



Medication Reconciliation

“Medication reconciliation” has been named one of the top JHH Quality Improvement Priorities for FY 06. Its proper implementation will improve patient safety and will affect the work flow of prescribers, nurses and others.

In the area of patient safety, the term “reconciliation” has a very specific meaning. “Reconciliation” refers to the process of formally assuring reassessment of medication therapy as a patient moves from one level of care to the next. Transitions of care (outpatient to inpatient, transfer service, transfer level of care, and inpatient to outpatient) have been targeted because transitions increase the likelihood that medication regimens may be inadvertently continued, discontinued, changed, or duplicated.

STARTING JANUARY 1, 2006, JHH prescribers will be expected to document this reconciliation process. Here’s what will be expected of you:

ON ADMISSION:

- Look for your patient’s “Home” *Medication Reconciliation* form, which can be found behind the *Medication* chart divider.
- If you obtain additional information regarding “home” medications, add these to the front of the “Home” *Medication Reconciliation* form.
- Consider (reconcile) medications on this list when writing admission orders and document that you have reconciled these medications by signing the bottom of the *Medication Reconciliation* form.
- If you obtain additional information about home medications after this initial reconciliation process, add this information to the back of the “Home” *Medication Reconciliation* list.

ON TRANSFER (CHANGE IN LEVEL OF CARE OR CLINICAL SERVICE) AND DISCHARGE:

- As part of the process of accepting transfers and discharging patients, complete a *Transfer/Discharge Medication Reconciliation* form.
- Look for your patient’s *Transfer/Discharge Medication Reconciliation* form behind the *Medication* chart divider.
 - On POE and Eclipsys Clinical Documentation units, this list is automated and will include a list of medications that the patient was on immediately prior to transfer.
 - For all other units, there is a reconciliation form on which to document that you considered active medications on the most recent MAR when writing transfer acceptance orders or discharge medications.
- Consider medications on both the *Transfer/Discharge Medication Reconciliation* and the “Home” *Medication Reconciliation* list as you develop your transfer acceptance orders or discharge medications and document that you have reconciled these medications by signing the bottom of the *Transfer/Discharge Medication Reconciliation* form..

We are confident that JHH prescribers already incorporate the process of medication reconciliation in their clinical practice. This new documentation requirement will serve to formalize yet another aspect of our commitment to keeping our patients safe.

Second Annual Safety Attitudes Questionnaire

The second Johns Hopkins Institutional Safety Attitudes Questionnaire will be administered in January 2006. This survey provides valuable insight into the unit-based attitudes about safety, teamwork, morale, stress, management and working conditions. The survey will be taken by nurses, physicians, pharmacists, clinical support staff, unit-based clerical and environmental staff along with social work, PT, OT, RT and other health care team members whose work directly impacts clinical care and decision-making. For these data to be most useful, it is important for at least 60% of staff on each unit to complete and return the survey. Each department has a survey coordinator who will distribute and collect surveys. Please complete your survey and encourage your colleagues to do the same by January 31. If you have questions, contact your survey coordinator or Lori Paine at 410 955-2919.

Criteria for Use of Contrast in C.T. Studies

Physicians have inquired about the Radiology Department's policy regarding use of contrast in CT studies. This information can be accessed at the following website address: <http://radris.rad.jhmi.edu> . (Click on "Radiology Manual", then on "Section V - Contrast Media".)

Malfunctioning Devices

Any disposable or non-disposable device suspected of malfunctioning should be reported in Patient Safety Net. Do not re-use, or place suspect devices back into circulation. Suspect devices should be sequestered, labeled as broken and reported to the proper personnel. For disposable devices that malfunction, contact Colleen Cusick at 5-1900. For re-usable equipment/devices suspected of malfunctioning, contact Clinical Engineering Services (CES) at 5-2100 ext. 106, and if you suspect that the device harmed a patient contact Jeff Natterman in Risk Management at 5-7949.

Flu Vaccine is Still Available

It's not too late to get your flu vaccine! Vaccine is administered Monday through Friday, 8 a.m. – 4 p.m., in Phipps 315 and at the Church Professional Building. In Phipps 315, vaccinations are available in both shot and mist form, and at the Church Professional Building, vaccinations are available in shot form. If you have questions, call Beth Cooper, 410-955-6211.

2006 Risk Management Seminars

Risk Management Seminars will be held during the following dates and times in Hurd Hall. Contact your departmental credentials coordinator if you are unsure whether you need to attend.

- 1/18/06, 5:30-6:30 p.m.
- 2/15/06, 5:30-6:30 p.m.
- 3/11/06, 11 a.m. – 12 noon
- 4/11/06, 5:30-6:30 p.m.
- 5/16/06, 5:30-6:30 p.m.
- 6/13/06, 5:30-6:30 p.m.

If you have questions, call the Legal Department at 955-7949.

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Beryl J. Rosenstein, M.D., *Vice President, Medical Affairs*
Pamela Shafer, *Director, Medical Staff Administration*
Sharon Mears, *Editor*
410-955-0620