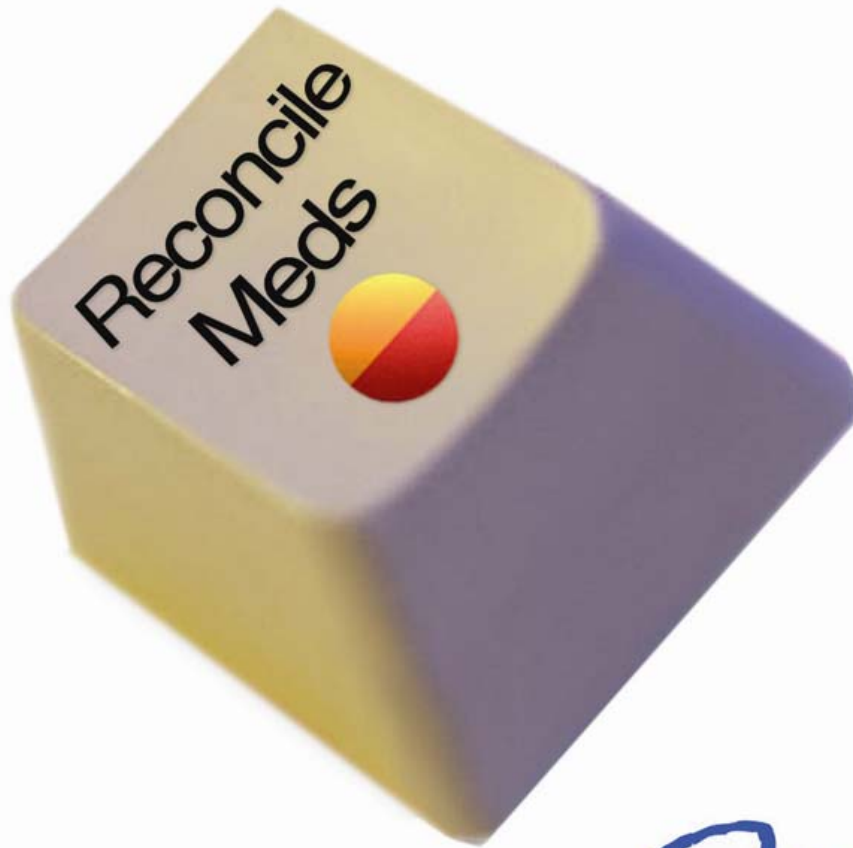


WHEN IS YOUR MOMENT OF CARE?



Done!

~~JCAHO NPSG #8~~



MEDICATION RECONCILIATION

The Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) has outlined a set of National Patient Safety Goals (NPSGs) to promote specific improvements in patient safety. Medication Reconciliation, the process of comparing a patient's medication orders to all of the medications that the patient has been taking "across the continuum of care," has been identified as part of this patient safety initiative and JCAHO indicated that a process should have been in place by January 1, 2006. This reconciliation is performed to "avoid errors of transcription, omission, duplication of therapy, drug-drug and drug-disease interactions, etc." JCAHO has indicated that medication reconciliations need to be performed upon admission, transfers and discharges.

However, to be in compliance with NPSG #8, healthcare organizations sometimes need to consolidate medication information from a pharmacy database, an admission system, a surgery system, and possibly others. Lacking a consolidated view of the patient's medications, caregivers would require logons for a variety of systems, as well as the knowledge of how to navigate each system to find and print each list of medications.

If your process of gathering medication information is time-consuming and inefficient or results in incomplete or incorrect information, the **MOMENT OF CARE™** Information System can help.



CONSOLIDATE ALL MEDS

The **MOMENT OF CARE™** Information System consolidates medication data from disparate databases and presents the complete record of the patient's medication for the physician/clinicians to review. Active medications as well as home, surgery and discharge medications can be culled, sorted and presented. Additionally, IV and PRN medications can be separated to make the job even easier.

ADD
HOME MED

ADD HOME AND DISCHARGE MEDS ELECTRONICALLY

Reduce the risk of errors due to illegibility of home medications by entering them electronically and attaching them to the patient's electronic record. The system comes preloaded with all NDC medications and once added, home meds will appear on all medication reconciliation reports. In addition, discharge meds can be added to the patient's record as well.

ADD
DISCHARGE MED

Interaction Risk Ratings	
X	Avoid Combination
D	Consider Therapy Modification
C	Monitor Therapy
B	No Action Needed
A	No Known Interactions

CHECK INTERACTIONS FOR ALL HOME, ACTIVE AND DISCHARGE MEDICATIONS

Through integration with popular third-party prescription drug reference vendors, the **MOMENT OF CARE™** Information System automatically checks for potential drug interactions and reports the results on the medication reconciliation report. Interaction risk ratings are summarized for the physician so that therapies can be modified if necessary.



SAVE THOUSANDS OF HOURS EACH YEAR

With electronic integration of all available drug data, no longer will it be necessary to manually write and rewrite the list of drugs for a particular patient. Thousands of hours can be saved each year by reducing the time spent doing medication reconciliations by as much as 90%. Improve the level of patient care by reducing time spent on paperwork.

Learn more about how the **MOMENT OF CARE™** Information System can address this critical process today.

