

## 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

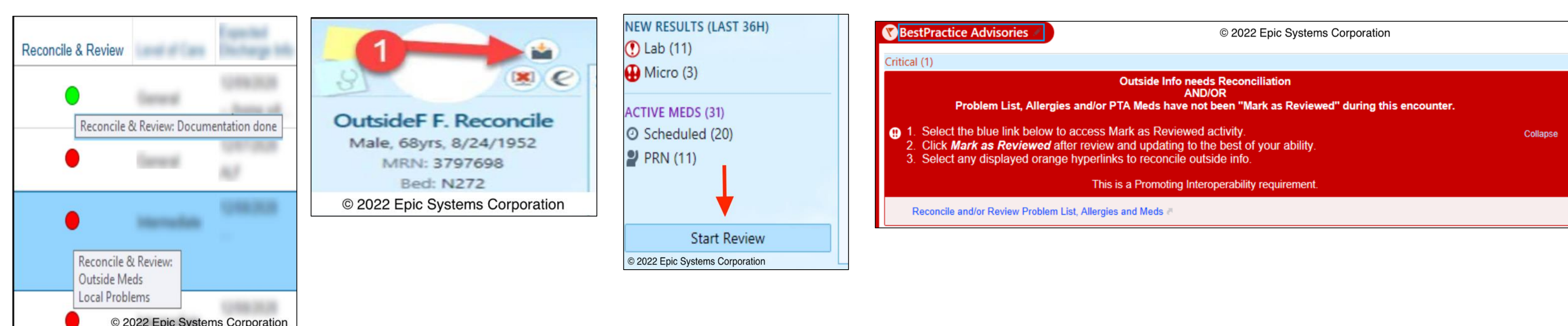
## PROJECT AIM

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 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).

## CHANGES MADE (PDSA CYCLES)

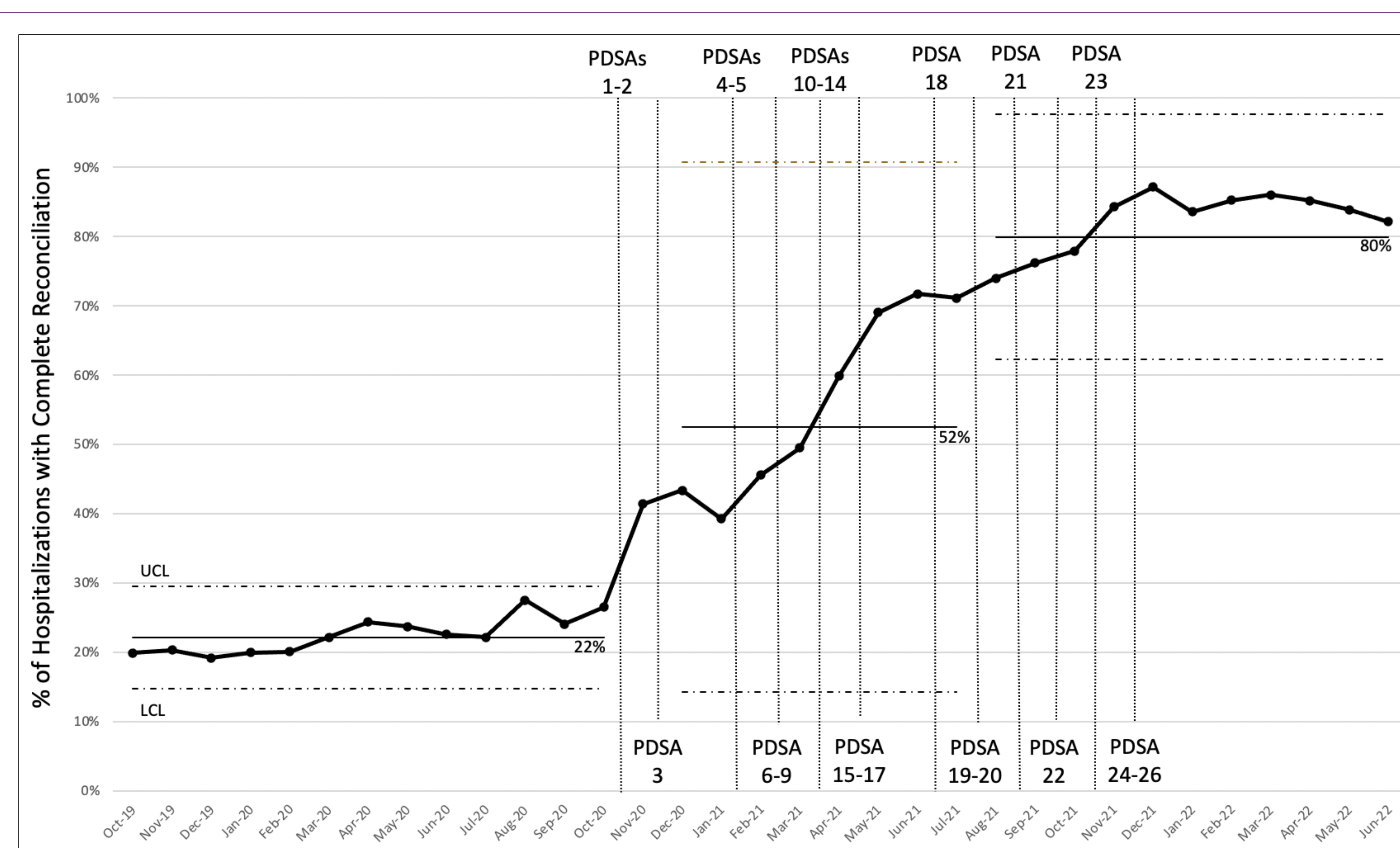


**PDSA 1, 3, 21:** Solidify EHR workflows

**PDSA 2, 4-20, 22-26:** Train medical providers on primary teams at all hospitals:

ECUHM General Hospitalists	ECU Palliative Care	ECU Duplin Hospitalists
ECUHM Oncology Hospitalists	ECU Pediatrics	TOBH Hospitalists
ECUHM Cardiology Hospitalists	ECU OB/GYN	ECU RCH Hospitalists
ECU Family Medicine	Greenville OB/GYN	ECU Chowan Hospitalists
ECU Internal Medicine	Greenville Women's	ECU Edgecombe Hospitalists
ECU Surgery	ECU Beaufort Hospitalists	ECU Bertie Hospitalists

## 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.

## 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

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