



Institution Name: Al Masarra Hospital					
Document Title: Policy and Procedure of Medicine Reconciliation on Admission, Transfer or Discharge					
Approval Process					
	Name	Title	Institution	Date	Signature
Written by	Policy & Procedure Team members	Pharmacy & Medical Stores	Al Masarra Hospital	26/7/2022	
Reviewed by	Najla Al Zadjali	HoD Quality Management and Patient Safety	Al Masarra Hospital	25/7/22	
Validated by	Kunooz Al Balushi	Document Manager	Al Masarra Hospital	July 2022	
Approved by	Dr. Bader Al Habsi	Hospital Director	Al Masarra Hospital	25/7/22	





Table of Contents:

	Acronyms	3
1	Introduction	4
2	Scope	4
3	Purpose	4
4	Definitions	5
5	Policy	5
6	Procedure	5-7
7	Responsibility	7
8	Document History and Version Control	8
9	Related Documents	8
10	References	9
	Appendices	10-13
	Appendix 1. Format for Medication Reconciliation	10
	Appendix 2. Audit Tool.....	11
	Appendix 3. Document Request Form	12
	Appendix 4. Document Validation Checklist	13



Acronyms:

DGMS	Directorate General of Medical Supplies
MoH	Ministry of Health
NHS	National Health Service
ADR	Adverse Drug Reaction



Policy and Procedure of Medicine Reconciliation on Admission, Transfer or Discharge

1. Introduction

Around half of the medication errors that occur in the hospitals are estimated to occur on admission or discharge and around 30% of these errors have the potential to cause patient harm. These errors can occur either when obtaining the patient's medication history (e.g. on admission to hospital), when recording the medicines in the medication chart, or when prescribing medicines on admission, on transfer to another ward and at discharge according to the Southern Health NHS Foundation Trust.

Al Masarra Hospital, the Pharmacy department developed this document to keep up an excellence and establish standards for improving the overall patient health outcomes and prevent further drug related problems especially in the field of psychiatric care management.

2. Scope

This document is applicable to all the Doctors/Staff Nurses/Pharmacy professionals/other linked healthcare workers dealing with clinical area procedures before and during admission.

3. Purpose

- 3.1.To make safe and effective treatment decisions.
- 3.2.To avoid potential interactions or Adverse Drug Reactions (ADR).
- 3.3.To ensure medicines are not un intentionally omitted or duplicated while the patient is admitted in the hospital.
- 3.4.To avoid the risk of discontinued medicines being restarted.
- 3.5.To improve the communication when patients discharged, transferred to another ward or referred to other healthcare facilities.

4. Definitions

- 4.1 **Medicine reconciliation:** is a process designed to ensure that all medications a patient is currently taking are accurately documented and prescribed on admission and at each



transfer of care.

- 4.2 **Kardex:** is a medical information system used by healthcare staff as a way to communicate important information on their patients.

5. Policy

- 5.1 A medication history must be obtained for all patients on admission by collecting and documenting an accurate and up-to-date medication list.
- 5.2 The medication list should cover all types of medications that the patient is taking, including prescription medications, non-prescription medications, vitamins and supplements, natural and herbal products.
- 5.3 Medicine reconciliation process shall be followed at time of admission, transfer and discharge.
- 5.4 The physician must review all the medications listed at the time of admission and then should decide to continue or discontinue the medications based on the patient status.

6. Procedure

6.1 Admission

- 6.1.1 For any admitted patient, all medications taken prior to admission should be documented in medicine reconciliation option in al shifa system within Twenty-four (24) hours of admission.
- 6.1.2 Medicine reconciliation form in AL-Shifa system should be filled by admitting physician (appendix 1). Then pharmacist can add their comments.
- 6.1.3 Patient or relatives should be asked about all patients' current medications they are currently taking including multivitamins and herbal tablets and history of drug allergies or any Adverse Drug Reactions (ADRs). Physician should collect the information (drug name, strength, dose, route, formulation, frequency) and document it in al shifa system.



