

The Search for Best Practice in Medication Reconciliation

National Medicines Forum

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HIQA

HIQA Collaboration with IHI Open School for Healthcare Professionals

- Training programme – 18 online modules
- Timeframe: March – December 2013
- On average 2 modules to be completed per month
- Monthly onsite visits and teleconferences with pilot sites
- Action learning component – focus for 2013 on medication reconciliation

Purpose of the pilot

To improve medication reconciliation for residents of nursing homes / community hospitals who are admitted for acute care into a hospital



What is medication reconciliation?

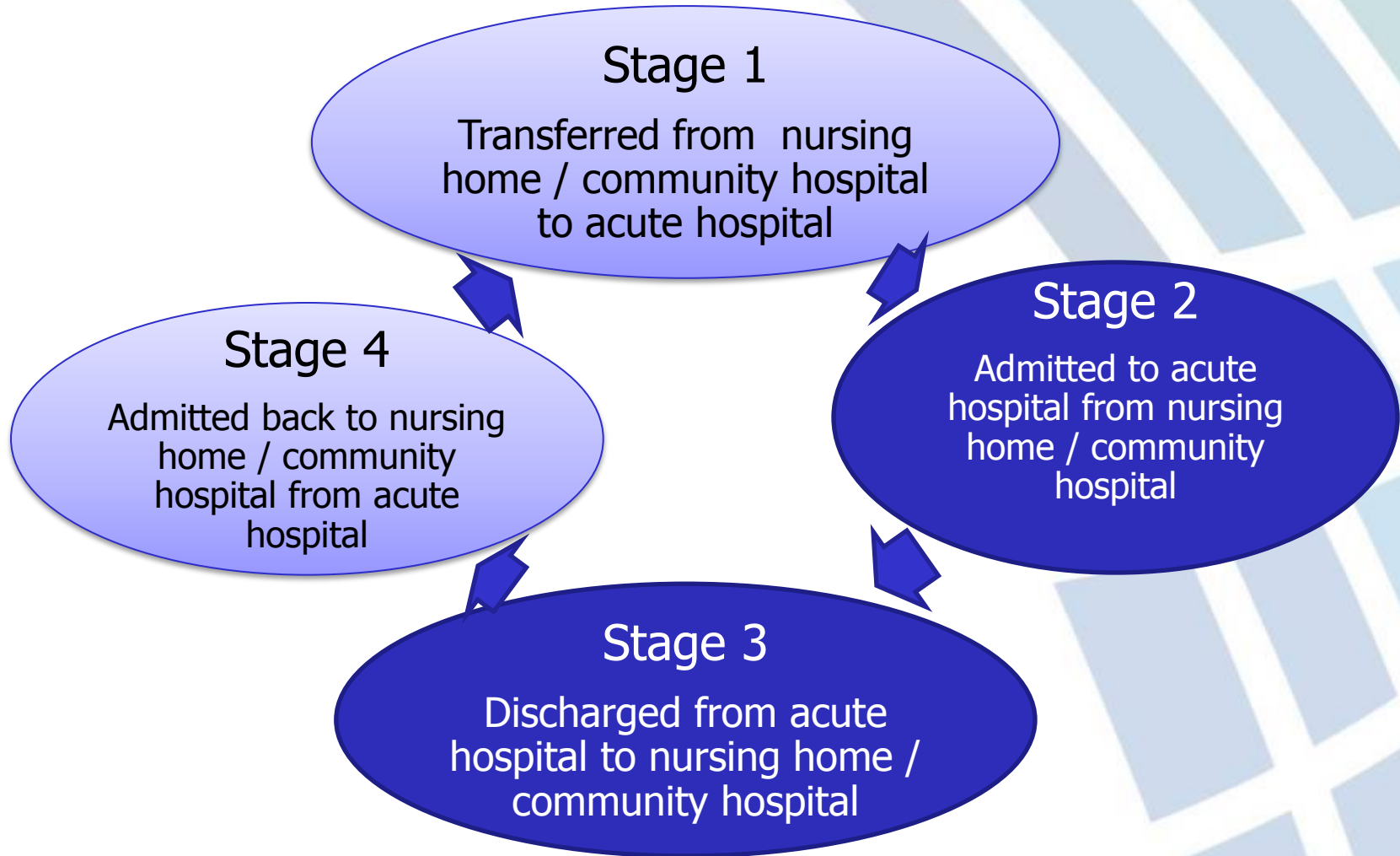
- *process of creating and maintaining the most accurate list possible of all medications a patient or resident is taking*
- *including the drug name, dosage, frequency and route*
- *to identify any discrepancies*
- *to ensure all changes are documented and communicated (IHI, 2011)*

Purpose of medication reconciliation

- to provide **correct medications** to a patient or resident at **all transition points within and between services**.
- complete when **each medication** that a patient or resident is taking has been **actively continued, discontinued, held or modified** at **each transition point**.

