Minnesota Hospital Association

Medication Reconciliation Panel Discussion

Development, testing, and implementation of the new road map

CardinalHealth™ FOUNDATION

AIMM Alliance for Integrated Medication Management

August 14, 2018

Scope of Adverse Drug Events

- More than 10,000 prescription medications
- Nearly 1/3 of adults in the US take 5 or more medications
- ADEs account for nearly 700,000 ED visits and 100,000 hospitalizations per year.
- Nearly 5% of hospitalized patients experience an ADE.

Agency for Healthcare Research and Quality- Patient Safety Network
https://psnet.ahrq.gov/primers/primer/23/medication-errors
Accessed 4/17/18

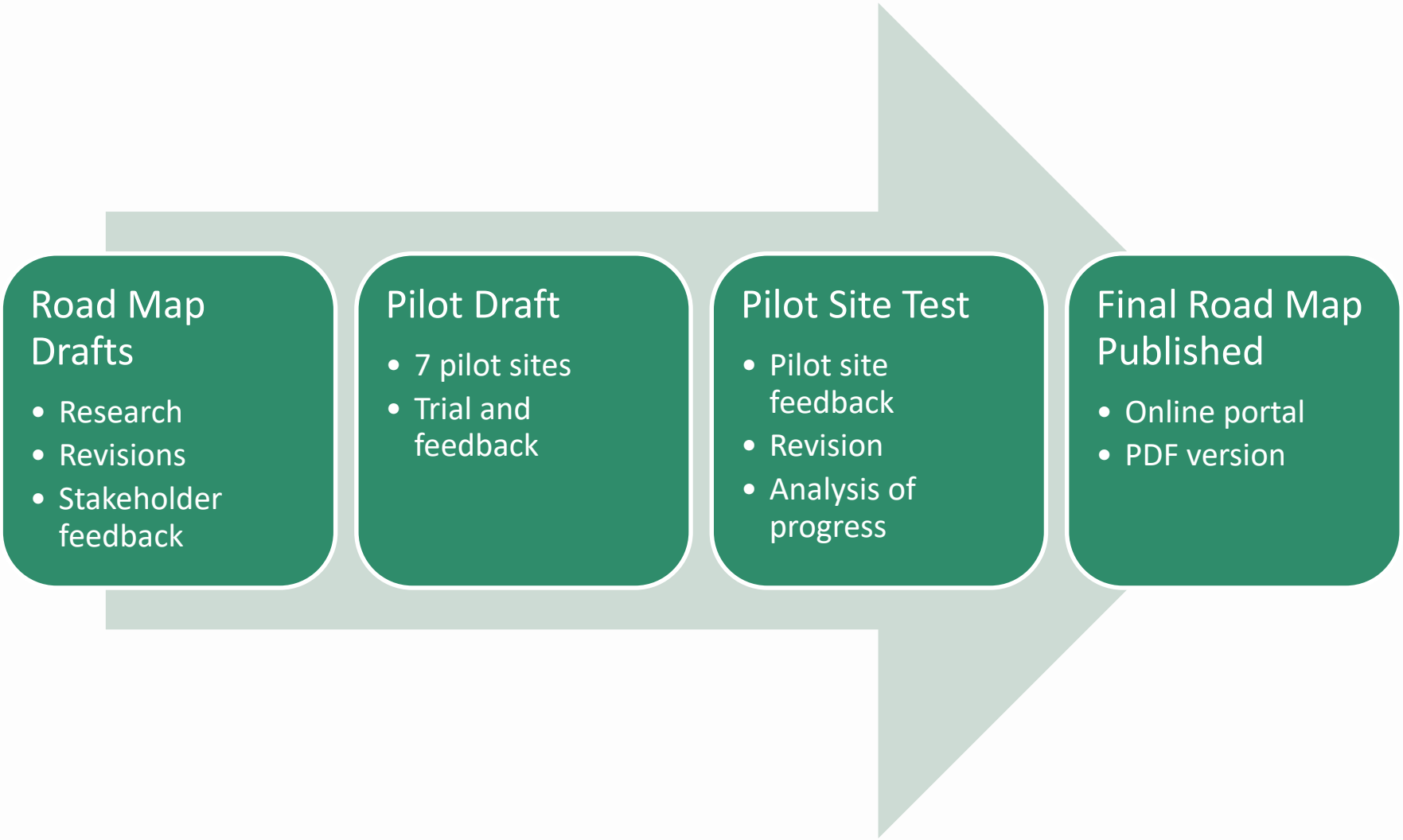
Our med rec definition

Medication reconciliation is the process of creating and documenting the most accurate list possible of all medications a patient is taking, including drug name, dosage, frequency and route, and comparing that list against the provider's admission, transfer and/or discharge orders with a goal of providing correct medications to the patient, families and care providers at all transition points within each environment of care.

AIM Statement

A medication reconciliation roadmap that is **broad and flexible** enough to be implemented by **all MN hospitals** for their inpatient populations will be written, tested, and **distributed by the end of 2017**. At least **50%** of participating MN hospitals will utilize the newly developed medication reconciliation roadmap **before the end of 2018** in an effort to reduce adverse health events and readmissions related to medication reconciliation.

