

## BACKGROUND

Medication reconciliation (MR) is required organizational practices by Accreditation Canada and should be implemented in all Canadian hospitals. There are numerous issues reported with the implementation of MR.

## PURPOSE

To survey the current medication reconciliation practices in Canadian Hospitals.

## METHODS

This is a descriptive cross-sectional study conducted between May and June 2016. A survey of 34 questions was sent by email to all hospital pharmacy directors in Quebec, Canada. The survey was managed online (SurveyMonkey®, Palo Alto, CA, USA). Respondents were asked to share their policies, procedures and forms. Only descriptive statistics were performed.

## RESULTS

. A total of 28 respondents (45 sites) completed the survey (response rate : 82%).

### Best Possible Medication History (BPMH)

Figure 1 - Who collects the Best Possible Medication History

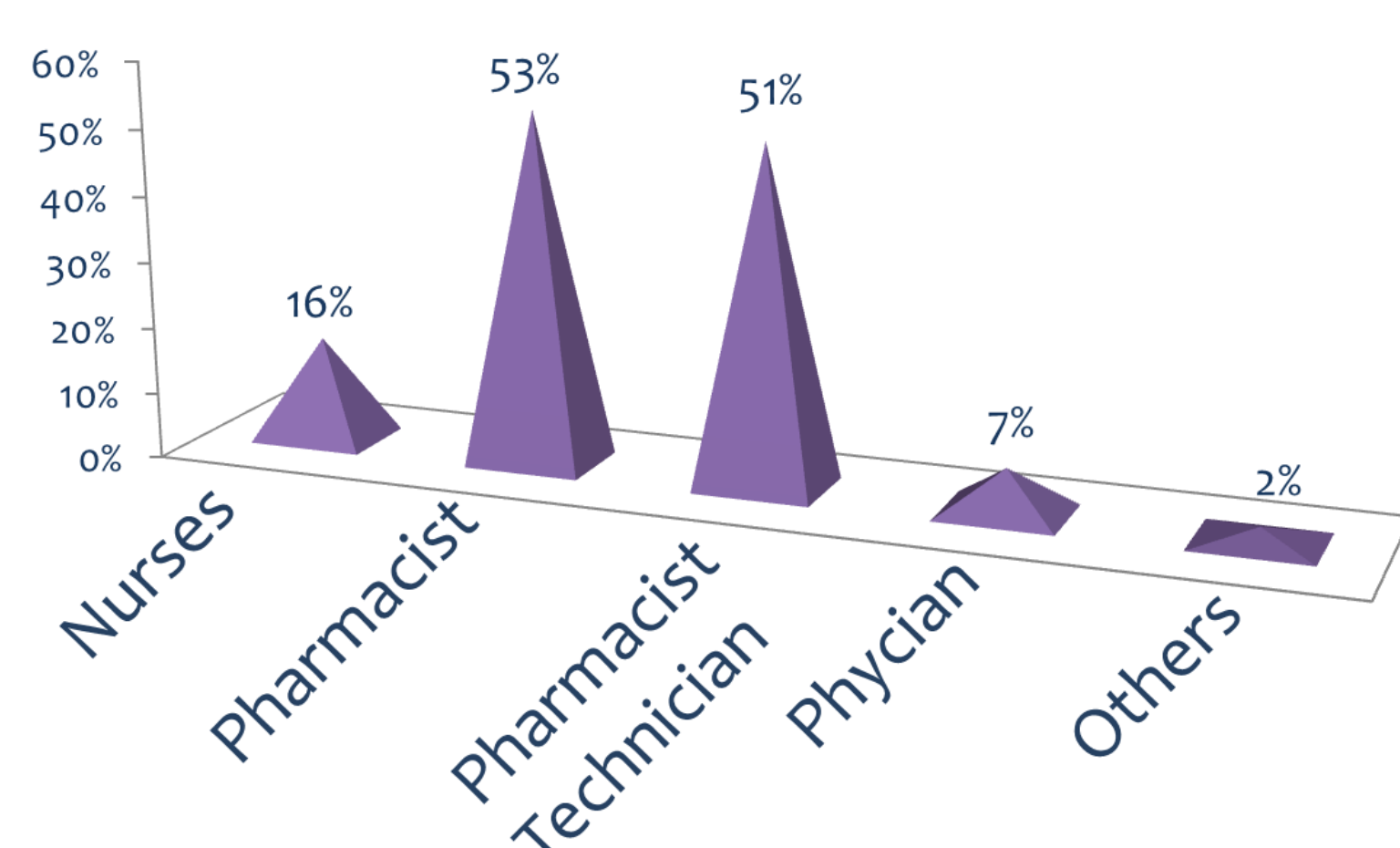
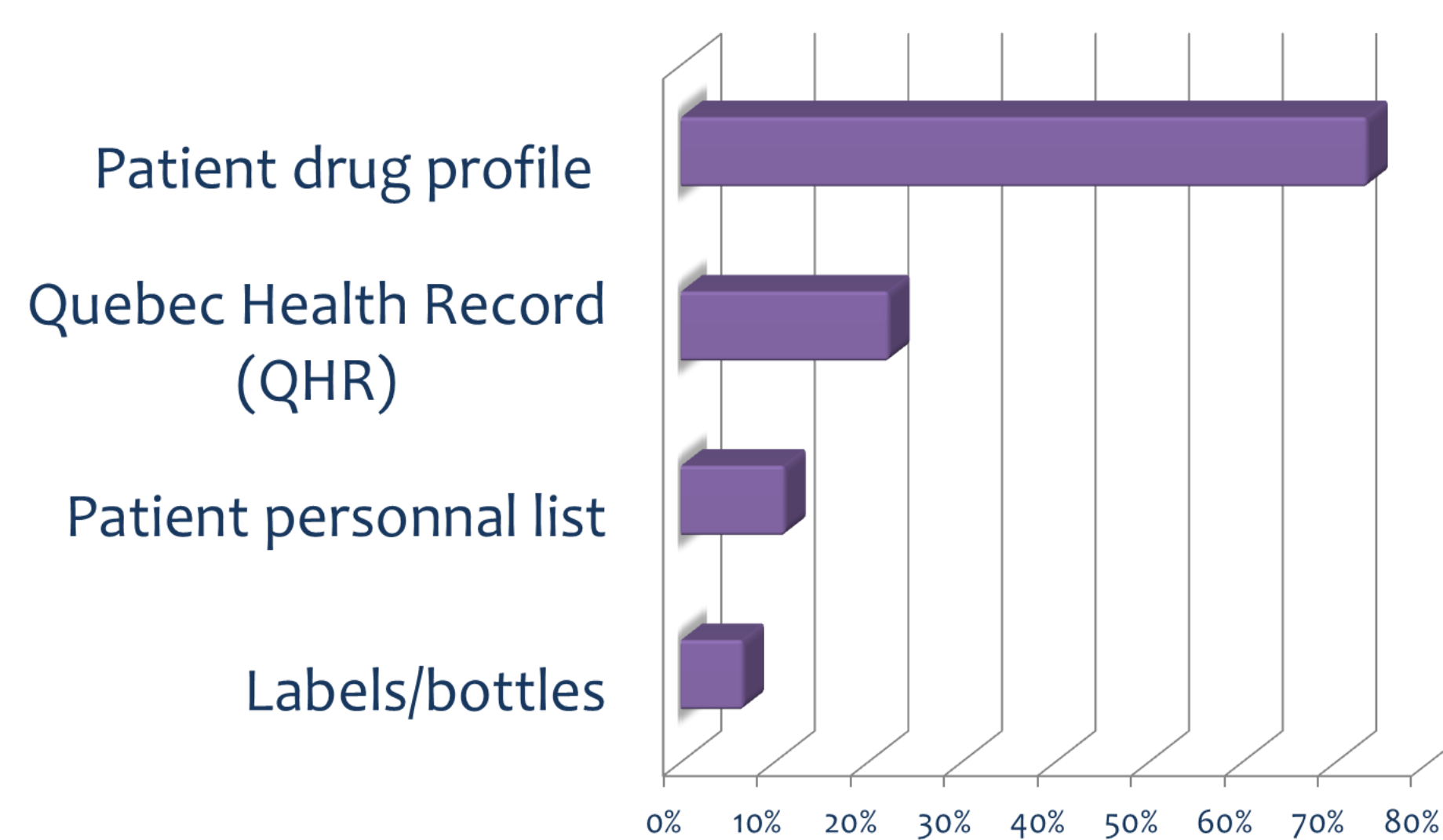


Figure 2 - Use of a second source of information used systematically



. Only 36% (16/45) of Best Possible Medication History (BMHP) are collected electronically.

. 47% (21/45) of BPMH (paper/electronic) are also used to prescribe drugs.

. A second source of information is used systematically in only 42% of the cases.

. A majority (93%) have contacts with community pharmacists whenever required to insure seamless care.

### Medication reconciliation (MR)

. Only 29% (13/45) of sites can confirm the consultation of the BPMH by the physician.

