

MATCH

UP medicines

Medication reconciliation prevents harm.

Why? Because up to two thirds of medication histories have errors, and a third of these errors can cause harm.^{1,2}

As patients move through the health system, information about their medicines needs to be current, accurate and move with them during transitions of care – on admission, transfer and discharge. Medication Reconciliation is the process of ensuring this information is accurate and clearly documented.

4 steps to improve patient safety

1

Obtain a best possible medication history

name of medicine, dose, frequency and route

2

Confirm the accuracy of the history

with a second source e.g. patient's medicines, medication list, GP, community pharmacy

3

Reconcile the history with prescribed medicines

bring discrepancies to the attention of the prescriber and document changes

4

Supply accurate medicines information

when care is transferred to receiving clinician, patient or carer

Medrec
matching medicines at transitions of care

For more information about medication reconciliation, see the accompanying brochure

References: 1. Tam VC, Knowles SR *et al.* *CMAJ* 2005;173(5):510-5.
2. Cornish PL, Knowles SR *et al.* *Arch Intern Med* 2005;165:424-9.

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