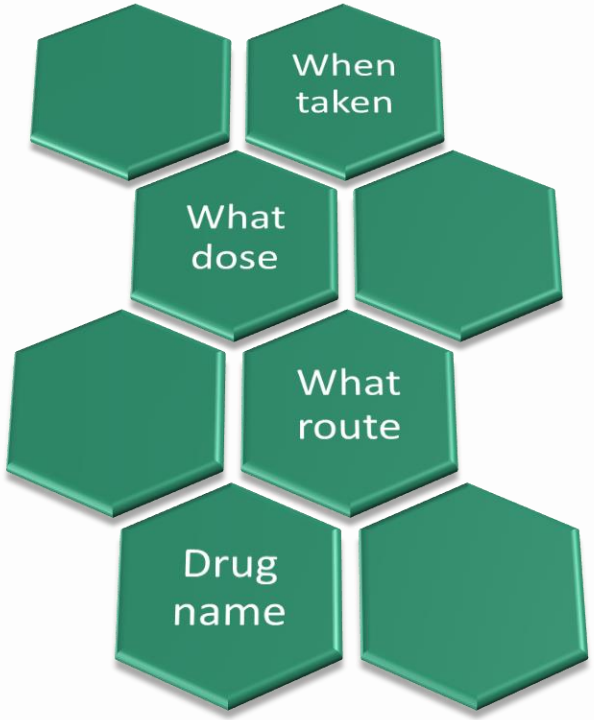
Road Map Development Process



Medication Reconciliation

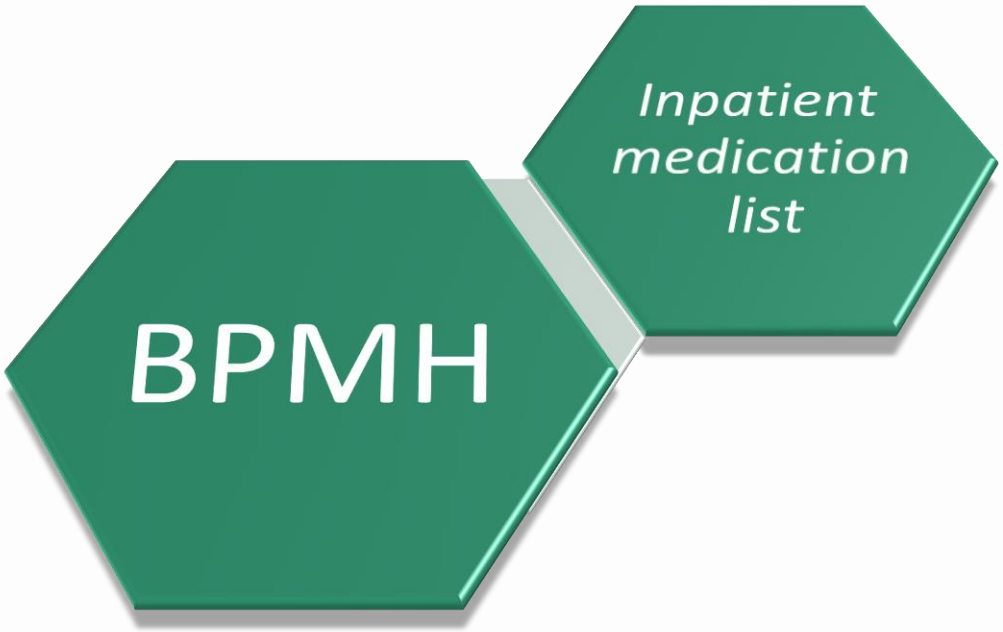
Gather the list

Step 1: Develop an Accurate List of Medications Patient Takes at Home



- Utilize principles of obtaining Best Possible Medication History (BPMH)

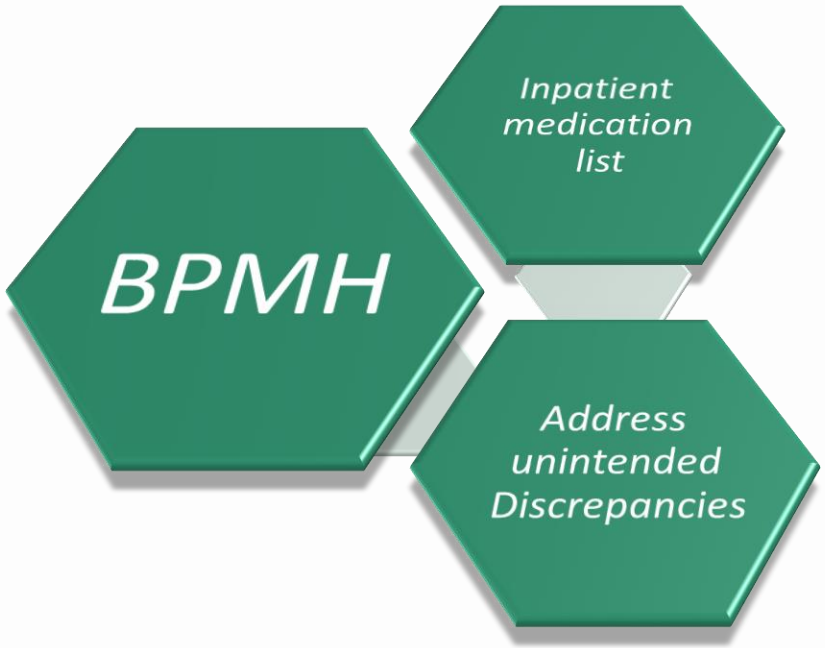
Medication Reconciliation Order Inpatient Medications



- Step 2: Order Inpatient Medications
  - BPMH is reference point for inpatient medications.

Medication Reconciliation

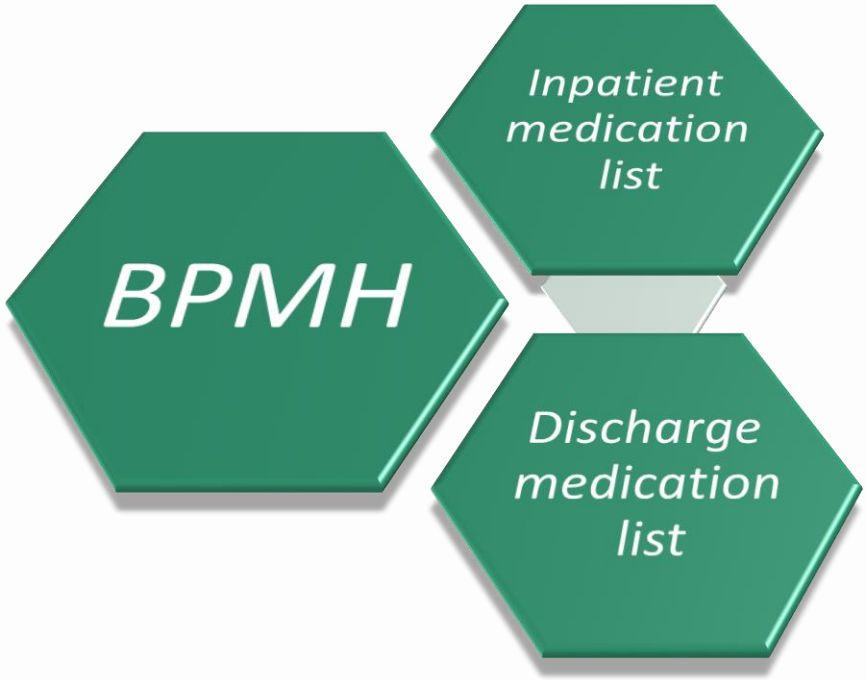
Reconcile BMPH to ordered inpatient meds



