ETSUHealth

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ETSU Population Health: QI Weekly

Transitions of Care
Medication Reconciliation Post-Discharge

Measure: Patients 18 years of age and older who were admitted to the hospital and discharged the next day should have their discharge medications reconciled with their regular medications within 30 days.

The reconciliation must be completed by a prescribing practitioner, a clinical pharmacist, or an RN. Telehealth appointments that have the necessary documentation will qualify.

The note must include the most recent outpatient medication list, and the discharge medications, or reference to the lack of discharge medications, such as:

- "no changes in medications at discharge"
- "discontinue all discharge medications"

Generally, the medication reconciliation is done at the Transitional Care visit; however, IF the medications are reconciled by the RN or clinical pharmacist over the phone prior to the face-to-face visit, the med rec component can still be billed, even if the patient misses the appointment.

Note: If a post-discharge hospital follow-up is done, the same evidence and data must be included. Additionally, there must be evidence in the visit note documenting that the provider was aware of the recent discharge.

It is Important to Note:

- Only patients discharged home are counted in this component
- Discharge medications must clearly tie a patient's medications being taken prior to inpatient admission. Simply documenting “medications reviewed” will not meet the compliance standard.
- **A list of discharge medications alone isn’t acceptable**