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May 10, 2010

Mark R. Chassin, MD, MPP, MPH
President
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

Re: NPSG.03.07.01 Medication Reconciliation Review

Dear Dr. Chassin:

The American College of Emergency Physicians and the Emergency Nurses Association – representing over 65,000 emergency nurses and physicians – have long been advocates of the initiatives of The Joint Commission to improve the quality of patient care in the nation's hospitals. This correspondence is to express our appreciation for the positive changes made to The Joint Commission's National Patient Safety Goal (NPSG) on medication reconciliation and to share with you our remaining concerns.

Medication reconciliation is essential to optimizing the safe and effective use of medications. Undoubtedly, significant points of risk exist for the patient when new medications, adjusted doses, or frequency changes are made in the course of care. The process of medication reconciliation is dynamic and ongoing as patients encounter various points of care during their lifetime. Due to the episodic and urgent nature of the care provided to patients in the ED unique challenges are encountered.

From the viewpoint of the emergency department, the ability of the hospital to define the types of medication information that is collected in each setting, the elimination of the need to create a separate list to record medication (EP1), and the revision to instruct the patient to update the primary care physician on changes to medications (EP 4) are positive modifications to the medication reconciliation process.

While the above points are viewed as positive in the proposed revisions, there continues to be lack of clarity in the actual process of medication reconciliation by retaining the language of "A qualified individual identified by the organization, does the comparison" as indicated in EP2, Note 1. It would be useful to identify a "qualified individual." We acknowledge that nurses and others can collect information about patient's medications at the beginning of the patient's encounters. However, only a provider with prescriptive authority can truly reconcile the medication list, i.e., identify at the time of discharge which medications the patient should take.

Another area requiring clarification is EP 2 that states "Compare the medication information the patient brought to the organization with medications ordered for the patient by the organization in order to identify discrepancies." It is not clear if this EP is calling for the comparison of the list of medications brought by the patient with the medications that are ordered during that visit or that the emergency care provider compare the list brought by the patient with a medication list from an electronic health record (or MR) that the organization maintains. There is concern that the information maintained in organizational EHR or MR would not be current and could result in errors.

The definition in EP 2 Note 1 that "Discrepancies include omissions, duplications, contraindications, unclear information, and changes." While an emergency care provider may identify a discrepancy in a medication list it may be appropriate to refer the patient to the primary care provider (PCP) to resolve the discrepancy as the PCP provides ongoing care and the discrepancy is unrelated to the care provided in the ED.

To address these concerns, our recommended revisions to EP2 are underlined:
Compare the medication information the patient brought to the organization with medications ordered for the patient by the organization **during this encounter** in order to identify discrepancies **when clinically indicated**.

A further revision that would augment an understanding of the medication reconciliation process would be to define clearly the term "medication reconciliation" in the glossary. The current definition speaks only to the process of identification. Attachment A contains proposed changes.

The emergency department health care team is committed to providing safe care in a timely manner. Since the team gathers medication history from all patients, engaging them in this process facilitates ongoing patient education on safe medication use as well.

In closing, let us reiterate that our goals and those of The Joint Commission are in synch – we want safe, effective care for our patients. Medication safety is an imperative for all professionals.

Sincerely,

Angela F. Gardner, MD, FACEP, President
American College of Emergency Physicians

Diane Gurney, RN, MS, CEN, President
Emergency Nurses Association

Attachment A

The Joint Commission Definitions from the Glossary *

Medication Reconciliation

The process of identifying the name, dosage, route, and frequency for every medication currently being taken and ~~ordering~~ **prescribing** medication**s** **for ongoing use** based on reference to this list.

Medication

Any prescription medication, sample medication, herbal remedies, vitamins, nutraceuticals, vaccines, or over the counter drugs; diagnostic and contract agents used on or administered to persons to diagnose, treat or prevent disease, or other abnormal conditions; radioactive medications, respiratory therapy treatments, parenteral nutrition, blood derivatives, and intravenous solutions (plain, with electrolytes, and/or drugs), and any product designated by the Food and Drug Administration (FDA) as a drug. This definition does not include enteral nutrition solutions (which are considered food products), oxygen, and other medical gases.

*Hospital Medication Standards. (2010). *Joint Commission Resources*, GL19-20.