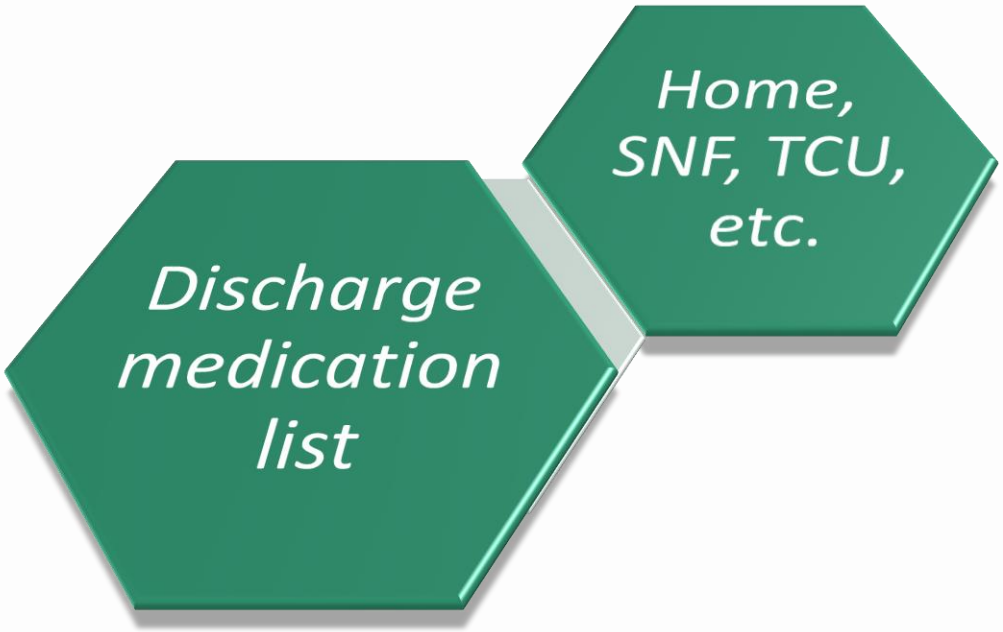
- Step 3: Review BPMH and inpatient med list to create discharge med list.
- Address unintended discrepancies
- Evaluated at each transitions in care

Medication Reconciliation
Clinical Decisions in Preparation for Discharge

- Step 4: Develop discharge med list
  - Reconcile BMPH and inpatient med list



Medication Reconciliation
Communicate discharge med list



- Step 5: Communicate discharge med list to
  - patient
  - family
  - accepting facility

