Medication Reconciliation: Where are we now?

Kevin Robertson, PharmD, BCPS
Clinical Coordinator – Pharmacy
PGY1 Residency Program Director
Baptist Health Medical Center
North Little Rock, Arkansas

I have no conflicts of interest or financial disclosures.

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Learning Objective

- Describe pharmacy department involvement in medication reconciliation
- List the possible barriers and limitations related to designing and implementing a successful medication reconciliation program
- Discuss the successes and outcomes of an implemented medication reconciliation program

BHMC-NLR Overview

- 248 licensed beds
  - Average census 150-200 patients
- Central Pharmacy- 24 hour distributive and clinical services
  - FTEs (non-management)
    - Pharmacist I & II (10.5)
    - PGY1 Resident (2)
    - Technicians (11.5)
    - Student Interns (1.8)
    - APPE Students (~8/month)

BHMC-NLR Overview

- Clinical Pharmacy Services
  - Code Blue / Code Stroke
  - CMS Core Measures/HCAHPS
  - Antibiotic Stewardship
  - Renal dosing adjustment
  - IV to PO auto-conversion
  - Formal rounding (ICU & Rehab)
  - Consult Services
    - Pharmacokinetics
    - Nutrition
    - Electrolytes
    - Anticoagulation

BHMC-NLR Data

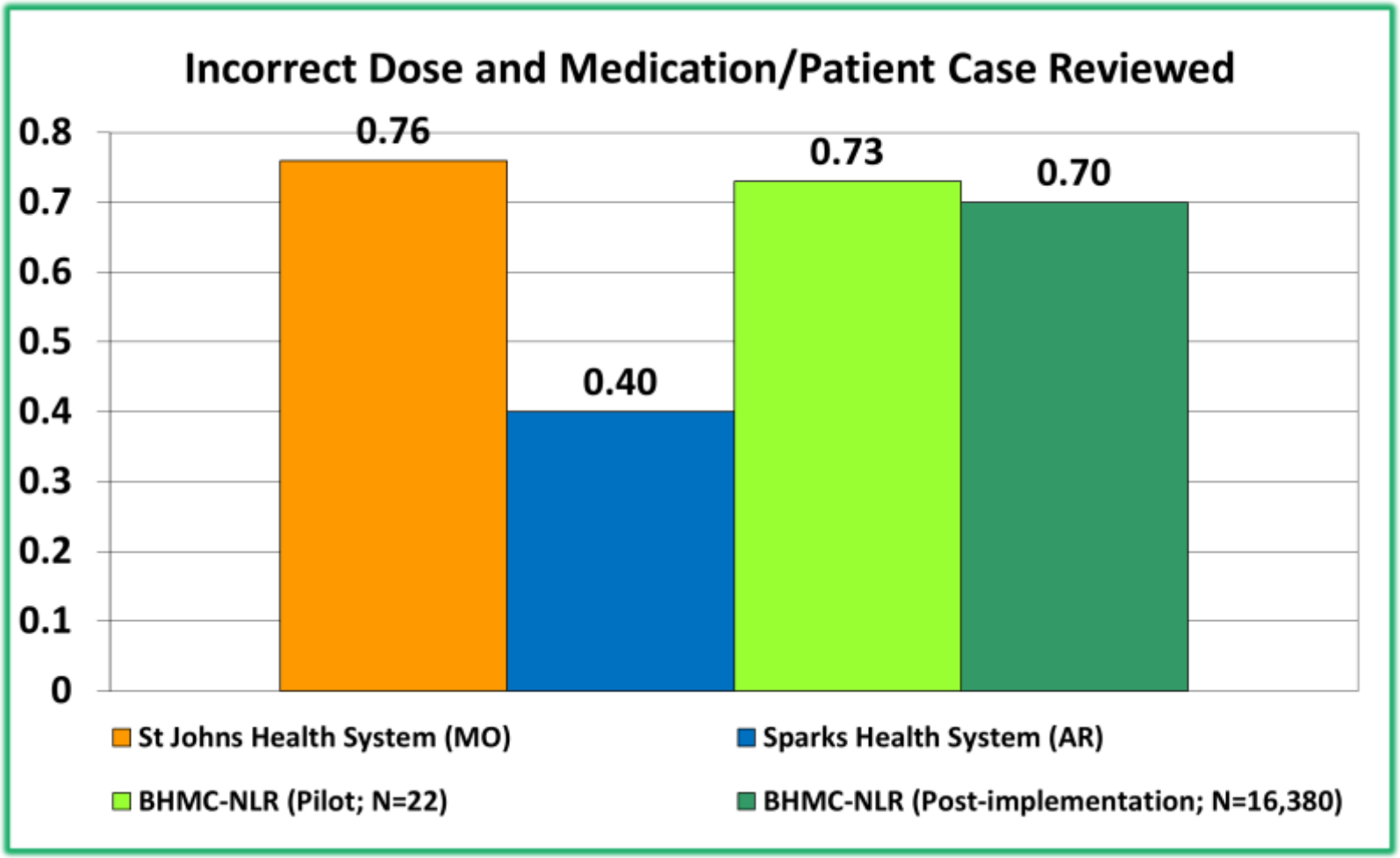
Background

- APPE project: 2009
  - Inclusion criteria (PILOT)
    - Adults (>/= 18yo) admitted between 2/11/2009 – 2/22/2009 Monday through Friday
    - Admission designated as observation or inpatient
- Objective (PILOT)
  - Quantify error rates for “home med” histories between nursing and pharmacy representative
  - Quantify the time required to collect an accurate “home med” history

