

SPPM Medication Reconciliation Networking Session

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Community Health Network - CHNw



Overview

Driving forces

- ***Institute for Healthcare Improvement (IHI)***
 - 100,000 lives initiative
- ***The Joint Commission***
 - National Patient Safety Goal #8a and b
- ***American Society of Health-System Pharmacists***
 - 2015 initiative, Objective 1.1
- ***Centers for Medicare and Medicaid Services (CMS)***
 - Core measure related to CHF



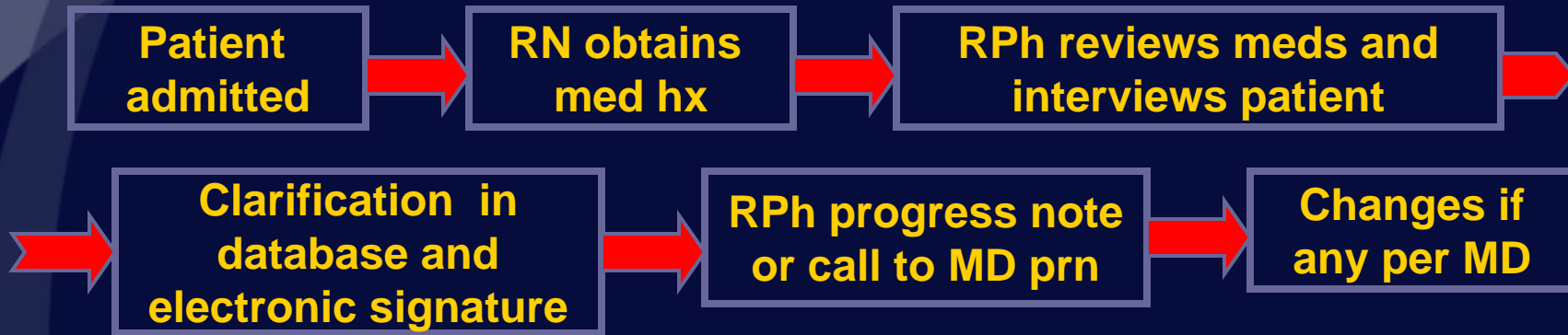
CHNw Model for Medication Reconciliation - Old



Retrospective review of 50 active patients at CHNw utilizing this process for medication reconciliation revealed:

- 80% of patients had ≥ 1 unreconciled medication on admission
- 228 unreconciled admission medications per 100 admissions
- 2 potentially serious errors per 100 admissions

CHNw Model for Medication Reconciliation - New



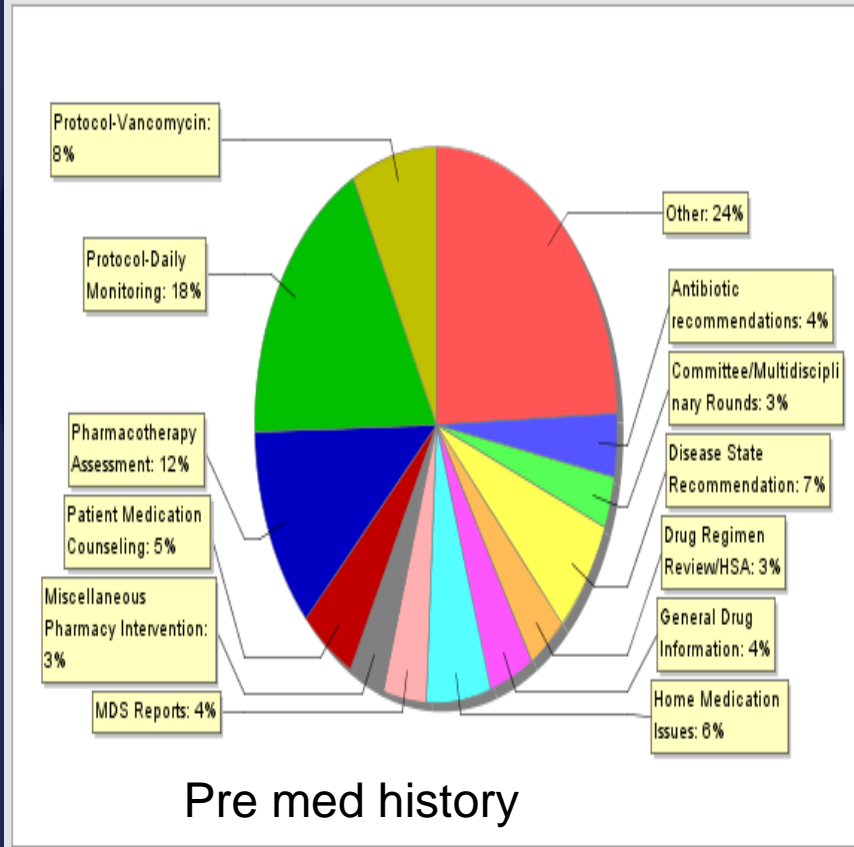
- Pharmacists interview pts within 24hrs (or sooner) of admission
- Progress note/call designed to inform MD of discrepancies, missing doses, compliance issues
- Protocol allows for pharmacist to make changes to orders based on patient history information