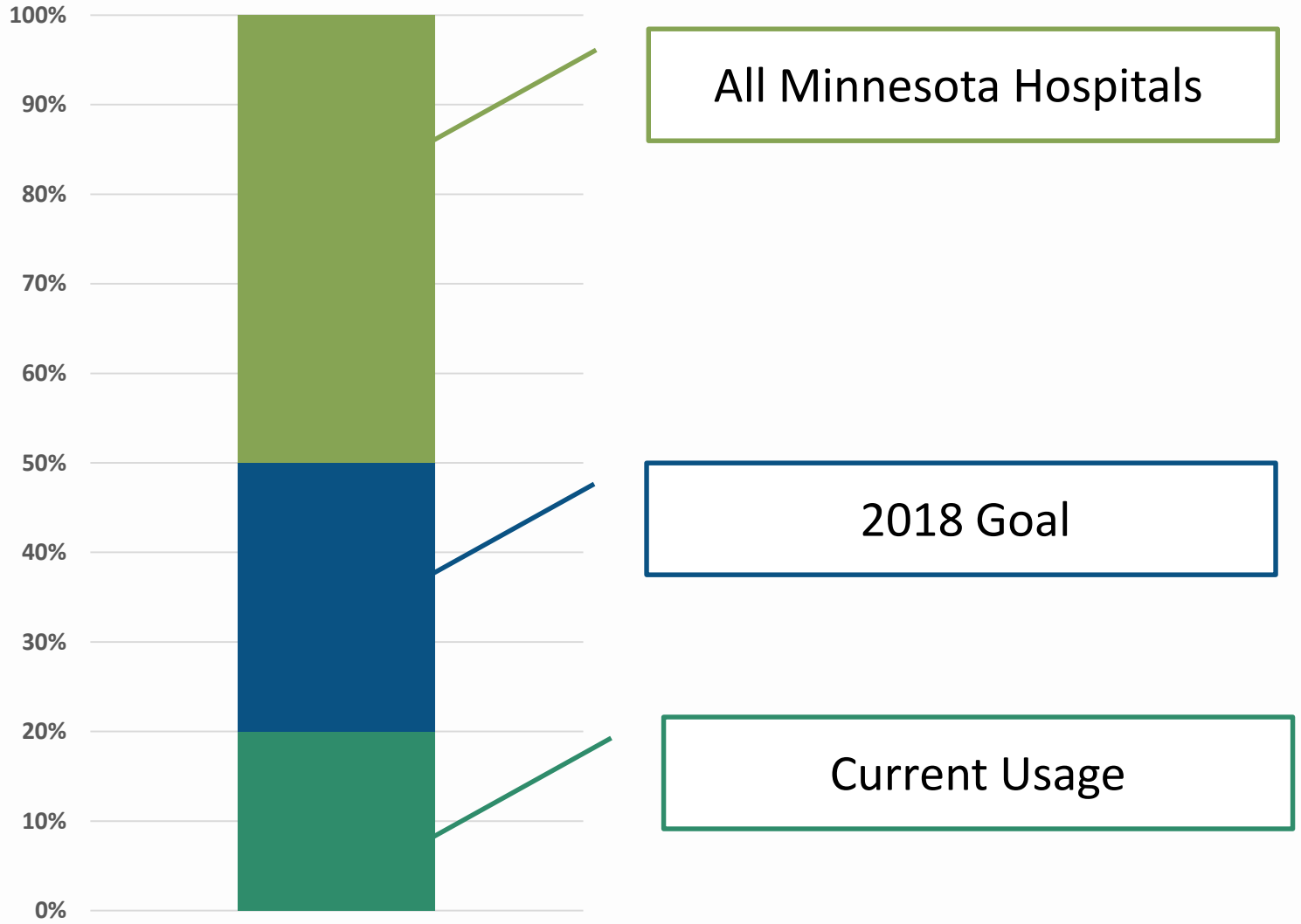
Med Rec Roadmap

Road map sections	Road map questions (if not present at your hospital or answering no, please see next column for suggested resources)	If specific road map element is missing, consider the following resources:

General practices	*(check each box if "yes")*
	☐ Are there defined roles and responsibilities for each discipline involved in the medication reconciliation process?
	- Do process and procedures define:
	  ○ who is responsible to conduct medication history interviews?
	  ○ who is responsible to review the Best Possible Medication History (BPMH)?
	  ○ who is responsible to compare the admission/transfer/discharge orders with the BPMH?
	- Are there established policies for obtaining or reviewing a BPMH when a pharmacist is not available (e.g. for non-24-hour pharmacy hospitals)?
	☐ Do you have a policy and procedure that defines the medication reconciliation process available to all staff?
	- Answer yes if you have a written medication reconciliation policy/ procedure that staff can access.
		• Institute for Healthcare Improvement Model for Improvement (2011)
		• AHRQ Medications at Transitions and Clinical Handoffs (MATCH) Toolkit for Medication Reconciliation (2012)
		• Society of Hospital Medicine Medication Reconciliation Implementation Guide (download)
		• Sample Medication reconciliation Responsibility Assignment Matrix, a.k.a. RACI (Responsible, Accountable, Consulted, Informed). A RACI matrix is designed to clarify expectation on the level of participation for each role. (Courtesy St. Luke's Hospital, Duluth)

https://www.mnhospitals.org/Portals/0/Documents/patientsafety/Medication_Safety/Medication%20Reconciliation%20Road%20Map.pdf

Med Rec Road Map Utilization



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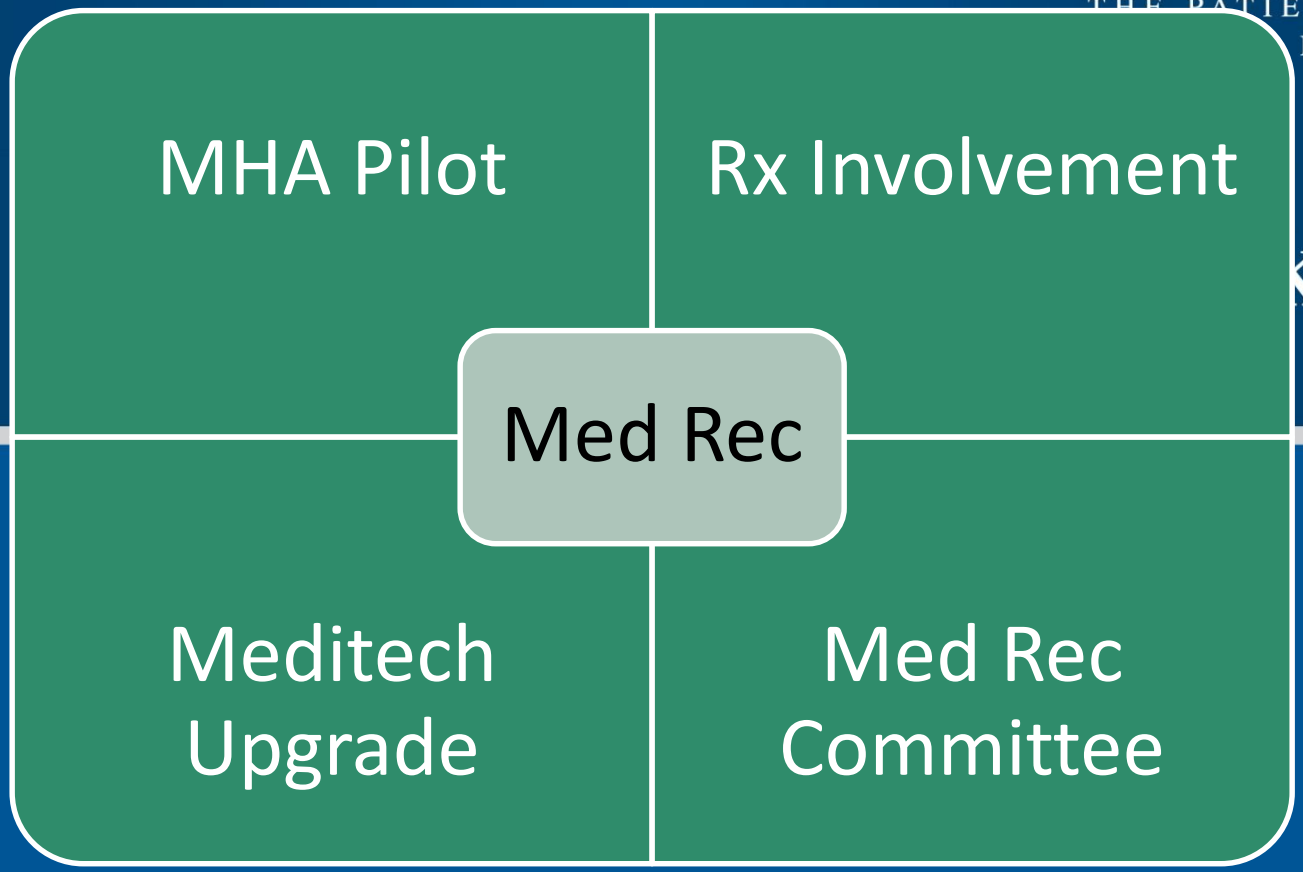
MHA Medication Reconciliation Roadmap Pilot

