Improving Medicines Reconciliation On Admission To An Acute Surgical Unit

Mulligan L, Jamieson NB
NHS Greater Glasgow & Clyde
laura.mulligan@nhs.net

Background
• Medicines reconciliation is defined by Institute for Healthcare Improvement (IHI) as: “The process of obtaining an up-to-date and accurate medication list that has been compared with the most recently available information and has documented any discrepancies, changes, deletions or additions resulting in a complete list of medication accurately communicated”.
• The importance and effectiveness of a robust medicines reconciliation within all care settings is vital in ensuring patient safety. Medicines reconciliation is part of the initial focus of the Scottish Patient Safety Programme medicines programme.
• The Scottish Government has set out a target for 95% compliance with medicines reconciliation within 24 hours of admission. This can be challenging to achieve in high volume inner city hospitals such as Glasgow Royal Infirmary, which serves a patient population with significant co-morbidity and subsequent considerable polypharmacy.

Aim
To improve medicines reconciliation in a high volume acute surgical unit in an inner city teaching hospital.

Methods
• Retrospective audit of all emergency admissions over 5 day periods in February 2016 and April 2016 pre-intervention and over a 5 day period post-intervention.
• Case note review to assess whether a medicines reconciliation form has been completed for each patient on admission.

Baseline Data
February 2016
• 116 admissions over the 5 day period
• 68.1% of patients had a medicines reconciliation form completed
• 74% of forms completed by ward pharmacist, 26% by FY1

April 2016
• 89 admissions over the 5 day period
• 74.2% of patients had a medicines reconciliation form completed
• 66% completed by FY1, 24% by ward pharmacist, and 10% by doctor more senior than FY1

Intervention
• A standardised admissions proforma was introduced to the acute surgical unit in July 2016. This incorporated the medicines reconciliation form previously used in the department.
• This integration should encourage medical staff admitting the patient to complete the initial medicines reconciliation, and allowing the ward pharmacist to later verify and consolidate the medication list.

Results
• 93 admissions over a 5 day period in August 2016
• 87.1% of patients had medicines reconciled
• 14% of completed by ward pharmacist, 32% by FY1 and 54% completed by a doctor more senior than FY1

Conclusions
• Introduction of a standardised admissions proforma has resulted in an overall improved rate of medicines reconciliation on admission to an acute surgical unit.
• It has also improved completion rates by doctors more senior than FY1.
• We note that the re-audit was performed shortly after medical staff changeover and this may have adversely impacted the completion rate. Re-audit will be repeated later in the year to assess for further improvement.
• A target of 95% medicines reconciliation has been set, in line with the Scottish Government target, which also allows for patients discharged home after review in the Acute Assessment Unit, who are not admitted to the ward.

References