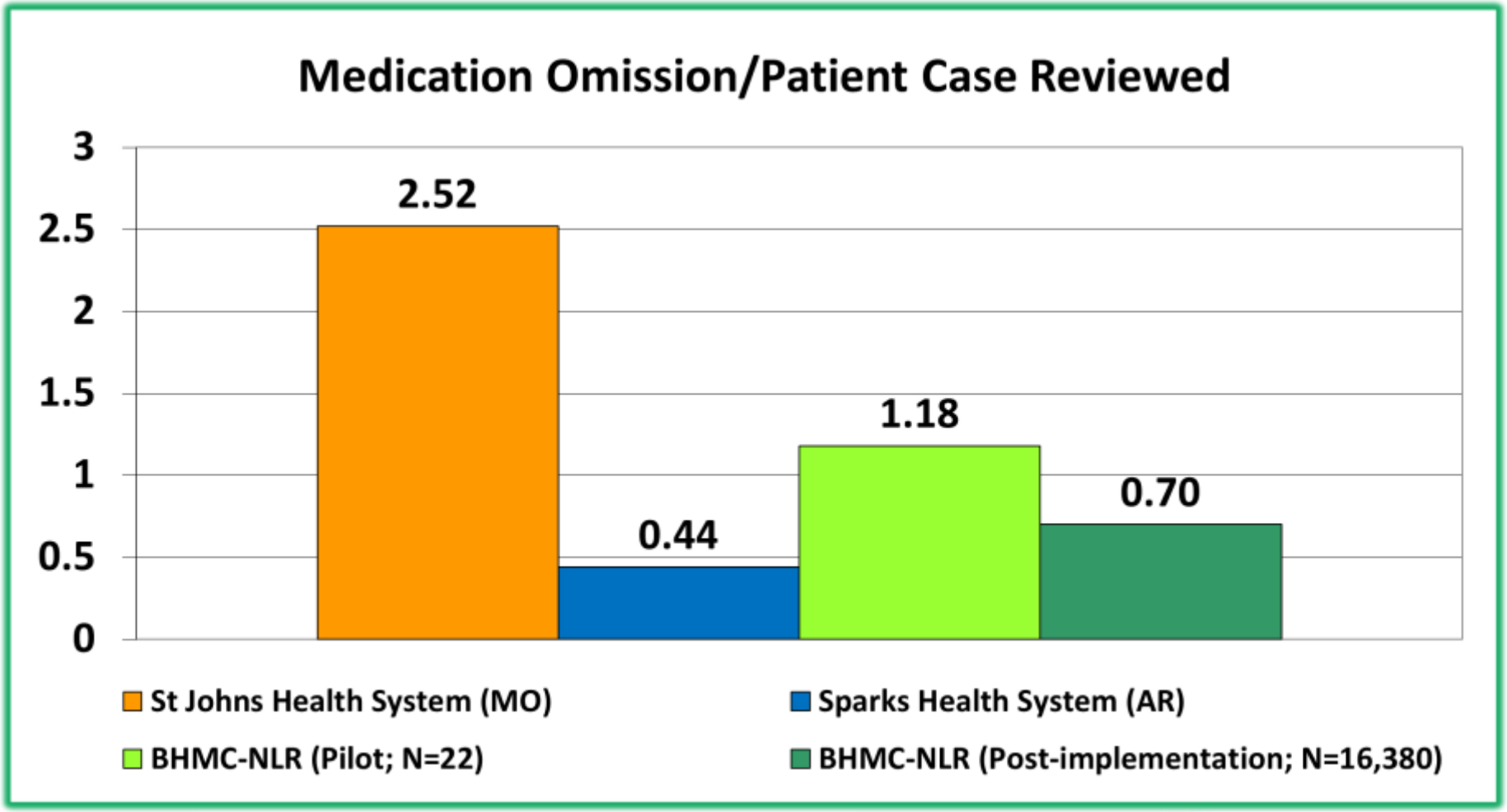
Background

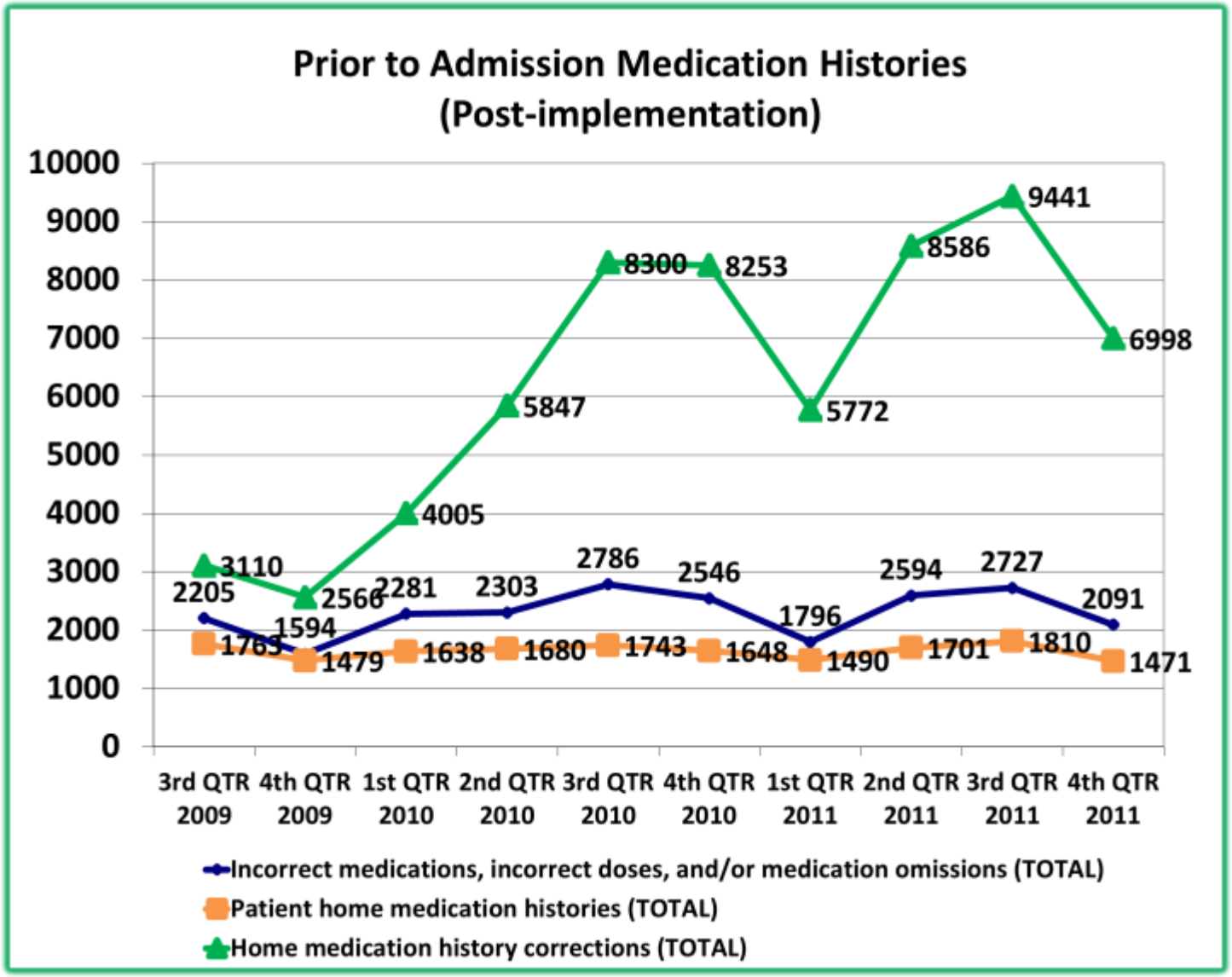
- APPE project: 2009
  - Methods (PILOT)
    - Nursing collected home med list in their historical method
    - APPE reviewed list of all admits during study period for eligibility
    - Step-wise process for list validations: Patient, family, care-giver, outpatient pharmacy, and physician offices
    - Pharmacist support as needed