Brent Williams, RPh., CPPS

- July 2018


CANADA
International Falls
MINNESOTA
Grand Marais
Mountain Iron
Hibbing
Silver Bay
Grand Rapids
Hermantown
Lake View Hospital
St. Luke's
Hospital and Specialty Clinics
Duluth
Superior
MICHIGAN
Ashland
Ironwood
Sandstone
Hinckley
Hayward
Spooner
WISCONSIN
Regional Clinics
1 Bay Area Medical Clinic
2 Chequamegon Clinic
3 Hibbing Family Medical Clinic
4 Laurentian Medical Clinic
5 Mariner Medical Clinic
Duluth Neighborhood Clinics
6 Denfeld Medical Clinic
Duluth Internal Medicine Associates
Lester River Medical Clinic
Miller Creek Medical Clinic
Mount Royal Medical Clinic
P.S. Rudie Medical Clinic
Q Care
Affiliated Hospital
7 Cook County North Shore Hospital
(management agreement)


MHA Pilot
Rx Involvement
Med Rec
Meditech Upgrade
Med Rec Committee

Executive Oversight Committee

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Med Rec C

Med Rec Workgroup

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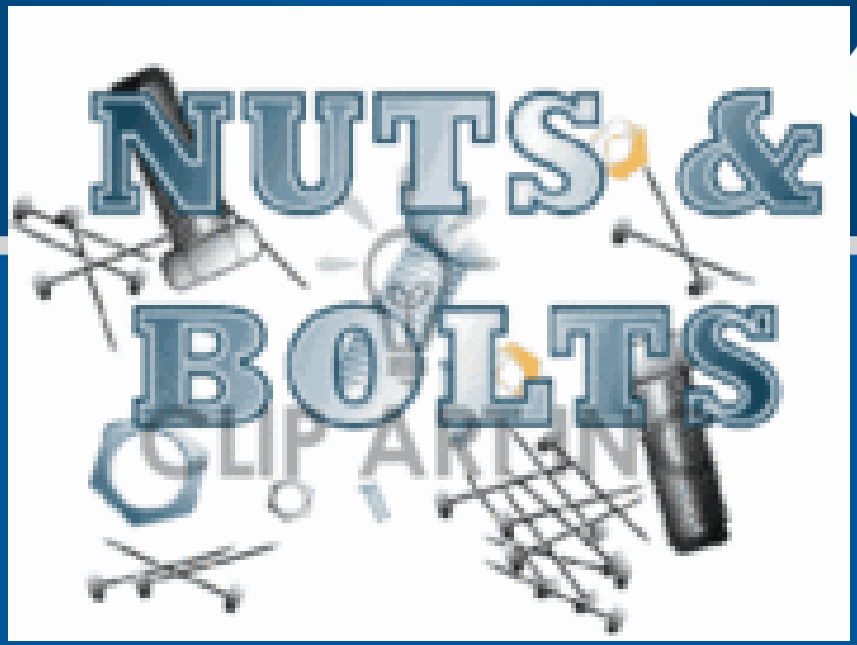


MHA Med Rec Road Map

Step		Best Practice Question	Progress (hospital)	Progress (clinic)	Current State	Recommendations
General	1.	Are there defined roles and responsibilities for each discipline involved in the med rec process?	1	1	Work done with RACI.	Policy needs to be reviewed. Differentiate based on patient's point of entry.
	2.	Do you have a policy and procedure that defines when the medication reconciliation process is completed?	1	1	Have policy.	Policy needs to be reviewed. Differentiate based on patient's point of entry.
	3.	Do you have a process in place, e.g. observation audit or staff conversation, to determine whether the medication reconciliation process is being followed?	0	1	Some work started. CLINICS – is tracked through MU, but can be made more formal	Nothing exists.
	4.	Does the facility have a process, e.g. audit tool or method, to evaluate how well its medication reconciliation process is working?	0	1		Nothing exists.
	5.	Does the facility have a strategy, e.g. PDSA, to conduct medication reconciliation process redesign if audits show process is not working?	2	2		
	6.	Are patients evaluated to determine if they have barriers to obtain medications (e.g. financial and transportation)?	1	1	Case management may be doing some evaluation, but not all patients are seen by case management.	

