# Medication Reconciliation Upon Transfer Improvement Project

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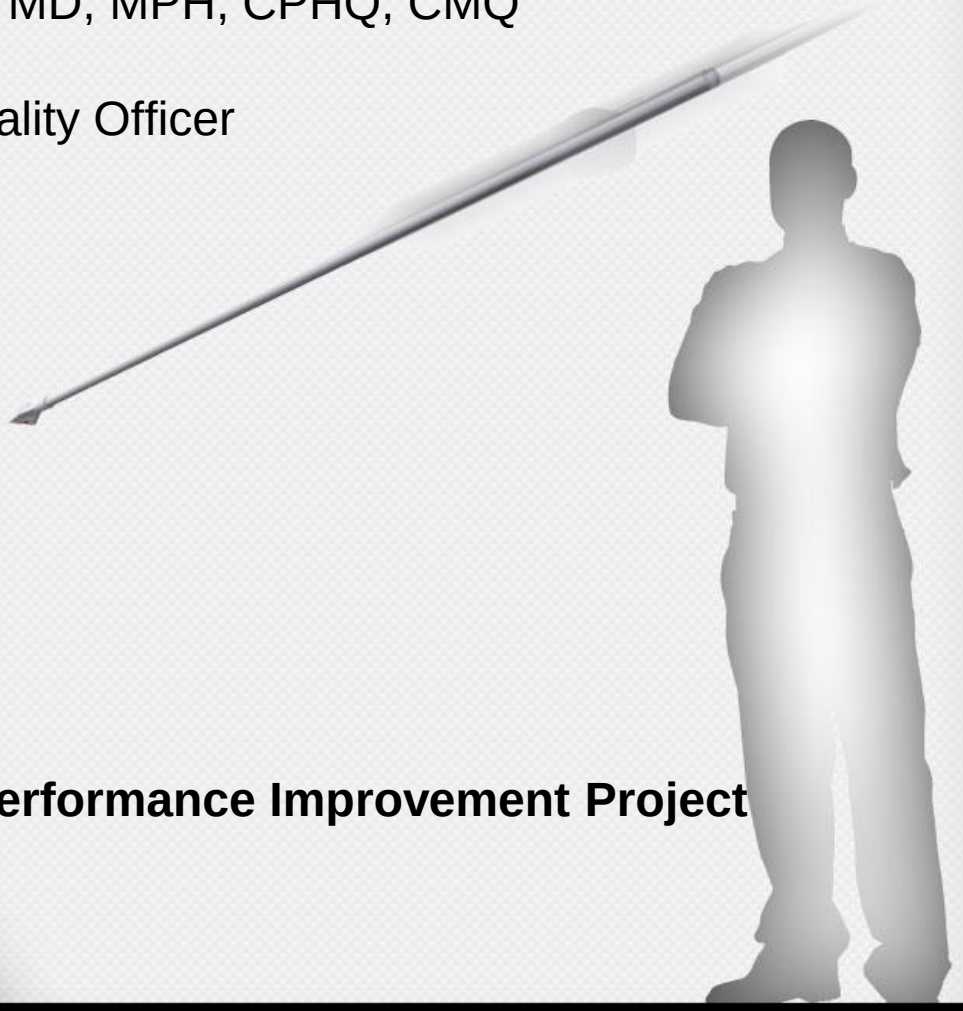
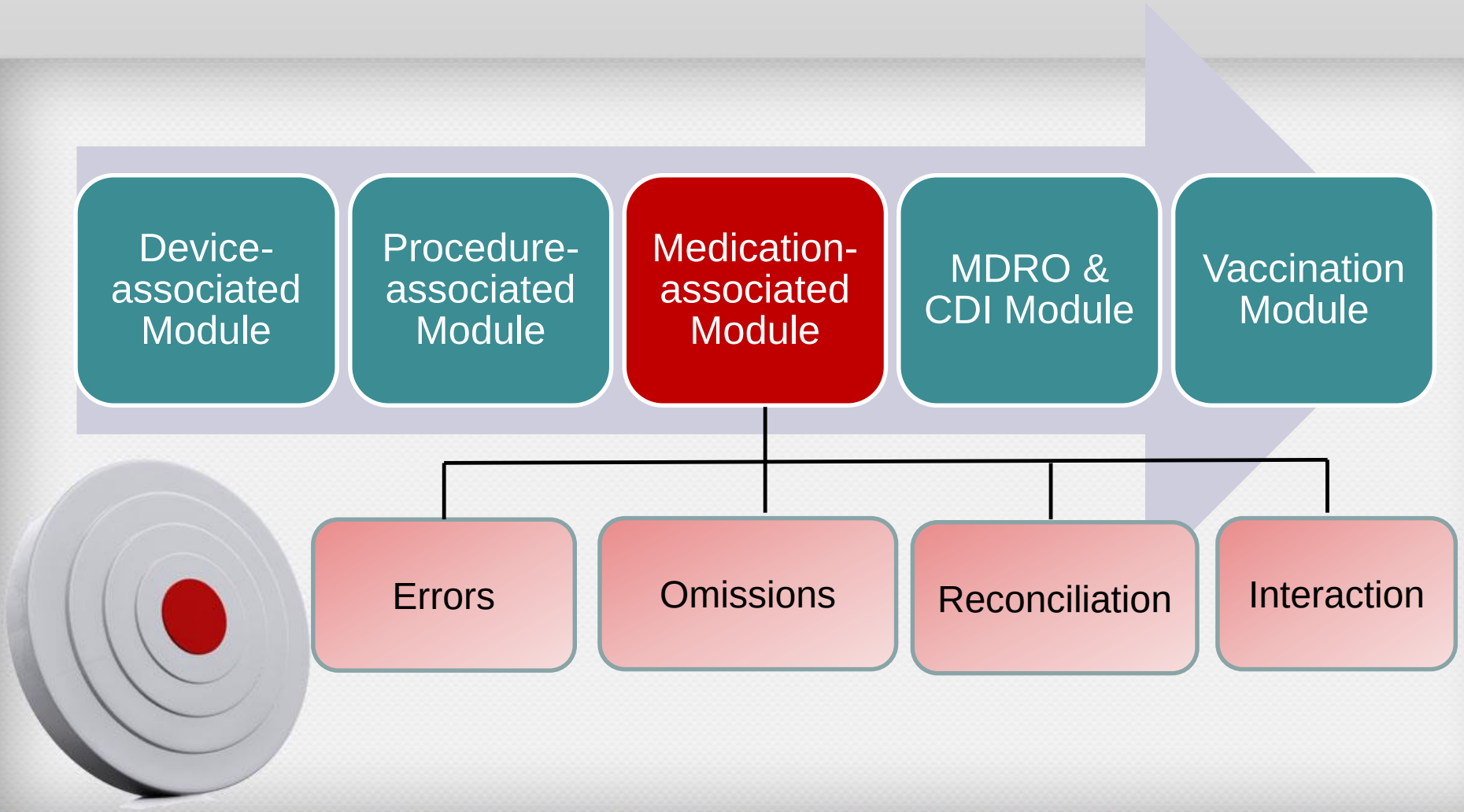
Chief Quality Officer