- 6.1.4 If the patient is unable to recall medications or relatives are not available, other sources of information shall be consulted (e.g. patient's medication profile, assigned staff nurse, any referral letters or NEHR system) to get all kinds of related information. At least three (2) sources of information must be obtained to complete the medicine reconciliation form
- 6.1.5 The medication list must be checked by the assigned pharmacist for any intervention.
- 6.1.6 The process of medicine reconciliation can be summarized into 6 steps:
- 6.1.6.1 Step 1. Source of medication history: A minimum of 2 information sources should be jointly assessed.
 - 6.1.6.2 Step 2. Admission Medicines: Record the name, dose, frequency and route of all medications currently being taken. Include over the counter medication (private pharmacies), multi-vitamins and herbal medicines.
 - 6.1.6.3 Step 3. Medication Allergies /Sensitivities: Record details of any medication allergies /sensitivities.
 - 6.1.6.4 Step 4. Plan for Medicines: Document whether each medication is to continue, withheld or stopped with the reason for any change. The physician is responsible for clarifying and confirming the final plan.
 - 6.1.6.5 Step 5. Medication Chart ('Kardex'): All medications to be continued should be written up and details of allergies /sensitivities recorded in the medicine reconciliation form in AL-Shifa system by doctors then checked by pharmacist.
- 6.1.7 The pharmacist will compare the initial medication order with the list of identifiable medications taken prior to admission and dispense the medication accordingly based on the physician order.
- 6.1.8 The process of medicine reconciliation can be summarized into 6 steps:
- 6.1.8.1 Step 1. Source of medication history: A minimum of 2 information sources should be jointly assessed.
 - 6.1.8.2 Step 2. Admission Medicines: Record the name, dose, frequency



and route of all medications currently being taken. Include over the counter medication (private pharmacies), multi-vitamins and herbal medicines.

6.1.8.3 Step 3. Medication Allergies /Sensitivities: Record details of any medication allergies /sensitivities.

6.1.8.4 Step 4. Plan for Medicines: Document whether each medication is to continue, withheld or stopped with the reason for any change. The physician is responsible for clarifying and confirming the final plan.

6.1.8.5 Step 5. Medication Chart ('Kardex'): All medications to be continued should be written up and details of allergies /sensitivities recorded in the medicine reconciliation form in AL-Shifa system by doctors then checked by pharmacist.

6.1.9. The pharmacist will compare the initial medication order with the list of identifiable medications taken prior to admission and dispense the medication accordingly based on the physician order.

6.1. Transfer or Discharge

6.1.1. Transferred patient, medicine reconciliation will be filled once readmitted in AL-Massara Hospital.

6.1.2. When patient referred to other hospital for surgery/ ICU or other medical condition, medicine reconciliation will be done if referred by physician to clinical pharmacist.

6.1.3. Upon patient discharge from the hospital, the physician shall list all medications to be continued by the patient on the Patient Discharge Plan.

6.1.4. Clinical pharmacy section responsible to review any referred patient planned for discharge (Discharge reconciliation).



7. Responsibilities

7.1. All Healthcare Professionals (Doctors, Nurses and Pharmacy professionals) Shall:

- 7.1.1. Take care in medication reconciliation processes involved during admission, prescribing, dispensing, monitoring, transfer and discharge of patient's that requires medication



8. Document History and Version Control Table

Document History and Version Control			
Version	Description of Amendment	Author	Review Date
1	Initial Release	Policy and Procedure team (P&MS)	May 2021
2	Update and Review	Policy and Procedure team (P&MS)	July 2025
Written by	Reviewed by	Approved by	
Policy and Procedure team (P&MS)	Najla Al Zadjali	Dr. Bader Al Habsi	

9. Related Documents

- 9.1. Medication Ordering and Review Policy and Procedure - Pharmacy Department, AlMasarra Hospital.
- 9.2. Preparation and Dispensing of Medications - Policy and Procedures - Pharmacy Department, Al Masarra Hospital.
- 9.3. The Hospital ensures legible handwriting when prescribing or writing Physician's orders.
- 9.4. General Policies and Procedures of Controlled Drugs Substances (CDs) – PharmacyDepartment, Al Masarra Hospital.
- 9.5. Appendices: Appendix 1. Format for Medicine Reconciliation internal use
Appendix 2. Medicine Reconciliation Audit Tool
Appendix 3. Document Request Form
Appendix 4. Document Validation Checklist



