

Medication Reconciliation: Rec It Right, so it's not a Wreck

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What might the attendee be able to do after being in your session? Attendee will be able to identify key features of clinical decision support tools that lead to this initiative success and common challenges to medication reconciliation

Description of the Problem: Medication errors and harms continue to be one of the most widely reported healthcare problems. The Joint Commission (TJC) included medication reconciliation (MedRec) as a 2005 National Patient Safety Goal to help reduce errors related to medication omissions, duplications and interactions¹. Despite years of attention, hospitals continue to struggle to implement successful MedRec. The goal of this quality improvement initiative is to increase the entire institution's % of overall inpatient admission medication reconciliation (AdmMedRec) completed to > 95% in 12 months.

Methods: Plan-Do-Study-Act cycles were initiated April 2017 with a pediatric hospitalist/Chief Medical Information Officer co-led interdisciplinary team of physicians, nurses, pharmacists, and analysts. Interventions were implemented in the inpatient medical units at the main hospital campus and community sites. Baseline data from 12,481 admission encounters from July 2016 - April 2017 were analyzed. Electronic Health Record(EHR) workflow was redesigned. Bi-weekly unit and service-specific data were reviewed with team. Cycle (C) 2-5 interventions were chosen to address EHR workflow integration, clarification of responsibilities, and sustainability: C2 – Hospitalist led targeted training; C3 – Simplified EHR build and workflow; C4 – Activated Best Practice Advisory (BPA) to fire if AdmMedRec was incomplete; C5 – Weekly report of specialty- and physician-specific performance data made available across all subspecialties.

Results: AdmMedRec by hospital service (Fig 1) shows overall hospital-wide AdmMedRec completion rate increased from 73% to 95%, Psychiatry increased from 17% to 88%, and PHM increased from 76% to 98% in the first 7 months of this project. We were able to successfully achieve our goal and have been able to sustain 92% AdmMedRec completion rate.

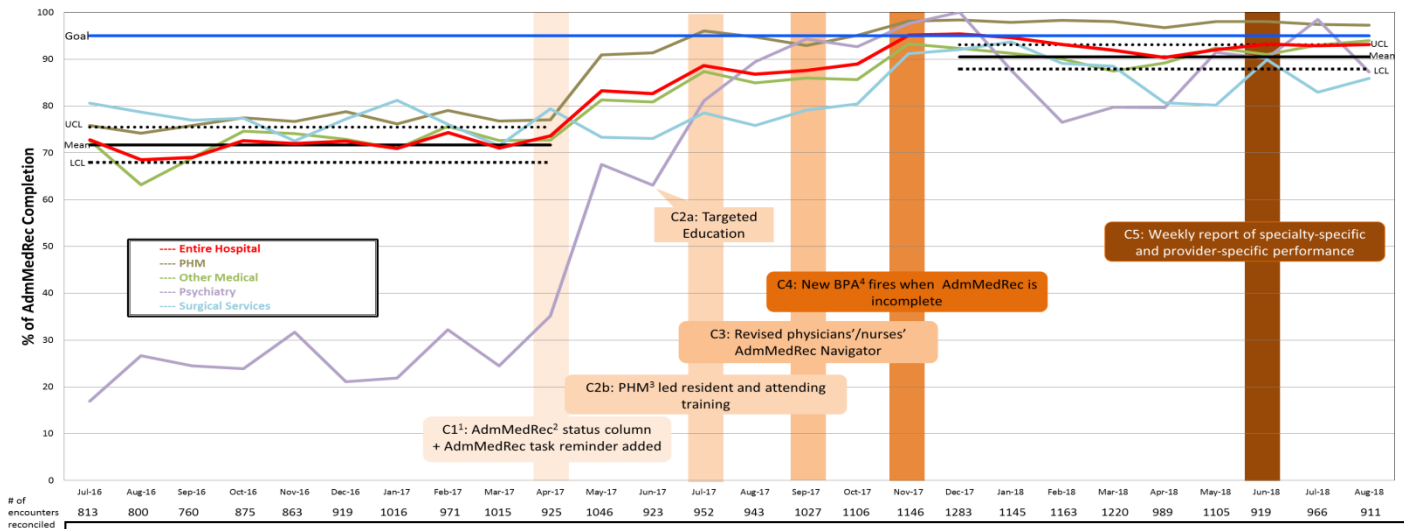


Figure 1: Admission medication reconciliation (AdmMedRec) run chart for the entire hospital as well as for pediatric hospital medicine (PHM) service, other medical services, surgical services, and psychiatry. C, Plan-Do-Study-Act cycle; BPA, Best Practice Advisory.

Discussion of Results: The success of our initiative was achieved with 4 main key drivers: senior leadership's investment in a culture of safety, effective integration of the EHR into the workflow, clinician training, and transparency data sharing. Thoughtful construction and implementation of CDS enhances not only clinical decision making but also the provider experience, both of which promote project success.

Conclusion: Using an interdisciplinary team and interventions focused on process and culture changes, this QI initiative was successful at increasing AdmMedRec rates and reducing omission errors across all therapeutic drug classes.

Attendee's Take-away Tool

Attendees will be able to utilize EPIC reporting tools to promote MedRec compliance by promoting individual user, division, and institution accountability and transparency.

References

1. The Joint Commission. National patient safety goals 2018. [Internet] 2018 Jan [cited 2019 Dec 2]. Available from: https://www.jointcommission.org/assets/1/6/NPSG_Chapter_AHC_Jan2018.pdf