

Foundation Standard 2022v

# Indicator 9.3

# Medicines reconcilliation



The Royal New Zealand  
College of General Practitioners  
**Te Whare Tohu Rata o Aotearoa**

The Quality Programmes Team  
May 2023

# Topics covered:

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01 The what and why of  
medicines reconcilliation

02 The Medicines  
Reconciliation Policy

03 Summary of the HQSC  
Medicines Reconciliation  
Standard

04 Auditing the reconciling of  
medicines and achieving  
improvement

# What is medicines reconciliation?



Medicine reconciliation is about obtaining the most accurate list of patient medicines, allergies and adverse drug reactions and comparing this with the prescribed medicines and documented allergies and adverse drug reactions. Any discrepancies are then documented and reconciled. ~ HQSC

# Why is it important?

It helps avoid medical errors that could result from an incomplete understanding of past and present medical treatment.

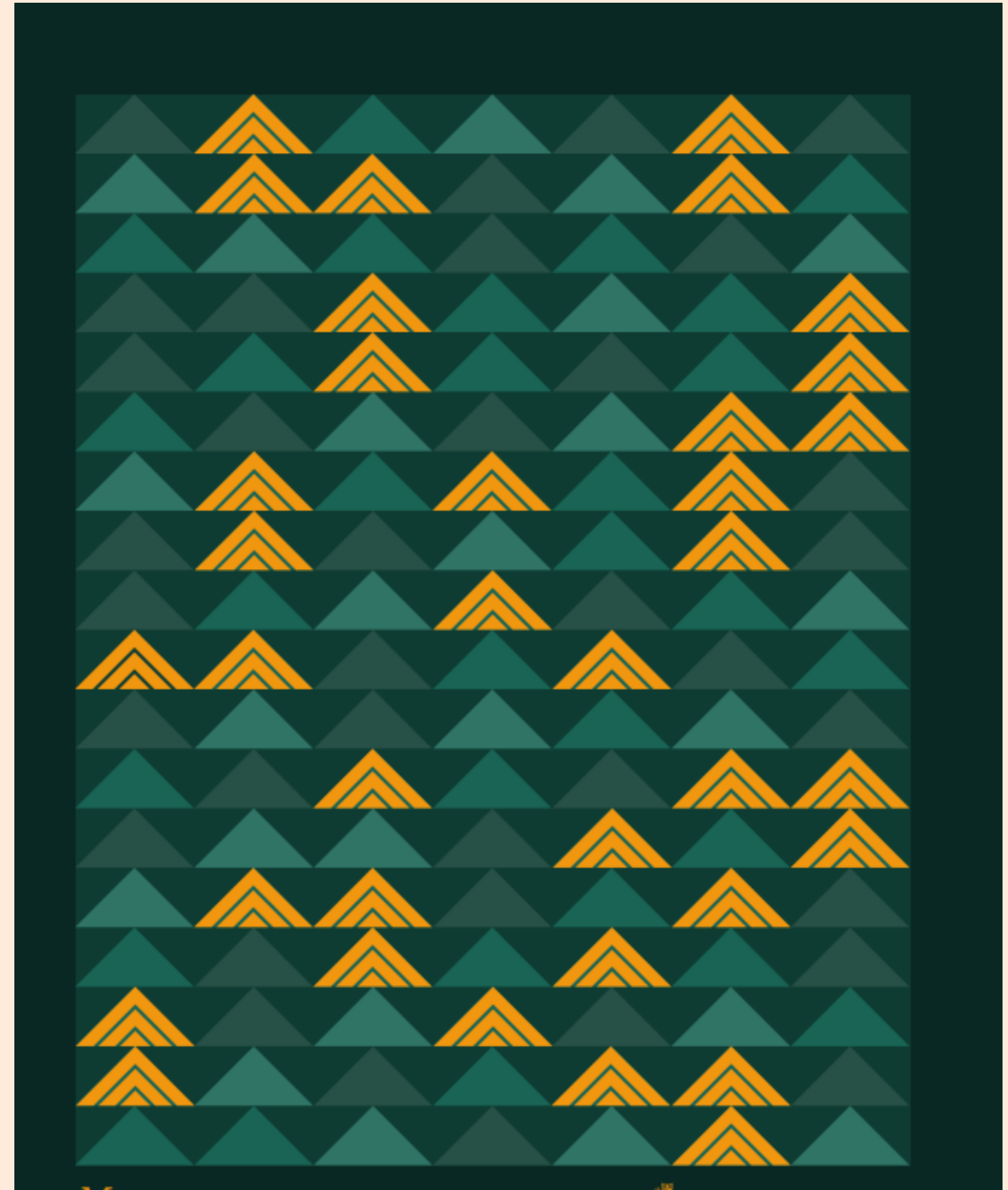
Reducing medication-related harm improves patient safety. Medication-related harm accounts for around 3% of all hospital admissions, with higher rates in older people.



