**BRIDGING THE MEDICATION RECONCILIATION GAP**

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.

### INEFFECTIVE MEDICATION RECONCILIATION

75% of hospital executives worry that medication history data is incomplete or inaccurate.

### INCOMPLETE DATA

- 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.

### MISSING CAPABILITIES

- 35% have **ZERO ACCESS** to external medication history data feeds.
- 53% cannot access external medication history via data feeds integrated within EHR.

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

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

1. **Better Data**
   - Enhanced drug data stewardship through technology.

2. **More Engagement**
   - Patient engagement and accountability through technology.

3. **Less Gaps**
   - Mitigation of medication history gaps through additional data feeds.

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

1. **BETTER DATA**
2. **MORE ENGAGEMENT**
3. **LESS GAPS**

### KEYS TO BRIDGING THE GAP

**PARTNERSHIP**
- Create true partnerships with technology providers.

**PROCESSES**
- Implement best practice processes and close medication history gaps.

**RECONCILIATION**
- Drive improved medication reconciliation for enhanced patient safety.

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*Survey of hospital executives conducted by CHIME on behalf of DrFirst in February 2017.*