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University of Connecticut Health Center
John Dempsey Hospital

All Hands On Deck!

April 16, 2009—Volume 4

Medication Reconciliation

At the April 15 "All Hands on Deck" meeting, eight senior nursing students from the UConn School of Nursing presented the results of a research study they conducted on the implementation of the new electronic medication reconciliation/discharge summary POE application at John Dempsey Hospital. The students' research of evidence-based practice showed:

- There MUST always be a clear assignment of responsibility for medication reconciliation and, although final accountability rests with the ordering prescriber, other team members are involved in the process.
- Medication reconciliation should be documented when the patient arrives at the hospital.

The students provided the following example to show how medication reconciliation on admission can prevent medication errors:

"*Shortly after admission, a patient became lightheaded and fell in the bathroom after a physician incorrectly prescribed Toprol XL (metoprolol extended-release) at a dose larger than she took at home. The patient required telemetry monitoring and hydration for 24 hours.*"

The students conducted retrospective and concurrent audits to assess the completion of the medication reconciliation form using two different medication reconciliation policies and procedures: one was the paper form, and the other was the new electronic medication reconciliation/discharge summary POE application that went live on March 17. The data was then analyzed to compare compliance by health care providers. The sample consisted of five patients per unit.

The student's findings showed that before the go-live of the electronic system, the ICU was completing the paper medication reconciliation forms correctly 40% of the time. All other units in the hospital showed 0% compliance with correctly completing the form. After implementation of the electronic medication reconciliation/discharge summary POE application, compliance rates for collecting home medications and admission reconciliation increased to the following: ICU: 60%, Med 4: 80%, Surgery 7: 80%, and Oncology 6: 22% . While there are still improvements that can be made, the implementation of the electronic system clearly increased compliance hospital wide.

Conclusions:

- Research proves that medication reconciliation increases patient safety.
- There is still not 100% compliance with medication reconciliation, even after the implementation of the new electronic system.
- Although specified roles are more clear with the electronic system, JDH does not always participate in "shared accountability."
- By providing hard stops, there was improvement in completion of the electronic medication reconciliation form.

The students recommended that we:

- Review the current policy and make continued improvements.
- Make the policy more readily available on each floor and educate staff to policy content.
- Improve our training techniques, possibly providing incentive for attendance at training.
- Plan for ongoing audit review process to review compliance and hold the gains.

Special thanks to Mell Hobson, RN, MS, ACNS-BC, who instructs the Nursing Students who made this presentation: Meghan Cicero, Emily Davidson, Kristen Fortunato, Claire Gennello, Alexa Murphy, Bridget O'Reilly, Elliann Thomas and Erica Woodruff

"Shout Out" Corner

This week's "shout out" goes to **Joyce Tedford, Director of Regulatory Compliance,** who has lead John Dempsey Hospital's efforts to comply with DPH and Joint Commission regulations. Joyce will be leaving UCHC on April 17. All those who have worked with Joyce have found her to be kind, knowledgeable and always available to her colleagues with a friendly smile and a helping hand. We will miss you!

Highlights of "All Hands On Deck" Meetings

April 9—April 15, 2009

Follow-Up Meeting with MGH

On April 15, Jane McCarthy, a member of the MGH consulting team, visited the Health Center to follow up on the team's initial visit and recommendations. Jane spent the day meeting with leadership and some of the Action Team leaders and facilitators. She was very impressed with the work being done at JDH to transform our organization. Dr. Allen expressed thanks to all staff for their hard work.

The Joint Commission's Leadership Standards

As we all know, John Dempsey Hospital leadership and staff are preparing for our accreditation survey by The Joint Commission. The Joint commission accredits and certifies more than 15,000 health care organizations and programs in the United States. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards.

The Joint Commission's expectation of our leadership is as follows: *"The organization's leadership team and leadership structures facilitate the communication and flow of information that drives quality and patient safety initiatives."*

Surveyors will evaluate compliance with leadership standards by looking for consistent evidence of the above during tracers and in documentation such as meeting minutes, orientation and training materials, policies and procedures.

We can prepare by asking ourselves:

- How well does our committee structure support this? Minutes should demonstrate flow of information, communication to and from hospital leadership committees.
- How are the organization's quality goals and in turn, each department's quality goals tied to the hospital's mission/vision/values? Identify one PI project in each department to highlight.
- How well do we measure our performance? Do we have and use meaningful data to drive our improvement efforts?
- Do we have a patient safety program that is effectively implemented across the organization? How do leaders promote a culture of safety?
- Are policies, procedures, and processes implemented consistently in all patient care areas? Focus on National Patient Safety Goals, Patient Flow, multidisciplinary care planning.
- How do we communicate our performance expectations regarding safety and quality and how do we hold staff accountable?
- How do we support and provide ongoing staff education?
- How do we involve the medical staff in quality and safety improvement initiatives?
- How do we assure that care provided by contracted services is safe and effective?
- Do we have a consistent process in place to manage disruptive behavior and conflicts among internal leadership groups?

John Dempsey Hospital's leadership is currently reviewing these standards with the goal of continuously improving the safety and quality of care we provide to our patients and ensuring that we meet the Joint Commission's expectations.

"Ticket to Ride"

Soon, hospital patients will need a "Ticket to Ride" any time they are moved from one area to another at John Dempsey Hospital. A Root Cause Analysis (RCA) was recently performed to determine the cause of the wrong patient being taken to x-ray. An RCA is a way of solving problems by identifying their root cause. The theory behind an RCA is that problems are best solved by attempting to correct or eliminate root causes, as opposed to just addressing the symptoms. In this way, it is hoped that recurrence of the problem will be minimized. In this case, our RCA revealed issues with the use of 2 patient identifiers and handoff communication, which are both National Patient Safety Goals. As a result, a new form called a "Ticket to Ride" has been developed. This two-part form follows the "SBAR" (Situation-Background-Assessment-Recommendations) format and will be used any time a patient is moved. The RN will initiate the "Ticket-to-Ride," which will have check-off boxes for pertinent patient information. The "Ticket to Ride" is being piloted in the ED and on Surgery 7. More information and staff education about the use of the form will be provided soon.

UCHC ID Badges and Lab Coats Only!

It was noted by one of our senior administrators that he has come across JDH staff , physicians, and residents wearing other institutions' ID badges and lab coats. *This is not acceptable!* It is crucial for our patients to be able to identify us as members of the John Dempsey Hospital staff. Please wear your UCHC badge at all times. If you need assistance obtaining a new ID badge, please speak with your supervisor.

The All Hands On Deck Newsletter is distributed electronically every Thursday at 9:00 AM.
All Managers will provide copies to their staff.