The ‘med history note’: A standardized method of reducing medication history errors among internal medicine residents in a teaching hospital.

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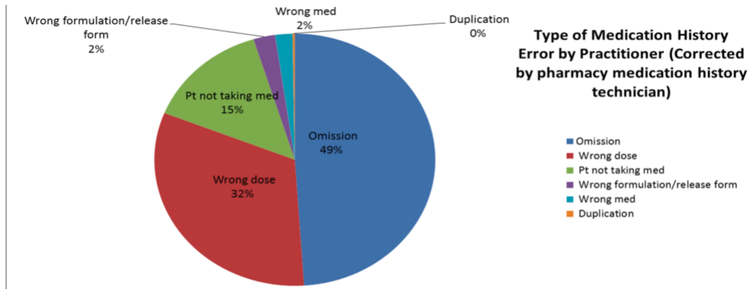
Problem Statement

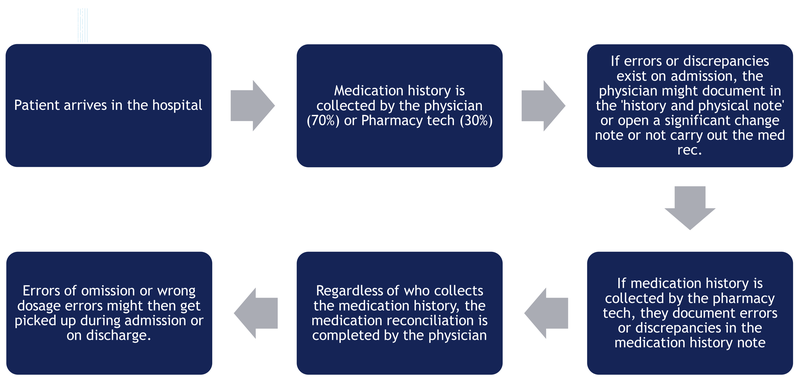
According to the institute of medicine’s preventing medication errors report, the average hospitalized patient is subject to at least one medication error per day.[1] Errors have been known to occur during admission, transfer and discharge of patients.[2] An accurate medication history on admission is crucial and can go a long way in preventing medication reconciliation errors. Of note, more than 40% of medication errors occur from inadequate reconciliation, during admission, transfer and discharge of patients.[3] Of these, 20% result in harm[4].

Current State

At Abington-Jefferson health, medication history is obtained by residents in 70% of cases, while pharmacy technicians carry out 30%. In order to clarify work remaining on medication history, the medication history note was rolled out to pharmacy technicians in April 2016 and this served as a way to clarify medication inaccuracies. Per the data collected from April 2016 to April 2018, it was noticed that overtime, practitioners had a 21% accuracy, while the pharmacy techs had a 91% accuracy. 49% of medication errors were due to omission.

