

STANDARD 3.0 Perform and Communicate a Medication Reconciliation

Processes are in place to support a reconciled medication list at each care transition point.

	Consistently Performing (4)	Frequently Performing (3)	Inconsistently Performing (2)	Not Performing (1)	SCORE
Compile a full medication history, including both prescribed and non-prescribed medications, from all available sources.					
Identify patients who may be at high-risk for medication related adverse events or non-adherence due to polypharmacy, opioids, high-cost / specialty drugs. Consult pharmacist.					
Review medication history against active medications in the current setting.					
Verify medication adherence with patient/caregiver					
Assess and document adherence and access barriers, including coverage, affordability, and transportation, and collaborate with prescribing providers.					
Document all medication reconciliation activities in medical record, using applicable coding.					
Standard 3.0 Organization Score:					
Consensus Measures					
Process: Evidence of medication reconciliation on date of discharge (HEDIS)					
Outcome: Evidence of high risk medication assessment in elderly (CMS IQR/OQR 0022)					

SCORING

Consistently is defined as performance of service/task **80% or greater**

Frequently is defined as performance of service/task **50%-79%**

Inconsistently is defined as performance of service/task **20%-49%**

Not performing is defined as performance of service/task **less than 20%**