We sought to increase rates of complete reconciliation of patient problems, medications, AND allergies to 80% of hospitalizations for 90 consecutive days at all eight hospitals in an academic medical system by December 31, 2021.

PROJECT AIM

BACKGROUND

- Medicare’s Promoting Interoperability Program evaluates how often outside clinical information is reconciled during hospitalizations.
- ECU Health certified pharmacy technicians completed medication and allergy reconciliation after patient admissions.
- No role reconciled medical problems

PROJECT DESIGN/STRATEGY

- Determined baseline performance
- Solidified EHR workflows (3 PDSAs)
- Trained physicians and mid-level providers to reconcile (23 PDSAs)
- Monitored a sustainability period (6 months).

RESULTS/OUTCOMES

- All eight hospitals achieved the aim in 2021
- 7/8 hospitals achieved the goal for 2022 during the sustainability period.
- System-level performance satisfied criteria for baseline shift twice
- Overall performance remained within control limits during the sustainability period.

CHANGES MADE (PDSA CYCLES)

PDSA 1, 3, 21: Solidify EHR workflows
PDSA 2, 4-20, 22-26: Train medical providers on primary teams at all hospitals:

<table>
<thead>
<tr>
<th>ECUHMC General Hospitalists</th>
<th>ECU Palliative Care</th>
<th>ECU Duplin Hospitalists</th>
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<tr>
<td>ECUHMC Oncology Hospitalists</td>
<td>ECU Pediatrics</td>
<td>TOBH Hospitalists</td>
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<td>ECUHMC Cardiology Hospitalists</td>
<td>ECU OB/GYN</td>
<td>ECU RCH Hospitalists</td>
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<td>Greenville Women’s</td>
<td>ECU Edgecombe Hospitalists</td>
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<td>ECU Surgery</td>
<td>ECU Beaufort Hospitalists</td>
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LESSONS LEARNED

- Initial EHR workflows were inefficient
- Training clinical services was the most effective
- One training session with hospitalists at community hospitals was usually sufficient.
- ECU Health Medical Center required 10+ inpatient primary teams, including private practice groups.
- Live workflow demonstrations improved training effectiveness
- Obtaining service-specific performance data improved follow-up efforts after training.
- Outside information contained duplicative information that the EHR was not able to automatically discard.

NEXT STEPS

- Continued monitoring in future years
- Follow up with divisions whose performance decreases
- Provide incentive bonuses to ambulatory physicians and mid-level providers that achieve goal.

ACKNOWLEDGEMENTS

This poster was prepared with financial support from the American Medical Association (AMA) as part of the Accelerating Change in Medical Education Initiative. The content reflects the views of the authors and does not necessarily represent the views of the AMA or other participants in this initiative.