

## Medication Reconciliation Elements

### Suggested Common/Essential Data Elements for Medication Reconciliation

ASSESSMENT ON ACCESS TO CARE SETTING (E.G, HOSPITAL ADMISSION, NURSING HOME ADMISSION)							
Category	Element	Source(s)	Barrier(s)	Comments			
Demographic	Name	Patient/caregiver	Cognitive status	Universally available unique identifier information			
	Date of birth						
	ID Number						
	Gender						
	Contact information						
	Caregiver name and contact information	Caregiver	Caregiver knowledge of patient				
	Allergies/intolerances	Patient/caregiver					
	Date of assessment	Interviewer		May also include time of transport of info			
Medications (active, taken chronically)	Name – generic/trade	Patient/caregiver	Patient/caregiver knowledge of complete medication list, cognitive status	NDC will be used in automated systems – name + dose			
	Dose						
	Form						
	Frequency						
	Reason for use						
Other medications/OTC/herbal remedies/nutritional supplements/time-limited medications	Name – generic/trade			Stop dates for short term medications			
	Dose						
	Form						
	Frequency						
Other elements for consideration							
Demographic	Primary language	Patient/caregiver	Patient/caregiver knowledge of complete medication list, cognitive status	Variety of methods to provide info on compliance			
	Religious, cultural factors						
Medications	Prescriber						To be able to identify conditions that may not be treated
	Compliance level						
Medical history	Known medical conditions						
Primary health care provider	NPI#						

Category	Element	Source(s)	Barrier(s)	Comments
Patient access to medications	Prescription benefits, out-of-pocket costs, public and manufacturers' pharmaceutical assistance programs, patient/caregiver access to pharmacy (e.g., in rural areas or in neighborhoods where pharmacies won't carry certain drugs, such as pain medications)	Patient/caregiver, health care setting personnel	Patient/caregiver lack of knowledge regarding, or difficulty navigating, benefit plans or programs, lack of patient/caregiver financial resources, gaps in public and manufacturers' pharmaceutical assistance	To ensure patients will be able to obtain prescribed medications.
<b>ASSESSMENT/RECONCILIATION ON TRANSFER OF CARE</b>				
Medications (to be continued at home, in long term care facility, etc.)	Name – generic/trade	MAR, health care setting personnel, physicians orders, universal order sheet	Incomplete documents, missing information, poor communication among care providers	Transfer information can serve as admission information on subsequent access to care. For home care or other self care setting, should include a plan to enhance adherence.
	Dose			
	Form			
	Frequency			
	Reason for use			
	Expected duration of use (chronic, time limited)	Assign specified duration of use as appropriate for selected medication (e.g., end date, number of days). Examples include high risk medications such as anticoagulants following surgery, antibiotics, and steroids		
	Ability to self medicate	Patient/caregiver		Patient/caregiver should be able to reconcile new medication list with previous list if self medicating at home
Allergies/intolerances				
Validation	Name/date/signature	Health care provider, other	Poor coordination of transfer, provider/other not available to validate	Person taking responsibility for accuracy of list on transfer and communication with patient and caregivers

Other elements for consideration				
Category	Element	Source(s)	Barrier(s)	Comments
Medications	Reason for use	Health care provider	Time to provide information, gather documents	Could be provided in portable document file, printed documents
	Monitoring parameters, frequency			
Patient access to medications	Payer or other source	Patient/caregiver or health care personnel	Patient/caregiver/health care setting personnel lack of knowledge	To ensure patient will be able to obtain medications prescribed on transfer
Point of contact	Person/department	Health care provider, other	Poor coordination of transfer	Who to contact in the previous health care setting regarding medication issues

NTOCC realizes that health care systems vary in their method of data collection, access, and communication. This list of essential data elements is an attempt to provide a list of variables one should commonly and routinely consider when an individual is entering and leaving a different system or level of health care. Other elements are also offered for completeness when the resources and technology are available to complete the medication record.

Some important questions to consider with implementation of a medication reconciliation program are:

1. How is the information transferred or “harmonized” within the permanent medication record?
2. Who is responsible for signing off on the reconciliation tool?
3. Who is responsible to close the list and pass this document on to the next provider?
4. How is a provider reimbursed for completing this medication reconciliation form?
5. How is the information from the medication reconciliation tool at the provider’s level to be transferred to the patient’s personal medication list?

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