RxHx

The Problem

Prescription medication use has been significantly increasing. Currently, over 66% of health care visits to physician offices, hospital outpatient and emergency departments involve drug therapy, with an average of 1.7 drugs ordered per visit. This amounts to more than 2.8 billion prescriptions written in the United States each year.

Unfortunately, as the number of prescriptions being written increases, so does the chance for these drugs to interact with each other. Studies have shown that when two to four different drugs are taken, the potential for interaction is 6 percent. That risk increases to 50 percent with five drugs and to almost 100 percent with eight drugs.

In January of 2000, the Institute of Medicine reported that an estimated 7,000 deaths occur due to adverse drug reactions each year. Other studies estimate that 6.7% of hospitalized patients have a serious adverse drug reaction with a fatality rate of 0.32%. Assuming that these estimates are correct, then there are more than 2,216,000 serious adverse drug reactions in hospitalized patients each year.

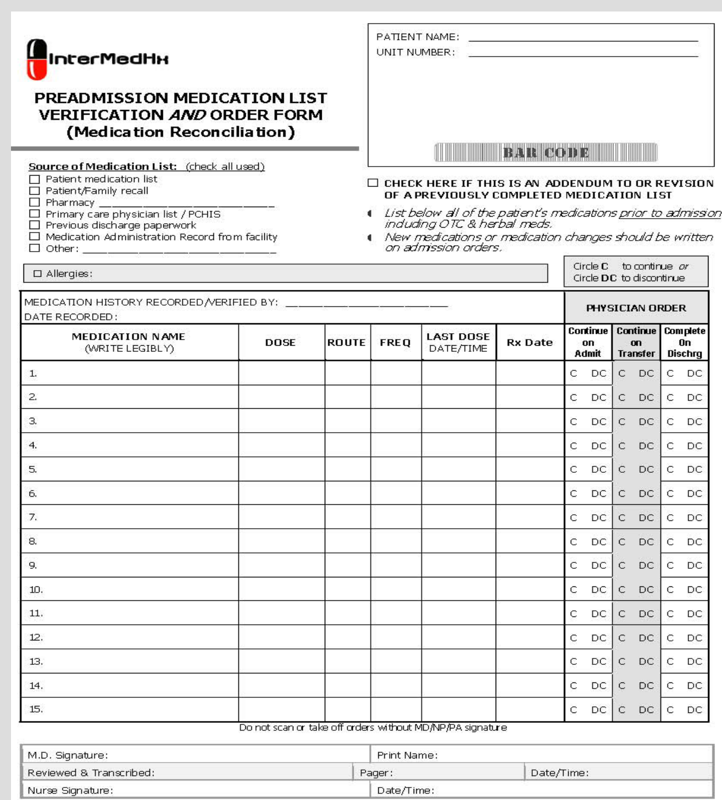
Medication Reconciliation

In an effort to reduce and perhaps eliminate the number of adverse drug reactions each year, the Joint Commission now requires all healthcare providers to perform a medication reconciliation whenever a patient moves from one setting, service, practitioner, or level of care within or outside the organization. This process starts with an inventory of a patient's current home medications, health supplements, and allergies. A hospital nurse must then verify the patient's medication list along with the name, dosage, frequency and route of each medication, a process which can take more than 20 minutes. All too frequently patients cannot remember the names and dosages of their medications. Yet a complete, accurate home medication list is an imperative component of ensuring patient safety.

This problem gets worse as patients get older. Americans over the age of 65 comprise just 12% of the population, but consume an estimated 30% of all prescription drugs. Additionally, the average 65+ individual takes four or five drugs daily. The entire process of data collection and verification becomes more complex and increasingly vulnerable to error, both of which can result in serious consequences for today's hospitals.

RxHx

The task of medication reconciliation is both difficult and costly. RxHx facilitates medication reconciliation by producing an electronic inventory of a patient's home Rx medications. RxHx integrates seamlessly with a provider's existing workflow and systems. Using only an HL7 or 270 transaction, RxHx automatically queries payer systems for a patient's medication history. The results are printed on a standard medication list or reconciliation form to verify with the patient. RxHx significantly reduces the time and expense required for this first step in the medication reconciliation process.



InterMedHx

PREADMISSION MEDICATION LIST VERIFICATION *AND* ORDER FORM (Medication Reconciliation)

PATIENT NAME: ____________
UNIT NUMBER: ____________

BAR CODE

Source of Medication List: (check all used)

- ☐ Patient medication list
- ☐ Patient/Family recall
- ☐ Pharmacy ____________
- ☐ Primary care physician list / PCHIS
- ☐ Previous discharge paperwork
- ☐ Medication Administration Record from facility
- ☐ Other: ____________

☐ CHECK HERE IF THIS IS AN ADDENDUM TO OR REVISION OF A PREVIOUSLY COMPLETED MEDICATION LIST

- *List below all of the patient's medications prior to admission including OTC & herbal meds.*
- *New medications or medication changes should be written on admission orders.*

☐ Allergies:

Circle **C** to continue *or*
Circle **DC** to discontinue

MEDICATION HISTORY RECORDED/VERIFIED BY: ____________
DATE RECORDED:

MEDICATION NAME (WRITE LEGIBLY)	DOSE	ROUTE	FREQ	LAST DOSE DATE/TIME	Rx Date	PHYSICIAN ORDER: Continue on Admit	Continue on Transfer	Complete On Dischrg
1.						C DC	C DC	C DC
2.						C DC	C DC	C DC
3.						C DC	C DC	C DC
4.						C DC	C DC	C DC
5.						C DC	C DC	C DC
6.						C DC	C DC	C DC
7.						C DC	C DC	C DC
8.						C DC	C DC	C DC
9.						C DC	C DC	C DC
10.						C DC	C DC	C DC
11.						C DC	C DC	C DC
12.						C DC	C DC	C DC
13.						C DC	C DC	C DC
14.						C DC	C DC	C DC
15.						C DC	C DC	C DC

Do not scan or take off orders without MD/NP/PA signature

M.D. Signature:	Print Name:	
Reviewed & Transcribed:	Pager:	Date/Time:
Nurse Signature:	Date/Time:	

Benefits

- Facilitates meeting JCAHO NPSG-8 mandates for medication reconciliation at time of admission.
- Reduces nursing, physician, and pharmacist time spent obtaining prescription medication inventory.
- Provides accurate information, including correct name, dosage, route, and frequency.
- Eliminates human error relating to drug name, abbreviations, generic versus brand, and order legibility.
- Reduces inpatient costs from improper medication verification at time of admission.
- Optional automated post-back into clinical or pharmacy system, customized reports, prior-hospitalization meds list.