

# Physician MEMO

**To** | All Novant Medical Staff and Allied Health Providers

**From** | Patrick Healy, MD – VP – Clinical Improvement  
Janet Onieal – Sr. Director – Clinical Systems Design

**Date** | January 17, 2012

**Re** | **Update on the Electronic Medication Reconciliation Tool**

---

The “Electronic” version of Medication Reconciliation replaced the “paper and pencil” version in November 2011. In these last few weeks our implementation team has diligently worked to address any concerns about this product and the process. We made some changes in early January that we will now retract due to SAFETY issues.

Starting January 23<sup>rd</sup>, when the medication list is printed for the patient’s discharge the sections with IV Medications and PRN Medications will be printed and **must** be addressed. We have had several “near misses” of patients almost not getting an important medication when the IV medications were not listed! Although this means clinicians will review “more” pages of medications, the safety of our patients must come first. We have the motto, “First Do No Harm,” and should make sure our processes reduce opportunities to create harm.

Medication Reconciliation at discharge **must** be performed even if the patient is being transferred to a long term care facility. The list is required so the electronic system will have the latest list of the patient’s medications recorded. The dictated medication list in the discharge summary is not in the system unless medication reconciliation is completed. One positive note is that the MDs will no longer need to sign the Physician Cert and Recert forms on patients going to a SNF (effective 1/23/12).

Remember that home medications should be addressed first and then “in house” medications should be addressed. If the patient is on the same medication or a therapeutic interchange in the “in house list” it should be discontinued because you continued it in the Home med list.

Example:

Home Med List:

Lipitor 10mg PO daily    Continue    Stop    Change Increase Lipitor to 20 mg daily

In house list:

Lipitor 20 mg PO daily    Continue    Stop    Change \_\_\_\_\_

This will make the patient instructions clear because they will understand this is a medication they were on at home but it was changed slightly.

Thank you so much for your efforts and feedback. Feel free to call me if there are further issues. I can be reached at 336-718-2892.