Improvement Strategies for Medication Reconciliation in the Home Care Setting

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Background / Introduction

- Medication reconciliation is a complex process that affects all patients as they move through all health care settings.
- The effectiveness of a sound medication reconciliation process is an important component of patient safety goals.
- Studies show adverse drug events or medication management issues result in higher hospitalization rates.
- CDC finds adverse drug events are associated with 1.3 emergency department visits and 350,000 hospitalizations each year.
- Improper medication reconciliation accounts for one of the top 4 TJC deficiencies in home care.
- Clinical observation at our Greenville Home Health agency demonstrated that the medication reconciliation process is not performed according to agency policy.
- Clinician interviews identified a knowledge deficit of the medication reconciliation process.

Collaborative Team Members

- Melissa Snyder, MSN-RN, Manager of Clinical & Therapy Services
- Rachel Joyner-Jones, MSN-RN, HH Clinical Supervisor
- Wanda Murry, RN , Home Health
- Lila Persigner, Operations Support Assistant
- James Zambardino, Director of Home Based Service

Team Leader Key Contact Info: Sandra Bullock BSN, RN, sandra.bullock@vidanthealth.com, 252-847-3895

AIM Statement with Numerical Goals

The Aim Statement for our project was:

Improve compliance with medication reconciliation in our Greenville office from 84% compliance to 90% compliance over the next six months

How Will We Know This Change Is An Improvement?

Clinical observation audit tool will determine overall compliance with the medication reconciliation process during the home visit.

Measures were developed from our policy/process on medication reconciliation that include: communication with patients/caregivers, engaging patients/caregivers in the medication review process, medication reconciled with current orders, utilizing questionnaires/scripts, and documentation of patient/caregiver education.

Baseline Data:	Date: June 2018
The clinician has made contact with the patient/caregiver prior to the visit requesting all medications including OTC, herbal, vitamins, ointments, eye drops, etc	80%
The clinician engages the patient and/or caregiver in the medication review process	100%
Medication profile is updated to reflect most current medications; ie: (N) for new medications, (C) for changed medications, discontinued meds, different dose, etc. and takes action/makes plan to reconcile	75%
All medication orders are complete including; dose, frequency, and route	75%
Clinician utilizes probing questions to ensure a complete and accurate medication list	100%
Medical record contains documentation of medication teaching: ex: purpose, side effects, schedule, route, proper storage, expiration dates, special precautions, what to do if problems occur	50%
Clinician is able to verbalize/demonstrate resources available for medication teaching; ie: Med Ed text, Drugs.com, etc	100%
If the medication profile contains duplications of medications is there documentation to reconcile?	80%
Medical record includes allergies and is updated as needed.	100%
The clinician has the most recent medication list provided by the referral source	85%

Improvement Strategies Employed

PDSA Cycle 1

- Update and educate clinicians on medication reconciliation process workflow, questionnaire, observation audit tool
- Medication reconciliation tools not incorporated into clinical practice

