

Don't Ask Alice -- Medication Reconciliation: A New Role to Decrease Discrepancies

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Medication Reconciliation: A New Role to Decrease Discrepancy

Lehigh Valley Health Network, Allentown, PA

Abstract

Approximately 54% of inpatients have at least one discrepancy in the medications they report taking at home compared to those reported at time of admission.

Twenty-seven percent of prescribing errors in hospitals are caused by incomplete medication records at the time of admission. These statistics prompted key stakeholders evaluate current medication reconciliation processes.

Background/Current State

- 47.5% of inpatient medication reconciliations had at least one error.
- Multistep process with no identified “owner” or location to document.
- Practitioners working in silos resulting in duplicated work.
- Tremendous amount of time spent to reconcile medication lists.

Evidence-Based Process Redesign

Common thread in literature: Employ individuals who specialized in their function.



A rapid improvement event with key stakeholders including physicians, nurses and pharmacists determined a single health care resource as the best means to improve our process accuracy.



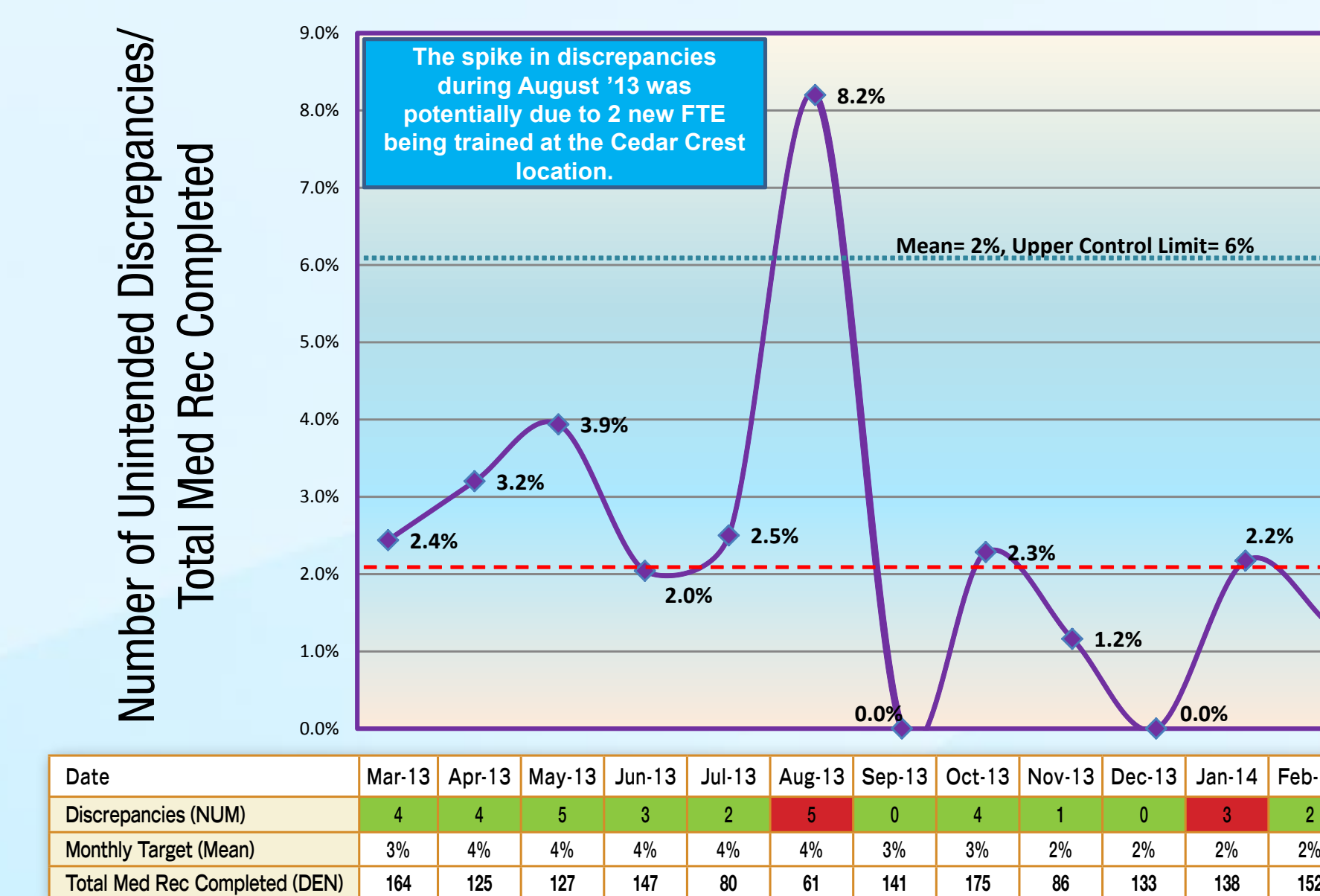
Medication Reconciliation Technician (MRT) - a certified pharmacy technician, with specialized training in patient interviewing and primary source medication list verification.

