list from pharmacy benefit managers and retail pharmacies*
- *Pulls from your hospital information systems to provide medication history from last visit*
- *Offers objective data for patient validation*
- *Provides valuable decision support to your physicians, once validated*

Rx for Responsive Care that Improves Patient Outcomes

Clinicians have a significant opportunity to improve patient outcomes when given better tools. Rx History addresses the key issues that have stood in the way of accurate medication reconciliation by providing timely information from trusted sources.

- *Enhances patient safety with an improved process and better information*
- *Provides a snapshot of patient medications that can be easily validated with patient or family*
- *Simplifies forms completion to provide your admitting practitioners with immediate information*
- *Liberates your clinicians to focus on responsive, appropriate treatment*

Streamlined Workflow, More Productive Use of Time

Rx History automates the tedious part of gathering history of perscriptions, thus streamlining workflow for your clinicians, pharmacists and practitioners, and enabling them to focus on what they do best.

- *Helps reduce time-consuming tasks of identifying pills and phoning pharmacies and physicians*
- *Improves communication between your physicians and other caregivers by providing a consistently completed medication history*
- *Provides your pharmacists with more accurate medication histories, enabling them to reduce rework and focus on medication safety*
- *Medication history list can be passed to ancillary systems*

Standardized Process, Improved Compliance

Rx History enables your hospital to more easily standardize the reconciliation process in every patient setting and at all caregiver levels.

- *Reduces opportunities for ADEs and enhances safety*
- *Establishes a consistent, reliable process for gathering and validating medication history*
- *Adapts easily to any setting — inpatient, outpatient, emergency, ambulatory, long-term care, home health, rehabilitation*
- *Supports your efforts to meet newly revised National Patient Safety Goal #3*

From a Trusted Resource

Standard Register Healthcare offers innovative patient information solutions and services that work with your health information systems to streamline workflow, enhance patient safety, address compliance requirements and reduce costs. With a 100 year commitment to healthcare, Lean Six Sigma methodologies and leading technologies, we are uniquely positioned to help you meet the challenges of the changing healthcare landscape.

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