**A performance Improvement Project**

# Medication Reconciliation
# 5 Patient Safety Components



# Medication Reconciliation – A Patient Safety Component

- Medication use module is a complex & challenging
- IHI, ISMP, JCI, AHRQ believed that medication reconciliation is the right thing to do to benefit patients and help in delivering safer patient care.
- Communicating medication list effectively during transition of care:
  - **Admission**
  - **Transfer**
  - **Discharge**
- It is a critical step to assure patient safety

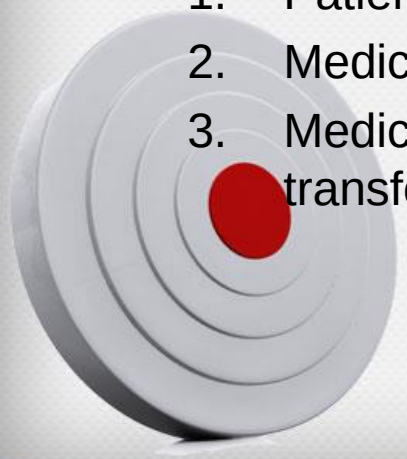
# Definitions

***Medication Reconciliation***: A process for obtaining & documenting a **complete** and **accurate** list of a patient's **current medicines** upon admission & comparing this list to the prescriber's **admission**, **transfer** and/or **discharge** orders to identify and resolve discrepancies

***Admission Reconciliation Process***: requires a straightforward comparison of patient's pre-admission medications with admission orders;

