Winchester District Memorial Hospital

60 YEARS OF CARING!

Medication Reconciliation "Success Story at a Rural Community Hospital"

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- Community Hospital
- 63 beds
- Emergency, Medical/Surgical, Obstetrics, Enhanced Care Unit, Chemotherapy/Medical Day Care, Hemodialysis, Complex Continuing Care, Operating Room/ Recovery Room
- WDMH's patients are older, sicker, poorer and die earlier

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Resources

- CNE/PPL
- 3 Clinical Managers
- 100 Registered Nurses & 30 Registered Practical Nurses
- Consultant Pharmacist 2.2 FTE
- Pharmacy Technicians 3.8 FTE
- Paper based – moving into electronic

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To Implement a Solution, Sell the Problem

- Increased medication errors
- Increased length of stay
- Increased readmissions
- What was our quality of care and safety?
- What was up with the new lingo “Medication Reconciliation”?

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“A3 Process” Addressed our Quality & Safety Issues

- Identify the problem or need and why is it important?
- Understand the current situation
- Conduct root cause analysis
- Devise countermeasures to address root causes
- Develop a target state
- Create an implementation plan
- Develop a follow up plan with predicted outcomes

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So what did we do?…….

- Developed Team
- Determined resources available and required
- Determined pilot goals and objectives
- Utilized a Registered Nurse on modified work
- Reviewed charts
- Gained support of Senior Administration, Pharmacy & Therapeutic Committee, Quality Committee and Medical Advisory Committee

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What did we learn?

- We have always carried out Medication Reconciliation – just not systematically
- There was no process in place to ensure consistency

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Baseline Audit

Safer Healthcare Now audit tool highlighted:

1. 89% discrepancies (Type 0 and 1)
2. Areas to improve
   - Undocumented Intentional Discrepancy 7% (Type 2)
   - Unintentional Discrepancy 3.9% (Type 3)

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Report Your Timelines

I love deadlines. I like the whooshing sound they make as they fly by (Douglas Adams)

- Collected baseline data
- Developed goals & objectives
- Developed tools
- Established education & implementation schedule

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Tools for Success

- Examine present processes
- Be creative
- Ask your neighbours

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Tools for the Program

A new Discharge Care Plan was developed to follow the patient from admission through to discharge.

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Process

- Ontario Drug Benefit form printed in ER
- Admitting Nurse completes form
- Form faxed to Pharmacy
- Discrepancies flagged using *modified audit tool*
- Pharmacist assesses discrepancies

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The Process Continues to Discharge

- Discharge Care Plan serves as a prescription upon discharge
- Local retail Pharmacists were involved from the start

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DISCHARGE CARE PLAN

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WHITE COPY (top half) – Patient prescription for Pharmacy
YELLOW COPY- Chart copy
Health Records to fax copy to Family Physician's Office

PATIENT'S ADDRESSOGRAPH

SOURCE OF INFORMATION
(Check All Used):
- ☐ Verified with Pt
- ☐ Pt/Family Recall
- ☐ Prescription Or Pt Medication List
- ☐ Medication Administration Record From Another Facility

COMPLETED BY: _____

ALLERGIES

ON DISCHARGE

Medication Prior to admission	Dose & Frequency	Prior Medication D/C	Prior Medication Continue	Prior Medication Refill Qty	New Medication Ordered	New Medication Dose & Frequency	New Medication Qty	New Medication Refills

Physician Signature: Date: CPSO#

THE ABOVE INFORMATION HAS BEEN REVIEWED WITH THE PATIENT/FAMILY/SIGNIFICANT OTHER Date: Nurse's Signature OWN MEDS RETURNED: Yes No

Final Diagnosis: _____

Other Diagnoses:

In-Hospital Complications/Allergies:

Procedures:

Discharge Plans & Instructions:

Appointments:

Physician Signature: _____ Date: _____

☐ **This written summary is intended to replace a dictated report.** Form #1111 Revised May 2007

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Individual BPMH Record and Audit Tool

Use the results to complete the measurement worksheets

NO discrepancy	Intentional Discrepancy	Undocumented Intentional Discrepancy	Unintentional Discrepancy	Resolved ✓	**Discrepancy Comments**
0	**1**	**2**	**3**	**4**	*Clarification of discrepancies should be recorded in Patient Record*
				BPMH Discrepancy Total	
0	1	2	3	BPMH Discrepancy Type	

Type 1 = Intentional discrepancy – physician has made an intentional choice to add, change or discontinue a medication and is clearly documented.

Type 2 = Undocumented Intentional discrepancy – physician has made an intentional choice to add, change or discontinue a medication but this choice is not clearly documented.

Type 3 = Unintentional discrepancy – physician unintentionally changed, added or omitted a medication the patient was taking prior to admission.

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The Final Step Upon Discharge

- Discharge Care Plan is sent to Pharmacy
- Discrepancies are identified and followed up (physician and patient)

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Outcomes

- Decreased length of stay
- Decreased readmissions within 7 days
- Increased staff satisfaction
- Increased patient engagement/ satisfaction
- Required no additional human resources

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Enablers & Lessons Learned

- A strong senior leadership voice supporting this initiative is a must
- Involve internal and external stakeholders
- Keep the process simple – user and patient friendly
- Celebrate, celebrate and continue to celebrate successes

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Enablers & Lessons Learned

- Physician engagement
- Educate/educate/educate
  - What is medication reconciliation
  - Benefits to patients and staff
- Be creative and utilize existing resources

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Overcoming Barriers

- Just Do It – ensure it is part of your strategic plan and a corporate indicator
- Professional Practice Committee and Medical Staff Organization agreed to Just Do It

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Preparing for our Electronic World

- Continue to think broadly
- Medication reconciliation, Computerized Physician Order Entry (CPOE) and Patient Safety always in same discussion (never discussed in isolation)
- Review our patient safety goals and what is required of the system

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Preparing for Electronic World

- What defines “better care” and how will the system do that?
- Ensure system does not make health care practitioners work harder

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Conclusion

- Sell the problem to initiate the solution
- Assess medication processes
- Be innovative and creative
- Timelines are invaluable

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Making the simple complicated is commonplace; making the complicated simple, awesomely simple, that's creative.

Charles Mingus

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Questions?

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