

# 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.

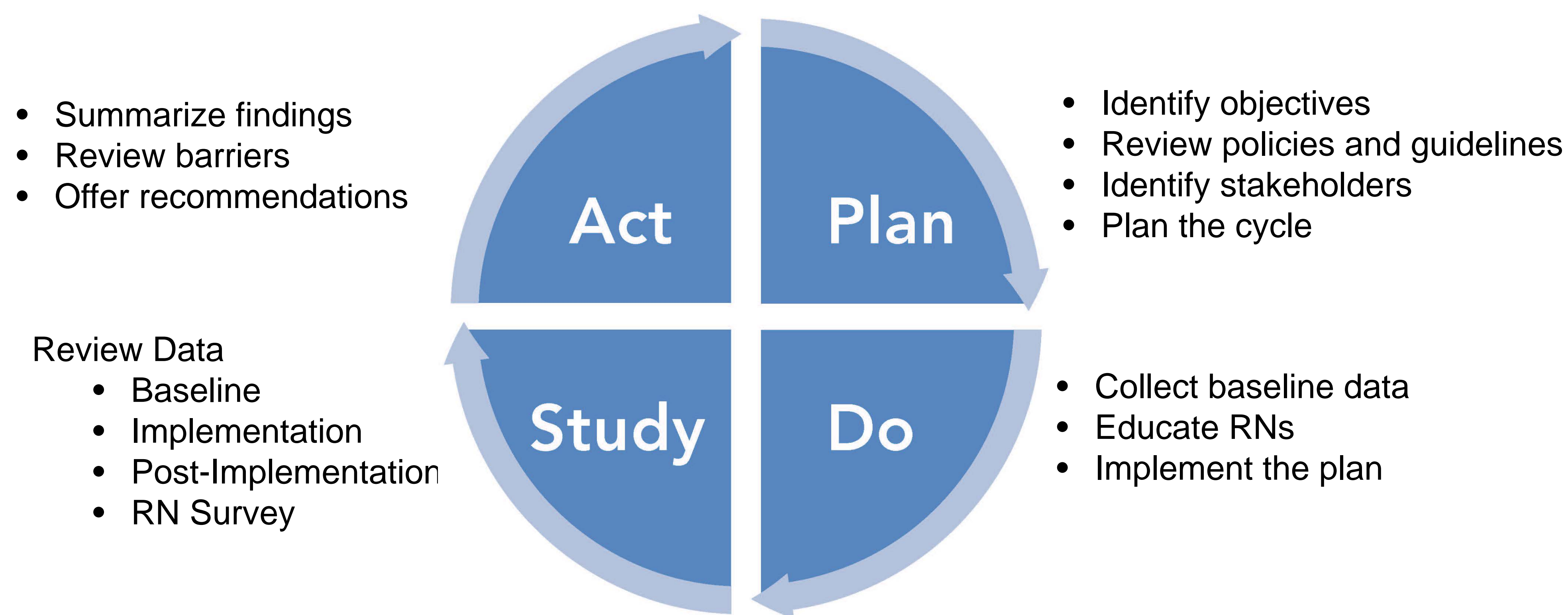
## Design and Setting

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

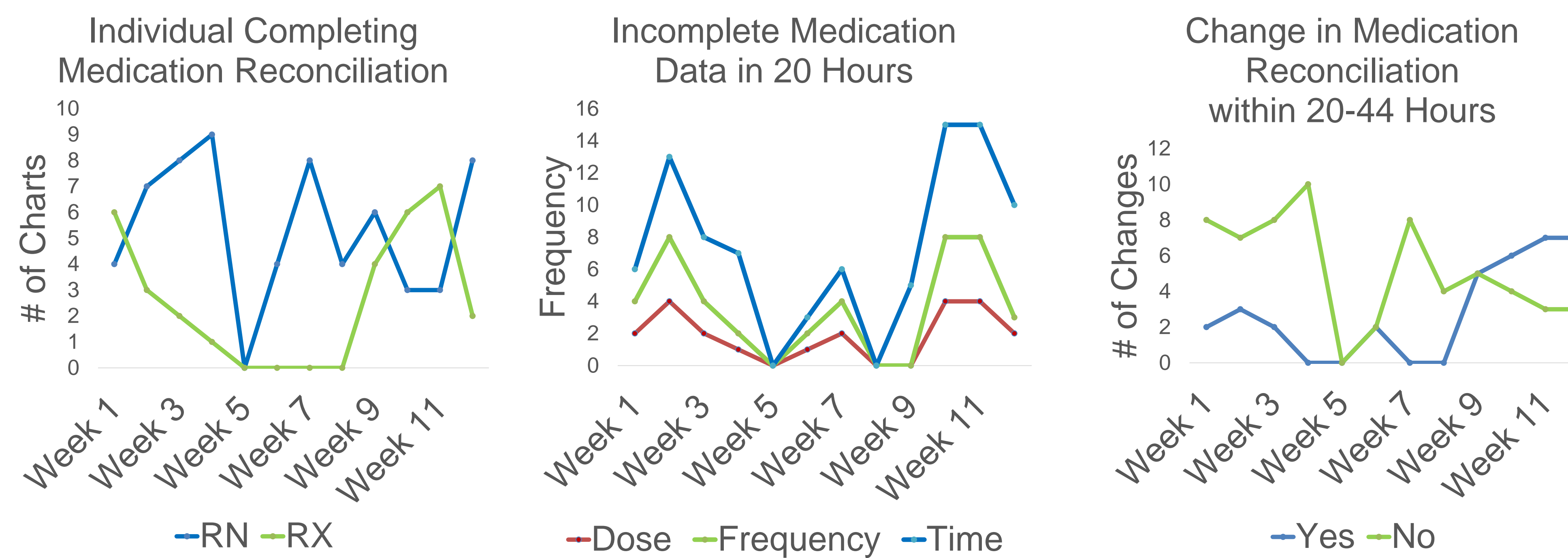
## Methods

- 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.

