

TOPIC: IN SUPPORT OF IMPROVING MEDICATION RECONCILIATION WITH AN INTERDISCIPLINARY APPROACH.

SUBMITTED BY: TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER ANITA

THIGPEN PERRY SCHOOL OF NURSING STUDENTS: Erin Barnes, Ola Chukwu, Heather Exum, Amanda Fernandez, Sonia Patel, & Chiemena Ohiri.

1 WHEREAS, Kramer et al. (2007) states that “An estimated 5% of hospitalized patients
2 experience medication errors, 60% of which occur during transitions of care (i.e.,
3 admission, transfer between levels of care, and discharge)” (p.405).

4 WHEREAS, the American Journal of Health-System Pharmacy states, “medication
5 discrepancies can lead to interrupted or inappropriate drug therapy during
6 hospitalization or result in the failure to detect drug related problems that may
7 have contributed to a patient’s hospitalization” (Murphy, E.M., Oxencis, C.J.,
8 Klauck, J.A., Meyer, D.A., & Zimmerman, J.M., 2009, p. 2126); and

9 WHEREAS, “Medication reconciliation conducted by pharmacists decreases opportunities for
10 medication error and the potential for patient harm” (Murphy et al., p. 2127); and

11 WHEREAS, In the Joint Commission Journal on Quality and Patient Safety, research shows a
12 lower hospital mortality rate in institutions where pharmacists conduct the
13 admission drug history (Rodehaver & Fearing, 2005); and

14 WHEREAS, implementation of a comprehensive program from admission to discharge for
15 medication reconciliation at an academic medical center has reduced medication
16 errors on the surgical unit from 90% to 47%, and on the medical unit, medication
17 errors were reduced from 57% to 33% (Murphy et al., 2009, p. 2130); and

18 WHEREAS, Joint Commission on Accreditation of Healthcare Organizations states in Goal 8
19 of The National Patient Safety Goal Requirement to, “accurately and completely
20 reconcile medications across the continuum of care” (Rodehaver & Fearing, 2005,
21 p.407); and

22 WHEREAS, Joint Commission states, “that a lack of communication among staff at transition
23 points is often the main cause of medication reconciliation over sights” (Joint
24 Commission, 2010); and

25 WHEREAS, American Journal of Health-System Pharmacy states that, “pharmacists and
26 nurses collaborate daily to provide patient-centered care, particularly in the
27 medication-safety arena. Both disciplines are positioned to work together to
28 perform medication reconciliation documentation” (Kramer et al, 2007, p. 405);
29 and

30 WHEREAS, A strategy such as improving communication between physician, nurse and all
31 other staff involved in patient care by implementing electronic communication
32 between the hospital and the general practitioner on discharge and admission are
33 found to be one of the significant aspects for improving medication reconciliation
34 (Mcleod, Lum, & Mitchell, 2008). **Therefore, be it**

35 RESOLVED, that **Texas Nursing Students’ Association(TNSA)** advocate for the incorporation
36 of an interdisciplinary approach in the medication reconciliation process in order
37 to decrease incidents of medication error and provide safe patient care; and be it
38 further

39 RESOLVED, that TNSA encourage its constituents to support the development of standards and
40 state initiatives for utilizing the interdisciplinary team in the medication
41 reconciliation process; and be it further

42 RESOLVED, that TNSA support the publication of articles in *Imprint* regarding the effects of
43 interdisciplinary teamwork on reducing medication discrepancies between
44 admission and discharge; and be it further

45 RESOLVED, that TNSA support education of students, nurses, health professionals, and the
46 public regarding the importance of multi-disciplinary collaboration in medication
47 management within the healthcare system; and be it further

48 RESOLVED, that TNSA send copies of this resolution to the National Student Nurses'
49 Association, the American Nurses Association, the American Association of the
50 Colleges of Nursing, the National League of Nursing, the National Council of
51 State Board of Nursing, the American Hospital Association, the American
52 Medical Association, the American Medical Informatics Association, the
53 American Pharmacists Association, the American Association of College of
54 Pharmacy, and the Academy of Managed Care Pharmacy.

American Pharmacists Association (APhA)	2215 Constitution Avenue NW Washington, DC 20037
American Association of Colleges of Pharmacy (AACP)	1727 King Street Alexandria, VA 22314 Telephone (703) 739-2330 Fax: (703) 836-8982 mail@aacp.org
Academy of Managed Care Pharmacy (AMCP)	100 North Pitt Street Suite 400 Alexandria, VA 22314 800.827.2627 703.683.8416
American Medical Association	515 N. State Street Chicago, IL 60654 (800) 621-8335
American Medical Informatics Association	4915 St. Elmo Avenue, Suite 401 Bethesda, MD 20814
National Student Nurses' Association	45 Main Street, Suite 606 Brooklyn, NY 11201
American Nurses Association	8515 Georgia Avenue, Suite 400 Silver Spring, MD 20910-3492
American Association of Colleges of Nursing	One Dupont Circle, NW Suite 530 Washington, DC 20036
National League of Nursing	61 Broadway 33 rd Floor New York, NY 10006
National Council of State Board of Nursing	Attn: NCSBN Learning Extension 111 E. Wacker Drive, Suite 2900 Chicago, IL 60601
American Hospital Association	One North Franklin Chicago, Illinois 60606-3421

References

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