***Transfer Reconciliation***: A complex process requires 3 sources of information:

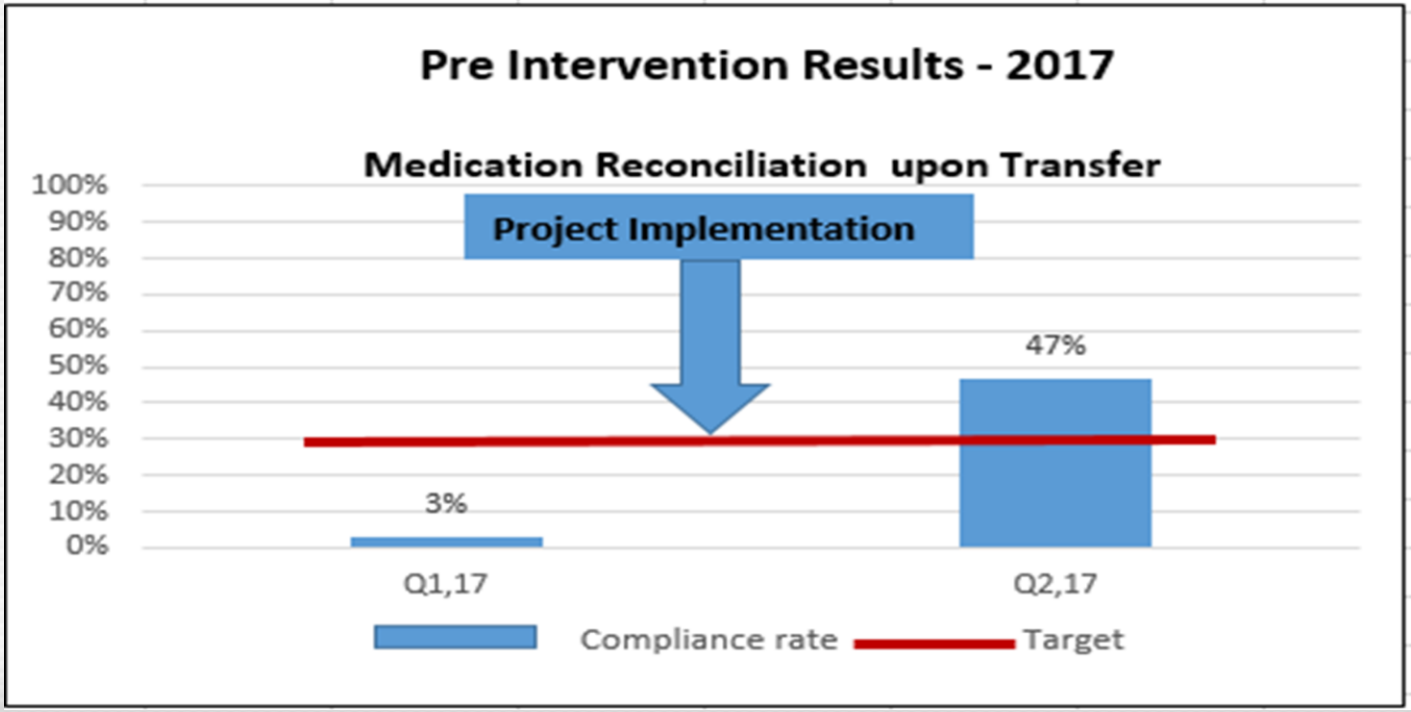
1. Patient's list of home medications
2. Medications deactivated during admission
3. Medications ordered during admission & newly added medications on transfer.



# 12 Dimensions of Quality Care /Performance

# Background

- A trend of low compliance was noted in the % of medications reconciled upon transfer for admitted patients.
- Medication reconciliation was identified as one of high risk priorities requiring improvement and selected ‘medication reconciliation upon transfer as one of the strategic KPIs.



# focus

- **F** Find an Opportunity for Improvement
- **O** Organize a team
- **C** Clarify the current process
- **U** Understand the current problem
- **S** Select a desired outcome

# Identify & Organize Multidisciplinary Team

## Facilitator

- Hosn Saifeddine, Quality Manager
- Tariq Izzeldin, Pharmacy Supervisor (Medication Safety Officer)

## Project Leaders

- Dr. Nellie Boma, CQO
- Dr. Amna Al Darmaki, DCMO
- Khuloud Bin Rafeea, Pharmacy Director

## Team Members

- Zakaria Harb, Pharmacy Supervisor (PhamNet  Application Specialist)
- Bader El Sa’ Di , Senior Pharmacist (PhamNet  Application Specialist)
- Basma Beiram, Clinical Pharmacist
- Dr. Khawaja Wahji, Medical Informatics
- Dr. Dana Fayoumi, Senior Pharmacist

**Committed people**

"passionate pursuit"

+

**Build quality organization**

"structure"

+

**Develop processes**

"engage people"

=

**Better outcomes**

# Objectives

- To comply with Corporate Office(SEHA) target of medication reconciliation upon transfer at 30% in 2017 and 75% in 2018.
- To eliminate preventable medication errors and adverse events resulting omissions, duplications, & interactions.

