

# GUIDE TO MAPPING YOUR MEDICATION RECONCILIATION PROCESS

Mapping your current medication reconciliation process will identify (1) current roles and responsibilities of each member of the health care team at admission, transfer and discharge; (2) current successful medication reconciliation practices; (3) potential failures and (4) unnecessary gaps in the process.

The flowchart created from the mapping activity will inform redesign and improvement strategies.

## Mapping session

In order to successfully map out and create a flowchart of the process all members of the health care team with a role in medication management should be involved. This includes those who prescribe, dispense, administer, or supply medication or medicines information.

Organise a session time that will suit the majority of identified clinicians. Ensure that you provide enough time to complete the mapping process and for planning follow up sessions. If possible, engage a facilitator who is familiar with quality improvement tools and experience in previous mapping sessions.

### *Suggested materials*

Producing the process map during the session is made easier by using the following materials:

- Butchers paper
- Post-it notes
- Marker pens
- Blue tack

## Creating the flowchart

The aim of process mapping is to have a clear common understanding of what is actually occurring, not what should be or what participants would like to see happen. It can be useful to start with a high level flow map (five to ten steps), to outline the scope of the process before completing a more detailed map (see Flowchart example overleaf).

### *Mapping session questions*

The following questions may be used during the mapping session to probe for information:

- What process is followed to obtain the medication history?
- What sources of information are used?
- If a thorough history cannot be obtained what occurs?

### *Mapping session questions continued*

- By whom, where and how is the medication history documented?
- Who documents the plan for the pre-admission medications and where is it documented?
- When and by whom is the inpatient medication chart written?
- Is the medication history compared to the medications ordered on the medication chart – during the prescribing, administering or reviewing process?
- How are identified discrepancies documented and actioned?
- Where are explanations regarding changes to medications documented during the admission?
- How is the plan for medicines communicated when the patient is transferred to another ward?
- When is the plan for medicines on discharge decided and how and where is it documented?
- When and by whom is the discharge summary medication list prepared?
- Are the medicines on the medication history, medication chart and discharge plan used to compile/check the discharge medication list?
- Is the discharge summary medication list verified by another clinician?
- How are patients who would benefit from a patient medication list identified?
- Who is responsible for providing this list and how is it produced?
- Who is responsible for counselling patients about new/changed/ceased medications on discharge?
- Is there a difference in the process on weekends compared to weekdays?

After the session is complete the flowchart created in the mapping session should be confirmed by the health care team. A flowchart (produced in Word® or Visio® if available) should be created and distributed to all session participants and to any team members that were not able to attend for confirmation and further comment.

## Analysing the process

Once the flowchart has been agreed upon the team should analyse the process map. Questions to ask include:

- What are the things that can go wrong within each step?
- How much error correction/re-work is being carried out?
- Are we doing the right things in the process?
- Are we doing things in the right order?
- Are the right/best people doing it?
- Is the process producing the results we want?
- Is the process cost and time effective?

## Redesigning the process

The potential failures and gaps in the process identified during the analysis should be prioritised and used to redesign the process. A number of quality improvement tools can be used to assist with identification and prioritisation.

Key aspects to consider when redesigning the process are:

- Having a single list of medicines as the source of truth available to all members of the team
- Outlining the roles and responsibilities of team members in each ward/ unit
- Standardising and simplifying the process
- Making the right thing to do the easiest thing to do.

## Flowchart example