Data: 2009-2011

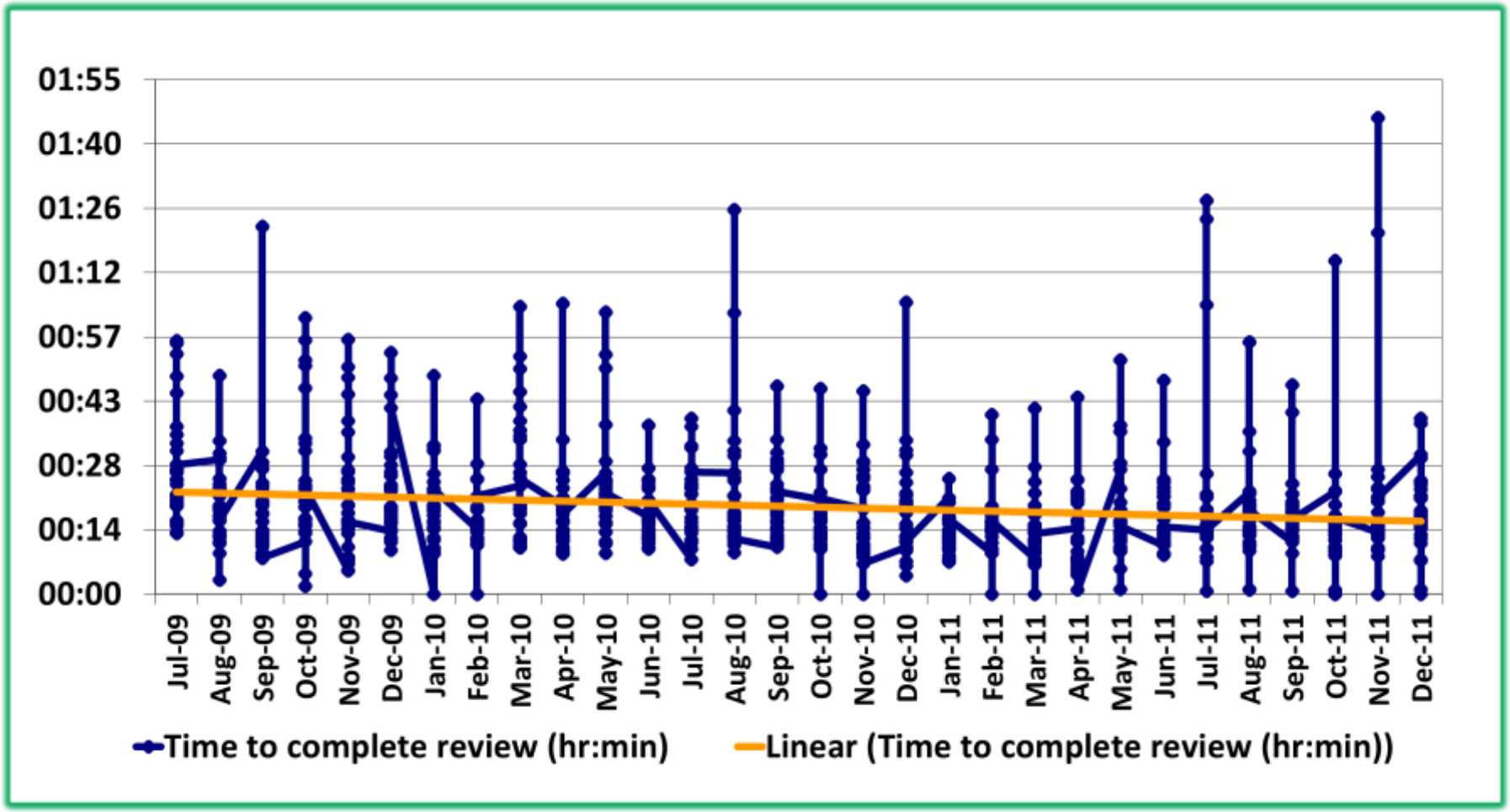


Data: 2009-2011




Prior to Admission Medication Histories
(Post-implementation)
10000
9000
8000
7000
6000
5000
4000
3000
2000
1000
0
3rd QTR 2009
4th QTR 2009
1st QTR 2010
2nd QTR 2010
3rd QTR 2010
4th QTR 2010
1st QTR 2011
2nd QTR 2011
3rd QTR 2011
4th QTR 2011
2205
1594
2281
2303
2786
2546
1796
2594
2727
2091
3110
2566
4005
5847
8300
8253
5772
8586
9441
6998
1763
1479
1638
1680
1743
1648
1490
1701
1810
1471
Incorrect medications, incorrect doses, and/or medication omissions (TOTAL)
Patient home medication histories (TOTAL)
Home medication history corrections (TOTAL)

Data: 2009-2011



Conclusion

- “Home med” lists are accurately created by APPEs and/or specially trained pharmacy technicians
- 1.4 clinically significant error per patient history
- An accurate “home med” lists takes on average 20-30 minutes to complete

Current Process

Current Process

- Nursing transferred 2.25 FTEs to pharmacy
- PTAMT (Prior to Admission Medication Technician) Positions created: 2.25 FTEs
  - Med-Surg: 0700-1530 Monday through Friday
  - ED: 1030-1900 Monday through Friday
  - Weekend: Student Intern

Current Process

- APPEs (during second month) required experience (one week)
- All PTAMT/APPE work reviewed by pharmacist
- Pharmacist communicate needed changes to prescribers (i.e., MTM)
- Unable to review all admissions

Barriers

- Administrative support vs. nursing/medical staff support
- “Soft savings” vs. “Hard savings”
- PTAMTs pulled to cover central pharmacy