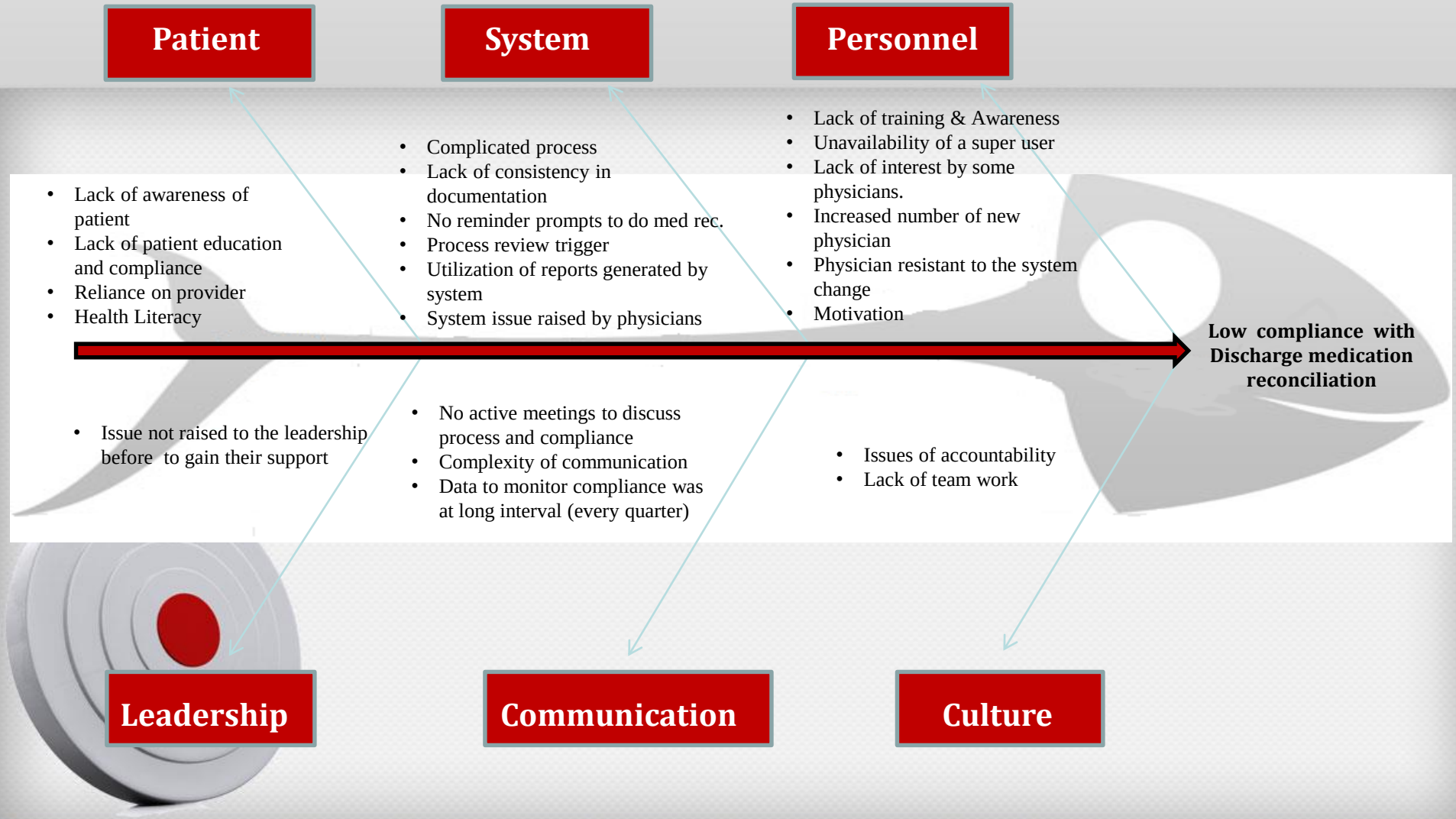
# PDCA Cycle

# Do - Materials and Methods

A FOCUS Plan, Do, Check and Act (PDCA) methodology was adopted and various basic and advanced quality methods/tool were utilized:

- Diverse cross functional team with wise decisions collaborated towards a higher impact.
- Benchmarking against Global/Regional and National hospitals.
- Brainstorming and Multi-voting to prioritize strategies for improvement.
- Cause and Effect analysis to identify root causes of the problem.
- Workflow diagram assigning responsibilities and timeframes.