IHI, 2011

Stages at which medication reconciliation can take place



Steps in the medication reconciliation process

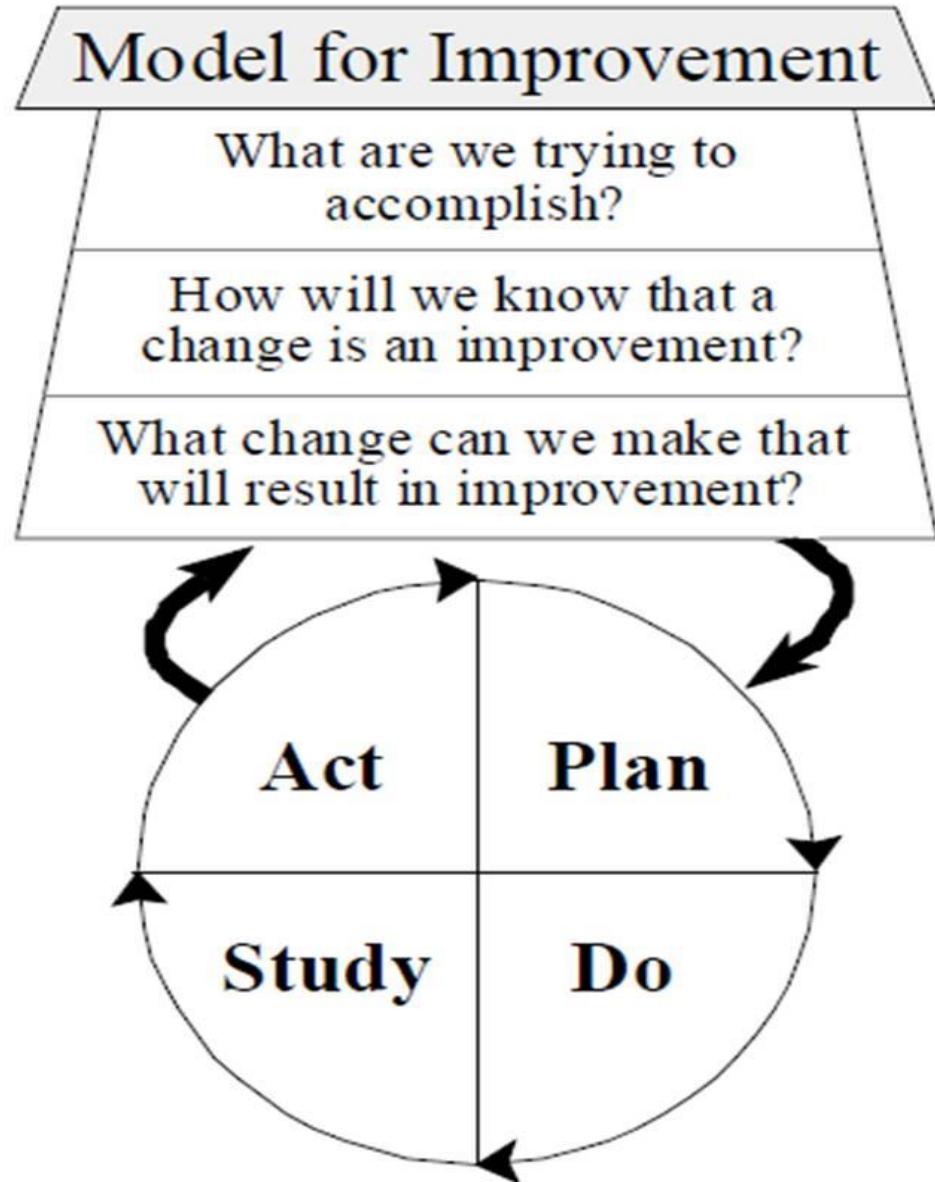
Collecting: collection of the medication history and other relevant information.

Checking: ensuring that the medicines, doses, frequency and routes etc that have been prescribed for the patient or resident are correct.

Communicating: any changes that have been made to the patient or resident's prescription are documented, dated, and communicated to the person to whom the patient's or resident's care is being transferred.

NHS NPC

- Set clear aims
- Establish measures that will tell if changes are leading to improvement
- Identify changes that are likely to lead to improvement
- Test changes



Test changes

Plan-Do-Study-Act (PDSA) cycles

Conduct **small-scale tests of change** – by planning a test, trying it, observing the results, and acting on what is learned.

What worked?

What didn't work?

What could you do differently?

