Medication Reconciliation: A Quality Improvement Project
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Background
- Medication reconciliation (med rec) is a vital component of safe patient care and since 2009, improving the safe use of medications has been a TJC National Patient Safety Goal.
- The IOM report To Err Is Human: Building A Safer Health System drew attention to medical errors and subsequent studies suggest the rates of medical errors are increasing.

Purpose
To improve the completeness of med rec in an adult ICU.

Design and Setting
- Quality improvement project
- Paper and pen approach to completing med rec
- Level II trauma center with 43 ICU beds
- Convenient sample of 97 patients

Methods
- Baseline, implementation and post implementation med rec data collected over 12 weeks.
- Descriptive analysis of med rec completeness and RN survey on perception of process.

Conceptual Framework
- Act: Summarize findings, Review barriers, Offer recommendations
- Plan: Identify objectives, Review policies and guidelines, Identify stakeholders, Plan the cycle
- Study: Collect baseline data, Educate RNs, Implement the plan
- Do: Medication Reconciliation Results

Medication Reconciliation Results
- Individual Completing Medication Reconciliation
- Incomplete Medication Data in 20 Hours
- Change in Medication Reconciliation within 20-44 Hours

RN Survey Results
- Family Perception of Participation
- RN Reported Change in Time
- RN Estimation of Time Savings

Key Findings
- A pen and paper format used to complete a med rec improves the process.
- Med rec submissions increased from 93% to 100%.
- During implementation, med rec was updated more consistently (96%) than prior to implementation (77%) and continued to improve during post implementation (100%).
- 94% of RNs responded that the process helped in completing the med rec in the electronic health record.
- 75% of the RNs responded that time was saved.

Recommendations
- Based on the positive findings, a repeat PDSA cycle should be implemented with mandatory RN participation to validate the findings.
- If the findings are favorable, the process should be repeated on another unit and if favorable, hospital wide.
- Additional studies are needed to improve and refine the process of med rec.

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