

Visante's expertise yields better patient outcomes and savings for all

Avoiding Medication Errors is Critical to Quality Care. While many hospitals have a medication reconciliation process in place, studies have shown disappointing results.

- › Across the US, there is an **average of three prescription discrepancies per patient**.
- › Medication **discrepancies at discharge occurred with 59.6% of patients** when there was no pharmacist-assisted reconciliation.
- › The **most common reason for short term readmissions to hospitals** is related to medication errors either from what was prescribed or due to incorrect adherence.

Our experience is that medication reconciliation in hospitals is often costly and yields sub-optimal results.

- › Reliance on expensive physician and nursing time with errors still showing up.
- › Lack of the proper training to spot medication problems with backup from a pharmacist to help correct.
- › Lack of time to investigate admission medication list and to verify optimal discharge list.

Significant opportunities to reduce costly errors, reduce readmissions, and add new revenue.

There are many benefits of a Medication Reconciliation Program that are critical to quality care:

- › A quality medication reconciliation program will catch discrepancies that can impact readiness for surgery. An optimal discharge list can ensure that unnecessary or counter-productive medications are not resumed.
- › A "Meds to Beds," program can provide better education in proper administration and the importance of adherence plus it affords additional revenue opportunity through discharge prescription capture. Short-term readmission rates may be reduced.

GOOD CATCHES BY MED REC

Medication duplication

Patient arrives with no memory of meds taken that day. Med Rec pharmacy tech finds 7 duplicated medications including insulin, coreg and doxycycline. Several other meds listed were no longer being taken plus the dose of one had been recently changed and was marked to resume at higher dose.

Preop mistakes

Patient arrives after having had surgery in one facility and rehab at another and no idea what meds were given. Med Rec technician calls both institutions and discovers more than 20 meds had been administered. Hospital pharmacist determines that patient had been given too much warfarin and 10 other medications were not found on hospital's list for that patient. A number of medications were of great concern for future surgery.

Dosing errors

Medication and dosage changes were made over course of hospitalization. Pharmacy tech discovered discharge nurse resumed former meds and doses despite changes. Correction made to discharge prescriptions. But, expensive labs were necessary since some medications were doubled in error.

Avoid serious errors

Visante's Senior Consultant, Cynthia Hennen, has worked with numerous hospital systems over her pharmacy career to develop effective and cost-efficient Medication Reconciliation Programs.



Cindy's experience with medication reconciliation demonstrates that using specially trained pharmacy technicians reduces program costs and enhances results, as compared with similar programs using higher cost healthcare professionals. Furthermore, she discovered that trained Med Rec pharmacy technicians are more willing than other professionals to check their findings with hospital pharmacists. Her stories of 'near misses' and 'errors caught in time' are gripping. In recognition of this work, Cindy and her team were awarded the ASHP Best Practices Award in 2008.

"In addition to reducing medication errors and the 30-day readmission rate while at the same time improving patient outcomes, we have seen hospital patient satisfaction scores rise, often with these patients commenting on the increased emphasis on education for proper administration," explains Cindy.

"One source of truth"

A successful Medication Reconciliation Program seeks to find "one source of truth" by developing an optimal medication list that will be shared by all disciplines in all settings for each patient.

Suggestions for a successful medication reconciliation process:

- > **Define roles.** Clearly define roles and responsibilities for each discipline involved in medication reconciliation.
- > **Educate patients and their caregivers.** Patients, family members and professional caregivers need to know what medications are required and how these should be administered.
- > **Integrate Med Rec into the existing workflow.** Standardize and simplify the medication reconciliation process. Eliminate unnecessary redundancies.
- > **Communicate with primary care physicians:** Be certain that the follow-up physician is aware of medication changes that took place during hospitalization; clarify unintended discrepancies.
- > **Combine it with a discharge prescription program** often called 'meds to beds.'

» **To find out more about Visante's Medication Reconciliation Program consulting, please visit visanteinc.com or call (866) 388-7583.**

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