

A JOURNEY OF CHALLENGES WITH ELECTRONIC MEDICATION RECONCILIATION



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Background

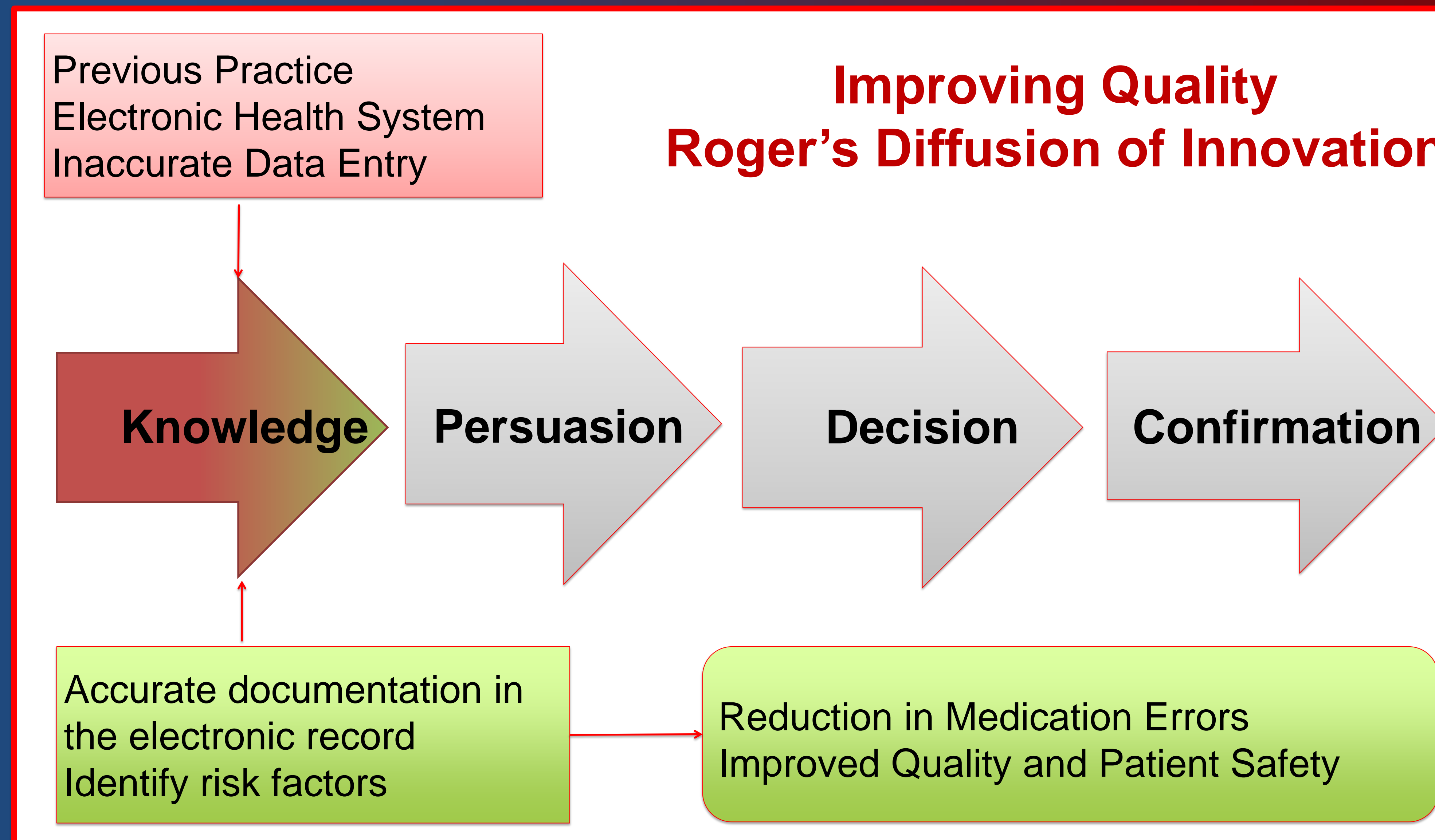
- Unintentional medication errors are a significant problem in healthcare in terms of morbidity, mortality and cost
- Medication reconciliation is one of several strategies used to reduce medication errors