- Current process vs. all admissions
  - Redundant conversations

PTAMT Process: Policies and Procedures

PTAMT Requirements

- Policies and procedures exam: ≥ 90%
- Prescription matching exam: ≥ 90%
- Practical Skills Validation
  - Section A through E
  - Range from equipment to EHR

Validation Documentation

D	**Demonstrates Proper Application of Policy and Procedure Knowledge**	
D1	Demonstrate proper use of the "Prior to Admission Question Rubric" and "Prior to Admission Medication Technician Decision Tree" during medication histories.	
D2	Demonstrates proper compliance with isolation policies and procedure prior to and after entering patients' rooms	
D3	Demonstrate proper compliance with hand hygiene policy prior to and after entering patients' rooms.	
D4	Demonstrates proper phone (personal) etiquette while in "on-stage" areas of the hospital	
D5	Demonstrates proper compliance with onstage 'smart phone' usage policy.	
D6	Demonstrates appropriate communication with pharmacist and nurses when their assistance is needed (e.g., significant changes to PTA medication list, etc)	
D7	Demonstrates appropriate communication with other PTAMTs when needed (e.g., issues requiring attention during breaks, etc)	
D8	Demonstrate appropriate follow-up on issues that require attention to adequately complete a medication history (e.g., follow up phone conversations with family members, etc).	
D9	Demonstrate when it is appropriate to NOT complete a home medication history (e.g., hospice patient, discharge medication reconciliation has already been completed, etc)	

