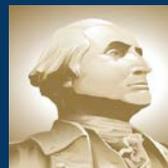


Improving Admission Medication Reconciliation Completion at GW Hospital



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Background

- 27-83% of patients admitted to the hospital will have at least one discrepancy in their medication history at admission,^{3,4} with 11%–59% of errors having clinical importance.⁵
- Current processes for completing admission medication reconciliations are ill-defined, further increasing the risk of errors.^{1,2,3,4}
- Implementation of a standardized medication reconciliation process has led to a reduction in medication errors by 50-94% in several studies.^{4,6}

Aim Statement

To increase the number of admission medication reconciliations completed within 48 hours of admission to GW Hospital by 25% over 3 months.

Methods

Study Design:

- From September 2017 until December 2017, an educational intervention was delivered to internal medicine residents rotating on the wards at GW hospital and refined over three PDSA cycles.

Outcome Measures:

- The number of properly completed admission medication reconciliations within 48 hours of admission for patients admitted to one general medicine day team and to the night float team was assessed every post-call day. Data collection expanded to an additional daytime team with PDSA Cycle 3.

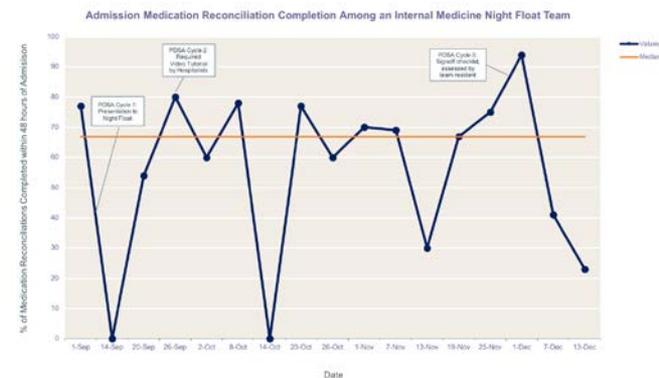
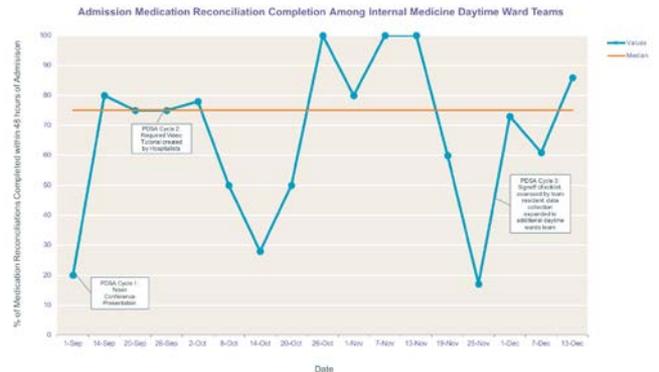
Process Measures:

- The number of people reached by educational interventions.

Interventions:

- An educational presentation on how to properly complete an admission medication reconciliation, given at resident noon conference and to the night float team, a required video by hospitalists reinforcing the principles of proper medication reconciliation, and creation of a signoff checklist to assess interns for proper completion.

Results



Discussion

- Proper completion of medication reconciliation at admission plays an important role in the prevention of patient adverse events.
- Our study demonstrated that healthcare provider education, beginning early in training, adherence to a standardized process, and reinforced education of that process are ways of improving completion of admission medication reconciliations.
- There was an overall increase in admission medication reconciliation completion in the daytime medicine team, but not in the night float team. This may be explained by the more frequent turnover of night float residents, time limitations owing to a challenging workload without ancillary support, and a limited ability to obtain outside records at night.
- Data collection was expanded to a second daytime medicine team and is ongoing with possible extension to all medicine wards teams.
- Limitations include providers rotating off service at different times throughout our interventions, the inability to assess for accuracy of completed medication reconciliations, and the varying baseline knowledge among providers of how to complete admission medication reconciliations.
- Future interventions include implementation of education at intern orientation, reinforced early in intern year with successful completion of a sign off checklist (as assessed by residents), clear identification of team roles and responsibilities in completing medication reconciliations, and a multidisciplinary approach involving pharmacists.^{7,8,9}

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