Northeastern Health System, Tahlequah, OMECO/TMG Internal Medicine Program

Interdepartmental Transfer Medication Reconciliation

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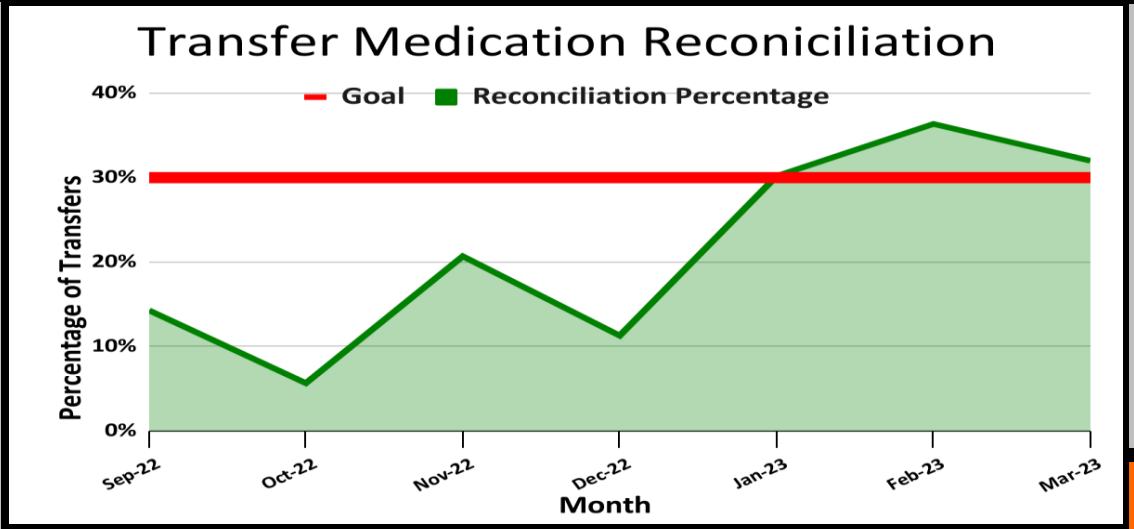
Background

The average hospitalized patient experiences at least one medication error per day, according to the Institute of Medicine's Preventing Medication Errors report. This supports earlier research results that the most frequent patient safety error is a drug error. It is estimated that more than 40% of pharmaceutical errors are the consequence of improper reconciliation during patient admission, transfer, and discharge. About 20% of these mistakes are thought to be harmful [1]. If there were drug reconciliation procedures in place, many of these mistakes could be avoided. NHS was noted to have very a poor process of medication reconciliation upon interdepartmental transfer.

Aim Statement

Our overall aim is to implement the use of a transfer medication reconciliation on at least 30% of interdepartmental transfers to improve continuity of care, aid in continuation of appropriate medications, and discontinuation of extraneous medications.

Results



Methods

- Met with pharmacy to review current procedure in place for interdepartmental transfer medication reconciliation. It was found that the EMR software has a built-in function for this process.
- Met with Clinical IT to generate a report to assess previous utilization of the process in the EMR.
- Training session was given to residents and attendings on how to perform reconciliation and instructional flyers were posted in charting/dictation areas.
- Reports were generated for total monthly interdepartmental transfers and monthly use of transfer reconciliation. Reconciliation use was compared to overall interdepartmental transfers on a monthly basis after implementation.

Findings

- Majority of residents and attendings were unaware of reconciliation process present in the EMR.
- Improved use noted after topic education.
- The training session that was held, as well as presentation of the topic at a monthly physician Medicine Committee meeting, further increased the execution of transfer medication reconciliation.
- Creation of the instructional flyers with subsequent placement of said flyers in the charting and dictation areas around the hospital lead to additional improvement in reconciliation.

Conclusion & Next Steps

- Our project will be successful after 6 months of at least 30% compliance. After 6 months, we plan to re-evaluate and increase compliance further to 50%.
- This is an ongoing protocol to improve patient care with plan to continue educating incoming residents and physicians

References

1. Barnsteiner, J. H. (2008). Medication Reconciliation. Agency for Healthcare Research and Quality (US).https://www.ncbi.nlm.nih.gov/books/NBK2648/