HQIC Change Pathway:
Meaningful Medication Reconciliation to Prevent Adverse Drug Events

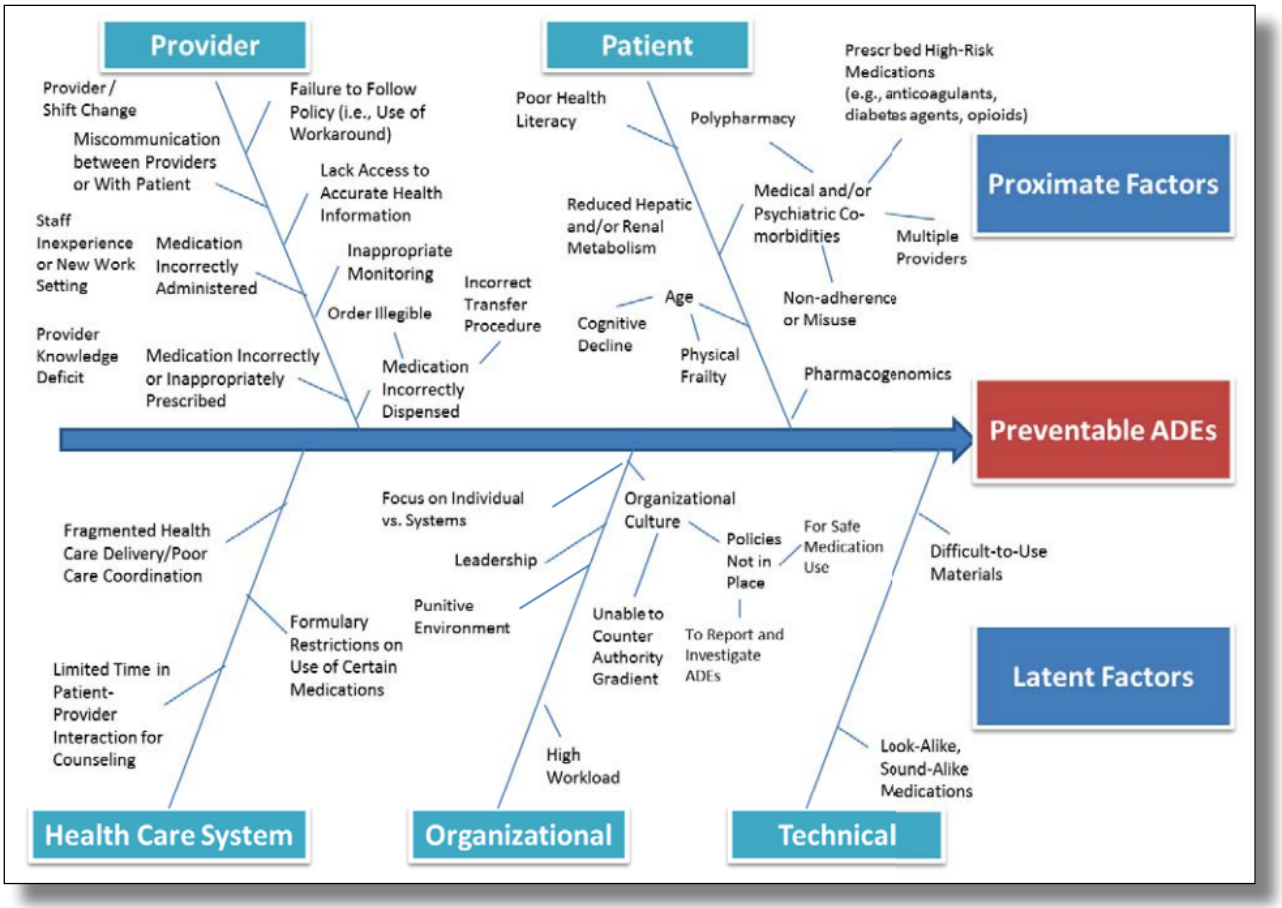
Thank you for registering for and/or attending the HQIC Community of Practice call! Hospital leaders from across the country attended the event. The small, rural and critical access voice was amplified through sharing of barriers and best practices alike. Furthermore, subject matter experts shared their perspectives and their favorite resources. Now, it is time to act!

