

# Awareness Improves Medication Reconciliations

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## Background of Problem

Medication reconciliation (MR) is the process of obtaining an accurate list of patient's current medications and comparing them to HCP's orders upon admission and discharge.<sup>1</sup> Medication errors cause 100,000 deaths annually in US.<sup>2</sup> Patients have >50% chance of error during MR process in hospital admission.<sup>3</sup> Proper MR has been deemed a National Patient Safety Goal.

## Purpose

The purpose of this project was to examine the effect of clinical reminders in obtaining accurate MRs.

## Significance

Inaccurate MRs have the potential to cause harm to patients, prolong treatments, and increase hospital stay.<sup>1,4,5</sup> Implementation of technology decreases clinical reminders and use of clinical reminders improve patient outcomes.<sup>7-10</sup>

## Setting and Sample

TJC accredited 97 bed rural hospital in SE Alabama. Patients > 65 and over discharged from med-surg floor and/or ICU from June to November 2013

RNs & LPNs that worked on med-surg floor or ICU

## Tools

Data Collection Sheet for pre and post chart reviews: patient age, admitting provider, number of home medication prescribers, number of pharmacies, status of home medications at discharge, completion of MR Questionnaire: 7 items based upon concepts and elements from Rogers' Diffusion of Innovation Theory

## Methodology

Retrospective pre-intervention chart reviews June/July 2013. Education provided to nurses during 2 day skills fair on clinical reminder. Nurses given 7 item questionnaire following education. Clinical reminder implemented into flowsheet of CPSI system. Retrospective post-intervention chart reviews November 2013.

## Results

Descriptive statistics of nurses (N = 26): Pre-implementation : 53.8% disagreed with the statement "medication errors will increase with a clinical reminder", 42.3% agreed; 34.6% agreed "clinical reminder will lead to computer problems that will impact care time"; 42.3% agreed " technology interventions such as the clinical reminder increase workload".

A significant difference (p < .01) in MRs pre- and post-implementation of clinical reminder was noted using a McNemar Test.

MR status	Pre-Implementation n	Pre-Implementation %	Post-Implementation n	Post-Implementation %
Complete	34	68	46	92
Incomplete	15	30	2	4

## Conclusion

Project improved MRs at the rural hospital at no cost to the hospital. The clinical reminder is continuing to be utilized.