

# Updated medication lists

## – a problem analysis with improvement suggestions

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### Objectives

A big challenge for healthcare today is to keep patients' medication lists updated. Despite existing routines and guidelines, problems with incorrect lists remains, which may lead to inaccurate drug treatments and health injuries. The aim of the study was to identify all root causes to why patients' medication lists at Skånes University Health Care are not updated and to formulate actions with a good potential to solve the problem.

### Methods

Information was obtained from physicians, nurses and medical secretaries, working with primary, inpatient, emergency, specialist or community healthcare. Semi-structured and structured interviews, group discussions, observational studies and questionnaires were used for information gathering. All information was analysed according to the 5 Whys technique and visualised in a tree chart to determine root causes.

### Results

The identified root causes could be divided into the following areas:

- Absence of a shared medication list
- Shortcomings in existing medical record systems
- Unclear routines and responsibilities
- Insufficient knowledge of medical record systems and medication reconciliation
- Lack of communication within/between units and between healthcare and patient
- High workload

### Discussion

A national medication list and/or a regional medical record system have the potential to considerably improve the quality of medication lists, however they will not solve all problems and actions are needed within the following areas:

- Clarification of responsibilities and implementation of effective work processes – this concerns all tasks needed to keep medication lists updated. In addition, the physician's responsibility for individual prescriptions as well as the medication list needs to be clarified.
- Improved IT support – e.g. minimize manual transformation of information; make it possible for patients to hand in electronic medical lists.
- Enhanced information and education – e.g. education in journal systems and medication reconciliation; inform patients to bring an updated medication list.

### Conclusions

The root causes exist within different areas and have complex interdependencies. The problem with inadequate medication lists thus cannot be solved without suitable actions within all areas. To obtain a significant improvement, work with medication lists must be given higher priority. Responsibility and commitment from leadership at all levels are a prerequisite.

### Acknowledgments

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*Patients think that we are aware of what medications they take. Should they know how ill-informed we are in this matter, they would be terrified.*



*We do not meddle with someone else's prescriptions.*



*One of the hardest things I have had to do in my line of duty, is to make a de-escalation schedule in Pascal.*



*Everything about medications are extremely messy and causes a lot of uncertainty. It's extremely hard to know what prescriptions the patients are on, should they not have Pascal.*



*Above all, there is no tradition to keep the list updated.*