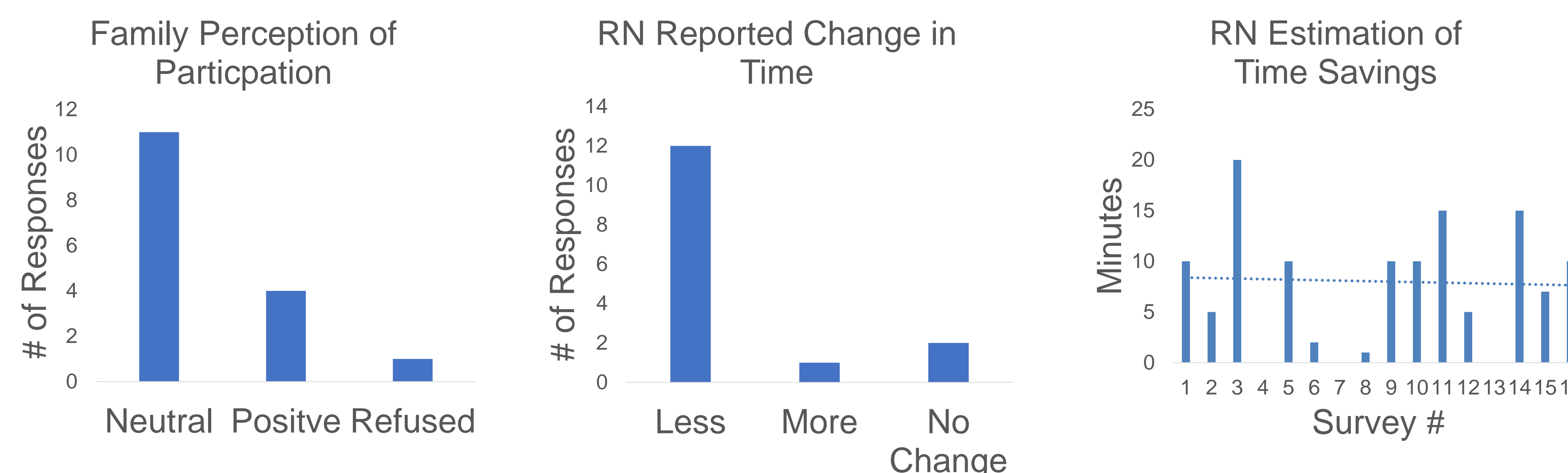
## Conceptual Framework



## Medication Reconciliation Results



## RN Survey Results



## 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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