

A recent CHIME Survey* identified key medication reconciliation challenges faced by hospitals that prevent the attainment of accurate and complete patient data, threatening patient safety and outcomes.

DESPITE MULTIDISCIPLINARY EFFORTS TO IMPROVE MEDICATION RECONCILIATION, HOSPITAL CIOS STILL REPORT UNSATISFACTORY RESULTS.

INEFFECTIVE MEDICATION RECONCILIATION

75%

3 out of 4 hospital executives worry that medication history data is incomplete and/or inaccurate



MULTIDISCIPLINARY EFFORTS CAN BE LIMITED BY THE LACK OF EXTERNAL DATA FEEDS AND BY PRACTICE INCONSISTENCIES THROUGHOUT AN ORGANIZATION.

INCOMPLETE DATA



46%

46% report difficulty importing external medication history, including home medications



60% observe inconsistent practices across departments, disciplines and shifts



48% note that patients are being discharged with an incorrect medication list

DISPARATE SYSTEMS ARE OFTEN UNABLE TO EXCHANGE INFORMATION EFFECTIVELY, EXACERBATING PRACTICE INCONSISTENCIES ORGANIZATION-WIDE.

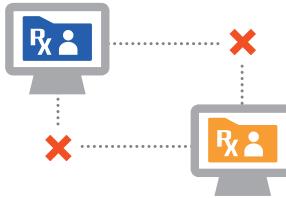
MISSING CAPABILITIES

35%

35% have **ZERO ACCESS** to external medication history data feeds

53%

53% **CAN'T ACCESS** external medication history via data feeds integrated within EHR



TO ENHANCE MULTIDISCIPLINARY PROCESSES AND SYSTEM-WIDE COMMUNICATIONS, HOSPITAL CIOS FOLLOW THESE THREE BEST PRACTICES.

TOP 3 BEST PRACTICES

GREATER THAN 50% identified the Top 3 Best Practices of medication reconciliation as:



BETTER DATAEnhanced drug data

stewardship through technology



MORE ENGAGEMENT Patient engagement

and accountability through technology



LESS GAPS

Mitigation of medication history gaps through additional data feeds



KEYS TO BRIDGING THE GAP

Create true

partnerships with technology providers

Implement best-practice

processes and close medication history gaps

NLGUNGILIMIIUN Drive improved

medication reconciliation for enhanced patient safety



Real-World Medication Reconciliation Insights