A targeted strategy and training program to improve the medication reconciliation process



2015

WHAT WAS DONE ? • We design a program to improve the overall quality of MR and We developed a strategy and an organizational thinking to remove human and technology barriers in performing increased the added value of MR for clinicians, nurses and medication reconciliation (MR) pharmacists WHY WAS IT DONE ? MR was implemented in our hospital in 2011 Sustainability **3 PDSA cycles** Quantity Quality Completion of a Best Possible Medication History (BPMH) for 1 month 1 month 1 month 70% of inpatients in less than 24 hours 1 year The high patient volume decreased the quality of our BPMH 2012 2011 2013 2014 **HOW WAS IT DONE ?** Semi-structured interviews : "Customers approach": physicians (anesthesists, surgeons) and nurses "Customers approach": Pharmacists and pharmacy students Prefer a qualitative approach to a quantitative approach Training of clinical pharmacist WHAT HAS BEEN ACHIEVED ? Outcomes of the "Customers approach" : Outcomes of the "Customers approach" : Surgeons, anesthesists, nurses pharmacists, students BEFORE AFTER Training pathway including : **BEFORE** AFTER 1/ E learning module 1 : (20 min) **Quantitative metrics : Quality parameters :** Response to the questions students: "why?" performing BPMH % of BPMH completed during Target "high risk" inpatients the first 24h after admission 2/ E learning module 2 : (25 min) Establish criteria of "how?" performing BPMH % of BPMH completed during prioritization THFORY Presentation the 72h after admission with our 3/ Videos about relevance and impact of Identify relevant sources of experience BPMH to prevent medication error (15 min) information to complete BPHM (Ermess : www.youtube.com/watch?v=vYECxe0S_XY) 4/ Short videos about communication Analysis of the dysfunctions : showing what can be poor or good · to determine their causes communication (7 min) to purpose sustainable solutions 5/ Practical exercises to perform for "High risk" in patients (HIV, epilepsy, diabetes ...) learners about Real life examples of BPMH Criteria of prioritization (> 65 years, > 3 medications, > 2 chronic . Best management of BPHM activity pathologies ...) PRACTICE Few professional Professional guidance of the student, Relevant sources to establish BPHM (Medical record, patient, from the preparation of the interview up guidance general practitioner ...) to final BPMH with the pharmacist

IMPROVEMENT

Evaluation of the efficacy of the training program
Comparing the concordance of BPMHs : student and pharmacist
Evaluation of the learners' satisfaction with a survey

Certification



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