Medication Reconciliation Audit Tool-Discharge

Data Collector's Name: ______________________ **Email/Phone:** ______________________

Purpose: To evaluate your *facility's internal discharge medication reconciliation processes*: 1) the accuracy of the medication reconciliation of the pre-admission list to current orders and discharge orders, 2) the documentation of rationale for intended medication discrepancies, 3) the incidence of unintended medication discrepancies, 4) the provision and assessment of patient/caregiver medication education, and 5) the timeliness of provision of the reconciled discharge medication list to the subsequent provider.

Instructions:

- Using the criteria below, audit 5-10 medical records of patients discharged from your facility on any anticoagulant, antihyperglycemic, or opioid.
- Answer Y or N to the following audit criteria questions using data elements found in the patient's medical record.
- Use the **Medication Discrepancy Tool** when needed, as stated below.

Medication Reconciliation Audit Criteria- DISCHARGE	Pt. 1 Y/N	Pt. 2 Y/N	Pt. 3 Y/N	Pt. 4 Y/N	Pt. 5 Y/N
Was the original home medication list (Pre-admission list) reconciled with current orders and discharge orders?					
Was there is a 1:1 match for every medication on the home medication list (Pre-admission list) to the current orders and to the discharge orders? (All elements for all drugs must match for Yes)					
For medications without a 1:1 match, was a rationale for the discrepancy documented? If No, please complete the Medication Discrepancy Tool.					
Did the reconciled medication list include the medication name, dose, route and frequency for each medication? (All elements for all drugs must be present for Yes)					
Did the reconciled medication list include the date and time of last dose given for each medication? (Must be present for all drugs for Yes)					
Did the reconciled medication list include the date and time of the next dose due for each medication? (Must be present for all drugs for Yes)					
Did the final reconciled medication list for discharge indicate whether medications should be stopped, started, or continued?					
Was patient/caregiver education provided?					
Was patient/caregiver understanding of education assessed and documented? (Both elements must exist for Yes)					
Was the final reconciled medication list communicated to subsequent providers within 24 hours of discharge?					

* "Original Home medications list" and "pre-admission list" refer to medications the patient was taking where they lived prior to admission to your facility and includes lists provided by skilled nursing facilities, assisted living facilities, adult homes, home healthcare agencies, primary care, etc.

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