Improving Medication Reconciliation in Ambulatory Oncology Patients

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Introduction

Medication discrepancies are common and can lead to adverse drug events (ADEs).

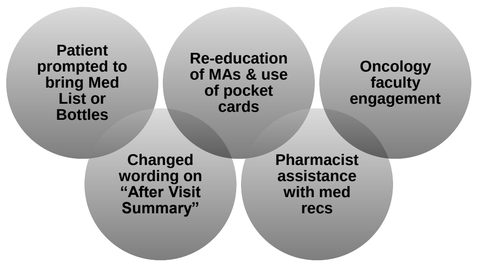
- **ADEs lead to prolonged hospitalizations and increased costs.**
- **Medication reconciliation is a process of identifying medication discrepancies and reducing medication errors.**
- **Oncology patients often have risk factors for medication discrepancies**
  - ❑ **Older age**
  - ❑ **Multiple comorbidities**
  - ❑ **Increased rates of hospitalization**
  - ❑ **Number of medications**
  - ❑ **Frequent use of high-risk medications**

Aim

Reduce the percentage of patients with a medication discrepancy to 50% or less within one year in an ambulatory oncology patient population by implementing a multifaceted approach to improve the medication reconciliation process.

Interventions

- **Patients randomly selected from EHR list of patients & called at home by Hem/Onc physician to compare meds**
- **Inclusion criteria:**
  - ❑ **Age >18**
  - ❑ **On at least one outpatient medication**
  - ❑ **On active therapy (excluding oral chemotherapy)**
  - ❑ **Excluding diagnosis of cervical or ovarian cancer**



Results

	October 2018	August 2019
# of Patients Surveyed	48	72
Average Age	60.7	72.7
Over Age 65	33.3%	43.1%
Average # Medications	12 (2-32)	11 (3-21)
Total missing meds	10	26
# Pts missing meds	9 (19%)	18 (25%)
Total additional meds	35	74
# Pts additional meds	19 (40%)	35 (49%)
Total dose errors	17	16
# Pts dose errors	10 (21%)	12 (17%)
Total # patients, no errors	21 (44%)	25 (35%)

Measures

Data on medication use reported by the patient and medication list documented in the EHR were collected to identify discrepancies

- **Total number of medications**
- **Number of missing medications**
- **Number of additional medications**
- **Number of medications with dosage error**
- **Name of medications which were in error**

Conclusions

- ❑ **Our study revealed the high prevalence of medication discrepancies in ambulatory oncology patients.**
- ❑ **Our patients had many of the known risk factors for med discrepancies.**
- ❑ **Additional medications accounted for the majority of discrepancies.**
- ❑ **High risk medications including opiates, benzodiazepines, anticoagulants, and anti-hypertensives were in error**
- ❑ **Although our initial interventions did not lead to a decrease in medication discrepancies, further interventions and PDSA cycles are ongoing.**

Limitations and Future Studies

- **Abnormally high turnover of medical assistants during the intervention process.**
- **Proposed future interventions include frequent re-training of medical assistants, optimization of electronic check-in via the EHR, exam room flyers, and increasing pharmacist involvement in the medication reconciliation process.**