CHNw's Medication Reconciliation Journey

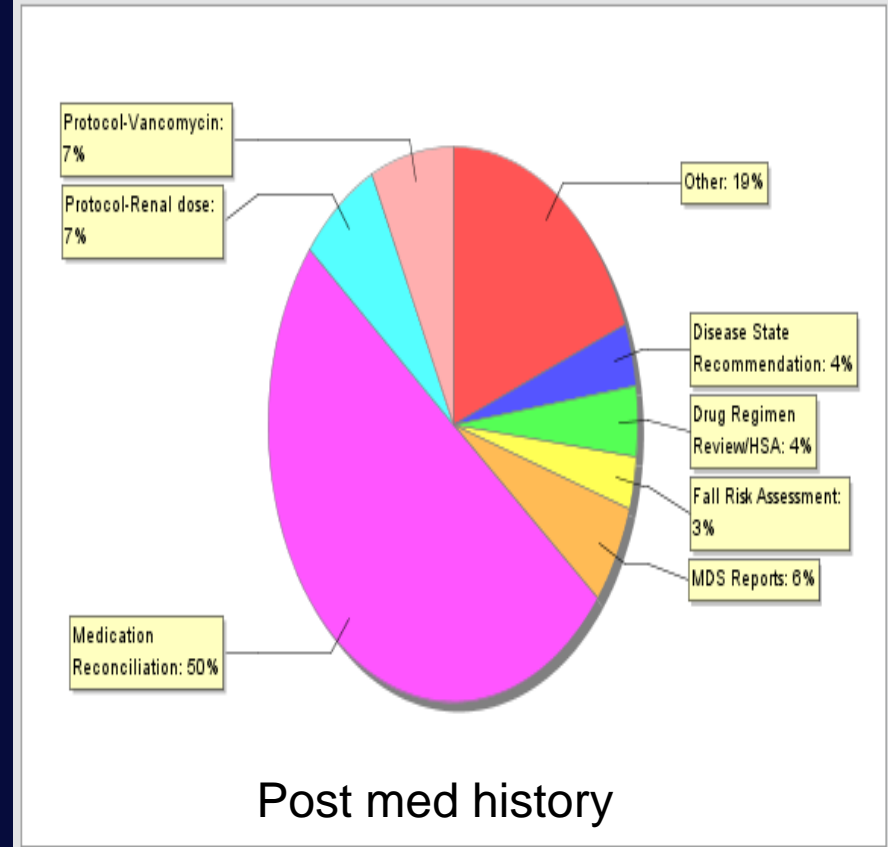
- ***Introduction of LEAN principles to the organization***
- ***Small qualitative study with MD, RPh and RN***
 - RPh obtained the most accurate and complete data
- ***Piloted a pharmacist in the ED – 8 hours/day***
 - CHNw discontinued as less than 50% of admissions from ED
- ***Trialed the use of a decentralized clinical pharmacist w/ PharmD student support***
 - Conducted 1000 patient interviews as part of trial
 - Adopted as preferred process @ CHNw
- ***Needed to redesign the pharmacist's responsibilities***

Clinical Pharmacist Work Redesign

Primary Intervention



Primary Intervention



***Part of justification for additional staff

The Top ~~10~~ 7 List - Things CHNw has learned about Medication Reconciliation

7. **Medication reconciliation issue is not going away**
6. **Data drives change**
5. **The admission process is complex. The discharge process is twice as complex**
4. **No one likes to be asked the same question twice including patients**
3. **Health-system pharmacists are not necessarily interested in talking to patients**
2. **Accept no list at face value and no list is perfect**
1. **There is no quick fix**

Thanks for your time!