stage

RACI Tool

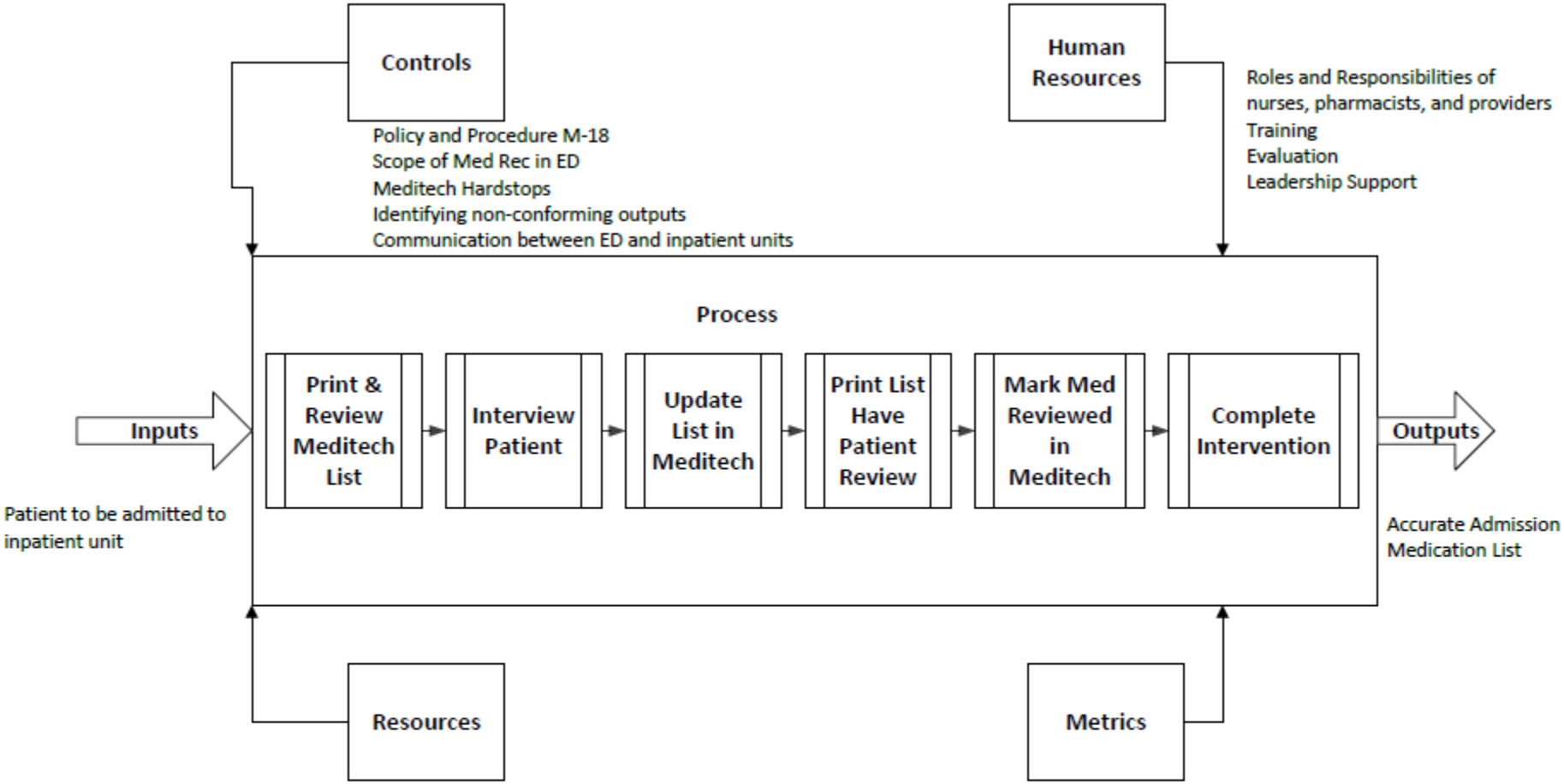
Step		ED Nurse	Primary Nurse	Charge Nurse	Peak Nurse	Procedural Nurse (EP, Cath Lab, OR, etc.)	ED Physician	Admitting Provider	Attending Provider	Surgeon	Anesthesiologist	ED Pharmacist	Floor Pharmacist	HUC	Patient/Family	Unsure
1	Meditech medication list updated (new meds added to the list, current medications reviewed, dosages edited to reflect what the patient is actually taking, medications the patient is no longer taking are removed from the list)															
2	Date and Time of Last Dose taken is entered in the Meditech list															
3	Each medication on the Meditech medication list is marked as "reviewed" for the patient. Any concerns or discrepancies regarding the medication are marked as "attention required" in the comments section of the Last Taken screen															
4	The patient's preferred pharmacy is updated in Meditech															
5	**Medication List** is marked as "complete" in a PCS intervention to indicate that the list has been obtained.															
6	Each medication on the patient's home medication list is acted upon for the current admission with an action of: "Continue from Amb-Queue", "Cancel", "Discontinue", "Hold" for each patient.															
7	**Medication Reconciliation** is marked as "complete" in a PCS intervention in Meditech after all home medications have been addressed in step 6.															

“What” vs “Who”

