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## BACKGROUND

Medication reconciliation is the process of identifying the most accurate list of medications a patient is currently taking including medication name, dosage, frequency and route, by comparing the medical record to an external list of medications obtained from a patient, hospital or other provider (1). According to a study published in the British Medical Journal in 2016, medication errors were the third leading cause of death in the world and accounted for 250,000 deaths in 2016 alone (2). According to Andel et al in 2012, drug-related errors were the single most common type of medical error. In 2010 in the United States, medication errors cost healthcare consumers 19.5 billion dollars(3). Additionally, polypharmacy which is the use of multiple prescription drugs is increasingly common, with 10% of the population and 30% of older adults in the United States taking five or more drugs simultaneously. (4) It is therefore critical for patient safety that an updated and accurate medication list is obtained at every clinic visit. This will allow providers to ensure all medications patients are taking are necessary and patients are taking their medications appropriately. The Internal Medicine Residency Clinic evaluated medication reconciliation by creating a report; over a period of six months, only 63.56% of patients had a medication reconciliation complete during their office visit.

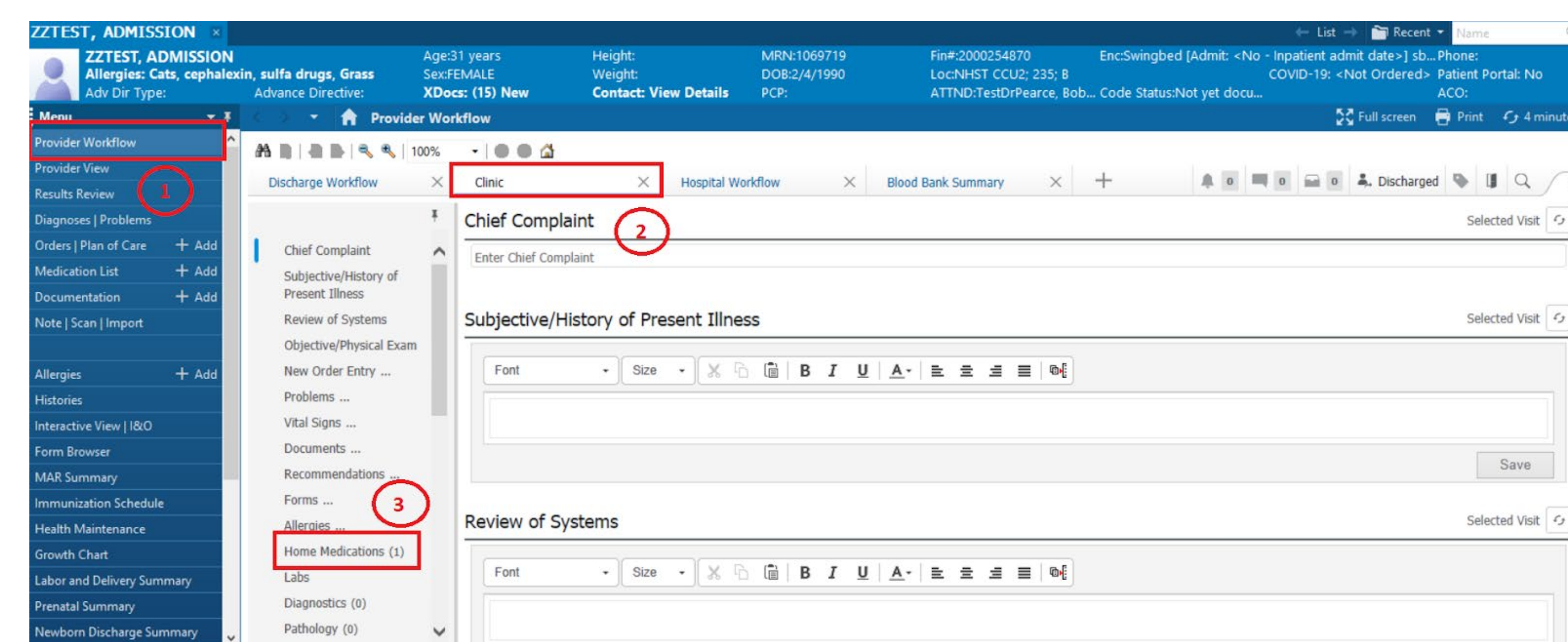
## AIM STATEMENT

The goal of this project is to increase the percentage of medication reconciliations that are completed in our outpatient resident clinic to a goal of 85% within 6 months.

