Medication reconciliation

In our clinic, when a patient is transitioning care from another provider (another PCP or specialist) or transitioning from hospital settings (emergency room visit, admission in hospital or urgent care), we need to reconcile the medication list for the patients. It is important to have a complete list of medications in order to better coordinate care. Some patients are seen by multiple specialists in different clinics, so having update medications information as reported by the patient it is very important. Also it is a way to asses' parents understanding of medications and also understanding of medication administration directions.

Medication reconciliation can be assess via Cristal report generated via our EMR.

We generated baseline data from 10/1-12/31/15. This report showed that medication reconciliation occurred in 62% of transitioned of care. Our goal was over 80%. We presented the baseline data at the meeting with the providers. We pointed out the importance of medication reconciliation and process of completing this task in EMR. Follow up data 1/1-3/31/16 showed an increase to 82%. We monitor this level monthly in order to keep over 80%. We present data at each provider meeting.