Test changes

	Measurement for Research	Measurement for Learning and Process Improvement
Purpose	To discover new knowledge	To bring new knowledge into daily practice
Tests	One large blind test	Many sequential, observable tests
Biases	Control for as many biases as possible	Stabilise the biases from test to test
Data	Gather as much data as possible, just in case	Gather just enough data to learn and complete another cycle
Duration	Can take long periods of time to obtain results	Small tests of significant changes accelerate the rate of improvement

Overview of PDSAs

- July – September: Community hospitals / nursing homes will focus on Stage 1 while acute hospitals will focus on Stage 2
- October – December: Acute hospitals will focus on Stage 3 while community hospitals / nursing homes will focus on Stage 4
- Focus of PDSAs – site specific

PDSA Examples Stage 1

St Brendan's Community Nursing Unit (CNU) Loughrea Co Galway July PDSA

Aim: To communicate all information regarding resident's medication to hospital with resident

Description of first test of change:

1. Collect resident's medication list
2. Check that the resident's medication list is complete, up-to-date, stating dose, frequency, route, frequency of medication
3. Communicate resident's medication list to Portiuncula Hospital

Medication Reconciliation Pilot Project July 2013.

Check list to be completed on transfer of resident to Portiuncula Hospital.

Date of transfer _____

Initials of resident _____

	√
1) Copy of medication chart to accompany resident to include	
• All regular medication	
• PRN medication sheet	
• front page,	
• sign sheet	
• Any recent antibiotic treatment page of drug chart.	
2) Phone hospital pharmacist to inform them of residents transfer, tel, 09096 48221, if out of hours do it next day. Geraldine, Sabrina or Helen is pharmacists working on project.	
3) Complete check list & store in medical case notes.	
4) Signature of Nurse transferring resident	

PDSA Examples Stage 1

St Brendan's Community Nursing Unit (CNU) Loughrea Co Galway July PDSA

Prediction: *What will happen when the test is carried out*

Copy of medication chart will be successfully sent to hospital.

Measures to determine if prediction succeeds:

Communicate with pharmacy in Portiuncula Hospital

PDSA Examples Stage 2

Portiuncula Hospital Ballinasloe Co Galway July PDSA

Aim: Improve medication reconciliation for residents transferring between the community hospital and the acute hospital

Description of first test of change:

1. Identify how the medication list is collected
2. Develop a process for ensuring that the medication list is complete
3. Develop a process for communicating the correct medication list to the patient's medical record
4. Checking for patients in the Emergency Dept. from Sacred Heart and St. Brendan's
5. Communicate with staff to ensure staff are aware of process (1, 2 and 3)

PDSA Examples Stage 1

St Brendan's CNU Loughrea Co Galway August PDSA

Aim: Ensure correct medication chart is communicated to Portiuncula Hospital

Plan: Test process using new checklist when resident is transferred to Portiuncula Hospital

Prediction: Copy of medication chart will be successfully sent to the hospital

Measures to determine if prediction succeeds: Communicate with pharmacy in Portiuncula Hospital

Do: *What happened when you ran the test*

All steps as outlined were implemented each time a resident went to Portiuncula Hospital

PDSA Examples Stage 1

Study: *Describe the measured results and how they compared to the predictions*

Results matched predictions

Act: *Describe what modifications to the plan will be made for the next cycle from what you've learned*

Goal of exercise was to communicate copy of medication chart to hospital with resident and to share information regarding resident, we plan to continue this process & look forward to discussing at next meeting / teleconference

PDSA Examples Stage 1: St Brendan's CNU Loughrea Co Galway September PDSA



St. Brendan's Community Nursing Home, Lake Road, Loughrea, Co. Galway
Telephone No.: (091) 871200 Fax No.: (091) 847310

PATIENT TRANSFER FORM – MEDICATION RELATED CHECKLIST

Patient Name:	D.O.B.:
Ward:	Ext. No.:
Retail Pharmacy Name:	Contact No.:
Allergies/Sensitivities (please detail):	
Please tick as appropriate: <ul style="list-style-type: none"> • No swallowing difficulties <input type="checkbox"/> • PO with swallowing difficulties - Tablet/capsules only (crushing required) <input type="checkbox"/> • NG Tube <input type="checkbox"/> PEG Feeding <input type="checkbox"/> or Other <input type="checkbox"/> Please specify: _____ 	
List the active page numbers of drug chart here: Pages	
Copy of medication chart to accompany resident to include (tick to indicate you have checked each item below):	✓
Front cover page of medication record	
Drug / Dose /Frequency/Route for all regular medications	
PRN medication	
Warfarin / Anticoagulants if applicable. Specify Indication _____ Target INR _____	
Also last reading of INR: _____ & usual Warfarin dose _____	
Injectables - IV/IM/Subcut injections or infusions if applicable	
Inhalers/Nebules if applicable	
Patches if applicable Specify last administration time: _____	
Depot injections if applicable Specify last administration date: _____	
Topical if applicable Specify site of application: _____	
Eye/ear/nose if applicable Specify site of application: _____	
Feeds/Nutritional Supplements if applicable.	
Specify Product: _____ Frequency _____	
Oxygen Therapy: Specify details -	
Indicate the time that drugs were administered up to prior to transfer. NOTE: Photocopy of kardex should indicate administration times Specify last administration time: _____	
Previous recent antibiotic history if relevant for an infective admission (Note past 12 weeks particularly in the case of C.Diff infection)	
Relevant Comments:	

