



Medication Reconciliation Networking Session

Presented by:
Jessica Mahoney, Pharm.D., M.S.
Pharmacy Administrative Resident

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Objectives

- Describe UWHC pharmacist inpatient medication reconciliation model
- Review systematic approach to implementing processes in outpatient clinics, ED and procedure areas
- Discuss methods for collecting results of ambulatory implementation
- Describe challenges faced while implementing in ambulatory areas

- Integrated staffing model
- Nine decentral pharmacist teams
 - Trauma, solid organ transplant, surgery, oncology, medicine, neurology, pediatrics, cardiology, ED
- Hours of service
 - Decentral: 0700-2300 seven days per week
 - 24-hour decentral adult ICU coverage
 - Central: 24-hour coverage
 - Central night operations begin at 2300

Staffing Structure

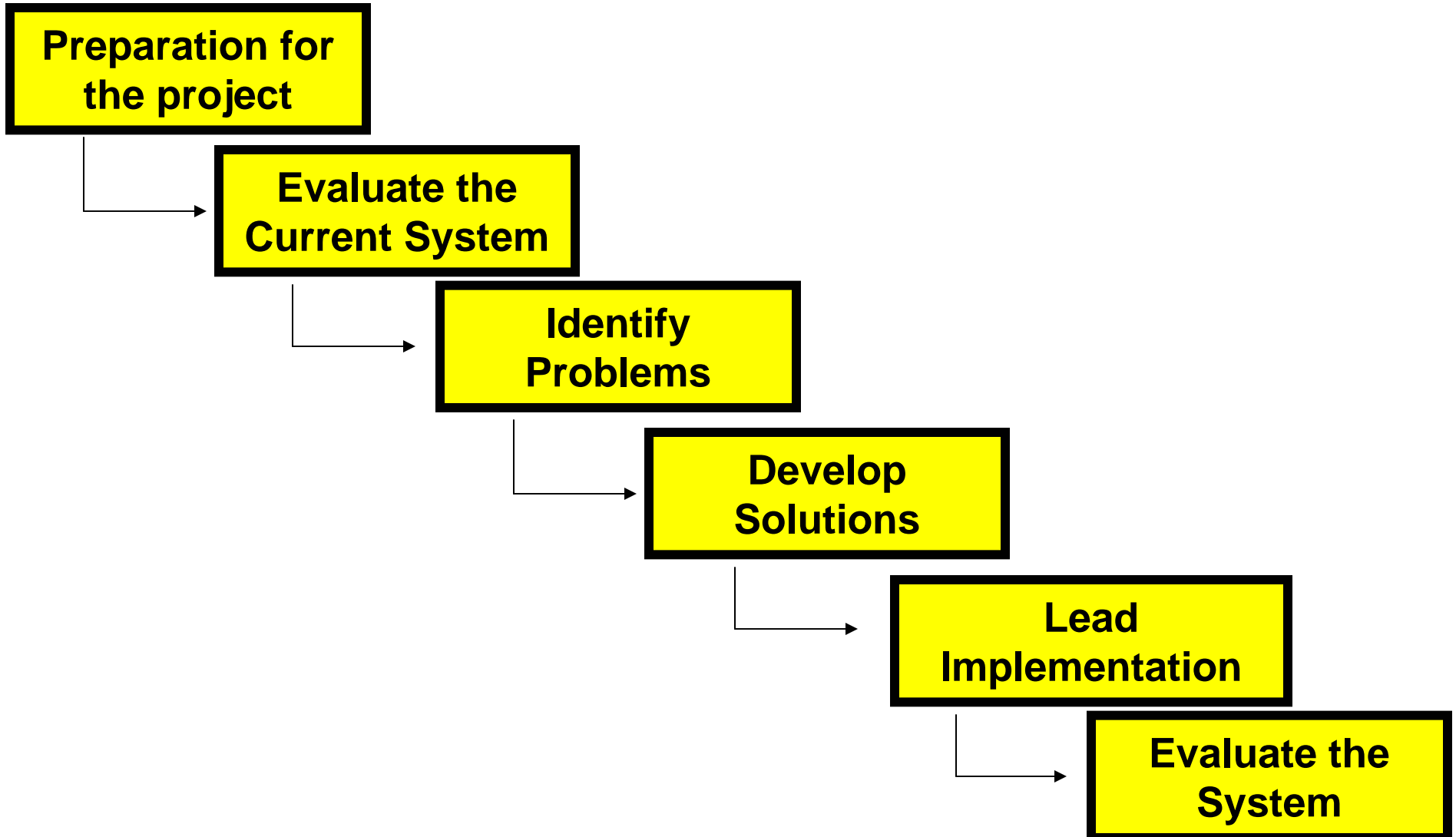
	Weekday	Weekend
AM Decentral RPhs 0630-0900 to 1500-1730	20 1-2 units each	11 1-4 units each
PM Decentral RPhs 1330-1430 to 2200-2300	14 1-3 units each	6 2-6 units each
Central RPhs	4 shifts	3 shifts
Nights 2300-0700, 7 days/week	1 Central & 1 adult ICU	

