In 2016 NICE published standards that stated people who are in-patients in an acute setting should have a reconciled list of their medicines within 24 hours of admission. This guidance applies to all healthcare professionals such as doctors, nurses, pharmacist and pharmacist technicians.

Evidence shows that medicines related patient safety incidents are more likely when medicines reconciliation happens more than 24 hours after a person is admitted to an acute setting.

Understanding the problem

Medicines reconciliation is:
The process of identifying an accurate list of a person’s current medicines and comparing them with the current list in use, recognising any discrepancies, and documenting any changes, thereby resulting in a complete list of medicines, accurately communicated.

Results

Since the 26th June 2018 we have been able to achieve 100% medicines reconciliation for three consistent weeks.

The main success of this project has been including everyone – from children and parents, to their nurses and doctors. Additionally, both A&E and the paediatric ward have been involved, ensuring consistency across the whole paediatric team.

Our next challenge is to ensure we can sustain this change.

Learning & reflections

References:
1. NICE Quality Standard QS120. Medicines optimisation. Published date March 2016

Next steps

• Share the key learnings with the paediatric department including parents and their children
• Identify change champions who can help continue the success of this project
• Grandrounds ideas to ensure sustainability of success
• Re-audit in 6 and 12 months to see if the improvement has been sustained

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