

PLAN TO IMPROVE MEDICAL RECORDS AT THE OUTPATIENT PHARMACY SERVICE

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Background

It is recommendable to improve the routine processes. However, they have to be checked once implemented, to verify if they are being done properly. One way to do it's performing an audit, when audits are performed and abnormalities are detected, an improvement plan must be established to prevent errors.

Purpose

To evaluate the impact of an improvement plan(IP) in the database in the outpatient setting.

Material and Methods

A methodology of continuous quality improvement was applied following the Deming cycle

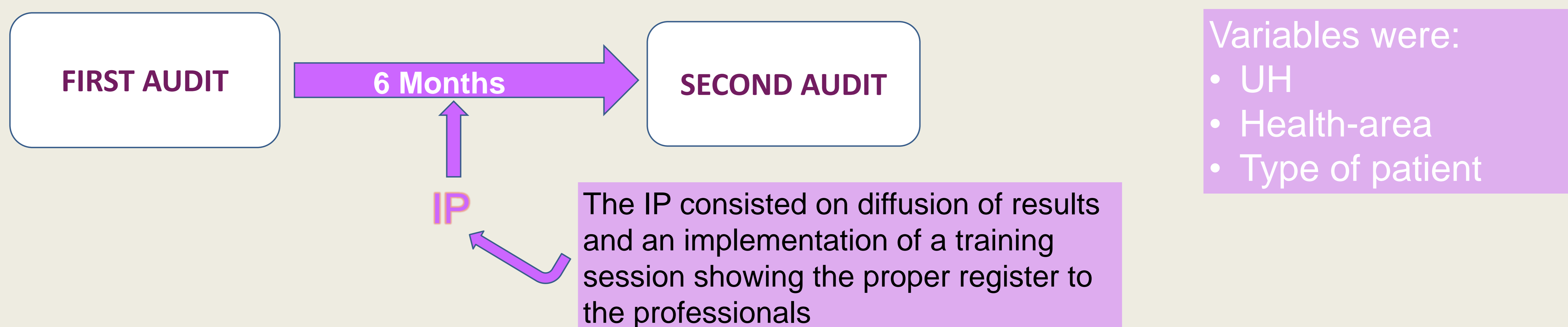
Plan
Do
Check
Act

The audit was in June 2013.

Selected patients attended at the pharmaceutical care outpatient consultation; belonging to Hospital Units(UH) from:

- General Clinical Nephrology (GCN)
- Renal-Transplantation(RT)
- Dialysis(D)

These services were selected by featuring their recording complexity. These patients frequently shift in UH. The general data ATHOS-APD® were reviewed and checked with each patient medical record (paper/digital).



Results

In both audits 26 patients were reviewed.

In the first audit of RT there were 9 (35%), 6 GCN (26%) and 11 D (42%).

In the second audit of RT there were 5 (19%), 8 GCN (31%) and 13 D (50%).

% of error	First Audit	Second Audit
UH	15% 4 Patients	4% 1 patient
Health-area	19% 5 patients	0% 0 patients
Type of patient	8% 4 patients	4% 2 patients

Conclusions

The IP became successful. The first audit showed worse results than the second. This fact shows that the use of Deming-cycle enables improved quality in recording medical histories.