Capstone Project

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**Introduction**

Healthcare facilities and institutions have a variety of responsibilities to undertake when delivering care to a patient. One of the responsibilities that healthcare professionals need to perform is to collect all the relevant information as pertains to the patient and healthcare delivery. Part of this information is the patient's medication history. Getting the patient's medication history offers a foundation on which healthcare professionals assess and evaluate the prescribed medication or treatment, as well as help, inform future treatment options. Obtaining accurate patient medication history facilitates effective medication reconciliation. According to Oliveira et al. (2020), gathering patient medication history is crucial in the medication reconciliation process. Healthcare facilities and organizations should strive to implement effective medication reconciliation to prevent or eliminate any issues associated with medication errors.

**Medication Reconciliation**

This change proposal will focus on medication reconciliation. According to Pevnick et al. (2016), medication reconciliation refers to the identification of all the medication that a patient is on at the time that they visit the healthcare facility and subsequently using this data to provide patients with the right medication regardless of where they are within the healthcare system. According to Mekonnen et al. (2016), it is an important tool utilized in the prevention of patient harm that results from discrepancies in medication administration. On average, a typical patient that has been hospitalized in a healthcare institution suffers at least one medication error every day that they are hospitalized. Studies indicate that majority of medication errors result from inaccurate or incomplete medication reconciliation. According to Abdulghani et al. (2018), these errors usually occur during the intake or admission, transfer, and discharge of patients from healthcare facilities. 40% of all cases of medication errors are attributed to incomplete medication reconciliation.

Medication reconciliation is therefore important as it is done to avoid any errors involved or associated with medication administration. These errors include drug interactions, errors in dosage, duplication of prescriptions, and also the omission of medication. The process of medication reconciliation should take place at every care transition that involves the addition of new medication or the rewriting of current medication orders. Care transition in healthcare refers to any changes in the level, service, setting, and healthcare practitioner. According to Aronson (2017), medication reconciliation comprises five steps. These steps include preparing a list of all current patient medication, creating a list of all the medications that the patient has been prescribed, doing a comparison of all the medication on both lists, making clinical decisions as per the results of the comparison, and finally, communicating the new comprised list to all healthcare professionals involved in the cared delivery process.

When healthcare professionals do not conduct medication reconciliation, there are some associated issues. For instance, it may lead to the occurrence of an adverse drug event. According to Zhu and Weingart (2019), these events represent the largest category of adverse events that6 can take place within a healthcare setting. Adverse drug events can lead to poor patient and health outcomes as well as low patient satisfaction. Medication reconciliation can prevent the occurrence of these errors by improving communication (Al-Hashar et al., 2018). Another effect is that it can lead to civil actions in the event that patients suffer any harm at the hand of healthcare professionals. These civil actions can be in the form of a lawsuit, which can be very costly for a healthcare facility.

Medication reconciliation is significant to nursing practice for various reasons. One is that it improves and facilitates patient-centered care delivery. Nurses are the ones that spend the most time with patients, hence are in a better position to deliver the best care that is tailored to the needs of the patient. Medication reconciliation is also important as it improves the quality of care delivered to patients by ensuring that patients do not suffer any form of medication errors that might compromise the integrity of their health. The topic of medication reconciliation is significant as it represents a strategy through which healthcare professionals can improve patient safety (Armor et al., 2016).

A proposed solution is the development or the creation of medication reconciliation technicians who will serve the purpose of assisting with cases in the emergency room as well as reduce the workload of nurses during patient admission, transition, and discharge. Reducing the workload will be favorable to nurses as they will be free to carry out other functions and responsibilities, improving care delivery among other things.

**Conclusion**

One of the responsibilities that healthcare professionals need to perform is to collect all the relevant information as pertains to the patient and healthcare delivery. Getting the patient's medication history offers a foundation on which healthcare professionals assess and evaluate the prescribed medication or treatment, as well as help, inform future treatment options. Obtaining accurate patient medication history facilitates effective medication reconciliation.

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