



Medication Reconciliation

“Making sure we are prescribing the correct medicine, at the correct dose to the correct patient”.

Relates to Prescribing Policy, Repeat Prescribing Policy, Inbox Management Policy, New Patient Process

HQSC ... ‘Medicine reconciliation is about obtaining the most accurate list of patient medicines, allergies and adverse drug reactions and comparing this with the prescribed medicines and documented allergies and adverse drug reactions. Any discrepancies are then documented and reconciled.

Medicine reconciliation is everybody’s business. Strong collaboration, communication and teamwork between medical, nursing, ambulance and pharmacy staff involved in the patient’s care and the patient, their carer or family members is vital for its success’

Key stakeholders - Patients; Carers and Families; Pharmacy; GP/NP and Nurse Prescribers; Nurses; Reception; Hospital; Specialists and other Community Prescribers

Key Principles – the patient (or carer) needs to be central to this process. The prescriber needs time to check and update the correct medication

Key Values – **Best Practice and Clear Communication**

Touch points on the patient journey are new information entering the PMS (letters), new patients registering with the practice or requests for repeat medication.

Hospital discharge letters with change in medication?

- **Prescribers** - task to Nurse (PNOD) or Reception inviting the patient in for prescriber review in 1-2 weeks.
- **Reception / Nurse** book in-person appt – advise patient (or carer) to bring their medication to the appt

Specialist letter with change in medication?

- **Prescriber** – task to Nurse (PNOD) or Reception inviting the patient in for prescriber review in 2-4 weeks (as above).
- **Reception / Nurse** book in-person appt – advise patient (or carer) to bring their medication to the appt

Or

- **Prescriber** – enter the medication to new long-term medications using ‘**Externally Prescribed**’ button. Document in the notes change to medication

New patient to the practice?

- **Reception** – new patient process, if complex / multiple meds for 30mins Prescriber consult, if 1 or 2 meds for a 15 min Prescriber consult

- **Prescriber** – follow new patient process, **update meds, allergies, classifications, check recalls**

Patient requesting repeat medication? (see Repeat Prescribing Policy for more detail)

- **Reception** – if more than 6 medications recommend to patient in-person or phone consult
- **Reception** – if more than 6 months since last review check if patient should have consult
- **Reception** – create and allocate prescriber task with specific medication required
- **Prescriber** – interpret request in conjunction with the **repeat prescribing policy** and decide whether prescription request can be fulfilled, same day

Either

- **Prescriber** – on checking clinical notes (confirming no changes to scripts / medical conditions that require review) completes script request, send to pharmacy and complete on appt pad

Or

Prescriber – on checking clinical notes requests in-person / phone consult and sends task back to reception to arrange with the patient. If at huddle a wait in routine appts has been announced then prescriber should issue a 1 month prescription to assist with booking.

Patient requesting Repeat Prescription on Patient Portal?

- **Prescriber** – interpret request in conjunction with the **repeat prescribing policy**
- **Prescriber** – decide whether prescription request can be fulfilled, same day

Either

- **Prescriber** – on checking clinical notes complete script request, send to pharmacy and complete on appt pad. Click accept on patient portal.

Or

- **Prescriber** – on checking clinical notes requests in-person / phone consult and sends task back to reception to arrange with the patient. If at huddle a wait in routine appts has been announced then prescriber should issue 1 month to assist booking. Click decline on patient portal.

Te Kauwhata Pharmacy may submit requests / queries or concerns via the green (routine) or red (same day) folders. These can be lifted and changes documented in the PMS. If new scripts are generated the old ones should be deleted from NZEPs

All pharmacies may submit requests / queries via email to reception@tkhealth.co.nz

- **Reception** – will create a Prescriber task and allocate to most recent Prescriber
- **Prescriber** – should respond in task 'Dear pharmacy ... with relevant information' and may complete new script if required.
- **Reception** – will send return email to pharmacy and advise patient as necessary

Reception, Nursing and Prescriber teams should at every opportunity remember the importance of accurate medication reconciliation and advise the patient that medication reviews are undertaken for quality and safety. **Values of Best Practice, and Clear Communication**

Patient Understanding is central to effective medication reconciliation and accurate prescribing. Please consider a BPAC referral to Midlands Community Pharmacy for a Pharmacist Home Visit.

Alternative Medications Our Welcome Form enquires after other non-prescribed medications patients may be using to improve their health. Please feel free to enquire and Classify Rongoa Maori, OTC supplements or herbal treatments under 'H/O regular medication' with the detail in the free-text.