MRT Standard Work

- 1 Enter Best Possible Medication History (BPMH) into Home Medication Management system.
- 2 Print validated medication history for providers to use during admission process.
- 3 Document the reconciliation of the medication list.

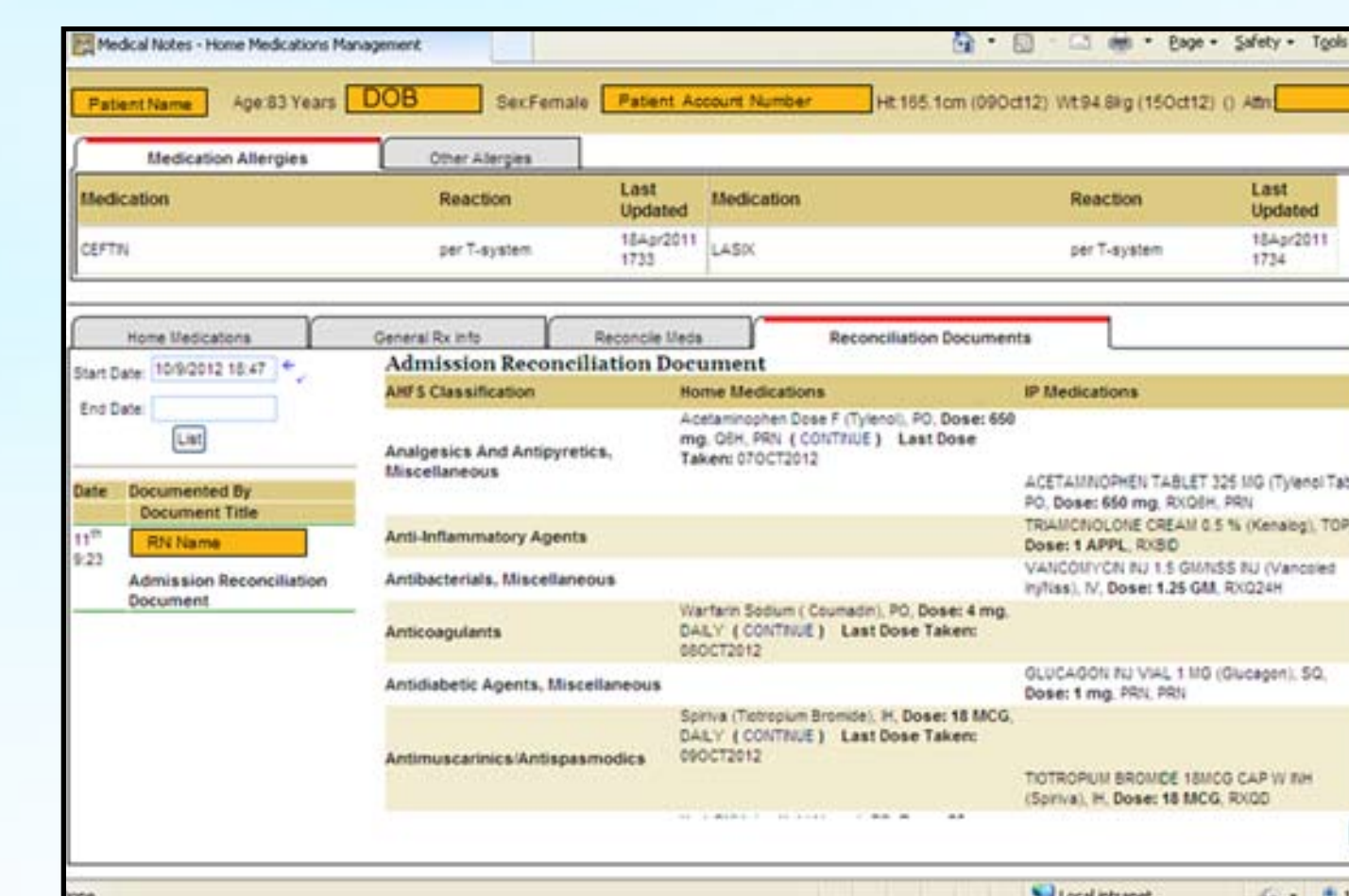
Evaluation of Effectiveness

Med. Rec. Unintended Discrepancies by Month for LVH-CC
(Data From 3/01/13 to 2/28/14)



Other Metrics Identified

- Medication reconciliation order usage
- MRT process completion (ordering physician to floor metric)
- Physician medical record time (how long a physician spent on medication reconciliation)
- Length of stay (med. rec. vs. non-med. rec. patient)
- Readmission rate (med. rec. vs. non-med. rec. patient)



Feedback

Physicians: “I like the completeness.”

- Need MRT coverage at night
- Trigger the process even earlier

Nurses: “This is how it should be done!”

- Eliminates 2:00 am calls to doctors to verify medication orders

“The right discipline is doing the right job.”

Case Manager: “Best thing we could do for patients is get it right from the beginning.”

- Helps with insurance plans that restrict the number of medications covered

Next Steps

- Expand data analysis to second campus
- Re-validate process with stakeholders
- Build business case to expand program to include discharge process

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