

This tool is being used for data collection in order to audit our medication reconciliation processes.

Admission Data Documentation:

- 1. Medication list obtained within 24 hours of admission? Yes No
- 2. Was patient NPO? Yes No
- 3. Inpatient unit _____ Service _____
- 4. Number of home medications listed on admission form: _____
 - a. Number of prescription medications: _____
 - b. Number of over-the-counter medications: _____
 - c. Number of herbal supplements: _____
 - d. Number of supplements: _____
- 5. Number of home medications reordered: _____
- 6. Number of home medications changed: _____
 - Dose change _____
 - Frequency change _____
 - Route change _____
- 4. Number of home medications clarified: (Please check correct box and indicate the number of medications clarified)
 - Omitted _____ Wrong Dose _____
 - Duplication _____ Missing Information _____
 - Wrong Drug _____ Other _____
- 8. Number of home medications with documented reason to hold _____
- 9. Number of medications clinically appropriate to hold: _____
- 10. Number of medications not reconciled within 24 hours: _____
- 11. Allergies documented? Yes No
- 12. Interventions made by R.Ph: (Please check box and indicate number of interventions)
 - Drug- drug interactions _____ Incomplete list of medication _____
 - Drug-disease interactions _____ Dose changes _____
 - Duplication of therapy _____ Route changes _____
 - Lab monitoring _____ IV to PO _____
 - Adverse effects _____ Formulary changes _____
 - Incomplete list of medications _____ Patient education _____

Please provide additional comments or notes here:

This tool is being used for data collection in order to audit our medication reconciliation processes. Please document the following elements for patients who have transferred on your unit.

Transfer Data Collection:

Pt MRN: _____ Inpatient Unit: _____ Service: _____

Unit Pharmacist to Document Following Information:

1. Patient transferred:
 - Level of care (ICU to IMC or general care)
 - Services of care (ex. CCS to GM1)
2. Number of current inpatient medications clarified: (Please check correct box and indicate the number of medications clarified)
 - Omitted
 - Duplication
 - Wrong Drug
 - Wrong Dose
 - Missing Information
 - Other _____
3. Number of home medications reordered: _____
4. Number of home medications clarified: (Please check correct box and indicate the number of medications clarified)
 - Omitted
 - Duplication
 - Wrong Drug
 - Wrong Dose
 - Missing Information
 - Other _____
5. Interventions made by R.Ph: (Please check box and indicate number of interventions)
 - Drug- drug interactions _____
 - Drug-disease interactions _____
 - Duplication of therapy _____
 - Lab monitoring _____
 - Adverse effects _____
 - Incomplete list of medications _____
 - Incomplete list of medication _____
 - Dose changes _____
 - Route changes _____
 - IV to PO _____
 - Formulary changes _____
 - Patient education _____

*******STOP HERE******* The following information will be completed by auditor*****

6. Number of home medications listed on admission history note: _____
7. Number of scheduled medications listed in e-mar: _____
8. Number of medications clinically appropriate to hold: _____
9. Number of home medications with documented reason to hold: _____
10. Number of current inpatient medications ordered upon transfer: _____
11. Documentation of reconciliation on monitoring sheet Yes No

Please provide additional comments or notes here:

This tool is being used for data collection in order to audit our medication reconciliation processes. Please document the following elements for TWO patients being discharged on your shift for this unit.

Discharge Process Data Collection:

Unit Pharmacist to document the following information

Patient MRN _____ Date: _____

1. Estimated time trials (minutes)- this is to provide us with a rough estimate of how long it takes to complete a patient discharge- Remember it is *Estimated*.

1. Actual time when face sheet completed by physician: (if known) _____

2. Actual time RPh receives face sheet: _____

3. Time spent for RPh to complete reconciliation of face sheet: _____

4. RPh time spent completing discharge counseling: _____

2. Total number of medications listed on face sheet: _____

3. Number of interventions/clarifications made to face sheet: _____

4. Types of interventions made by RPh (Please check correct box and indicate the number of medications clarified)

Wrong drug _____ Duplication _____

Wrong dose _____ Missing Medication _____

Wrong route _____ Allergy _____

Wrong frequency _____ Adverse drug reaction _____

Insurance issue (prior authorization required or therapeutic interchange)

Other: _____

5. Number of home medications clarified: (Please check correct box and indicate the number of medications clarified)

Omitted _____ Wrong Dose _____

Duplication _____ Missing Information _____

Wrong Drug _____ Other _____

6. Did the patient receive an electronic medication list? Yes No

Medication Chart

Self-administration sheet

7. Complete teaching documentation? Yes No

Please provide additional comments or notes here:

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Non-inpatient care areas using paper documentation

1. Medication list documented in patient chart? Yes No
2. Medication list obtained by:
 Nurse Physician Pharmacist Other _____
3. Was an updated medication list provided to patient? Yes No NA
4. Was this list communicated to next provider of care? Yes No NA

Evaluation of the accuracy of the medication list

5. Missing information? (Please check appropriate boxes and document # missing items)
 - Drug name _____
 - Strength _____
 - Dose _____
 - Route _____
 - Frequency _____
 - Indication _____
6. Use of banned abbreviations Yes No
7. Any misspellings Yes No