Med Reconciliation is a high risk workflow

National Patient Safety Goal 03.06.01 (2016)

Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Clinic Goals:
• Obtain accurate and comprehensive medication list
• Creates clear and concise treatment plan free from duplications, omissions, contraindications, unclear information, and changes
• Upon discharge patient has clear understanding of medications (Purpose, dose, schedule, route, adverse effects and changes)

Complicated by the implementation of new Health Information Technologies (HIT) such as Epic.

Sources of potential error:
• Poor system usability designs that set users up for failures
• Inadequate training
• Limited understanding of the task significance to whole workflow

Methods
Human Factors Analysis to streamline processes, perform proactive assessment, and promote patient safety,
1) Evaluate the usability of HIT and redesign system interfaces with end-user centered approach
2) Analyze for potential workflow deviations and mitigate the identifiable system issues.

The SEIPS Model demonstrates the interaction of components in a work system affecting care processes and patient outcomes.

Results
Participant Observation Data
• Wide variability in practices
• Multiple sources of verification
• Various levels of accuracy and efficiency

Simulation Case Scenario
Steps for Med Rec Based on best practice and Epic Tool
1. Mark as Reviewed – 6
2. Alert for External Info – 4
3. Review Allergies – 2
4. Talk to Patient – 7
5. Review Home Medlist – 7
6. Classify Meds (Taking, Not Taking, D/C) – 4
7. Modify Order – 7
8. Drug-Drug Interactions – 2
9. Review Final Medlist – 1

SUS Scores out of 100
Range: 95-40
Mean: 69.3

Task Time Analysis – TBD

Interview Data Analysis
Themes:
• Errors in patient reporting
• Errors in team communication
• Role ambiguity
• How to document
• Obstacles to training
• Epic Usability

Where to Perform Medication Reconciliation?
Visit Navigator ➔ Med Review

Chart Review ➔ Meds

Also “Medication” tab and “Medication Reconciliation” Tool in Epic

Conclusions
Evaluation of factors in SEIPS Model

Task: New and unfamiliar, not one task, but many tasks occurring simultaneously; therefore difficult to prioritize

Organization: Barriers to successful training (i.e. deadlines, third party administrators, insufficient training tools)

Environment: Rooms not conducive to interactions with both patient and computer

Tool: Not designed with medication reconciliation in mind; non specific platform to serve needs of many users

Individual: Role ambiguity in outpatient setting between medical techs and MDs, both perform med rec but responsibility is with provider

Recommendations
• Standardize med rec workflow for best practice
• Re-train Epic users post implementation
• Independent review of health information technology (HIT) training modules
• Develop HIT implementation strategies
• Changes to Epic platform to facilitate accurate and efficient medication reconciliation

Future Directions
• Identify and mitigate potential errors specific to pediatric oncology
• Conduct further observations and interviews
• Build and test inpatient scenario
• Include different levels of providers (NP, PA)

References