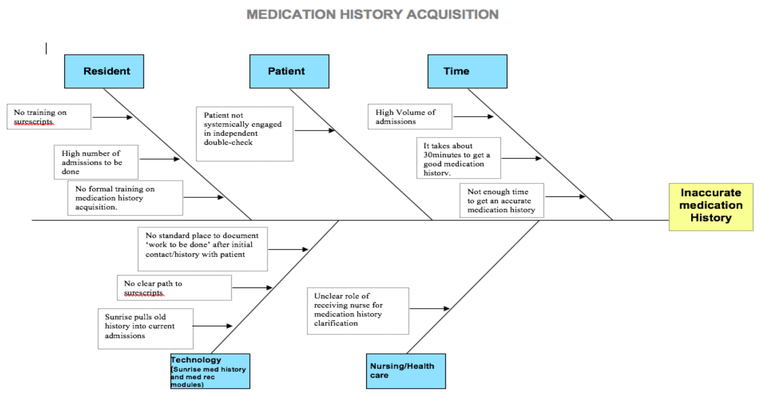


PROCESS MAP



Root Cause Analysis

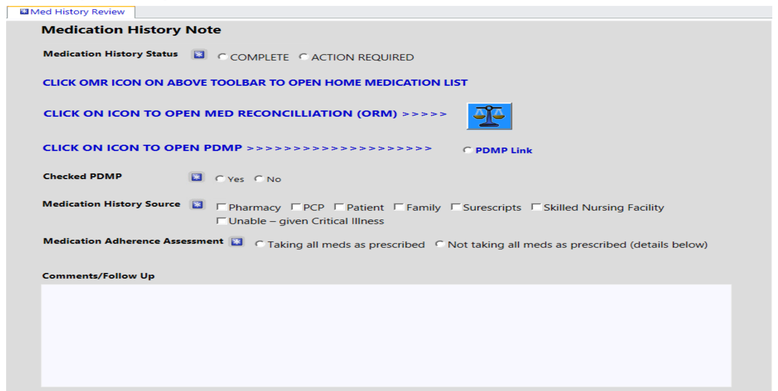
- Fish -bone



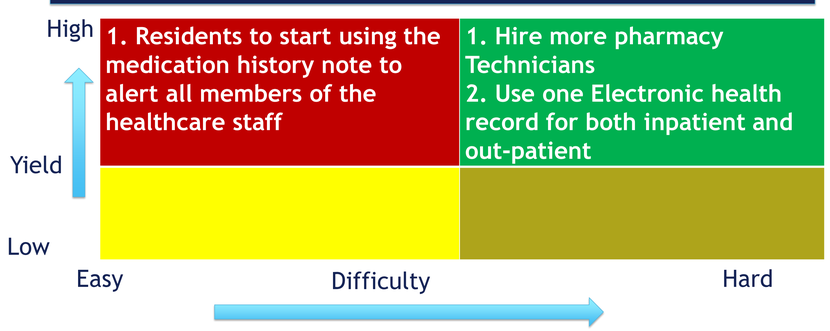
Target

- AIM

To have 80% of Abington internal medicine residents using the medication history note in the electronic medical record to clarify both medication inaccuracies and work remaining on the medication history by May 2018



Prioritization matrix; possible solutions



Action steps to implement Change

Intervention- Start using the medication history note.

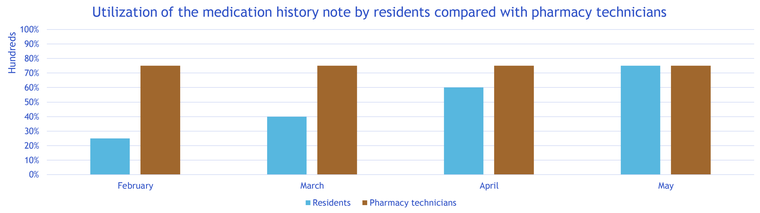
What? Increase utilization of the medication history note

Who? All Abington residents would use the medication history note to document inaccuracies and clarify work remaining in the medication history on admission. If incomplete, click on action required to alert nurses, pharmacist and colleagues, who would in turn look into multiple sources and outlets to clarify this.

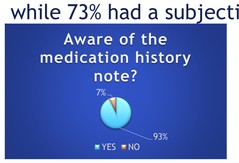
When? February 1st 2018

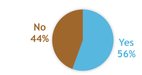
Where? All Abington-Jefferson residents with 4WW as the pilot general medical floor.

Results



Trend showed that the utilization of the medication history note improved over time, and a survey of the 44 internal medicine residents showed 93% to be aware of the note, while 73% had a subjective perception about the note reducing medication history errors.





Conclusion/Next Steps

- Accurate medication history taking is a vital act that is crucial in avoiding medication errors.
- Currently, residents can use the medication history note to clarify errors or discrepancies noted on admission.
- Going forward, residents would be trained about the best ways to obtain medication history.
- The ultimate goal is to have one electronic medical record (EMR) that would pull up both inpatient and outpatient medication history.
- Hiring more pharmacy technicians is an expensive, but perhaps worthwhile investment that can be looked into as well.

References

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