Medication reconciliation practices in Canadian hospitals
Floriane Darbon¹, Suzanne Atkinson¹, Élisabeth Bourassa², Pascal Bédard¹, Jean-François Bussières¹, ²

¹Pharmacy department and Pharmacy Practice Research Unit, CHU Sainte-Justine, Montréal, QC, Canada
²Pharmacy department, CHU Québec, Québec, QC, Canada
³Faculté de pharmacie, Université de Montréal, Montréal

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)

- 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.
- 45% (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.

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.