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Improving Medication Reconciliation Using Provider Education and an EHR Hard Stop

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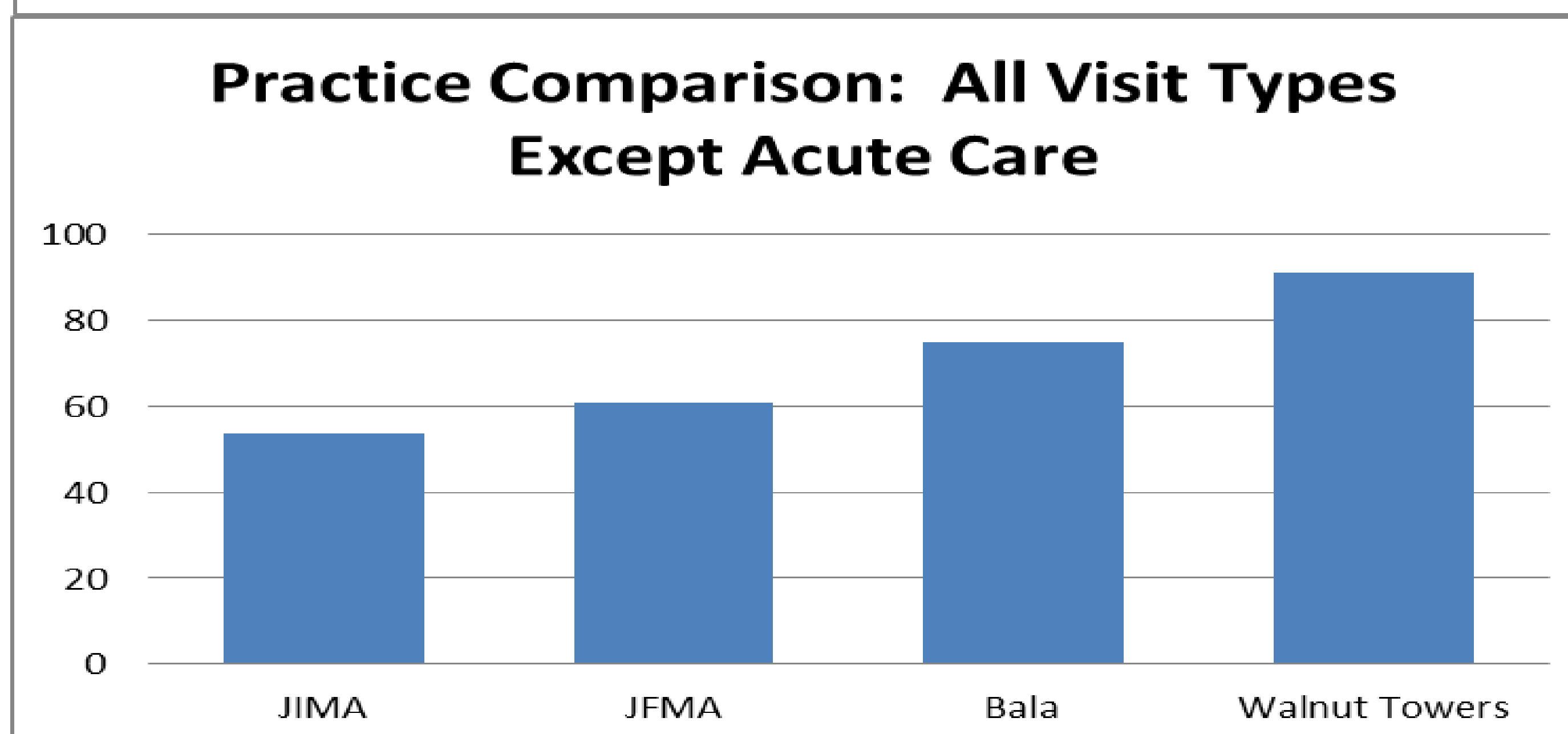
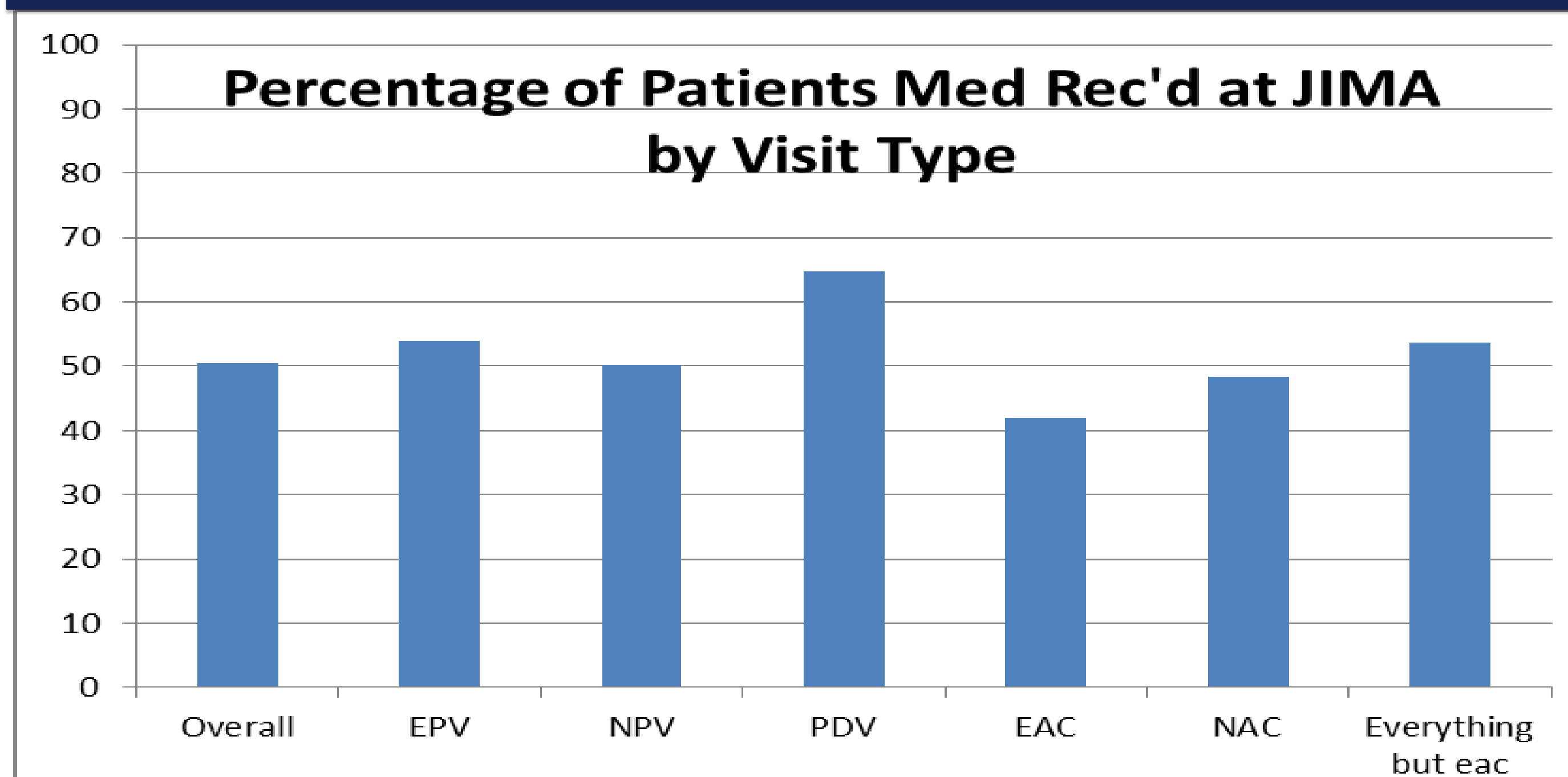
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BACKGROUND

