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A component of the Canadian Medication Incident Reporting and Prevention System (CMIRPS).

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Medication Reconciliation Can Help to Reduce the Chance of Errors with Medicines!

SafeMedicationUse.ca has received a report from a consumer who noticed potential problems on two occasions while receiving care in an emergency department. Each time, the consumer spoke up after noticing that healthcare providers had incomplete information about a medicine the consumer was taking at home. On one occasion, information that was obtained from a computer system did not include the current dose of the consumer's medicine warfarin. On another occasion, the computer system did not have current information on the consumer's dose of candesartan cilexetil (brand name Atacand). Warfarin is a blood thinner. Candesartan can be used to treat high blood pressure or heart failure. A mistake with either of these medicines could cause harm. Fortunately, the consumer spoke up and made sure that the healthcare providers got the right information. Read more about speaking out when you have concerns

(www.safemedicationuse.ca/newsletter/newsletter_speakout.html)

Whenever you receive healthcare, it is important that you and your healthcare provider have complete information about all your medicines. Healthcare providers may use more than one source of information to prepare a complete list of your medicines. This list is sometimes called a "best possible medication history" or BPMH. Making a BPMH is the key step in a process known as "medication reconciliation". When a BPMH is being created, it is ideal for you or your family to participate.

You can help your healthcare providers to prepare the BPMH by bringing your own list of medicines and all of your medicine bottles with you whenever you receive healthcare. These steps can be a big help because it may be difficult for you to remember the information yourself, especially if you are feeling sick. Ideally, you should include all types of medicine that you take at home, including over-the-counter drugs and herbal medicines. Tell your healthcare provider how you take each medicine. These details are important because healthcare providers may not always be able to get complete information by looking at your medicine bottles or computer reports. For example, a doctor may have changed the dose of one of your medicines without writing a new prescription.

What is Medication Reconciliation?

Medication reconciliation is a way to make sure that information about your medicines is passed on when you move from one setting of care to another. During medication reconciliation, a healthcare provider makes a list called the "best possible medication history". This list contains information about your medicines that is as complete and correct as possible. All of your healthcare providers can use this list when they are making decisions about your medicines and other types of care. Medication reconciliation works best when patients and families are partners in the process.

Medication reconciliation may happen when you are admitted to hospital, when you are transferred from one area to another while you are in hospital, and when you are discharged from hospital. Medication reconciliation can also happen in nursing homes, in the community with your family healthcare team, and in other healthcare settings.

After the BPMH is prepared, your healthcare provider should review the entire list with you to be sure it is accurate. Healthcare providers should also tell you about any changes that are made to your medicines and should help you to update your list of medicines. Read more about keeping a list of medicines

(www.safemedicationuse.ca/newsletter/newsletter_minerals.html)

Medication reconciliation helps to ensure you get the medicines you need. It can also prevent you from receiving the wrong medicine or the wrong dose of a medicine. Be involved, and help prevent errors with your medicines!

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