Method and Data Analysis

- Retrospective electronic chart review compared admission medication reconciliation to discharge
- Data extraction tool created for the study was used
- Error rates were quantified using descriptive statistics
- Endpoints include modifiable and non-modifiable factors
- A Chi-Square analysis examined the relationship between discharge medication reconciliation errors and type of discrepancies

Purpose

To examine accuracy of medication reconciliation at time of hospital admission compared to discharge



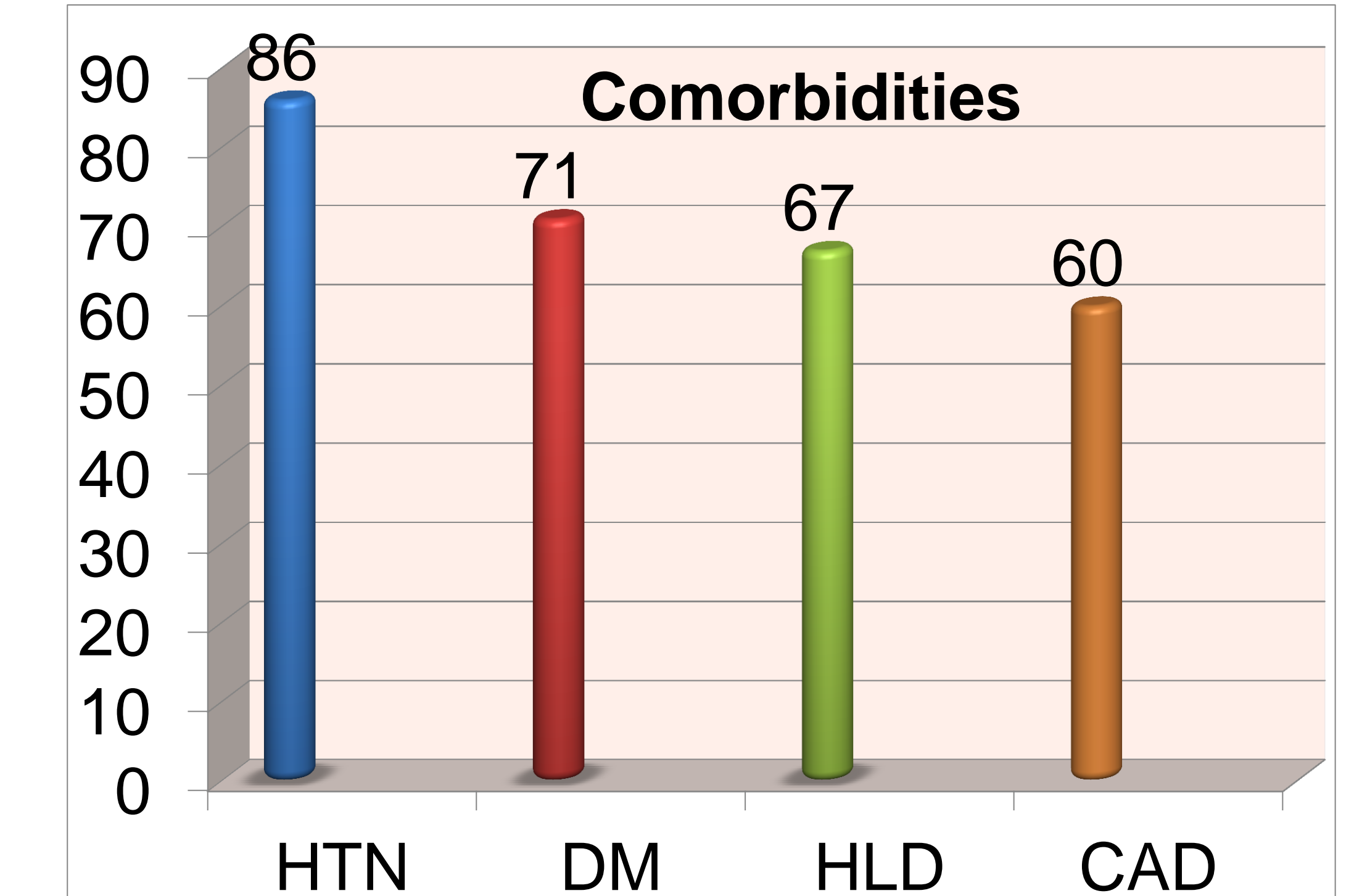
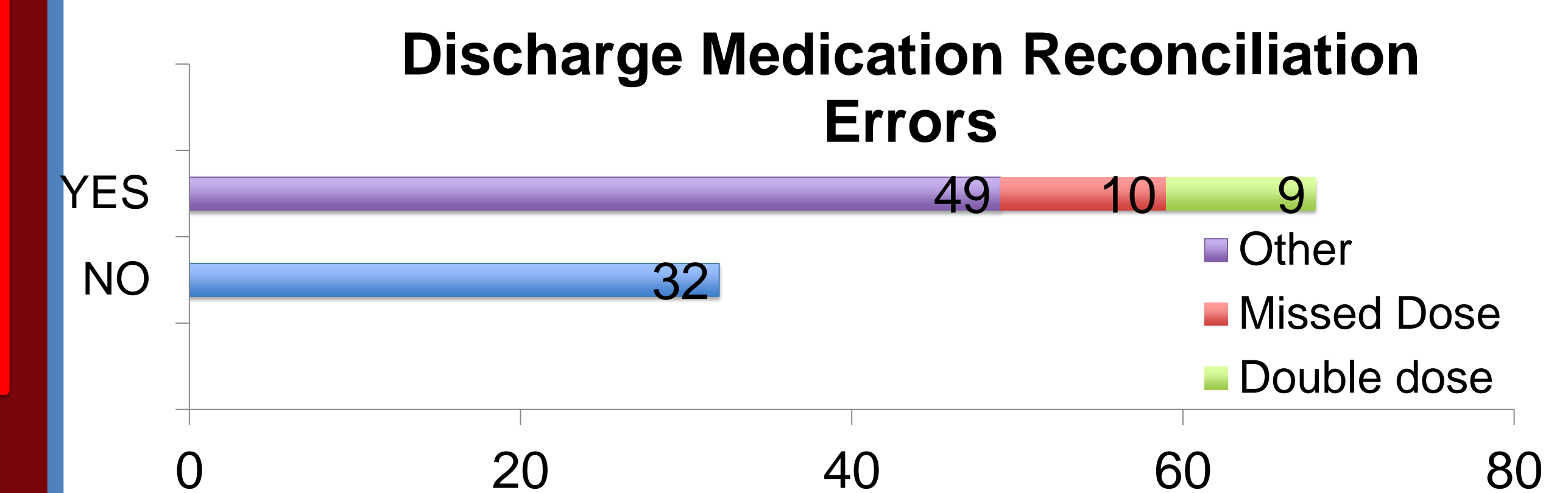
Implications and Conclusions

- Discharge Medication Reconciliation is costly in terms of nursing workload
- Identification of risk factors for medication reconciliation serves as potential targets of intervention
- Discharge delayed to correct medication discrepancies may have a negative impact on patient satisfaction and institution finances

Results

Mean Age- 58.8, SD- 9.45

Variable	Sample n= 150	n(%)
Age (56-86)	99	(66)
Male gender	114	(76)
Caucasian	117	(78)
New med on discharge	122	(81)
Poly pharmacy	107	(71)
Discharge Medication Reconciliation Errors	102	(68)
Discrepancy Correction	30minutes	
Statistical Value	P=0.00	
X² = 96.061, df=3	<0.05	



Abbreviation Key
HTN- Hypertension, DM- Diabetes Mellitus,
HLD- Hyperlipidemia, CAD- Coronary Artery Disease