CE Post Test

Outcomes of Pharmacists’ Involvement in Medication Reconciliation at Point of Discharge in a CPOE Environment

Objective: To enhance reader knowledge of the importance of Pharmacist assisted medication reconciliation at point of entry of a new treatment area in respect to any patient in an emergency and non emergency situation.

1. Complete and accurate medication histories obtained by a Pharmacist at the patients’ point of entry has proven to be effective in;
   a. Obtaining correct information
   b. Understanding patient medications and their effect
   c. Eliminates contra indicated medications
   d. All of the above

2. Accurate medication data not captured at admission places the patient at risk of a medication error.
   a. True          b. False

3. Most frequently medication reconciliation discrepancies occur;
   a. At time of patient transfers (at discharge, transferred to another hospital, SNF or another unit within the same facility)
   b. At time of discharge
   c. Upon admission when comparing current medications to a patient’s History and Physical

4. The article recommends a data collection process and key elements, which of the following is not part of the reconciliation process recommendation?
   a. History and Physical
   b. Patient admission profile
   c. Discharge medication instruction form
   d. Discharge prescriptions
   e. Patient allergies

5. The first quarter program effectiveness results demonstrated that pharmacists found medication discrepancies in;
   a. 90% of the discharge lists
   b. 20% of the discharge lists
   c. 50% of the discharge lists

6. What percentage of the first quarter discrepancies required significant pharmacists intervention?
   a. 10%          b. 8%          c. 18%

7. Fourth quarter 2011 the program had decreased transcription and order errors by;
   a. 10%          b. 15%        c. 22%          d. 16%

8. Studies have demonstrated CPOE systems may reduce harm, identify the two most significant recommendations in reducing that harm;
   a. Electronic prescribing at point of discharge
   b. Improved legibility of prescriptions
   c. Transmission of prescriptions to a pharmacy of the patient’s choice
   d. A, B and C

9. New programs where pharmacist visit the patient in their homes has results in readmissions by;
   a. 30%          b. 22%          c. 85%          d. None

10. One advantage of involving a pharmacists in the medication reconciliation process;
    a. Pharmacists’ knowledge of medications and disease states
    b. Pharmacists’ can recognize errors of look alike, sound alike medications
    c. Pharmacists’ can easily recognize incorrect dosages
    d. All of the above