

Improving outpatient medical reconciliation

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1- PGY3s – Family Medicine Residency

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Our mission

Above all else, we are committed to the care and improvement of human life.



Quality Improvement Disclaimer:

"This project was undertaken as a Quality Improvement Initiative at Grand Strand Medical Center, and as such was not formally supervised by the IRB per their policies."

Why did we pick this QI project?

- In the past 12 months, our primary care practice has seen a 123% increase in patients.
- PGY-3s on average are seeing 10 patients per full day, approximately 50% of our patients are over the age of 65.
- Majority of patient's seen in clinic have multiple chronic medical conditions that require frequent follow up with their primary care provider as well as specialists.

Phase I - Plan

- We recognized that majority of our patient's greater than the age of 65 years were not aware of their full list of medications at each visit, given that changes were made to their medications by specialists as well.
- It has been proven that medication reconciliation can clearly be improved by reminding patients to physically bring in all of their medications at every doctor's visit and having the patient verify the medications during their appointment (Varkley and Cunningham, 2007).
- All PGY-3s planned to ask their patient's greater than age 65 & who took > 5 medications to physically bring in their medications to be verified.

Phase II - Do

- For a one month duration, all patients who needed a follow up in one month or less were asked by their resident physician “to bring in their physical medications to go over and confirm on next follow up visit”.
- At the bottom of the initial visit in the “Follow Up” section the resident will document “asked to bring meds at next follow up.” Upon the next follow up visit, the resident will look at each medication and confirm the correct dose and frequency.
- After reviewing the medications, the resident will use ICD code Z79.899 “Encounter for medication review” in addition to whatever ICD code is necessary for that visit.
- After one month, residents will STOP asking patients to bring in their physical medications. The following month will be spent wrapping up all outstanding follow up visits who initially got the “bring your physical medications with you on your next follow up visit” prompt.

Phase III – Check

- At follow up appointments, we will verify which medications and dosage the patient is actually taking to determine discrepancies in reported medication dosages.
- All patients with the documented “Asked to bring meds at next follow up” in their chart will be reviewed to see if they received the ICD code Z79.899 “Encounter for medication review” at follow up and will be counted a success.
- Patients who rescheduled or no showed or did not bring their medications will be counted as a fail.

Phase IV – Act

- 35 out of the 75 patients did physically bring in their medications. This is a 46% success rate.
- We are in the process of surveying patients to determine whether physically reviewing their medications with their provider increases their confidence in their medication regimen. Next steps should also focus on patients who did not bring in their medications to determine underlying cause.
- If we receive encouraging results from our survey, we will continue to encourage future residents and patients to continue this quality improvement project.
- If deemed successful, encounter for medication review can be an annual or sooner visit based on the patients changing medications going forward and the physicians discretion, but in time it would be a goal for every patient to have their physical medications physically verified in our clinic at least once a year.

Conclusion

- Although, our success rate of 46% is unsuccessful in showcasing the benefits of appropriate medication reconciliation, this project will be continued by future residents based on the feedback from the survey.
- Our literature review has showed that, polypharmacy associated adverse events in the United States account for 4.7% for all hospital admissions.
- The ultimate goal of our QI project is to minimize polypharmacy related adverse events by focusing on outpatient medication reconciliation.

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PGY-3

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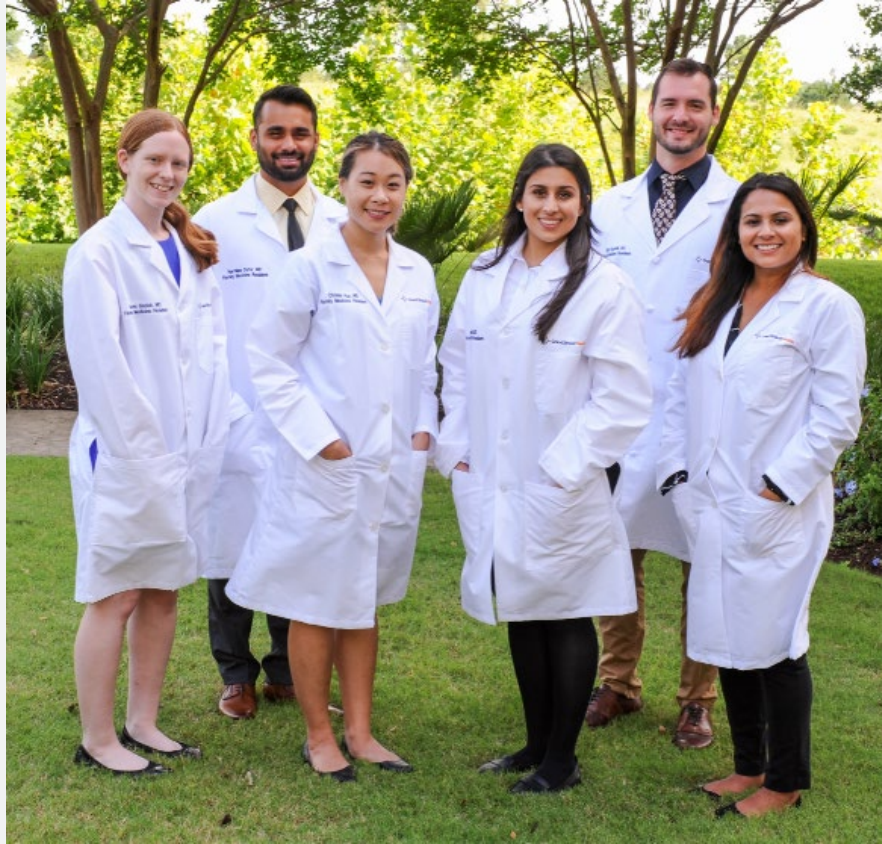
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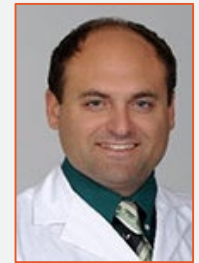
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Thank you!

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