- 29% of American adults take five or more medications.¹
- 700,000 emergency department visits each year are due to adverse drug events.²
- Annual cost of adverse drug events is 3.5 billion. 40% of all adverse drug events in the ambulatory setting are thought to be preventable.³
- Outpatient medication reconciliation is a Meaningful Use Metric

BASELINE DATA

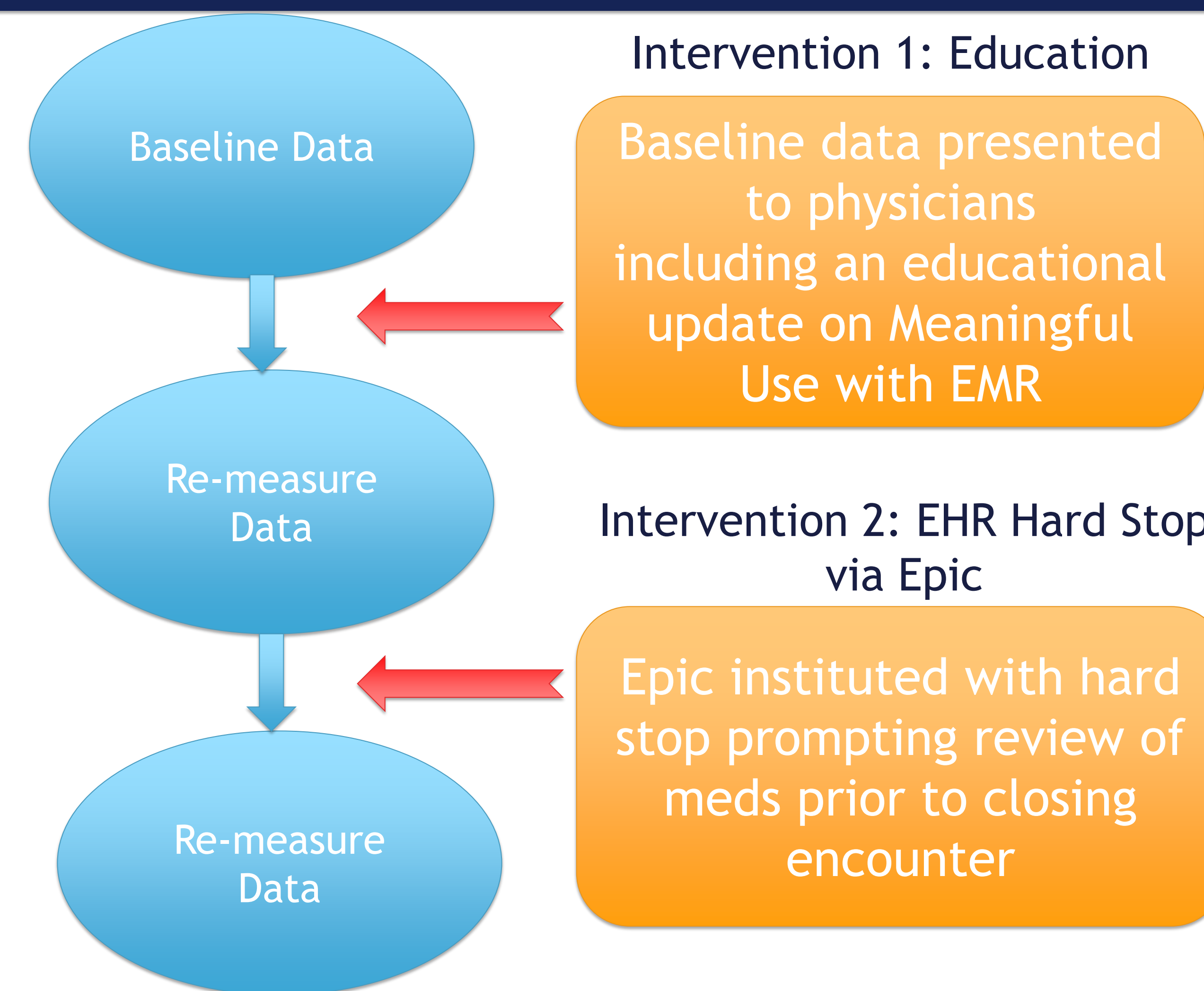


EPV- established patient visit, NPV- new patient visit, PDV- post discharge visit, EAC- established acute care, NAC- new acute care, JIMA - Jefferson Internal Medicine Associates, JFMA - Jefferson Family Medicine, Bala- Bala-Cynwyd Internal Medicine, Walnut Towers- Women's Health Clinic at Jefferson

