Discontinued Medications after Hospital Discharge

Central City Concern & CareOregon

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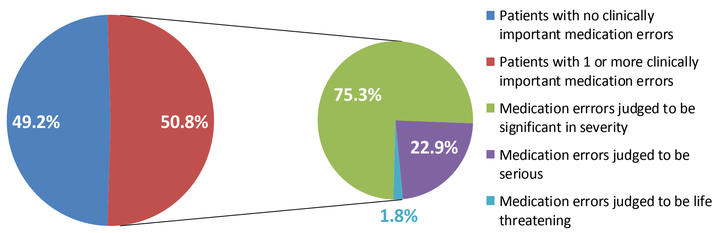
Background

Needs Assessment: The time period following hospital discharge has been found to be particularly high-risk, with no standardized process for medication reconciliation across care teams. Central City Concern partnered with CareOregon to assess and implement process improvement on medication-related workflows.

Clinically Important Medication Errors After Hospital Discharge



Effect of a Pharmacist Intervention on Clinically Important Medication Errors After Hospital Discharge: A Randomized Trial - 3 July 2012
Sunil Kripalani, MD, MSc; Christianne L. Roumie, MD, MPH; Anuj K. Dalal, MD; Courtney Cawthon, MPH; Alexandra Businger, BA; Svetlana K. Eden, MSc; Ayumi Shintani, PhD, MPH; Kelly Cunningham Sponsler, MD; L. Jeff Harris, MD; Cecelia Theobald, MD; Robert L. Huang, MD, MPH; Danielle Scheurer, MD, MSc; Susan Hunt, MD; Terry A. Jacobson, MD; Kimberly J. Rask, MD, PhD; Viola Vaccarino, MD, PhD; Tejal K. Gandhi, MD, MPH; David W. Bates, MD, MSc; Mark V. Williams, MD; Jeffrey L. Schnipper, MD, MPH, for the PILL-CVD (Pharmacist Intervention for Low Literacy in Cardiovascular Disease) Study Group

Project description

By focusing on discontinued medications at the period following hospital discharge, we'll standardize workflow across care teams, ensure that pharmacies are aware of discontinued medications, decrease incorrect medication use by patients and lower outcomes/utilization due to medication errors.

Tools: Focus group, value stream mapping, validation, PDSA cycles

Team: Care team members (PCP, LPN, MA), quality specialist, pharmacist, CareOregon consultant

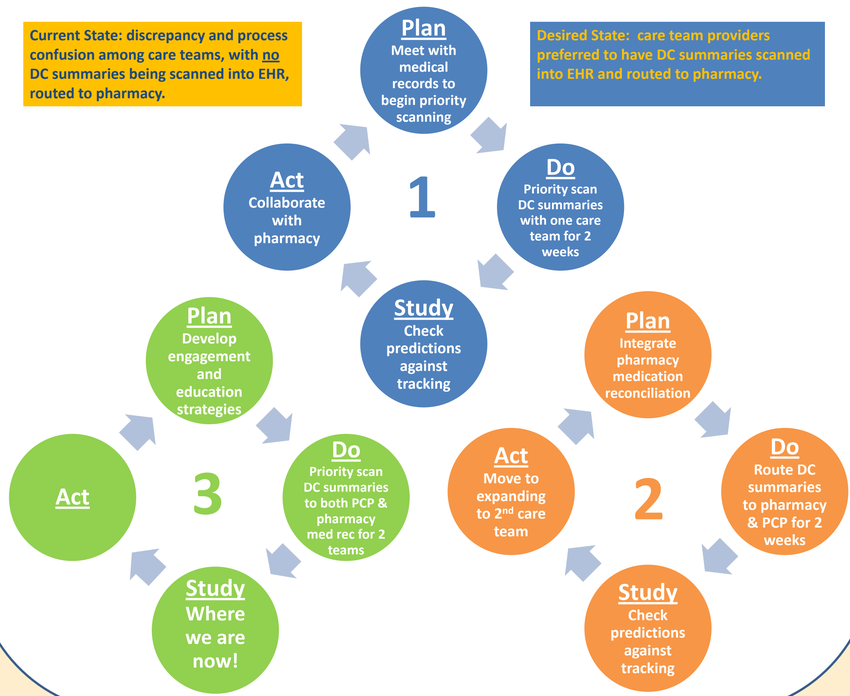
Objectives

Improve accuracy of the medication list, focusing on discontinued medications at hospital discharge to increase patient understanding and decrease adverse outcomes.

- Identify actionable barriers to medication reconciliation post hospital discharge
- Match the work needed to the appropriate staff, maximizing staff skill and time
- Standardize process across care teams for discharge summary management.

Outcomes

Survey across clinic providers revealed disconnect and lack of consistency between the current discharge summary process and the preferred process, resulting in document hoarding and inability to locate documents, delaying them from being scanned into the electronic health record for full care team availability. Results drove this PDSA cycle:



Next steps

- Adopt throughout all clinic care teams
- Clinic pharmacy to develop process to contact outside pharmacies with discontinued medication

Lessons learned

There were inconsistent practices for discharge summary management for each provider and care team.

This change makes better use of staff (pharmacists and pharmacy interns) and brings in best practices for systematic medication review and reconciliation.

This improvement has created safer delivery of care for patients, better communication within care teams, and would be relevant to any medical care team.

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