# Identifying Root Causes



# DO – 5 Steps

**1. HIS System Improvement:**

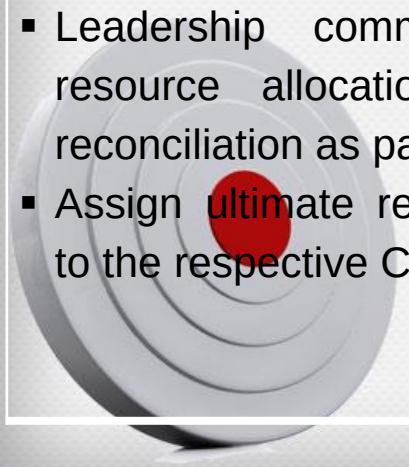
- Cleanup of all outpatient medication profiles.

**2. Education & Training:**

- Development of educational materials for end-users.
- Intensive academic detailing with Physicians.
- Formal/Informal educational sessions provided to Physicians and Physician extenders.

**3. Ownership of the Process:**

- Leadership commitment, involvement and resource allocation to achieve medication reconciliation as patient safety issue.
- Assign ultimate responsibility of reconciliation to the respective Chairs of the Department.



**4. Overseeing Implementation:**

- Daily audits for adherence to medication reconciliation upon transfer.
- Regular feedback on the performance to individual physicians.
- Daily progress report to CMO and Chair of Departments.

**5. Clinicians Education : (Physician Extenders)**

- Compulsive ongoing awareness provided to Nurses, Midwives regarding medication reconciliation.

# Challenges – CIPP Group

**WHY DO**

- Clinicians verbalize lack of understanding of the chronic care management model

**DON'T DO**

- Clinicians who were skeptics described this model as risky
- Strong expression from clinicians about the feasibility, timing and the need and its priority

