Medicines Reconciliation – Reducing the risk of serious harm

Actions

When: As soon as possible but no later than 31 March 2016

Who: All providers of NHS funded Care

1. Identify any similar incidents that have occurred within your organisation.
2. Confirm the organisation has arrangements in place to ensure that medicines reconciliation takes place within 24 hours of a patient being admitted to an acute care setting.
3. Ensure the organisation has a policy in place covering medicines reconciliation on admission, transfer between wards and on discharge from hospital.

Background

Prescribing errors can result in harm to patients. The aim of medicines reconciliation when patients are admitted to hospital is to ensure that important medicines aren’t stopped and that new medicines are prescribed, with a complete knowledge of all medicines (including prescribed, over-the-counter and complimentary medicines) a patient is already taking.

The absence of medicines reconciliation is a long standing problem known to cause medication errors and potential harms to patients. Medicines reconciliation, has been defined by the Institute for Healthcare Improvement, as “the process of identifying the most accurate list of a patient’s current medicines... and comparing them with the current list in use, recognising any discrepancies, and documenting any changes, thus resulting in a complete list of medicines, accurately communicated.” (2005)

NICE/NPSA guidance to improve medicines reconciliation at hospital admission

In 2007, the NPSA and NICE issued a joint alert the aim of which was to reduce medication errors, which occur most commonly on transfer between care settings and on admission to hospital. The recommendations in the alert were updated and subsequently included in NICE guideline 5 entitled Medicines Optimisation issued in March 2015.¹

The NICE guideline makes a number of recommendations in relation to medicines reconciliation. These include –

- carry out medicines reconciliation within 24 hours or sooner if clinically necessary, when the person moves from one care setting to another – for example, if they are admitted to hospital.
- Recognise that medicines reconciliation may need to be carried out on more than one occasion during a hospital stay – for example, when the person is admitted, transferred between wards or discharged.

Share any learning from local investigations or locally developed good practice resources by emailing: ImprovingPatientSafety@Wales.gsi.gov.uk

¹ Queries should be sent to: ImprovingPatientSafety@Wales.GSI.Gov.UK
www.patientsafety.wales.nhs.uk
Coroners Report

A Regulation 28 Report was issued by HM Coroner to Welsh Government on 7 August 2015 regarding the absence of a Medication Reconciliation Policy (as recommended in NICE guideline 5) within an NHS Wales Organisation. This action is aimed at preventing future deaths.

In this particular incident, the admitting doctor failed to record a regular prescription for thyroid medication on a patient’s drug chart. As a result, the patient did not receive their thyroid medication for a period of 5 weeks. The patient subsequently died.

Although in this particular case the omission of the patient’s medication did not contribute to their eventual death, the Coroner is concerned in the case of other drugs an omission of a medication may lead directly to death (e.g. insulin).

The Coroner has raised concern that there may be health boards across Wales which do not have a policy in place.

The purpose of this notice is to ensure that health boards across Wales have developed and implemented policies which prevent the occurrence of similar incidents in the future.

Reference

1. NICE guideline 5
   https://www.nice.org.uk/guidance/ng5