. 49% (22/45) require the consultation of the BPMH before drug ordering at patient discharge.

. Pharmacists are involved in supervising discharge drug order in 60% (26/44) of the cases.

Figure 3 - Who identifies the discrepancies ?

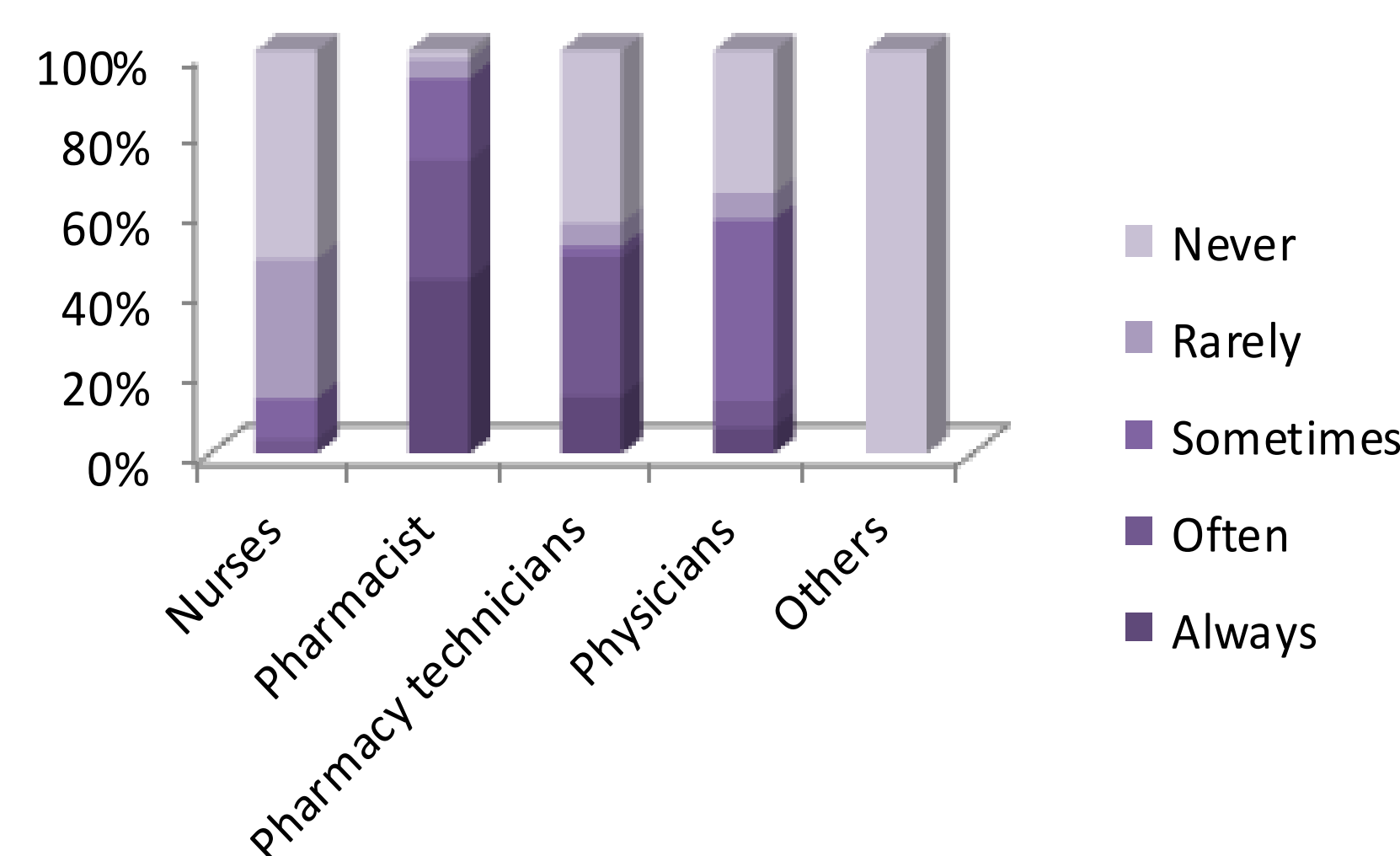
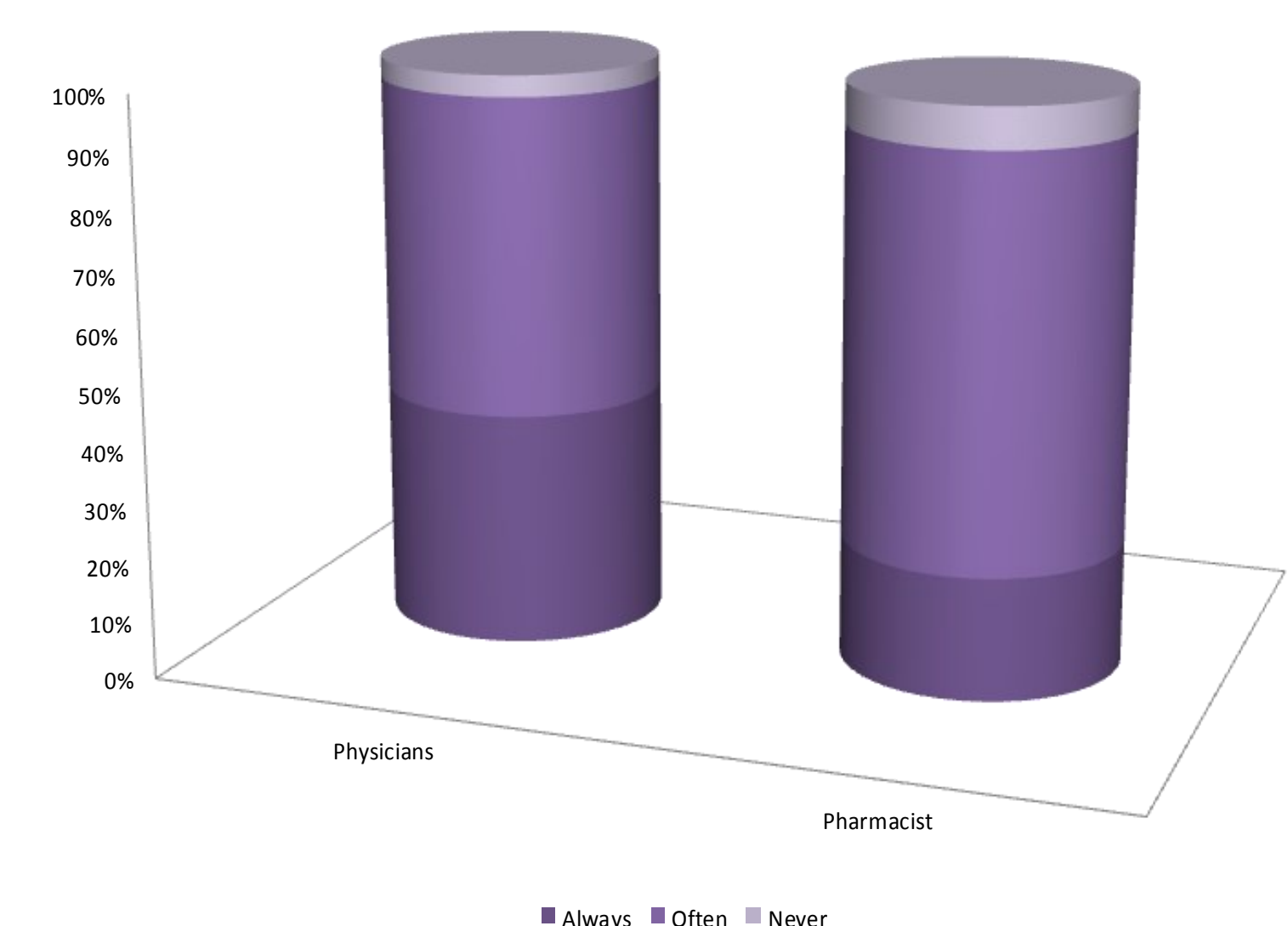


Figure 4 - Who represcribes drugs to eliminate discrepancies ?



### Tools and certification

. Staff involved in MR require in-house certification in 43% of the cases (18/42).

. Almost all respondents (91%, 49/43) provide tools to their staff to support the MR process.

. A minority of respondents (27%, 12/45) give additional material to patient at discharge.

### Policies and procedures

. Someone within the hospital has been identified to coordinate the MR process in 68% (30/44) of the sites but only 43% (19/44) have a committee . A total of 14 policies and / or procedures, and 11 blank forms of BPMH were shared with the research team by the respondents.

. Documentation provided is detailed and heterogeneous (e.g. 4.4 documents/respondent and an average 3978 words/respondent).

## CONCLUSION

. This cross-sectional study reveals a need to standardize the medication reconciliation process in Canada.

. MR process is a time-consuming activity and this survey confirms the necessity to standardize at a national level; both regulatory and governmental authorities should make sure all stakeholders adhere to a simplified optimal process.