10. References

Title of book/journal/articles/Website	Author	Year of publication	Page
Action on Patient Safety (High5s) – Medication Reconciliation SOPS http://www.who.int/patientsafety/implementation/solutions/high5s/h5s-sop.pdf	WHO	2014	1-36
Medicines Reconciliation Policy http://www.southernhealth.nhs.uk/EasysiteWeb/getresource.axd?AssetID=71904&type=full&serVICetype=Inline	Southern Health NHS Foundation Trust	2015	1-27
<i>(Medicines Reconciliation Policy, 2015.Southern Health NHS Foundation Trust)</i>			



11. Appendices

Appendix 1. Format for Medicine Reconciliation internal use

Date of Admission:						Diagnosis:				
Patient ID:										
Age:						Reasons for Admission:				
Gender:										
Allergies:						Ward:				
Medication History on Admission										
Source						Medication/Dose/Frequency/ Route	Actions			Comments
Patient	Relatives	Hospital notes	Referrals	POD	Others		Continue	With-hold	Stop (date)	
Herbal medications Over the counter or others?										
Completed by:			Signature:			Checked by:		Signature:		
Date/ Time:										



Appendix 2. Medicine Reconciliation Audit Tool

Pharmacy and Medical Stores, Al Masarra Hospital, MoH							
Medicine Reconciliation Audit Tool							
S.N.	Audit Process	Standard / Criteria	Yes	Partial	No	N/A	Comment
1	Observation Interview Document Review	Is the policy written according to international standards of medicine reconciliation policies?					
2	Observation Interview Document Review	Are all pharmacy staff trained on proper procedure of medicine reconciliation?					
3	Observation Interview Document Review	Is the medicine reconciliation form easy to use?					
4	Observation Interview Document Review	Are the medicine reconciliation forms completed within 24 hours of patients' admission?					
5	Observation Document Review	Are all the documented forms placed in one file in the pharmacy department?					
Checked by (<i>Name and Signature</i>):			Date:				



Appendix 3. Document Request Form

Document Request Form			
Section A: Completed by Document Requester			
1. Requester Details			
Name	Najla Al Zadjali	Date of Request	July 2022
Institute	Al Masarra Hospital	Mobile	95885771
Department	QMPSD	Email	—
The Purpose of Request			
<input type="checkbox"/> Develop New Document	<input checked="" type="checkbox"/> Modification of Document	<input type="checkbox"/> Cancelling of Document	
2. Document Information			
Document Title	Policy and Procedure of Medicine Reconciliation on Admission, Transfer or Discharge		
Document Code	AMRH/PHARM/P&P/012/Vers.02		
Section B: Completed by Document Controller			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Cancelled	<input type="checkbox"/> Forward To:.....	
Comment and Recommendation:			
Name	Kunooz Al Balushi	Date	July 2022
Signature		Stamp	





Appendix 4. Document Validation Checklist

Document Validation Checklist					
Document Title: Policy and Procedure of Medicine Reconciliation on Admission, Transfer or Discharge			Document Code: AMRH/PHARM/P&P/012/Vers.02		
No	Criteria	Meets the Criteria			Comments
		Yes	No	N/A	
1.	Approved format used				
1.1	Clear title – Clear Applicability	✓			
1.2	Index number stated	✓			
1.3	Header/ Footer complete	✓			
1.4	Accurate page numbering	✓			
1.5	Involved departments contributed	✓			
1.6	Involved personnel signature /approval	✓			
1.7	Clear Stamp	✓			
2.	Document Content				
2.1	Clear purpose and scope	✓			
2.2	Clear definitions	✓			
2.3	Clear policy statements (if any)	✓			
3.	Well defined procedures and steps				
3.1	Procedures in orderly manner	✓			
3.2	Procedure define personnel to carry out step	✓			
3.3	Procedures define the use of relevant forms	✓			
3.4	Procedures to define flowchart		✓		
3.5	Responsibilities are clearly defined	✓			
3.6	Necessary forms and equipment are listed	✓			
3.7	Forms are numbered	✓			
3.8	References are clearly stated	✓			
4.	General Criteria				
4.1	Policy is adherent to MOH rules and regulations	✓			
4.2	Policy within hospital/department scope	✓			
4.3	Relevant policies are reviewed	✓			
4.4	Items numbering is well outlined	✓			
4.5	Used of approved font type and size	✓			
4.6	Language is clear, understood and well structured	✓			
Recommendations .. For implementation More revision To be cancelled					
Reviewed by: Kunooz Al Balushi			Reviewed by: Irvin S. Rio		

