Enhancing Advanced Practice Providers’ Knowledge of and Compliance to Medication Reconciliation Through Education in the Emergency Department

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Abstract

Introduction: Medication reconciliation (MedRec) was designated by The Joint Commission (TJC) in 2005 as the National Patient Safety Goal (NPSG) that has become the standard of practice to identify discrepancies and medication (meds) errors through reconciling medications in all healthcare organizations. Purpose: To increase the knowledge & compliance of APPs on the MedRec process in the ED to prevent discrepancies. Methods: A 10-item Pre & Posttest survey. Setting: 600-bed Academic Trauma Center with an average of 450 daily ED triage visits. Intervention: Education Brochure on the MedRec Process.

Background

- Medication errors cause Morbidity & Mortality
- In US 82% adults take 1 med/day ~ 29% take 5 or >/day
- 79.5% ED visits involve the use of Medications
- 67% of Med discrepancies are found on ED arrival

MedRec Process: 1) obtaining the pts best possible med history (BPMH), 2) documenting list of home medications, 3) reconciling home meds with new medication orders.

Results

- Pretest vs. Posttest
- Pretest: 20% June, 20% July, 27% August
- Posttest: 28% June, 28% July, 27% August

Conclusion

- The outcome of this intervention for MedRec showed a 1% increase indicating a higher level of knowledge for Oct/Nov (29%) and no statistically significant change from AFP baseline practice compliance data to post education compliance rates.
- The outcome of the survey analysis for the pre- and posttest showed an increase in knowledge after education, and no statistical significance. The increase in knowledge was achieved in <50% in the survey questions.
- The goal to achieve 70% for the MedRec compliance among the APPs for this project was unsuccessful.

Strengths & - Limitations

- Project introduces awareness of a gap in the literature
- Heightens awareness to this category of providers (APPs) eligible to perform MedRec
- Potential expansion of the intervention on larger sample size may improve outcomes
- This project is relevant to practice
- Publication of this project could impact practice change

APPs in the ED must continue to increase their knowledge and compliance for the MedRec process. The survey responses consistently described the MedRec process as having a positive effect on patient care and safety. Still, most participants reported uncertainty about who performs the MedRec process and were unclear why this lack of clarity exists. This is a direct association with the underutilization of performing the MedRec process. Therefore, this supports the need to revisit the intervention to strategize a new approach to increase APP knowledge and compliance to promote safety in the ED.

References


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