AIM

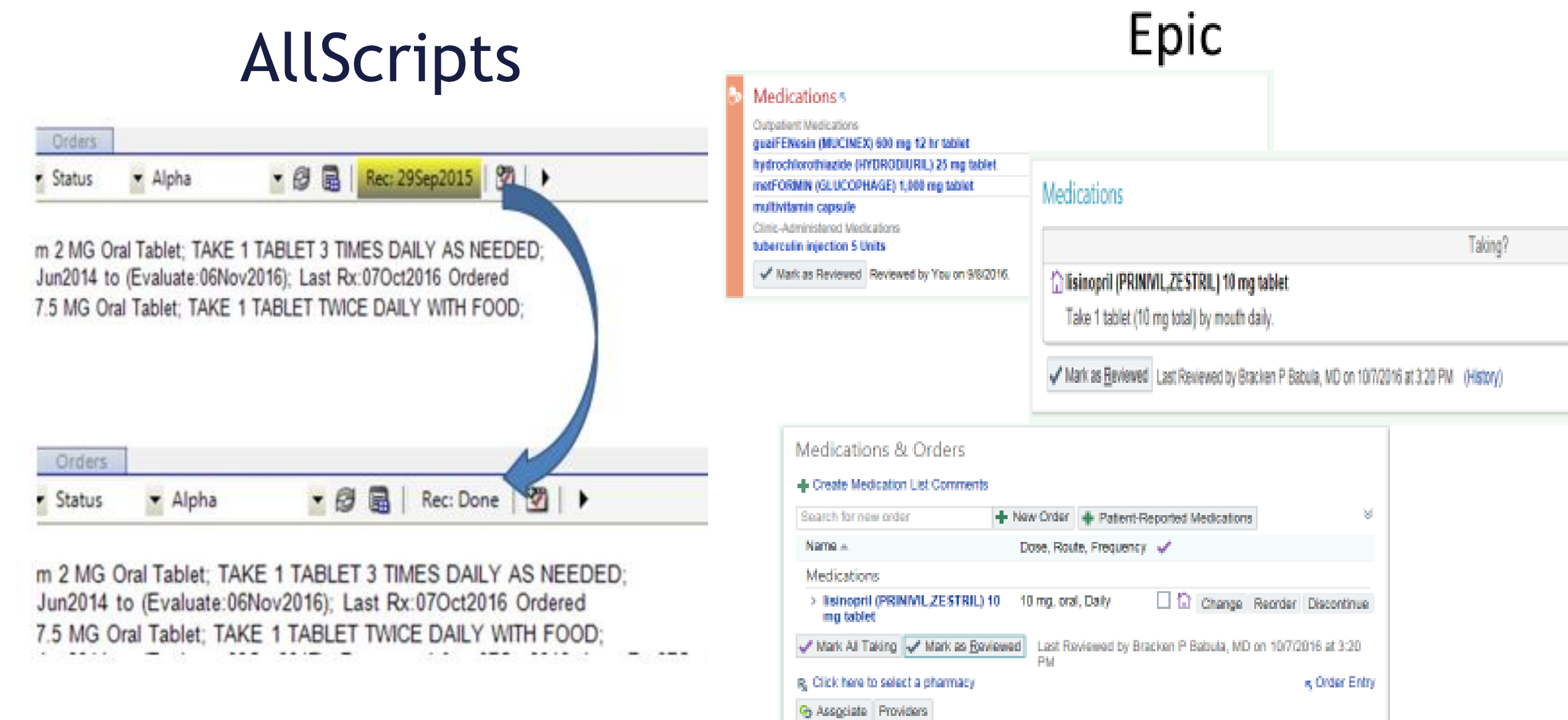
By using a sequence of two distinct interventions, we aim to improve the rate of medication reconciliation at Jefferson Internal Medicine Assoc.