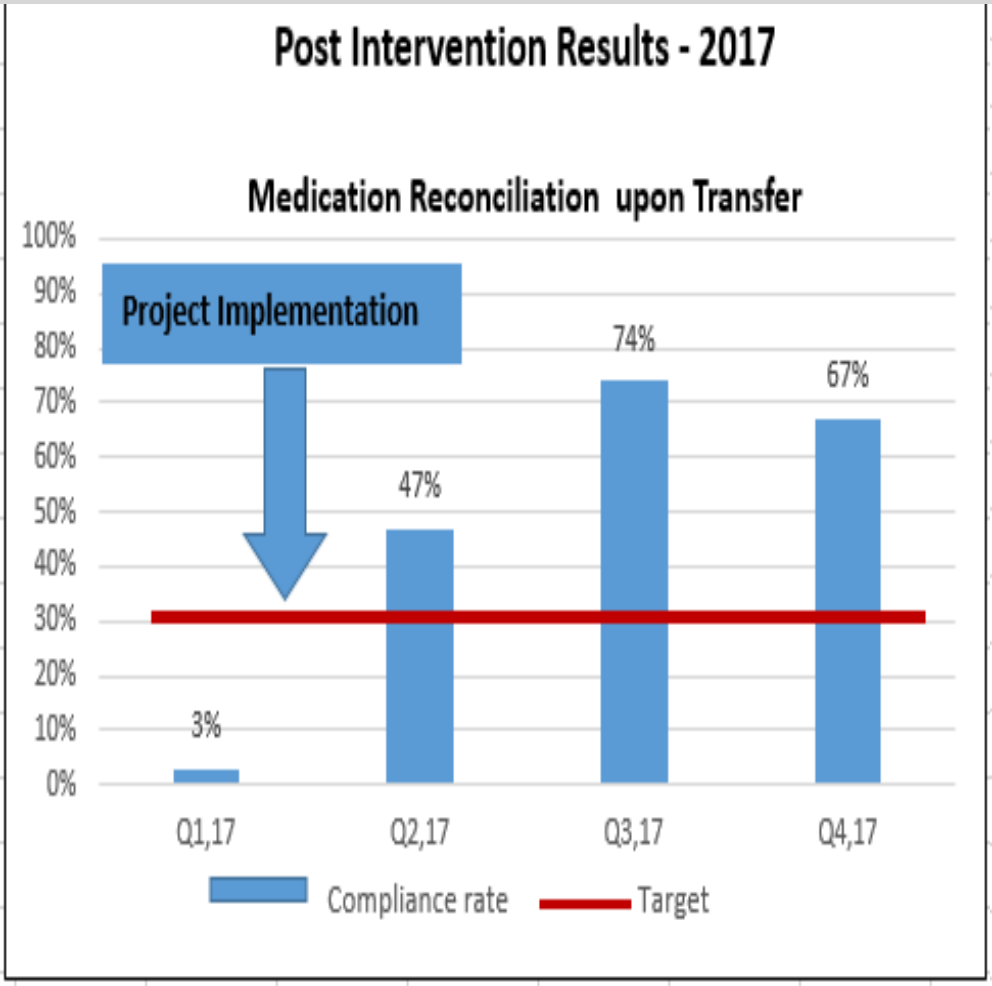
**CAN'T DO**

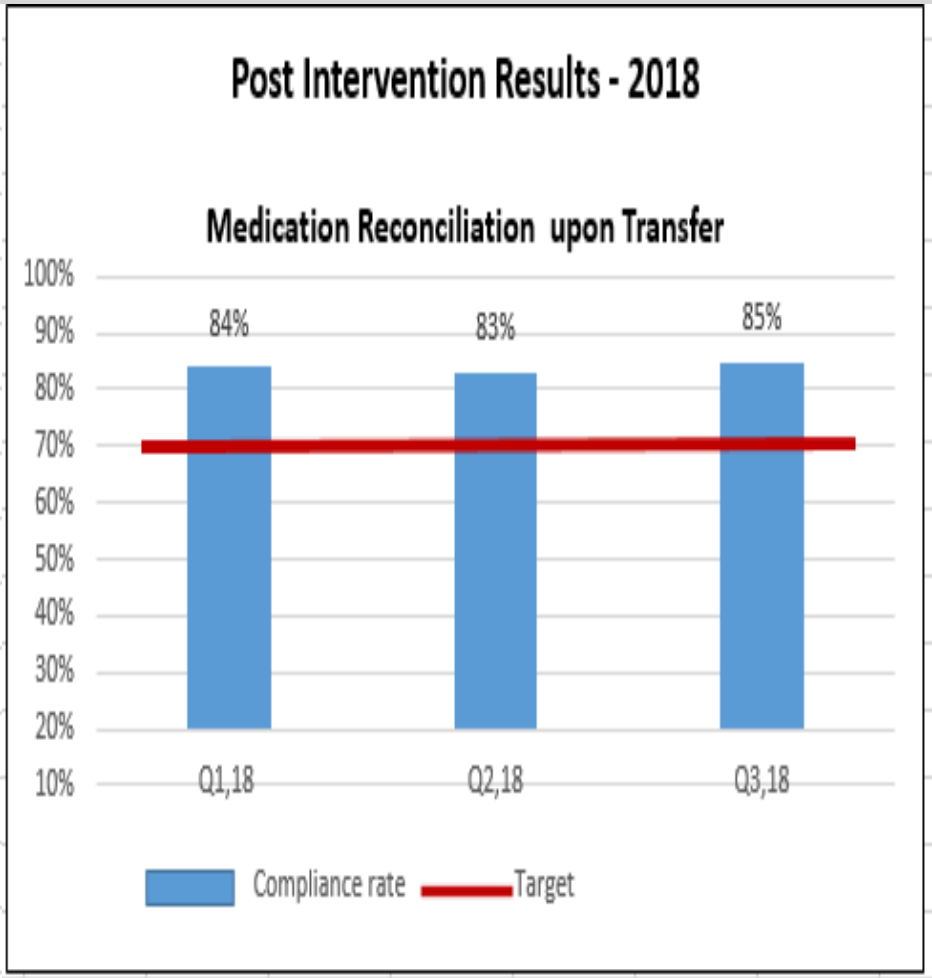
- Lack of willingness for collaborative work
- Lost of ownership of important elements of the status quo