Medicine Reconciliation  
**STANDARD**  
VERSION 3, SEPTEMBER 2012

The HQSC ensure consumer and whānau engagement in the planning, delivery, and monitoring of health services and to promote a higher quality and safer health system. The HQSC in conjunction with HISO have developed this document and it is advisable that practices becomes familiar with this document.

The Medicine  
Reconciliation Standard  
consists of four key areas



# These 4 areas are:

Accountabilities and  
Responsibilities



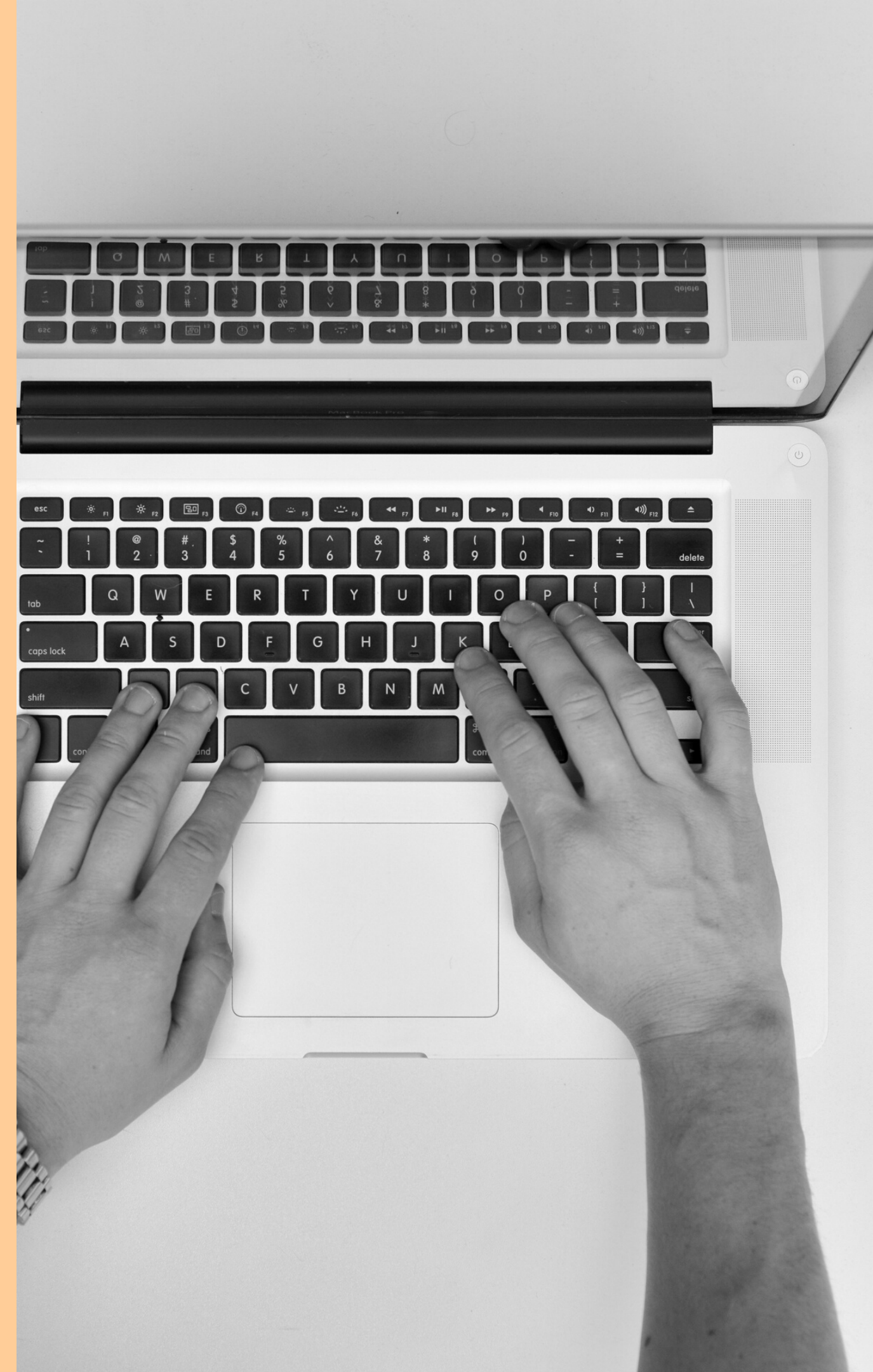
Medicine  
Reconciliation  
Processes



Documentation



Measuring,  
Evaluation and  
Reporting



# 1.Accountabilities and responsibilities

All registered healthcare practitioners involved in medicine reconciliation are responsible and accountable for the accuracy and quality of information provided to support the medicine reconciliation process

Each organisation ensures each healthcare practitioner involved in the medicine reconciliation process is able to competently undertake this in their role



## 2. Medicine Reconciliation Processes

### Collect:

the most accurate list of medicines, allergies, and adverse drug reactions

### Compare:

the collected medicines, allergies and ADR list against the prescribed information, and identifying and documenting any discrepancies.

### Communicate:

at each transfer point, all changes that have occurred to the patient's medicines, allergies and ADR lists will be correctly documented, dated, and communicated by the healthcare practitioners involved in the patient's care



### 3. Documentation

Any information associated with medicine reconciliation is complete, accurate, relevant and current.

The responsibility for this remains with the healthcare practitioners involved.



## 4. Measuring, Evaluation and Reporting

Audits and evaluation are undertaken at regular intervals for learning and improvement using a continuous quality improvement cycle eg, Plan – Do – Study – Act (PDSA) cycle.