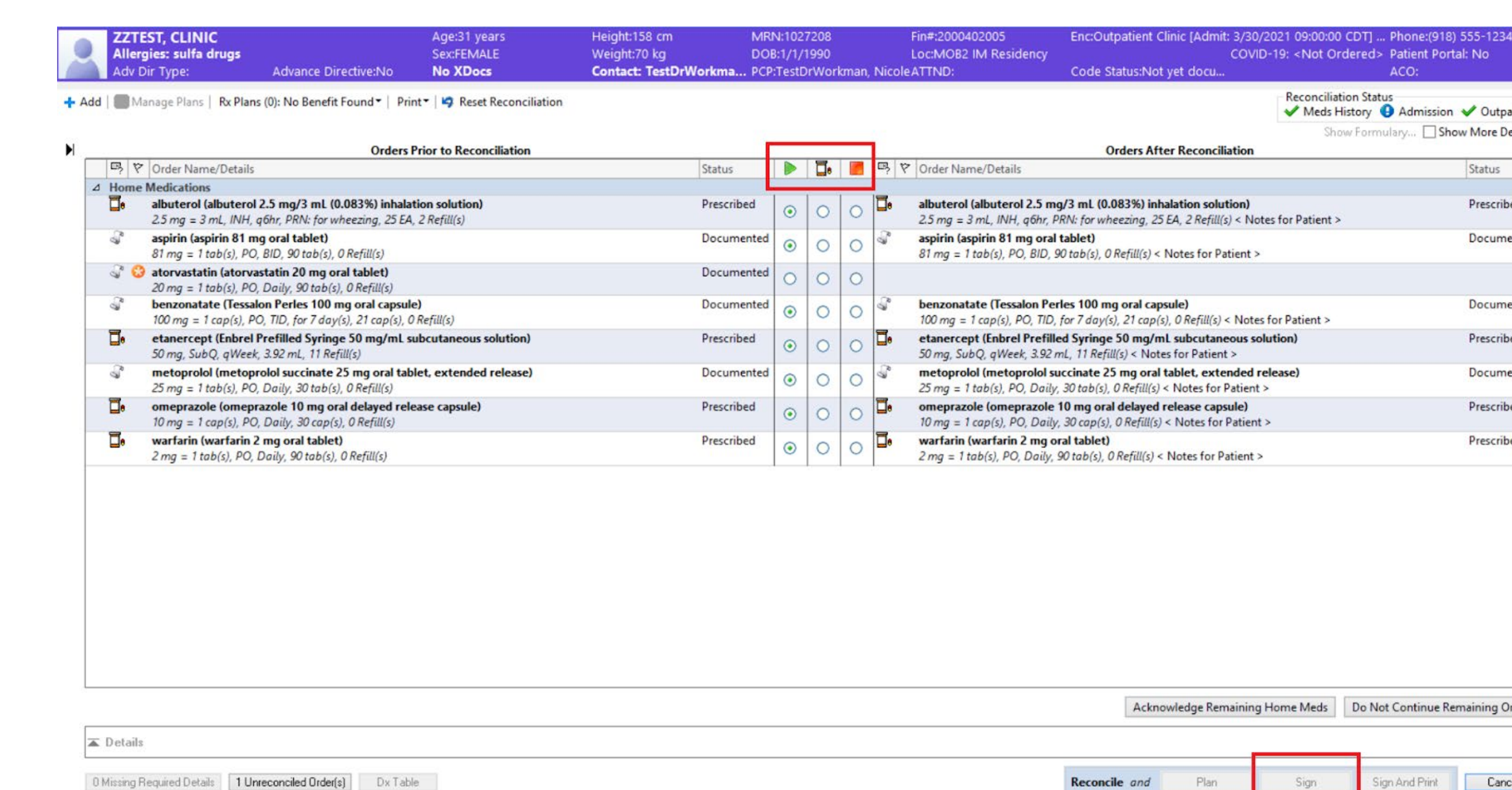
## PROJECT DESIGN

- This project was initiated in order to ensure the medication reconciliation would be completed for all patients in the Internal Medicine residency outpatient clinic.
- The steps to improve this process will include discussing the patient's current medication list that includes vitamins, over the counter supplements, over-the counter drugs, and vaccines in addition to prescribed medication.
- This process also includes verifying that these medications are being taken as prescribed.
- And finally, updating the medication reconciliation page in Cerner to reflect the current regimen the patient is taking.
- A document was made detailing how to properly complete a medication reconciliation. This document included screenshots and detailed instructions. This document will be made available in the clinic for medicine residents as reference.
- The education initiative will begin with quarterly didactic sessions with current residents and will be instituted with every subsequent class of incoming interns with the goal of achieving and maintaining a compliance score of 85% or greater in regards to successfully completing a medication reconciliation for all patients in the outpatient clinic.