INTERVENTION

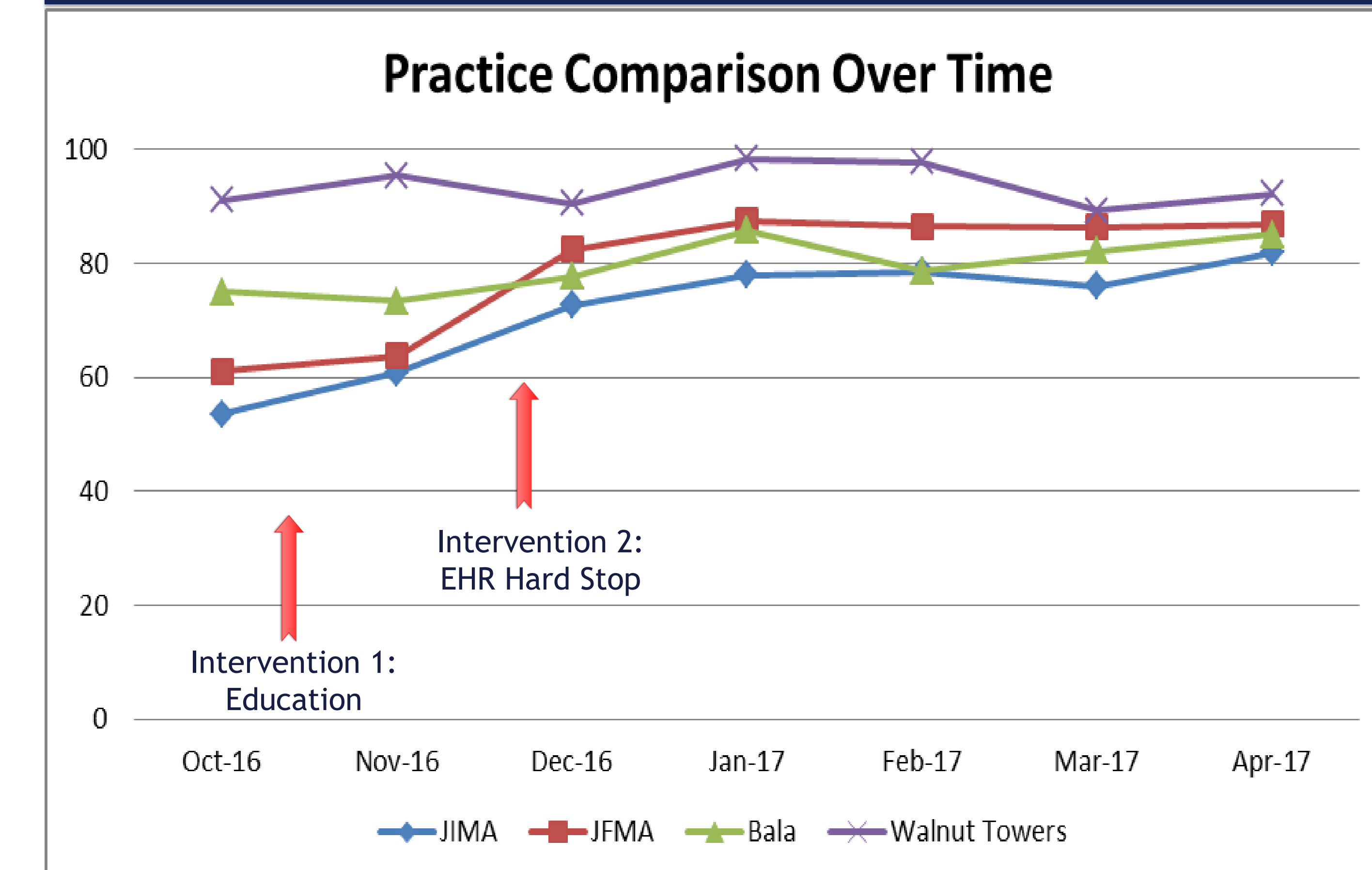


DATA COLLECTION

- Medication reconciliation was measured using the "Med Rec" buttons in EHR
- If button was clicked then reconciliation was considered to have occurred
- Acute Care visits were filtered out for practice comparison



RESULTS



DISCUSSION

- Rates of reconciliation at Jefferson Internal Medicine Associates improved after each intervention
- The system based intervention - EHR Hard Stop - closed the gap between all four practices
- It is important to note that clicking the "med rec" button in the EHR does not mean that reconciliation occurred or was accurate
- Future projects should look to improve the accuracy of the EHR medication list

REFERENCES

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3. Institute of Medicine. Committee on Identifying and Preventing Medication Errors. Preventing Medication Errors, Washington, DC: The National Academies Press 2006.