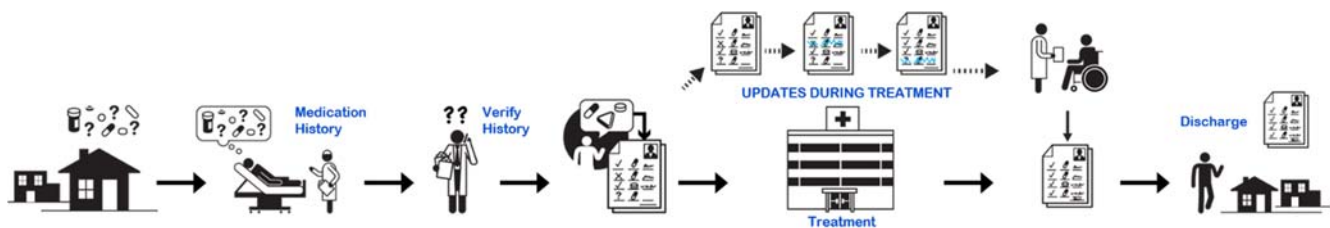


High 5s Fact Sheet

The High 5s Assuring Medication Accuracy at Transitions in Care: Medication Reconciliation Standard Operating Protocol

The High 5s Assuring Medication Accuracy at Transitions in Care: Medication Reconciliation (MedRec SOP) outlines the standard steps of medication reconciliation, guidance for implementation, references and suggestions for quality measurement. The purpose of this SOP is to reduce the potential for adverse drug events (ADEs) as a cause of harm to patients. Preventable ADEs are largely the result of miscommunication and unavailable or incorrect information.

Medication reconciliation is the formal process in which health care professionals' partner with patients to ensure accurate and complete medication information transfer at interfaces of care.



Around half of the medication errors that occur in hospital are estimated to occur on admission or discharge from a clinical unit or hospitals¹ and around 30% of these errors have the potential to cause patient harm.^{2 3} A reduction of preventable ADEs is possible through consistent, mindful implementation of this SOP.



The *High 5s Project: Action on Patient Safety* was a patient safety collaborative including a group of countries and the World Health Organization (WHO) Collaborating Centre for Patient Safety in support of the *WHO Patient Safety Programme*. The High 5s Project developed, tested, implemented and evaluated Standard Operating Protocols including this MedRec-SOP. The Mission of the High 5s Project was to facilitate implementation and evaluation of standardized patient safety solutions within a global learning community to achieve measurable, significant, and sustained reductions in highly important patient safety problems. The High 5s SOPs are now available for general implementation

¹ Sullivan C et al. **Medication reconciliation in the acute care setting: opportunity and challenge for nursing.** *J Nurs Care Qual* 2005; 20(2):95-98.

² Vira T, Colquhoun M, Etchells EE. **Reconcilable differences: correcting medication errors at hospital admission and discharge.** *Qual Saf Healthcare* 2006; 0001: 1-6.

³ Cornish PL, Knowles SR, Marcheso R, Tam V, Shadowitz S, Juurlink DN, Etchells EE. **Unintended medication discrepancies at the time of hospital admission.** *Arch Intern Med.* 2005; 165: 424-429.