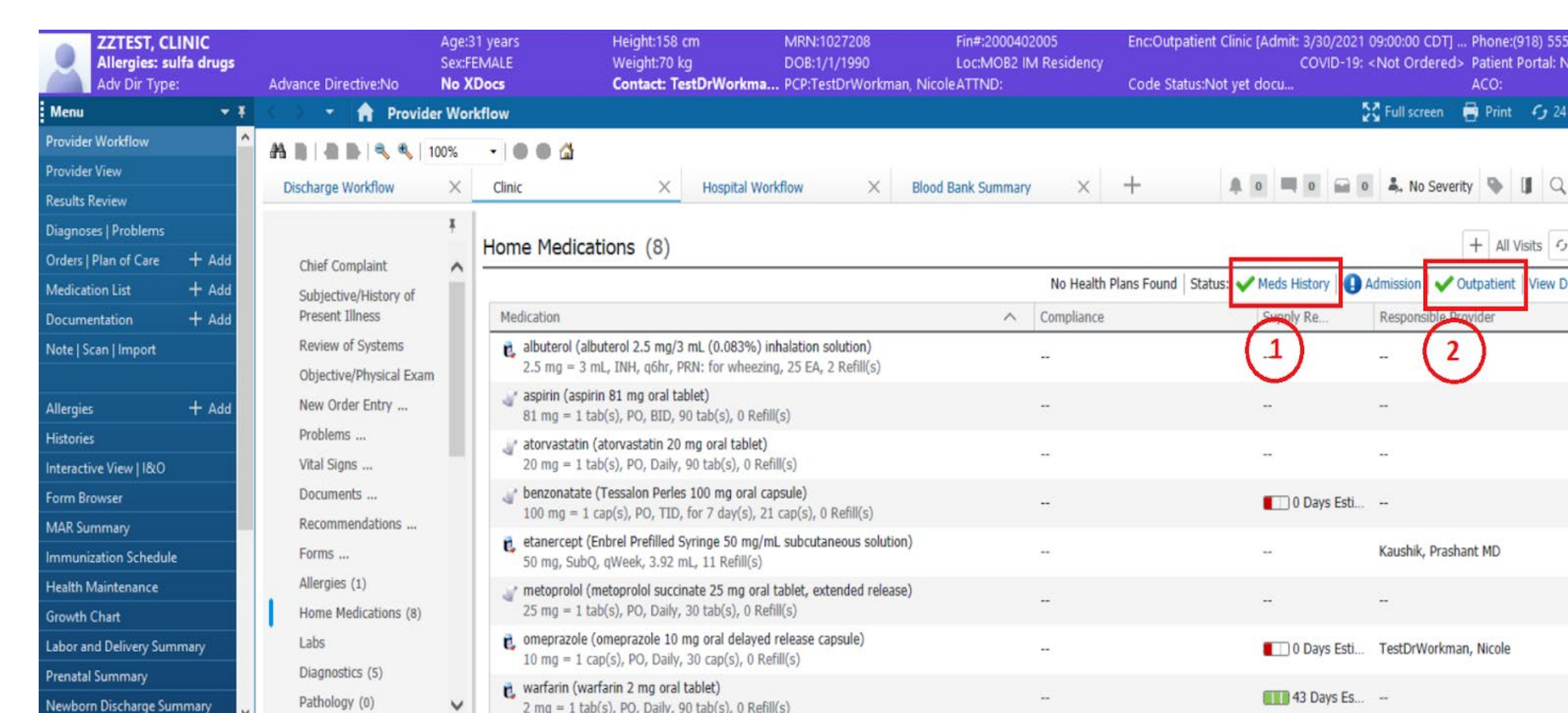
### Step 1:



