



## Hospital Discharge Medication Reconciliation

There is considerable evidence that patients being discharged from hospital are not receiving the support they need with respect to medications being prescribed to them. One study conducted at a Canadian teaching hospital suggested that more than 16% of patients discharged from that hospital experience a drug-related adverse event.

The Hospital Discharge Medication Reconciliation initiative reflects Ontario's commitment to drive quality and value throughout the health care system. It aims to reduce medication-related adverse events, in the process reducing the number of avoidable hospital readmissions.

### Who's Involved

- Hospitals
- Community Settings
- Various patient populations

### Target Population

The target population is patients with an ambulatory care sensitive condition; such as, diabetes, congestive heart failure, hypertension, angina, chronic obstructive pulmonary disease, or asthma.

### Benefits to the System

The Hospital Discharge Medication Reconciliation initiative:

- Will train hospital discharge staff and community providers to oversee the medication reconciliation process and provide ongoing, detailed advice to patients about these medications;
- Will target patients with an ambulatory care sensitive condition such as, diabetes, congestive heart failure, hypertension, angina, chronic obstructive pulmonary disease, or asthma; and
- Will include a sustainability component to train participating staff to spread medication reconciliation best practices to other programs.

The initiative will be rolled out in three phases, beginning in 2011:

- Analysis, planning and recruitment (January 2011)
- Tests of change in four hospital/community settings for one patient population (February 2011-January 2012)
- Tests of feasibility to replicate results for other patient populations and other hospital/community settings (February 2012-September 2012)

### Contact for More Information

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