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Background

It has been recognized that medication reconciliation is a problem that many health care organizations and providers face, with the impacts ranging from significant rework for staff to adverse outcomes for patients. Edward-Elmhurst Health identified the need to significantly improve the overall medication reconciliation approach across the entire continuum, from the ambulatory setting to acute care hospitals. Data from safety-event reporting, feedback from clinicians and interviews with key leaders led to identifying the project and connecting to the fellowship in the fall of 2020.

Approach

With medication reconciliation being so complex, we decided to approach the problem in a few different ways, with data and observations driving improvement efforts throughout. The project would require significant time over multiple years, with the initial focus being on the acute care hospital setting. The approach to addressing the acute care hospital setting was the primary focus of the fellowship project, but the project will be overseen until it is complete.

The approach in addressing the larger project would be in phases, starting with the acute care hospital setting in the first year and moving into the ambulatory environment in subsequent

years. For the acute care hospital setting, the DMAIC (Define, Measure, Analyze, Improve and Control) methodology would be leveraged to get at the root cause of the issues and implement improvements. Observations would be performed in all the areas impacting or interacting with medication reconciliation as well as leveraging data to identify areas of potential opportunity. Once observations were completed, areas of focus were developed with groups being established to get at root cause of issues and recommend improvements. These focus groups included: prior to admission, emergency-department-to-admission medication, medication at discharge, and after-visit

summary (AVS) and discharge summary. Through guided exercises, these teams identified areas of opportunity for improvement. These recommendations were evaluated and implementation plans were developed to address those with the most potential and general feasibility.





Outcomes

While the impact of the larger project has not yet been realized, the approach has been sound and well-respected by leadership. The path of execution on the larger-scale project is clear and the areas of focus have allowed for identification of improvements needed to significantly improve the medication-reconciliation process. The deliverables of the yearlong project are a focused plan on how to proceed, commitment from leadership and resources allocated for execution. It was expected that the project would take much longer than the fellowship, but it is important to ensure that the improvements meet the goal without rushing through the process.

The current areas of focus center around creating standard operating procedures for staff involved with medication reconciliation, automation of prioritizing medication review for staff, adding additional staff to meet organization demand in select areas, AVS refinement, as well as general education of staff involved in the critical role they play in medication reconciliation. The team anticipates an uptick in the

reported safety events in the short term, as medication-reconciliation awareness continues to grow. In the longer term, we anticipate a significant reduction in the number of adverse patient events, errors associated with medication reconciliation, increased satisfaction from staff due to the decrease in issues and, ultimately, a significantly improved overall experience.

Lessons Learned

“Throughout the project, flexibility was critical, as the organization was still responding to COVID-19.”

Outside of this, one of the big findings was a need to focus and provide clear direction to leaders. When tackling such a large initiative, if there were no focus, there would be many competing initiatives that would have resulted in a poorly executed project. If this would have occurred, the improvements that are being realized would not have happened or would have negatively impacted other areas of focus. Another significant lesson learned was just how many resources are required to make some of the improvements and the need to align priorities across the organization. Bringing people in and out of the project, based on the current demand and focus, is critical, because engagement is required but respecting everyone's time is also important. One final lesson learned would be to involve other key leaders earlier in the project to ensure commitment in the long term.

Next Steps



The largest goal of the project moving forward is to continue the focus

on execution. Developing parallel improvement efforts with the acute care hospitals and ambulatory setting will be critical. On the acute care side, connecting to nursing areas of focus and improvement will be the next big initiative. Nurses play a critical role in medication reconciliation so improvements on that front will improve the overall medication-reconciliation process.



On the ambulatory front, there are other projects, primarily a focus on developing team-based care, that will incorporate the medication-reconciliation project into their plans.



The goal for the entire project is to ensure that the organization has the most up-to-date medication information at any point it is interacting with the patient. While the project was not fully executed during the fellowship, it will be implemented and executed in the coming years. The improvements are vast and impact significant, and the organization is committed to ensuring that the original goal is realized. The fellowship was a springboard for the project, and moving forward will be viewed as one of the reasons so much progress occurred to position the large project for success.