PDSA Cycle 2

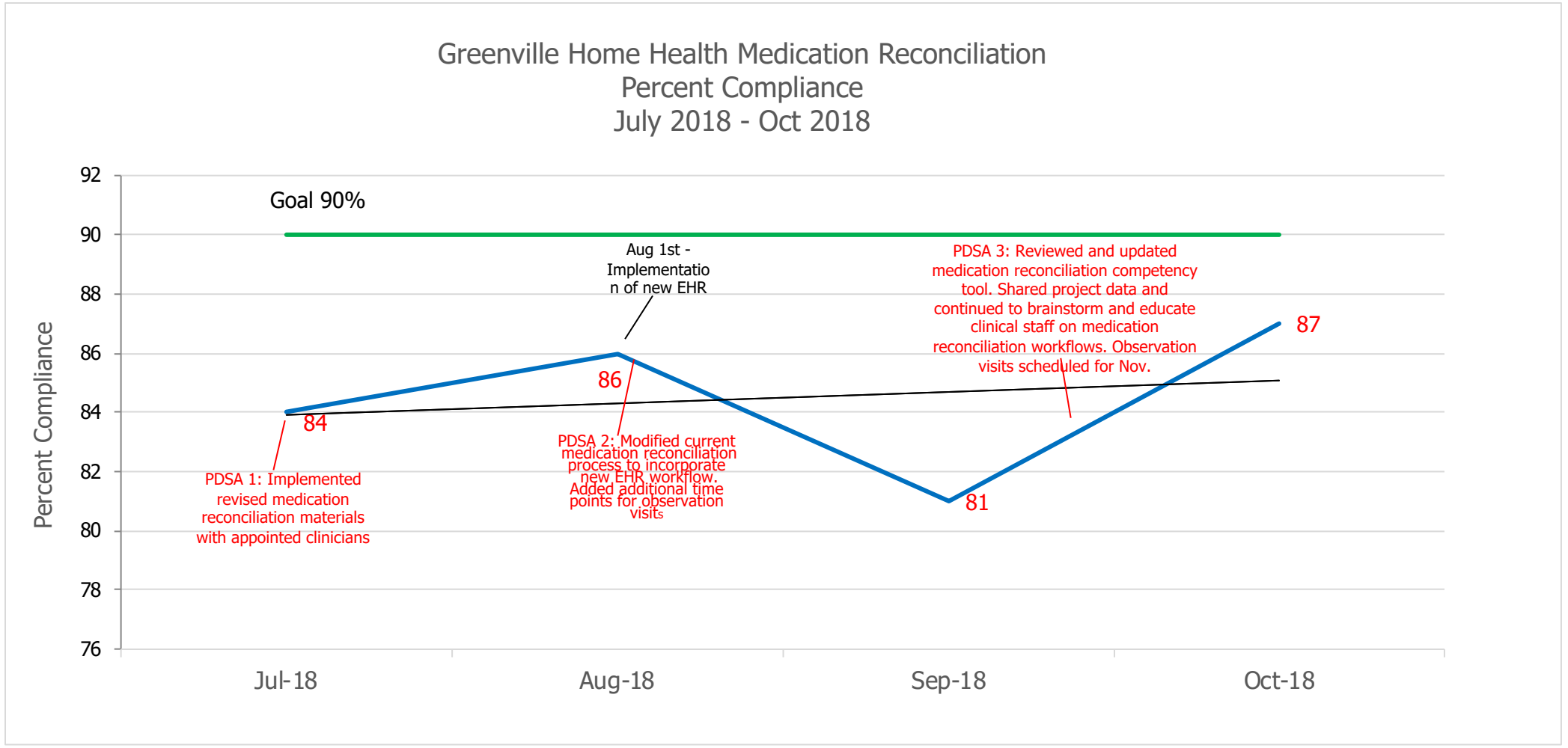
- Engage clinical staff by sharing outcomes and experience, seeking input with brainstorming activities to improve medication reconciliation compliance
- While compliance percentage slightly decreased, encountered barriers due to implementation of new EHR

Improvement Strategies Continued

PDSA Cycle 3

- Update and implement medication reconciliation process workflow, observation audit tool based on new EHR workflow
- Reviewed and updated medication reconciliation competency tool. Shared project data and continued to brainstorm and educate clinical staff on medication reconciliation workflows. PDSA Cycle 3 ongoing with observation visits scheduled for November.

Outcomes


Greenville Home Health Medication Reconciliation
Percent Compliance
July 2018 - Oct 2018
Percent Compliance
92
90
88
86
84
82
80
78
76
Goal 90%
Aug 1st - Implementation of new EHR
PDSA 3: Reviewed and updated medication reconciliation competency tool. Shared project data and continued to brainstorm and educate clinical staff on medication reconciliation workflows. Observation visits scheduled for Nov.
87
86
84
81
PDSA 1: Implemented revised medication reconciliation materials with appointed clinicians
PDSA 2: Modified current medication reconciliation process to incorporate new EHR workflow. Added additional time points for observation visits
Jul-18
Aug-18
Sep-18
Oct-18

Challenges Encountered in QI Process

- Knowledge deficit of medication reconciliation process
- Inconsistent methods obtaining information from referral sources
- Communication gaps - lack of follow up with providers and other clinicians caring for the patient
- Lack of defined process to collaborate with provider on reconciling medications
- Patients/families lack knowledge of importance of the medication reconciliation process
- Inconsistency in orientation process – assigned preceptors educating new hires differently
- Patients/families don’t feel empowered to speak up and ask questions

Lessons Learned Through QI Efforts

- Additional time point observation visits needed outside of start of care
- Staffing- turnover impacted ability to make observation visits
- Recognized knowledge deficit of medication management by clinical staff
- Importance of the new EHR and the impact on the current medication reconciliation process
- Importance of collaboration between quality, staff development and clinical operations during project build.
- Engagement of leadership and clinical staff is essential to improve compliance in medication reconciliation
- Identified impact of consistent medication reconciliation process on patient experience
- The medication reconciliation process and management of oral medications impacts Quality of Patient Care STAR ratings.

Next Steps

- Revision of medication reconciliation tools based on new EHR workflow
- Collaborate with staff development in implementing revised medication reconciliation processes in new hire orientation and annual competencies- January 18, 2019
- Expand observation visits to include all points of care impacted by the medication reconciliation process- November 2018
- Link patient experience data to medication reconciliation process
- Link quality outcome "Improvement in Management of Oral Medications" to Quality of Patient Care STAR ratings.
- Implement medication reconciliation project in other Vidant Home Health agencies.

Questions?

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