

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