Why Now

The Agency for Healthcare Research and Quality (AHRQ) defines an adverse drug event (ADE) as harm experienced by a patient because of exposure to a medication. ADEs do not always indicate an error or poor-quality care. However, it is generally estimated that around half of all ADEs are preventable. ADEs place patients at risk and are costly to the healthcare system. In recent years, the opioid epidemic has highlighted the importance of preventing ADEs. Multiple initiatives have been developed to promote safe prescribing of opioids, including increased patient education and updated prescribing guidelines. Preventing all types of ADEs, including those related to opioids, remains a national patient safety priority (AHRQ, 2019).

Review the Data

Fishbone Diagram: National Select Determinants of Preventable Adverse Drug Events



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Consider Common Barriers

Review common barriers identified during the webinar and brainstorm ways to mitigate challenges to implementation in your organization.

- Challenges associated with the use of technology such as Electronic Health Record (EHR) workflows, medication scanning devices and bar codes
- Increased patient census resulting in less time for medication reconciliation with every patient
- Staffing challenges related to the COVID-19 pandemic
- Patient factors such as limited health literacy, language barriers, cultural beliefs, values, and/or limited knowledge of the medications they are taking

Perform a Root-Cause Analysis

Fill in the Five Whys template to identify potential causes for your hospital's adverse drug events.

Fill in the PDSA Worksheet to identify your goal and complete the Plan-Do-Study-Act cycle for test of change and improvement.

Identify Promising Practices

Beginner	Intermediate	Expert
		
Ensure Medication Reconciliation is performed at discharge with patients and families on a form that is clear, concise, and easy to transfer to other care environments.	Provide staff with education on the importance of performing a medication reconciliation and how to complete this task using the EHR (if applicable).	Seek out and use information about medication safety risks and errors that have occurred in other organizations outside of your facility and take action to prevent similar errors (page 14).
Develop a clear process for a performing medication reconciliation. Consider developing a unique process for certain patient populations.	Develop a process for or revamp your process for gathering sufficient details from each medication error.	Medication safety data and adverse drug event data and learnings are shared on a regular basis with frontline clinical staff, leadership and medical staff (page 4).

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Patient and Family Engagement & Health Equity Promising Practices

- Consider the "M in a box" process for promoting patient and family engagement with new medications.
- Consider developing a "Meds-to-Beds" program to streamline the discharge process and eliminate barriers to medication education for patients and families.
- My Medicines Form, Agency for Healthcare Research and Quality
- Keeping Track of Medicines page, University of Michigan Health
- 5 Questions to Ask About Your Medications poster, Canadian Patient Safety Institute
- Be Prepared to Go Home Checklist and Booklet, AHRQ Guide to Patient and Family Engagement in Hospital Quality and Safety

Craft Your AIM Statement

Identify your organization's goals related to medication reconciliation and reducing ADEs. Fill in the blanks with your AIM.

By _____, the **ED** at **(your hospital)** will

implement **(intervention)** to improve **ADE-Adverse Drug Events**

by **(how much)** to benefit _____

Example AIM:

The inpatient medication safety team at my hospital will provide medication reconciliation process education with knowledge check to all nursing staff to achieve a 70% completion rate of medication reconciliation at admission by March 31, 2022.

Next Steps

Not sure how to identify your organization's root cause? Need help getting started on implementing your selected intervention? Seeking feedback on your AIM statement? Reach out to your HQIC quality improvement partner for assistance.

References and Resources

National Action Plan for ADE Prevention | health.gov
Medication Errors and Adverse Drug Events | PSNet (ahrq.gov)
Home | Institute For Safe Medication Practices (ismp.org)
Medication Safety Road Map (mnhospitals.org)
Medication Reconciliation to Prevent Adverse Drug Events | IHI - Institute for Healthcare Improvement
Fact Sheet: Medication Reconciliation - Leapfrog Ratings
The Joint Commission National Patient Safety Goals 2022

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