Health-care practitioners must cooperate to reduce medication mismanagement, expert says

December 10 2012

Medication reconciliation is a safety practice in which health care professionals review patients' medication regimens when patients transition between settings to reduce the likelihood of adverse drug effects. It is among the most complex clinical tasks required of physicians, nurses and pharmacists, who must work cooperatively to minimize discrepancies and inappropriate medication orders. Now, a University of Missouri gerontologiccal nursing expert suggests that acknowledging practitioners' varying perspectives on the purpose of medication reconciliation and their roles in the process might increase implementation in health care institutions such as hospitals and nursing homes.

Amy Vogelsmeier, assistant professor in the MU Sinclair School of Nursing, and researchers from the Salt Lake City Veteran's Affairs Medical Center and the University of Utah found that health care professionals often viewed medication reconciliation as a "checklist" task rather than a higher-level thinking process that involves considering patients' entire therapeutic plans.

"Medication reconciliation is more than just matching medication lists when patients transition among hospitals, personal residences, nursing homes and other health care settings," Vogelsmeier said. "It's an opportunity to ask whether medications are still appropriate and consistent with the patients' therapeutic goals and then to make

adjustments to their medication regimens if needed. The constant surveillance of medications is critical because adverse drug events happen when people are taking medications they no longer need or aren't taking medications they need."

Vogelsmeier analyzed data gathered by colleagues in Utah from focus groups with physicians, nurses and pharmacists at three U.S. Department of Veteran's Affairs Health Administration hospitals. Professionals in the three disciplines perceived their roles in medication reconciliation differently. In reality, joint and overlapping responsibilities require that the health care practitioners collaborate to ensure patient safety, Vogelsmeier said.

"Medication reconciliation doesn't fall to one discipline; it's a joint effort," she said. "Physicians are ultimately accountable for assuring patients' medication therapy is appropriate, but pharmacists play critical roles because of their in-depth knowledge of medication management and their focus on medication safety. Nurses are the ones who identify and communicate what patients are really taking at home because of their proximity to patients and their families when they transition to health care settings."

As the practitioners encounter patients, they have opportunities to provide input about the patients' medication histories, medication plans and their responses to therapies, Vogelsmeier said.

"But the process starts with knowing what medications patients are really taking, and this is particularly challenging with medication reconciliation," Vogelsmeier said. "Often, patients have multiple medication bottles at home and do not know what they are supposed to be taking. In addition, they may see multiple providers who prescribe different medications, and they may go to various hospitals or providers for care."

Vogelsmeier says maintaining accurate and reliable medication lists is difficult, and current computerized systems found in many hospitals, nursing homes and physician clinics do not support the maintenance of accurate medication profiles. She suggests that computerized information systems be designed to integrate input from each health practitioner role into the medication reconciliation process so that practitioners can provide up-to-date information to ensure accuracy of records. Other issues that emerged in the focus groups included non-adherence to medication regimens and low health literacy.

The study, "Medication reconciliation: A qualitative analysis of clinicians' perceptions," will be published in the journal *Research in Social and Administrative Pharmacy*. The research is part of a larger study funded by the U. S. Department of Veteran's Affairs and conducted by faculty at the Salt Lake City Veteran's Affairs Medical Center and the University of Utah. Vogelsmeier's University of Utah colleagues included Ginette Pepper, Lynda Oderda and Charlene Weir, the principal investigator.

Provided by University of Missouri-Columbia