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AAAHC Publishes Medication Reconciliation Benchmarking Study Findings
New study and eLearning enhance suite of quality improvement resources

(Skokie, Ill.) December 12, 2019 – Medication errors account for 3.5 million physician office and 1 million emergency room visits per year. Affecting more than 7 million patients, preventable medication errors generate nearly \$21 billion in associated health care costs annually.ⁱ Medication reconciliation, which involves making the most accurate list of medications a patient is currently using and comparing it with any existing lists, helps mitigate the risk of adverse drug events (ADEs). This fostering of communication between providers and patients helps track that patients are taking medications as recommended and that medications are not contraindicated by patient allergies or with other medications. However, findings from the AAAHC Institute for Quality Improvement’s January–June 2019 benchmarking study on medication reconciliation indicate many ambulatory health care organizations struggle with thoroughly documenting, updating, and verifying medication records, leading to an increased risk of patient complications and overall costs.

“Inadequate medication monitoring for adverse events or non-adherence to provider instructions is a substantial contributor to preventable reactions and hospital admissions,” said Naomi Kuznets, PhD, vice president and senior director of the AAAHC Institute. “Providers need to familiarize themselves with the medication patients are taking. If they prescribe new medications or ask patients to stop existing medications, they need to ensure that the patient understands instructions, knows when to start or stop the medication, and whether and when to resume the medication.”

Study Summary

The AAAHC Institute Medication Reconciliation Benchmarking Study analyzed self-reported data from AAAHC-accredited organizations, reviewing more than 2,200 patient charts involving current or new medications. Survey highlights from these participants address the following:

- Single source medication documentation
- Designated pharmacy documentation
- Medication allergy/sensitivity documentation
- Medication lists
- Changes to medications before and after the procedure/patient exam
- Medication contraindications
- Medication list review and provision of written copy

Medication Reconciliation Resources

In addition to the Medication Reconciliation Benchmarking Study, AAAHC Institute has developed a suite of resources, including a toolkit and eLearning, which provide guidance and best practice on this high deficiency issue.

The AAAHC Medication Reconciliation Toolkit outlines essential elements of the medication reconciliation process for ambulatory care. The toolkit also provides sample medication reconciliation forms for primary care and surgical/procedural providers to use or modify to meet their specific needs.

Earlier this year, AAAHC released a Medication Reconciliation eLearning. This self-paced course outlines key components of medication reconciliation documentation and provides interactive section recaps. Participants will learn to identify patient and medication risk factors from medication discrepancies and become familiar with national medication reconciliation recommendations.

“This is a serious quality issue—one that is preventable with the right focus and adherence to best practice requirements. We encourage ambulatory organizations to use the great resources available to better understand and assess their medication reconciliation practices and compare their performance against peer data. Aligned with our *1095 Strong, quality every day* philosophy, AAAHC provides a portfolio of resources—toolkit, benchmarking study, eLearning module and the *2019 AAAHC Quality Roadmap*—to guide your quality improvement efforts,” said Noel Adachi, MBA, president and CEO of AAAHC.

For more information about AAAHC medication reconciliation resources, please visit aaahc.org/quality and learn.aaahc.org.

ⁱ Da Silva BA, Krishnamurthy M. The alarming reality of medication error: A patient case and review of Pennsylvania and national data. *J Community Hosp Intern Med Perspect*. 2016 Sep7; 6(4):31758.

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About AAAHC

Founded in 1979, AAAHC is the leader in ambulatory health care accreditation, with more than 6,100 organizations accredited. We accredit a wide range of outpatient settings, including ambulatory surgery centers, office-based surgery facilities, endoscopy centers, student health centers, medical and dental group practices, community health centers, employer-based health clinics, retail clinics, and Indian/Tribal health centers, among others.

AAAHC advocates for the provision of high-quality health care through the development and adoption of nationally recognized standards. We provide a valuable survey experience founded on a peer-based, educational approach to on-site review. The AAAHC Certificate of Accreditation demonstrates an organization’s commitment to providing safe, high-quality services to its patients—every day of the 1,095-day accreditation cycle. It is recognized by third-party payers, medical professional associations, liability insurance companies, state and federal agencies, and the public. For more information on AAAHC, please visit www.aaahc.org.