- The frequency of this should be determined by the practice, be at regular intervals and relative to the practices performance.

Reporting- Each organisation ensures reporting on medicine reconciliation meets local and national requirements.

- Reporting to the clinical governance team, or other organisation if applicable, for example Health NZ.





There is a link to a Safety in Practice medicines reconciliation audit template in the guidance

Refer to the guidance and the HQSC Medicines reconciliation Standard for more information



# The PDSA cycle

Plan -Do - Study- Act is a quality improvement tool which uses the audit information to lift performance through ongoing team support and training.

Relevant learnings and changes are to be reported to the clinical governance group.

Refer to the guidance and the HQSC Medicines reconciliation Standard for more information

# A Medicines Reconciliation Policy should include:

Accountability  
– a nominated  
person/team/department  
responsible

Measuring, evaluation and  
reporting

Auditing method and  
frequency

Education and training of  
team members (including  
inducting new team  
members)

Process for continuous  
quality improvement

Timelines

Roles and responsibilities  
during different points of  
transfer of care

The actual medicine  
reconciliation process  
(collect, compare,  
communicate)

# To sum up...

By correctly following the evidence requirements of indicator 9.3, and the HQSC Medicines Reconciliation Standard, practices will reduce errors and improve patient safety and population health.

Accurate and timely reconciling of medicines reduces errors and enhances the use of medicines and patient health outcomes .



# Thank you!

The Quality Programmes Team is  
happy to help.

Please contact us at:

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