Medication Reconciliation Model

- Admission medication history performed by decentral pharmacist for all new admissions
 - Expectation is to have the medication list obtained and reconciled within 24-hours of admission
 - Admission medication orders reconciled by pharmacist
- Pharmacist reconciliation upon patient transfer of service and/or level of care
- Pharmacist reconciliation and counseling of all patients prior to discharge

- Pharmacists have been responsible for inpatient medication reconciliation since 1970's (10 FTEs)
 - admission process = 3.5 FTEs (15-20 minutes per patient)
 - transfer process = 2 FTEs (1 minutes per patient)
 - discharge process = 4.5 FTEs (24 minutes per patients)
- Accuracy of medication reconciliation upon admission = 97%
- Discharge medication order intervention rate = 71%
- Medication list sent to next provider of care = 95% compliance

Approach for Implementation in Non-inpatient care areas



Approach for Implementation in Non-inpatient care areas

- Identify all impacted areas across the organization
 - Ambulatory clinics
 - Procedure areas
 - Emergency department
- Identify accountable individuals in all areas
- Assess levels of performance of medication reconciliation within each area

Prepare for
the project

**Evaluate the
Current System**

Identify
Problems

Develop
Solutions

Lead
Implementation

Evaluate the
System

- Identify opportunities for improvement
 - Focus your efforts on high-risk areas
 - Identify care areas with variable or non-existent workflows and documentation systems
 - Develop an “inventory” of existing workflows
 - Informally gauge readiness of managers and staff

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Approach for Implementation in Non-inpatient care areas

- Documentation of procedures for incorporating medication reconciliation into existing workflows
- Medication history (list) documentation tools and format to provide list to patient and next provider
 - Paper vs. electronic documentation forms
- Education materials
 - Educate staff on the “what, why, and how” of medication reconciliation
- Auditing tools- sustainable method to evaluate system

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Approach for Implementation in Non-inpatient care areas

- Met with clinic managers and staff to explain and clarify questions and concerns
- Coordinated teaching sessions for front line staff
 - How to obtain an accurate medication list
- Collaboration between various departments- Information Systems, Medical Records, Quality, Nursing, Radiology & Perioperative Care Areas
- Rolling implementation across clinics and procedure areas versus pilots

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Methods to Collect Results of Implementation

- Retrospective review of random documentation submitted to medical records for scanning
 - Missing elements such as allergies, dose, route, and indication
- Interviews of responsible managers (self reported)
 - Asses any areas that continue to struggle
- System-wide tracer: prospective collection monthly
 - Questions addressing each element of performance on medication reconciliation

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Challenges

- Communicate, communicate, communicate
- Be flexible- LISTEN to the concerns of staff
- Data collection is labor intensive
- Multidisciplinary support is essential
- Project of this scope requires rigorous project management and oversight
- To be successful, absolutely must demonstrate the value! This is not just filling out another piece of paper...

Challenges

- Think how these changes will impact not only the staff but also the patients!
 - Educate patients about medication safety and the importance of knowing their medications
- Anticipate and address barriers and challenges quickly
 - Examples of push-back received from staff was *“Am I liable legally if I misspell a medication or if what the patient tells me is incorrect?”*
 - *“I am not qualified to be changing another physicians orders”*

- Radiology, Perioperative areas and Emergency Department
 - Accountability
 - Workflow
 - High volume areas
 - Paper documentation system- items being double or triple documented
 - Patient's enter the organization from multiple avenues. How do we make it work to communicate to the next provider?
 - Manager support
 - Did not fully appreciate why their areas were being targeted



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