Valley Medical Group, P.C.

Clinical Policy and Procedure

|  |
| --- |
| **Title:** Medication Reconciliation |

|  |
| --- |
| **Purpose:** To maintain an accurate list of medications that includes those prescribed by the PCP, by a specialist or during a hospitalization. The list will also include inhalers, and over the counter medications, herbal supplements and vitamins. |
| Policy:Valley Medical Group will ensure that all patients have an accurate medication list that is reconciled at every patient visit to include over the counter medications, herbal supplements and vitamins. Clinical Staff which consists of RNs, LPNs and MAs, will reconcile the patient medication list at every patient visit. |

|  |
| --- |
| **Procedure:**  The medication reconciliation process involves four steps:   1. **Verification**, the collection of the medication history 2. **Clarification**, ensuring that the medications and doses are accurate. 3. **Reconciliation**, documentation of changes in the orders, including telephonic medication reconciliation upon hospital discharge. 4. **After Care Summary**, at check out the patient will receive an After Care Summary that includes the updated medication list. The patient will be asked to check their medication list with their pill bottles at home and to inform us of any changes at their next office visit.   Clinical Staff:   1. The clinical staff will verify patient pharmacy and collect the medication history by reviewing each medication and documenting the dose, frequency, route, reason for taking it. It is not acceptable to ask the patient “has anything changed” when reviewing the medication list. 2. The medication list should include all medications, prescription, over the counter, herbal supplements and vitamins. **All entries on the medication list, including OTC and Herbal supplements and vitamins must include Name, Dosage, Route and Frequency.** 3. The clinical staff will verify if the patient is taking the medication as prescribed or instructed. 4. Clinical staff will ask the patient what they should be taking and what they are taking. 5. The clinical staff will document new prescriptions a patient has been prescribed by a specialist or upon hospital discharge. 6. The clinical staff will stop all short term prescriptions, for example antibiotics. 7. If a patient has stopped taking medication per order of a specialist or PCP, the medication will be stopped and noted in chief complaint. 8. If the patient has stopped prescribed medication without a doctor’s order to discontinue, the clinical staff will NOT stop the medication, but will record the patient’s reason for discontinuing the medication(s) by documenting the reported stop date and noting the patient’s reason for the change in the chief complaint section of the encounter. 9. The Practitioner will stop the medication if they think it is appropriate to discontinue. 10. All new patients and patient physicals will have the medication authority turned on. Please use the “stop” box to remove all duplicate medications that have the same dose and frequency from medication list. 11. Medications that are no longer being taken by the patient have an end date or only prescribed for a certain length of time, for example: antibiotics, prednisone tapper (when tapper is complete), narcotics that the patient is no longer taking will be “stopped” and clinical staff will note “reason for stopping” chosen from the pull down menu. If there is a question whether to stop a medication please discuss with provider. 12. # 10 and # 11 will be discussed with provider when giving report or huddling with provider after rooming patient. 13. If there is a dose change or change in frequency clinical staff will discontinue the medication, and add the new medication with new dose and frequency. 14. As needed (PRN) medications will stay in the active med list. Clinical staff will add “PRN” in the internal note section of the med if it is not already documented there. 15. All patients will be screened for a latex allergy. 16. The clinical staff will check off “none reported” when a patient states they are not taking any medications. 17. The clinical staff will note on medication list if patient is unable to confirm medication(s) and will report this inability to preform medication reconciliation successfully to the provider when giving report. |

|  |
| --- |
| **Effective Date: \_\_\_\_\_\_\_10.12\_\_\_\_\_\_\_\_\_\_\_**  **Review Date: \_\_\_3.16, 1.17, 11/14/18\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Revision Date: \_\_8/11/15, 3.14.16, 1.17, 6.28.17, 11/14/18\_\_\_\_\_**  Updated 11/14/18 by Robyn Fowler, MSN, RN |