**WON'T DO**

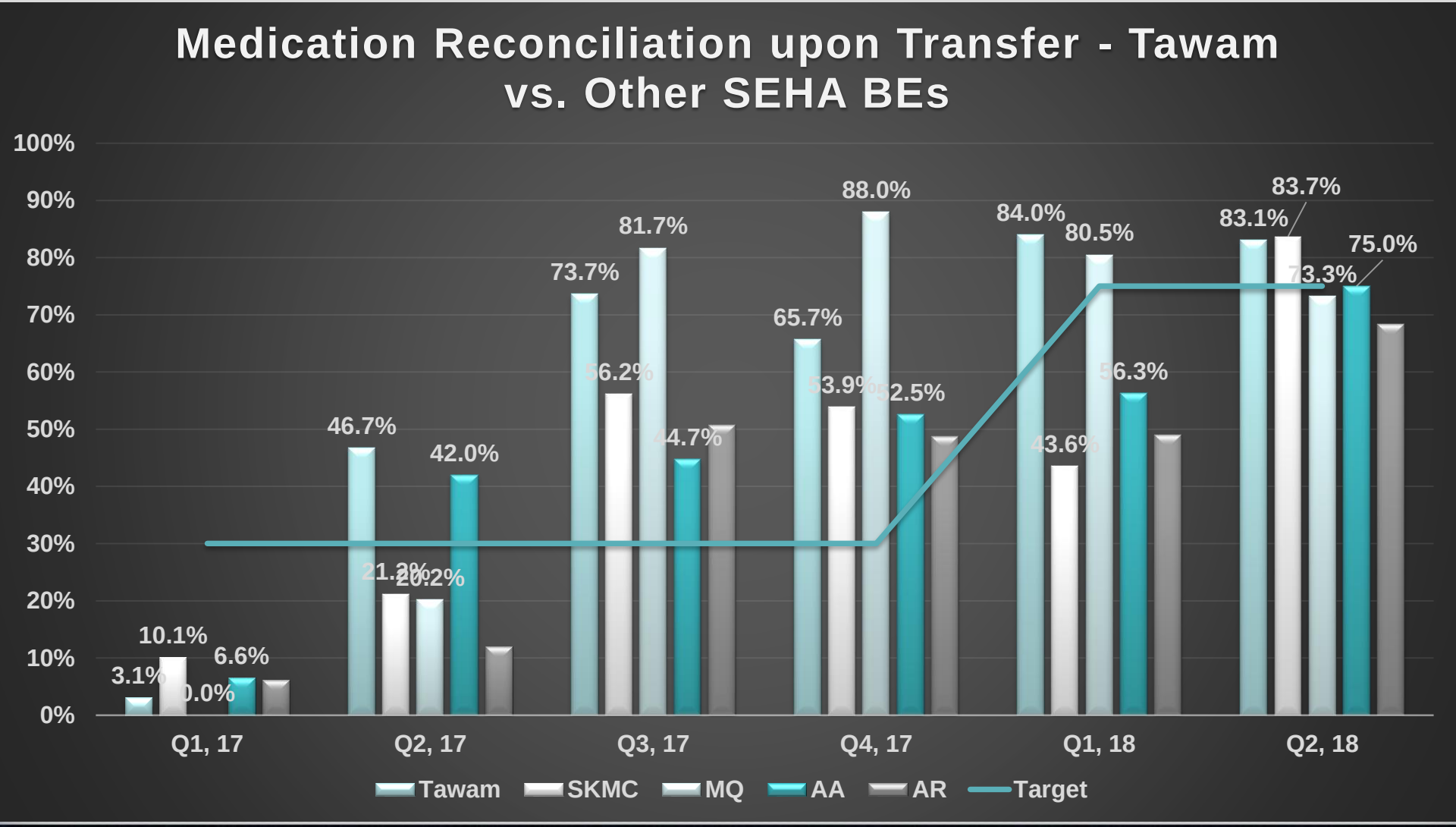
- Distrust and lack of respect despite believe in benefit of this charge
- Expressing deep concern about having to give up or let go of some valued aspect of status quo