PTA Medication Question Rubric

Appendix A

Prior to Admission Medication Question Rubric

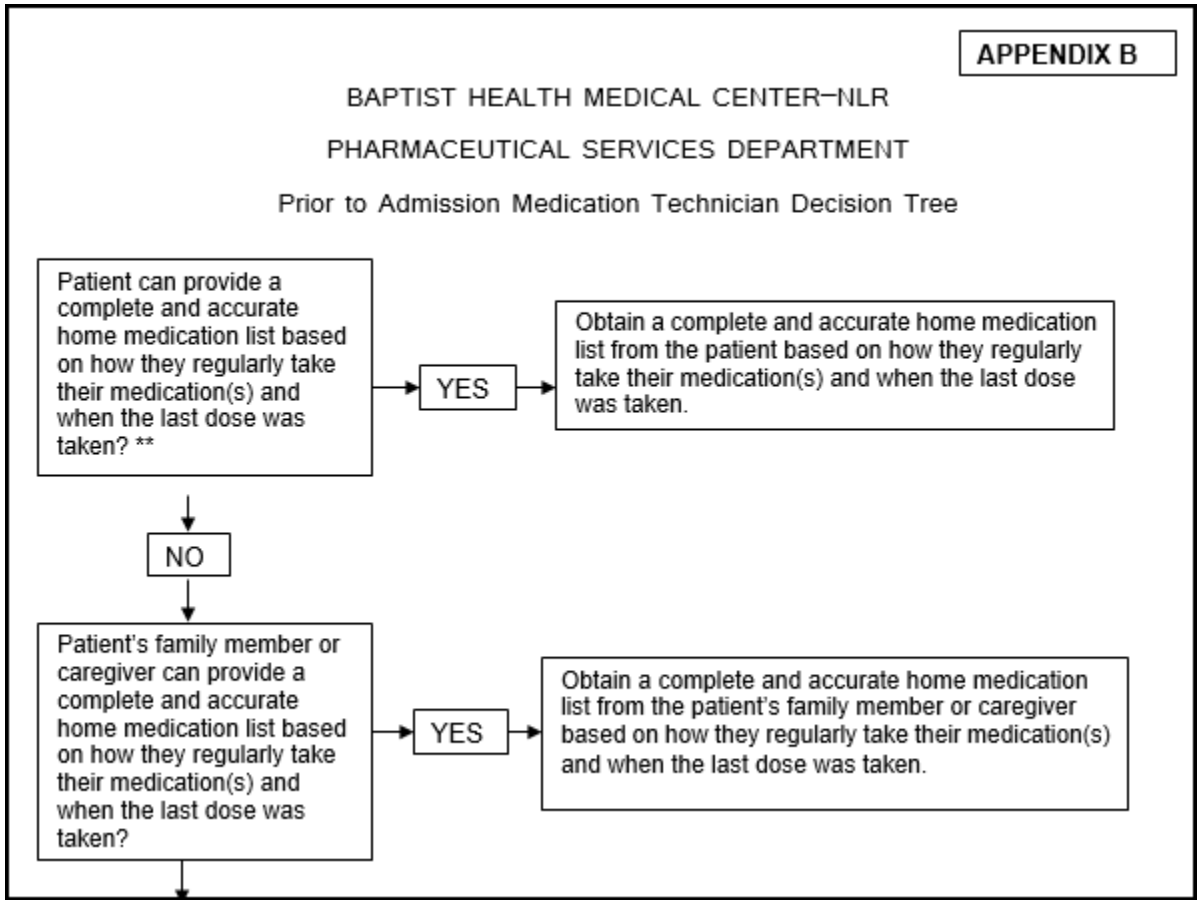
The following statements and questions will help you obtain an accurate and complete home medication list for each patient. Use this form along with the Prior to Admission Medication Technician Decision Tree when speaking to the patient, family members, caregivers, pharmacy, or physician's office.

A. Introduce yourself:
   Example: "My name is Mary. I am a Pharmacy Technician here at Baptist Health North Little Rock."

1. Verify patient using TWO IDENTIFIERS:
   Examples: name, date of birth, account number, or MRN number.

2. Explain the purpose of your visit/phone call:
   Example: "I am here to obtain an accurate and complete home medication list for [you/the patient]."

PTA Medication Technician Decision Tree



Summary

- Medication histories collected by proper trained and validated technicians and students have increased accuracy
- Medication history collected by technicians and students require over-sight by a pharmacist to provide medication reconciliation services
- Once in place, the nursing and medical staffs depend on the service (will not let go)

Acknowledgement

- Amber Powell, PharmD, BCPS
- Holly Katayama, CPhT
- Tamara Criswell, PharmD
- Robert Mayfield, CPhT