Name of Nurse transferring resident (BLOCK capitals): _____

Date: ____/____/____ Time: _____

PDSA Examples Stage 2: Portiuncula Hospital Ballinasloe Co Galway September PDSA



Portiuncula Hospital, Ballinasloe, Co. Galway
Pharmacy Department Telephone No.: (090) 96 48221 Fax No(090) 96 48221
PATIENT MEDICATION RELATED ADMISSION CHECKLIST

Patient Name:	Chart No:	Board No:
D.O.B.:	Ward:	
Retail Pharmacy Name:	Contact No.:	
<p>ADMISSION DATA: All Pre-admission details below must be verified with the source and documented on page 3 of the Drug Chart. Ensure to identify 2 sources and number as appropriate on the medication reconciliation section of the drug chart. Indicate also if information received by Phone / Fax / Letter. NOTE: Any discrepancies with regard to medications prescribed should be documented in Comments/ Communication section of the Drug Chart - pages 2 & 3. If there is any discrepancy between the 2 sources used, a third source i.e. GP surgery may be required. Sources should be made aware of any discrepancies in the medication history their facility provided. Documentation should clearly explain this on page 3 in the medication reconciliation section of the drug chart.</p>		
Allergies/Sensitivities (please detail):		
<p>Please tick as appropriate:</p> <ul style="list-style-type: none"> • No swallowing difficulties <input type="checkbox"/> • PO with swallowing problems - Tablet/capsules only (crushing required) <input type="checkbox"/> • NG Tube <input type="checkbox"/> PEG Feeding <input type="checkbox"/> or Crushing & thickened liquids required <input type="checkbox"/> • Other <input type="checkbox"/> Please specify: _____ 		
CHECKLIST		
Have all the active page numbers of drug chart been checked		
Copy of Medication chart checked to include (tick to indicate you have checked each item below):		
Front cover page of medication record		
Drug / Dose / Frequency / Route for all regular medications		
PRN medication		
Warfarin / Anticoagulants if applicable.		
Specify Indication _____ Target INR _____		
Also last reading of INR: _____ & usual Warfarin dose _____		
Injectables - IV/IM/Subcut injections or infusions if applicable		
Inhalers/Nebules if applicable		
Patches if applicable Specify last administration time: _____		
Depot injections if applicable Specify last administration date: _____		
Topical if applicable Specify site of application: _____		
Eye/ear/nose if applicable Specify site of application: _____		
Feeds/Nutritional Supplements if applicable. Product: _____ Frequency: _____		
Oxygen Therapy: Specify details - _____		
<p>Double check of time that drugs were administered up to prior to transfer. NOTE: Photocopy of kardex should indicate administration times. Specify last admin time Time:</p>		
Previous recent antibiotic history if relevant for an infective admission (Note past 12 weeks particularly in the case of C.Diff infection)		
Relevant Comments:		

Name of Pharmacist Med. Rec. on Admission: _____ Date: _____ Time: _____

PDSA Examples Stage 2: Portiuncula Hospital Ballinasloe Co Galway September PDSA

Aim: Ensure that the correct medication list is obtained and checked within 24 hours

Plan: List the tasks needed to set up this test of change

- Prepare a checklist to aid the medication reconciliation process
- Develop a process using the checklist to ensure that the medication list is correct by checking with 2 sources
- Communicate with all pharmacists to ensure that they are aware of the collection and verification process
- Use the medication reconciliation section and the communication sections in the drug chart to document the correct medication list
- Ensure that any discrepancies are documented in the communication section or the comments section on pages 2&3 of the drug chart (if there are discrepancies noted in the community care history this should be fed back to them)

Issues encountered during pilot

No of residents being transferred is low – some sites have had months where no residents have been transferred

Example: St Luke's Home Cork – have used PDSA methodology to test out changes on other aspects of the medication management process – To ensure that each resident who has their medications crushed has this stamped on the front cover of their Kardex and signed by their GP

Next steps

- Pilot sites are currently in the process of completing their **final PDSA cycle** for 2013
- Last monthly teleconference of 2013: 20 December
- Medication Reconciliation Advisory Group: Meets on 18 December 2013
 - Discussion around the learning from the pilot in terms of medication reconciliation and how this learning can best be disseminated and communicated
 - Possibly through the development of a principles based guidance document for medication reconciliation

Thank you