

Medication Reconciliation: Emergency Department

The Requirement

The Joint Commission requires that hospitals “Accurately and completely reconcile medications across the continuum of care to further advance patient safety.” Our charge is to begin with a paper based method of complying with the Medication Reconciliation requirement that eventually transitions to an all electronic mechanism that communicates with the health record.

Aim/Goal

- Obtain/Document the most complete and accurate list possible of all current medications that the patient is taking.
- Compare the listed “home medications” with any new orders to reconcile discrepancies.
- Update the list as orders change during the visit/stay and making necessary and appropriate medication changes based on the patient’s clinical condition.
- Communicate updated list to the next provider of service when the patient is transferred to another setting, service, practitioner or level of care within or outside the organization.

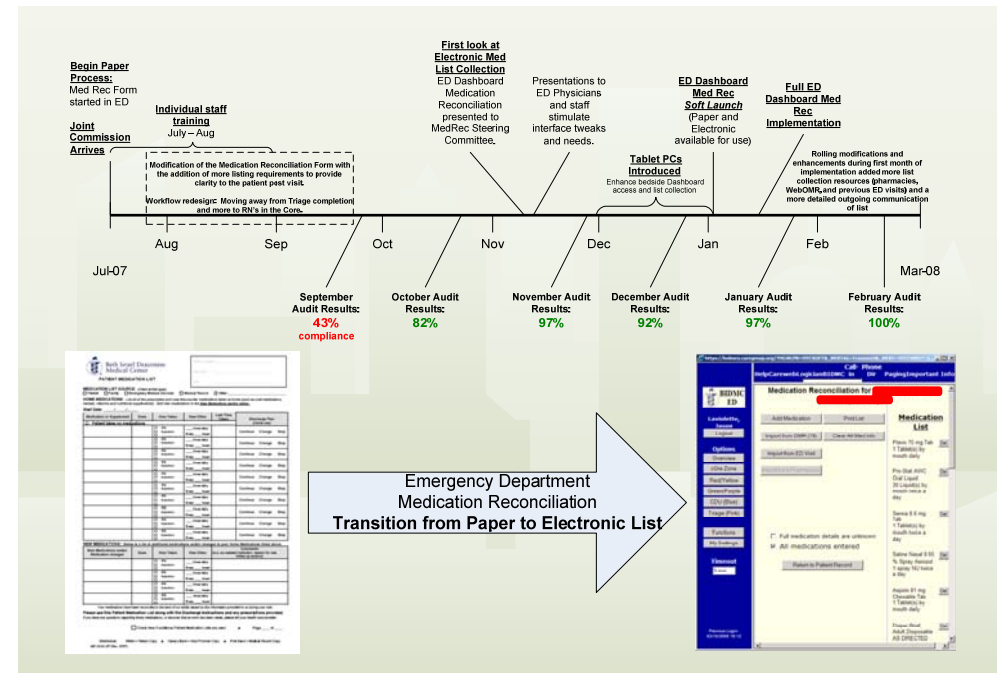
The Team

- ED Management Team
- Larry Nathanson, MD – Informatics Director, ED
- Healthcare Quality Project Management
- Medication Reconciliation Steering Committee

The Interventions

- Create process flow and identify key tasks and staff roles
- Creation of a paper MedRec form.
- Training of all staff in goal, process flow, and use of form.
- Develop audit system and tool.
- Enhance ED Dashboard to allow for electronic collection of medication lists
- Introduce tablet PCs to assist with bedside collection of med lists
- Train all staff in new electronic system and assign roles to all steps of MedRec Process.
- Transition to full electronic Medication Reconciliation

Audit Results and Electronic Interface Timeline.....



Lessons Learned

Strong partnerships between clinical education staff and the ED Electronic Dashboard Development staff led to efficient and effective changes that aided in the on boarding of many initially resistant staff. The process flow encountered several kinks before finally working itself into the patient flow. (Started out as a Triage task, eventually became a RN task after triage) Ongoing challenges remain between various information platforms however efforts are underway to build interfaces to strengthen the sharing of patient related data (medications, problems, allergies, immunizations, etc...) between service areas.

Next Steps/What Should Happen Next:

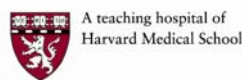
Continue to build a stronger interface between our varied electronic systems. (Enhance communication with inpatient POE interface.)

For More Information Contact

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