# CHECK (Post-Improvement Results)



# Benchmarking –Regional



# Benefits of Reconciliation

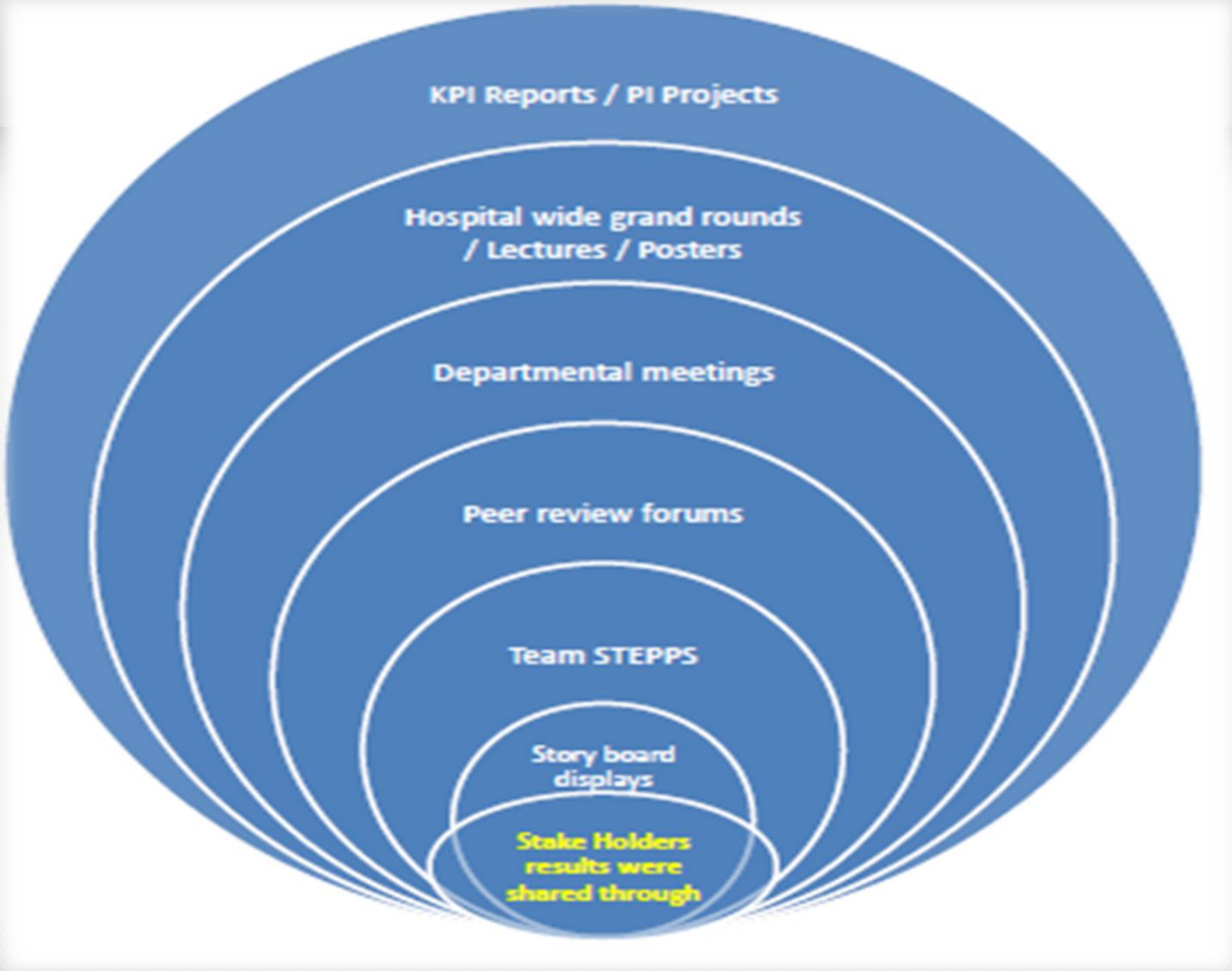
## TANGIBLE BENEFITS

- Increased Timeliness of Care
- Increased Patient Safety
- Increased Effectiveness of Care
- Patient Centered Care
- Increased Access to Care
- Assure prevention & Control Strategies
- Increased patient satisfaction
- Continuity of Care
- Increased Availability

## INTANGIBLE BENEFITS

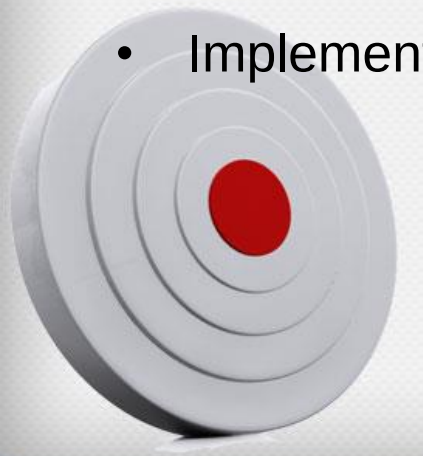
- Improve Team Dynamics
- Develop skills & knowledge of healthcare staff
- Meet the Patient &Family Expectations
- Strong inter-relationship between primary care doctors and specialists
- Enhance customer loyalty and engagement

# Share Results




# ACT

- Expand the project to outpatient services.
- Target Medication Reconciliation associated with inpatient admission and transfer between different levels of care.
- Continue measuring and monitoring compliance with Medication Reconciliation.
- Review trends and evaluate strategies.
- Continue to discuss results with all staff.
- Continue with staff education.
- Implement Individual, Team and Department Recognition Programs.



# If you want to go **FAST** go **ALONE**
# if you want to go **FAR** go as a **TEAM**

Surround yourself with those on the same MISSION as you are

# Thank You