Government of **Western Australia**
Department of **Health**

WA Medication Reconciliation Audit Tool

NSQHSS Medication Safety	Methodology: Retrospective Audit	Ward:	Date of Admission: __/__/__ Date of Discharge: __/__/__ Date of Birth __/__/__ UMRN:

Documentation of ADR	Allergy/ADR to drug/s identified: Yes☐ No ☐	ADR status documented NIMC (includes NKDA, Unknown, ADR) Yes☐ No ☐	ADR status documented notes Yes☐ No ☐	If patient has had past ADR/s is reaction/s documented? Yes☐ No ☐ is ADR sticker/s on NIMC? Yes☐ No ☐

Reconciliation on Admission – Question in red to be reported to Department of Health

			Indicator
1	Is there a medication history documented by a **doctor?** Medical record ☐ on the NIMC ☐ on medication management plan ☐? (Nil Regular ☐) If medication history is documented,is it complete? (i.e. drug, dose, frequency +/- route)	Yes☐ No ☐ Yes☐ No ☐ NA☐	
2	Is there a medication history documented by a **pharmacist?** Medical record ☐ on the NIMC ☐ on medication management plan ☐ ? (Nil Regular ☐) If medication history is documented,is it complete? (i.e. drug, dose, frequency +/- route)	Yes☐ No ☐ Yes☐ No ☐ NA☐	
3	Is there a medication history documented by a **nurse/midwife?** Medical record ☐ on the NIMC ☐ on medication management plan ☐? (Nil Regular ☐) If medication history is documented,is it complete? (i.e. drug, dose, frequency +/- route)	Yes☐ No ☐ Yes☐ No ☐ NA☐	
4	**Is a complete medication history documented by a health professional?** **(Nil Regular ☐)**	**Yes☐ No ☐ 4.5**	**1A**
5	**Is confirmation of medication history with a second source documented?** Interview ☐ GP ☐ CP ☐ Patient's Own ☐ Websterpak ☐ Med profile ☐ Transfer/discharge summary ☐ MyHealth Record ☐ Other ☐ _____________ **(Ideally two different sources)** NA ☐	**Yes☐ No ☐ NA ☐ 4.5**	**1B**
6	**Is a reconciled list of medications documented on the WA MMP or NIMC?**	**Yes☐ No ☐ Nil reg☐**	**1C**
7	**Are all three admission steps(1A & 1B & 1C) of medication reconciliation documented?**	**Yes☐ No ☐ 4.5, 4.6** **If [1B=Y/NA] + [1C=Y/Nil reg] +[1A=Yes] then 1D=Yes**	**1D**
8	**Was patient admitted just prior to (ie Friday 12 noon onwards), during a weekend or public holiday?**	**Yes☐ No ☐**	**1E**
9	**Are all three admission steps(1A & 1B & 1C) of medication reconciliation documented? (by End of Next Calendar Day (ENCD))** **☐ by end of next calendar day [Yes]** **☐ 48 hours ☐ 72 hours ☐ >72 hours [No]**	**Yes☐ No ☐ 4.5, 4.6** **If [1B=Y/NA] + [1C=Y/Nil reg] +[1A=Yes] AND completed by ENCD then 1 = Yes**	**1**
10	Were any medication discrepancies documented? Number of unintentional discrepancies ___ No. High Risk Meds ____ (i.e. omissions, wrong dose/frequency/route, drug no longer taken) List high risks medications involved: ____	Yes ☐ No ☐ **4.15** No. of Discrepancies Resolved ___	
11	**Has a clinical pharmacist reviewed all the patient's medication by the end of the next calendar day?**	**Yes ☐ No ☐ 4.10**	**3**

Reconciliation on Discharge or Transfer– Question in red to be reported to Department of Health			
1	Has a discharge summary, which includes a medication list, been created for patient at time of discharge? (or up to one hour post discharge)	Yes☐ No ☐	
2	**Are the medications planned for the patient post discharge the same as the information in the discharge summary with all recommendations resolved? (ie Medications required at post discharge = Discharge summary medications)**	**Yes☐ No ☐** 4.12 **Patient Deceased ☐**	**2A**
3	Is there evidence that a pharmacist was involved in checking and / or reconciling the discharge summary medication list?	Yes☐ No ☐	
4	Were any medication discrepancies on discharge identified? Number of unintentional discrepancies ___ No. High Risk Meds ____ (ie omissions, wrong dose/frequency/route, drug no longer taking) List high risks medications involved:____	Yes☐ No ☐ 4.15 No. of Discrepancies Resolved ___	
5	**Were changes in medication therapy communicated : (i) in the discharge summary ?**	**Yes☐ No ☐** 4.12	**2B**
	(ii) to the patient☐ carer☐ community pharmacy ☐ RACF ☐ Other ☐ ______ ?	Yes☐ No ☐	
6	**Was patient discharged or transferred during a weekend, public holiday or Monday morning up until 12 noon?**	**Yes☐ No ☐**	**2C**
7	**Are both steps (2A & 2B) of medication reconciliation on discharge or transfer documented?**	**Yes☐ No ☐ (if 2A = Y and 2B = Y, then 2 = Y)**	**2**
8	Is there documentation to confirm that the patient has been provided education/counselling on their medication? (e.g. Check page 2 on WA MMP or in the patient's medical record) Patient Information Leaflet ☐ CMI ☐ Verbal ☐ Accurate Medication List ☐ Education/counselling was documented as being provided by the ☐ Doctor ☐ Pharmacist ☐ Nurse/Midwife ☐ Nurse Practitioner	Yes☐ No ☐ 4.11, 4.12.	**4**
Comments:			

Developed and endorsed by Medication Safety Network July 2017, revised by WA Medication Safety Collaborative April 2020

National Safety and Quality Health Service Standard 4 addressed in this audit tool.

4.5 Clinicians take a best possible medication history, which is documented in the healthcare record on presentation or as early as possible in the episode of care

4.6 Clinicians review a patient's current medication orders against their best possible medication history and the documented treatment plan, and reconcile any discrepancies on presentation and at transitions of care

4.7 The health service organisation has processes for documenting a patient's history of medicine allergies and adverse drug reactions in the healthcare record on presentation

4.10 The health service organisation has processes:
a) To perform medication reviews for patients, in line with evidence and best practice
b) To prioritise medication reviews, based on a patient's clinical needs and minimising the risk of medication-related problems
c) That specify the requirements for documentation of medication reviews, including actions taken as a result

4.11 The health service organisation has processes to support clinicians to provide patients with information about their individual medicines needs and risks

4.12 The health service organisation has processes to:
a) Generate a current medicines list and the reasons for any changes
b) Distribute the current medicines list to receiving clinicians at transitions of care
c) Provide patients on discharge with a current medicines list and the reasons for any changes

4.15 The health service organisation:
a) Identifies high-risk medicines used within the organisation
b) Has a system to store, prescribe, dispense and administer high-risk medicines safely