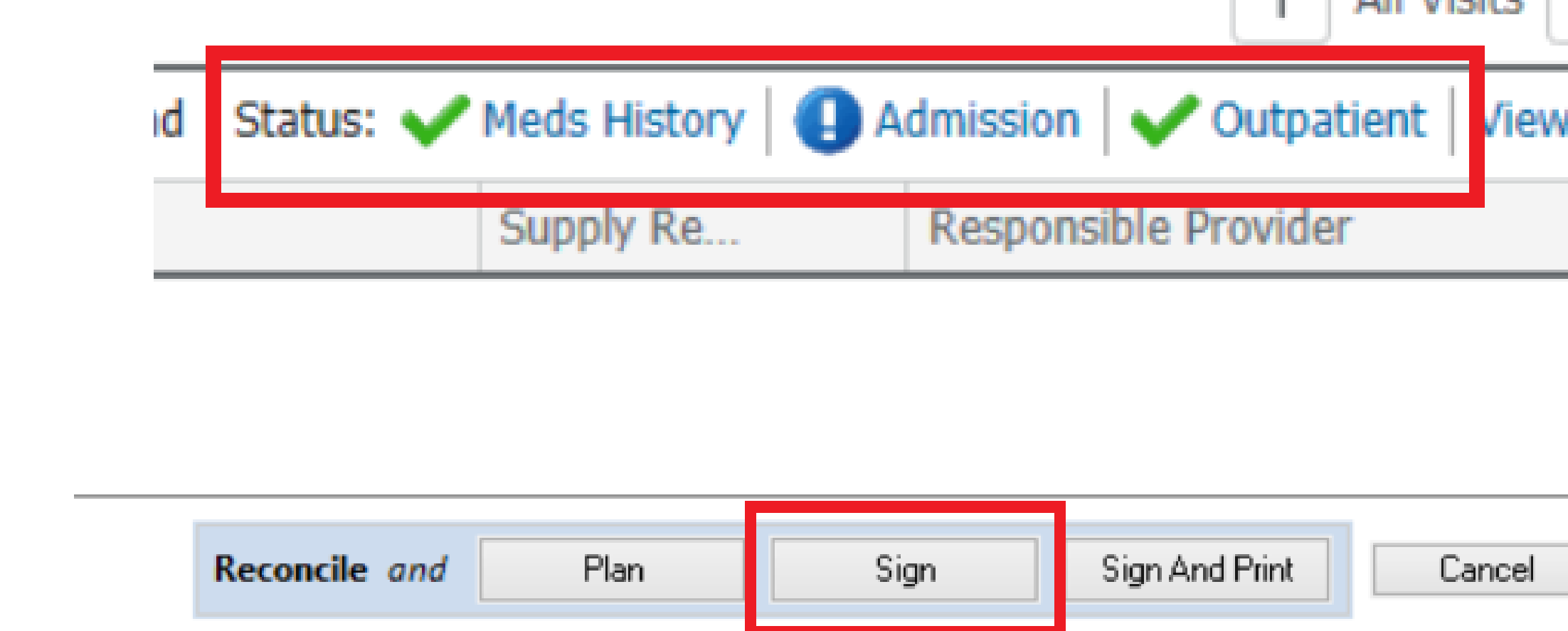
### Step 3:



### Step 2:



### Step 4:



## NEXT STEPS

- Obtain quarterly individualized reports of medication reconciliation percentage completion with feedback on goal >85% completion.
- Educate incoming interns at orientation on quality improvement projects and required medication reconciliation completion for clinic visits.
- Re-evaluate semi-annually to determine if additional steps to improve accurate medication reconciliation completion are necessary.

## RESULTS

Results will be evaluated quarterly by resident and semi-annually to determine if additional PDSA cycles are necessary to implement effective change.

## REFERENCES

- [https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/downloads/7\\_medication\\_reconciliation.pdf](https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/downloads/7_medication_reconciliation.pdf)
- <https://bmiopenquality.bmj.com/content/bmjgir/7/2/e000281.full.pdf> British Medical Journal 2016;353:i2139
- <https://pubmed.ncbi.nlm.nih.gov/23155743/> / Andel C, Davidow SL, Hollander M, Moreno DA. The economics of health care quality and medical errors. J Health Care Finance. 2012 Fall;39(1):39-50. PMID: 23155743.
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5663207/>

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