



New York State  
Partnership  
for Patients



# Medication Reconciliation Across Care Transitions

June 21, 2018

*A partnership of the Healthcare Association of New York State  
and the Greater New York Hospital Association*



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# NYSPFP Readmission Reduction Initiatives

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# Agenda

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TOPIC	SPEAKER
Welcome and Introduction	Aashna Taneja, NYSPFP
Medication Reconciliation Across Care Transitions	Anne Myrka, RPh, MAT Director, Drug Safety IPRO
Question and Answer Session	Cindy Stark , NYSPFP
Next Steps/Closing	Jackie McDonald , NYSPFP



# Readmission Reduction Goal and Approach

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Goal: To reduce preventable readmissions by 12%

NYSPFP Project Managers support hospitals and SNFs in implementing strategies and practices that focus on:

- ❖ Care transition processes that improve communication between providers and organizations.
- ❖ Building and strengthening relationships across care settings
- ❖ Incorporating patients and care partners into the care transitions process.



# Strengthening Care Transitions by Reconciling Medications

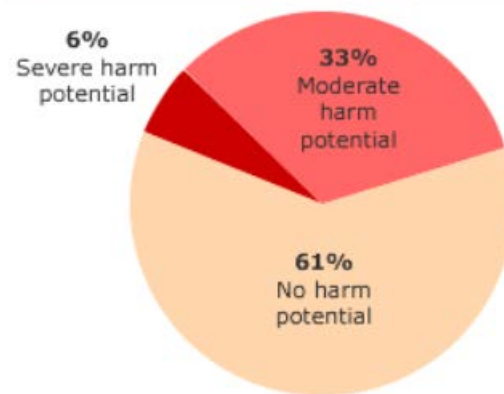
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Patients often receive new medications or have changes made to their existing medications during transitions in care. If not reconciled, the discrepancies place patients at risk for adverse drug events (ADEs), which have been shown to be one of the most common types of adverse events after hospital discharge.

Medication Reconciliation can be accomplished by:

- Engaging the pharmacist / following the pharmacist led processes.
- Patient Engagement

**More than half of patients have  $\geq 1$  unintended medication discrepancy at hospital admission**



Source: Cornish PL, Knowles SR, Marchesano R, et al. Unintended medication discrepancies at the time of hospital admission. Arch Intern Med. 2005;165:424-429.



# Medication Reconciliation –Why care about it?

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## 2018 Hospital and Nursing Care Center National Patient Safety Goal

- Joint Commission 2018, NPSG Goal 3 - “Improve the safety of using medications” focuses on medication reconciliation.
- A new NPSG requirement addresses the role of patients and residents in medication safety: it requires organizations to inform the patient or resident about the importance of maintaining updated medication information.

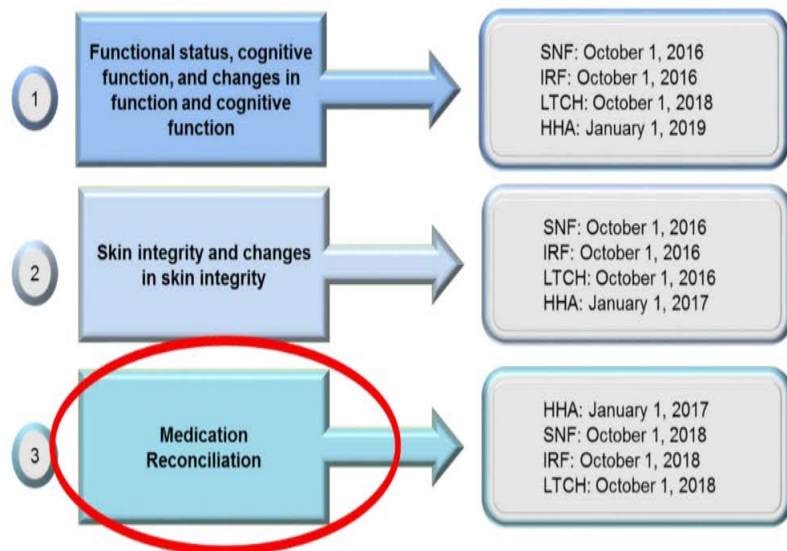


# Medication Reconciliation –Why care about it?

## IMPACT ACT and Consolidated Billing for SNF FY 2017

## Mega Rule 2016

### IMPACT Act: Measure Domains and Timelines



§ 483.21(c) (2) (iii), (iv) Medication Reconciliation upon discharge:

Implementation Phase 1 with the following exceptions:

- Baseline care plan—Implemented in Phase 2.



## NYSPFP Readmissions Domain II Pilot

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- 8 Hospital-SNF collaborative have been a part of the pilot starting May 2017
- Medication Reconciliation- Focus Area
- NYSPFP tools and resources and project manager support available





## Next Steps:

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- Resources from today's webinar will be available on the NYSPFP website

**Contact your NYSPFP Project Manager for ongoing support**

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# Open Q&A Forum

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Thank you!