

# Ambulatory Medication Reconciliation

## The Problem

Inconsistent process and practice for meeting the Medication Reconciliation standards in the outpatient environment (obtaining a complete medication list, comparing/reconciling the list with new orders, updating the list as orders change during the visit and provide a new list to the patient, communicating the updated list to the next provider of care)

## Aim/Goal

The project benefits patient safety by:

1. Having an up to date and complete medication list collected for each patient
2. Making list available in WebOMR for all clinicians in the hospital to view and edit
3. Providing a list of home medications to be used as a reference when administering medications in the outpatient setting
4. Enabling interaction and allergy checking when using the system to write new prescriptions
5. Creating a system to include updated medication lists in notes and letters sent by providers to referring physicians
6. Enhancing the value of the printed medication list to be given to a patient at the end of their visit

## The Team

- Medication Reconciliation Steering Committee
- WebOMR User Group
- Dedicated Ambulatory Director Project Leadership

## The Interventions

- Discussion, analysis and decision making for development of WebOMR to support the clinicians in completing medication reconciliation led by the WebOMR Users Group (includes clinician participation)
- Development and approval of a medication reconciliation policy; required completion of an online policy tutorial by all clinicians
- WebOMR Medication List and Medication Reconciliation audit training for Administrative Managers and Directors
- WebOMR Medication List Training/Education for any requesting department for clinical staff (residents, NPs) by WebOMR Work Group Development of an on-line WebOMR Medication List tutorial.
- Presentation of Project and WebOMR system to support medication reconciliation workflow by Ambulatory Med Rec Team at department faculty meetings
- Individualized departmental workflow analysis and real time audit review with the Administrative Managers and Directors. Provided resources (Temp RNs) to support adoption of workflow where necessary
- Involved patients in the process by inserting blank medication lists in the Appointment Reminder letters for their completion

## The Results/Progress to Date: Ambulatory Monthly Audit Results:

Month	Total Reviewed Visits	Were new medications added or changes made to the home list during the visit?	Updated list communicated to the next provider?	Score (goal >90%)
September 2007	671	331	281	85%
October 2007	722	302	288	95%
November 2007	876	408	392	96%
December 2007	822	336	318	95%
January 2008	870	313	294	94%
February 2008	781	311	297	95%

## Lessons Learned

JCAHO visit forced focus on and responsibility for improvement in meeting the medication reconciliation standards

A quickly moving IS development team that prioritized making changes to the system was essential with guidance from a multidisciplinary user group  
Physicians are more likely to buy in if they see rapid change in response to their concerns. Existing WebOMR User Group Structure allowed rapid response to clinicians concerns

A policy mandating the task was necessary to involve the clinical providers, especially the physicians

Centralized responsibility/accountability was needed to ensure the success of the Ambulatory effort as was overlapping membership of the 3 groups that made up the Ambulatory Medication Reconciliation team

A culture change was needed in order for providers to understand the importance of a complete list

## Next Steps/What Should Happen Next:

Integrate clinical systems so that staff and patients can benefit from one medication list through all points of care

Development of functionality to support interaction checking between medications on the home list and medications administered during patient encounters



Beth Israel Deaconess  
Medical Center



A teaching hospital of  
Harvard Medical School

THE SILVERMAN INSTITUTE  
For Healthcare Quality and Safety

For More Information Contact  
Ellen Volpe, Director, [evolpe@bidmc.harvard.edu](mailto:evolpe@bidmc.harvard.edu)