- Process

People

ED Medication Reconciliation Process



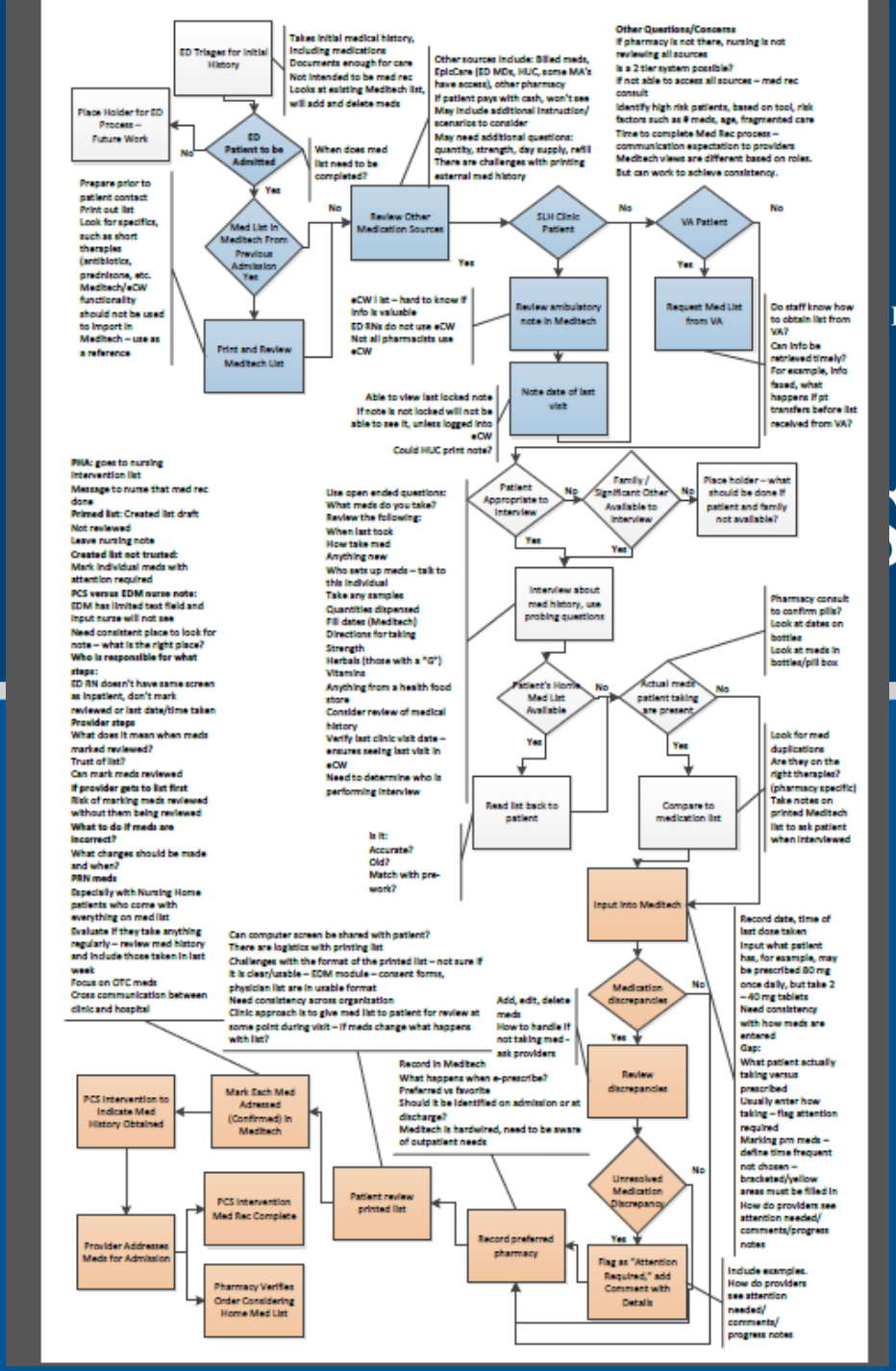


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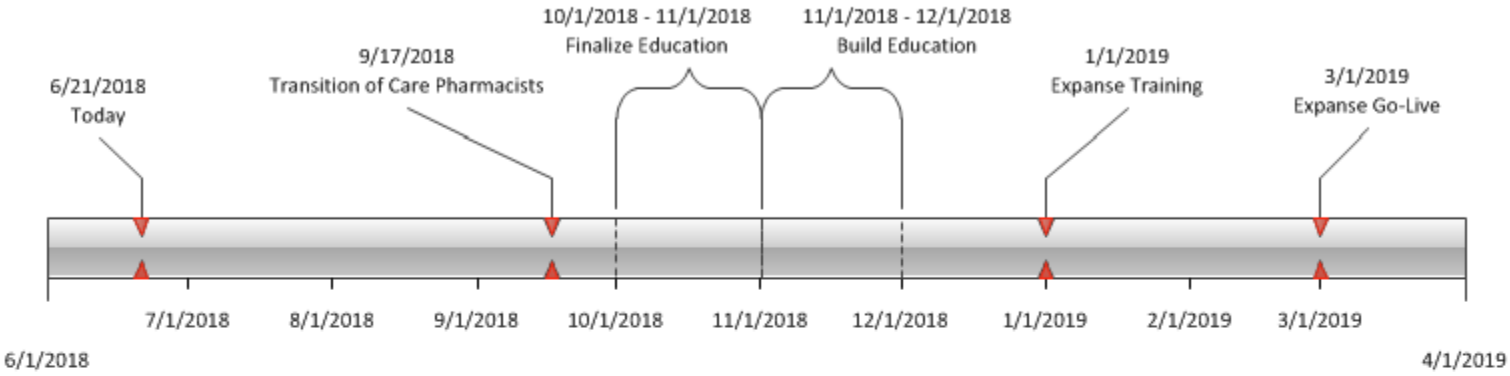
Table created to keep track of all the moving parts

Process Step	MHA Roadmap	Policy	Current Process	Outstanding Questions	Meditech Expanse	Who
Review med sources	10	Review 2 or more sources - Meditech history - Ambulatory note in Meditech - VA list - Home med list - External medication history - refill history, discharge medication list from recent hospitalization, list from nursing home, etc. - One source should include the patient	**Meditech history:** - Click on Reconciled Meds tab - Use "Snapshot" tab to view other dates when Med Reconciliation was completed - Print list and use as a working document to compare to **Ambulatory note in Meditech:** - Open **EMR**, select **Other Visits →View All Visits** - Select **Other Reports** - Select most recent clinic note by clicking text bubble under **Report** - Select **Print** at bottom of screen **VA list:** - Minneapolis VA and St. Cloud VA are on separate systems that do not communicate… Twin Ports VA in Superior is actually under the Minneapolis system.	What is the timeframe for completing the BPMH and med rec? Should the Meditech history be printed and used for notes when comparing? Have cover sheet for fax. This should be developed into an official form. Where		

Implement now vs wait?

When do we Educate and Implement Changes for Medication Reconciliation?



What can we accomplish now?

1. Define Best Possible Medication History (BPMH) & Medication Reconciliation
2. Build culture around obtaining BPMH.
3. Educate on BPMH.
4. Evaluate current Meditech views by all disciplines and make changes for consistency.
5. Clarify and develop an understanding of the roles and responsibilities and the downstream effects of an accurate/inaccurate BPMH.
6. Define roles, who is responsible, for BPMH and Medication Reconciliation.

