Improving Medication Reconciliation within 24 Hours of Admission to General Internal Medicine

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Accurate medication reconciliation (MedRec) is a pivotal step ensuring patient safety during transition of care. Inaccurate MedRec leads to 40% of medications errors, 20% of which results in harm.1 High priority area for quality measurement and improvement according to meaningful measures initiative by Center for Medicare and Medicaid.2 National patient Safety goal by Joint Commission.3

AIM STATEMENT

To increase rate of accurate MedRec completion for patients admitted to General Internal Medicine at MDACC within 24 hours of admission, from 85% to >95% through Best Possible Medication History (BPMH)

BACKGROUND

- To identify sources of variance through brain-storming sessions with nursing staff, providers, pharmacists utilizing fish bone diagram, process mapping
- To meet with stakeholders to implement the action plan
- To create a standard process for medication review and reconciliation
- To educate nursing staff on how to practice BPMH
- To educate providers on how to complete medication reconciliation within 24 hours of admissions
- To utilize IT assistance
- To assign nursing champions
- Daily email reminders to providers to complete medication reconciliation.

INTERVENTIONS

- Nurses, pharmacists and medical providers are the cornerstone of accurate and complete MedRec.
- Promoting provider accountability and reminder emails played the key role in MedRec rate improvement.
- Safe and accurate admission MedRec is everyone’s responsibility even if the admitting clinician is solely accountable.
- Raising awareness of this issue with clinicians makes an impact on their behavior.

RESULTS

<table>
<thead>
<tr>
<th>Measure</th>
<th>Pre-Intervention</th>
<th>Post-Intervention</th>
<th>p-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>BPMH Completion</td>
<td>88%</td>
<td>90%</td>
<td>0.4139</td>
</tr>
<tr>
<td>Medication Reconciliation Completion</td>
<td>84%</td>
<td>100%</td>
<td>0.0019</td>
</tr>
<tr>
<td>Number of Discrepancies</td>
<td>2.27</td>
<td>1.55</td>
<td>0.0409</td>
</tr>
<tr>
<td>Audit Completion Time (mins)</td>
<td>13.60</td>
<td>11.33</td>
<td>0.0754</td>
</tr>
</tbody>
</table>

CONCLUSION

- Nurses, pharmacists and medical providers are the cornerstone of accurate and complete MedRec.
- Promoting provider accountability and reminder emails played the key role in MedRec rate improvement.
- Safe and accurate admission MedRec is everyone’s responsibility even if the admitting clinician is solely accountable.
- Raising awareness of this issue with clinicians makes an impact on their behavior.

RECOMMENDATIONS

Administrative Solutions:
- Establish clear delineation of accountability for the MedRec process.
- Admitting nursing staff to complete BPMH in 12 hours and medication reconciliation by admitting providers in 24 hours from admission.

Educational Opportunities
- Educational modules and training sessions for nurses and providers.
- To educate providers on de-prescribing medications from the BPMH if not relevant to patient care.

Process Changes:
- Hire pharmacy technicians for BPMH.
- One connect team to explore options to improve the process.
- MyChart Bedside for patients/families to update the medications.
- Flyers in ACCC reminding patients to bring medication list.

PROCESS MAPPING: ADMISSION MedRec