Meditech - Regardless of System

1. Basics of updating the medication list

Current System – Meditech 5.67

1. Use of Attention Required to identify medication discrepancies
2. Using Add/Edit/Delete and understanding of functionality
3. Viewing external medication history

Future System - Expanse

1. Ambulatory using same medication list – what ambulatory does will affect what we see
2. Evaluate how medication discrepancies are flagged
3. Evaluate the system sign/signal that med rec is complete
4. Determine what crosses over between modules? Does everything from the hospital module cross to ambulatory and vise versa
5. New comment fields in Expanse

Progress to date

- Defined Best Possible Medication History (BPMH) & Medication Reconciliation and time frame goals for completion of each.
- Instructional Guide for interviewing the patient to obtain the BPMH.
- Tool Tip for navigating the VA system to obtain a med list
- TOC Pharmacists hired to obtain BPMH for patients admitted through the ED.
- Meditech views consistent for all disciplines


to be continued

Medication Reconciliation Improvement Project

RiverView Health

Crookston, MN

Who We Are

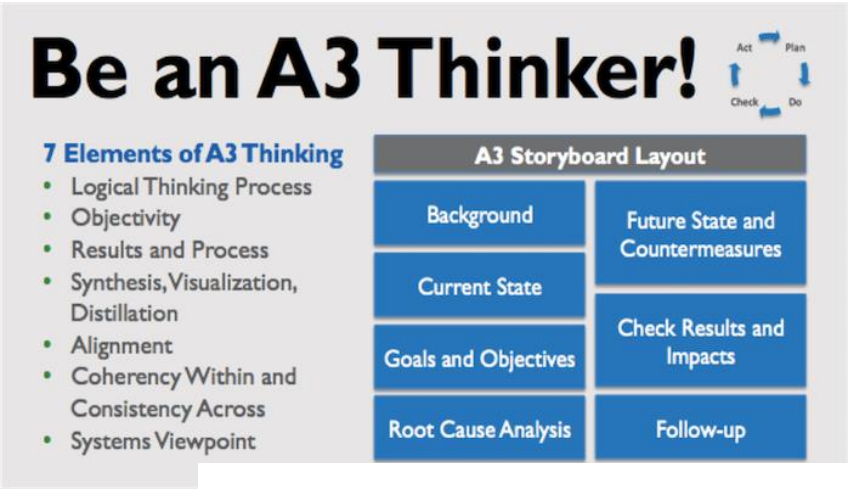
Modern Healthcare
BEST PLACES TO WORK 2017

- 25-bed Critical Access Hospital
- Surgical Services
- Emergency Department
- 7 Outpatient Clinics
- Home Health
- 24-bed Memory Care Unit
- Ancillary Services

The Start of a Journey

- Spring 2017: Collaboration with community long-term care facility
- October 2017: Board of Directors and hospital leadership declared Med Rec a strategic priority
  - Joined MHA's Med Rec Pilot Program and formed internal improvement team

The Team and Tools



- Interdisciplinary team
- Lean tools
- MHA's roadmap and resources

Current State

Baseline roadmap completion was 28%

Problem Statement

Patients being discharged with incorrect medication list, inconsistent process with variation used for completion of med rec, incomplete med rec.

- Defects/Problems:
  - Unclear roles and responsibilities
  - Patients not bringing meds/list with them
  - Lack of understanding and variability of performance within EHR
  - Physician completing Med Rec prior to nurse obtaining BPMH

  …. And Many More…

Scope and Goals

Scope

Inpatient Unit and Outpatient Departments

Goals

- 56% completion of the med rec roadmap by September 30th, 2018
- Reduce adverse drug events for hospitalized patients in 2018

Progress

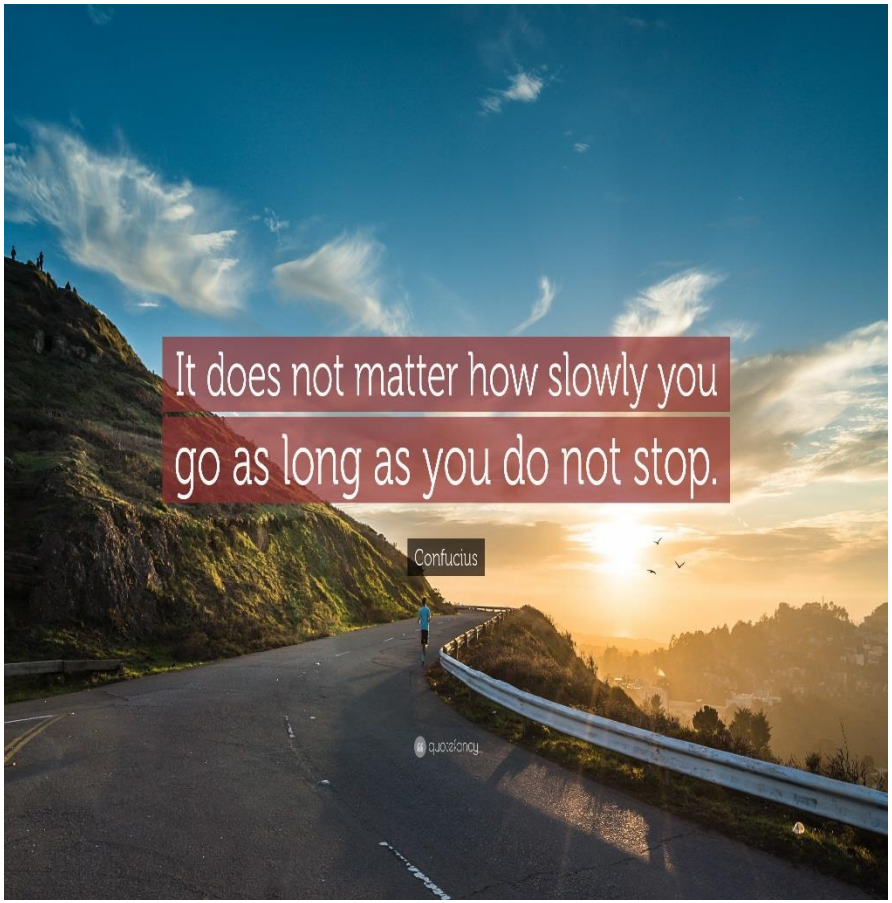
- GEMBA walks and understanding EHR workflows
- Complete Medication Reconciliation Policy revision and approval
- Education development and training specific to discipline and area

↓ ADE's **56%**

Continued Opportunities

- EHR enhancements
- Interoperability across EHR's
- Communication with outpatient pharmacies
- Patient engagement

Next Steps



- Direct observation audits
- Preadmission reminders
- Continued focus on education and communication

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