Pharmacy Driven Best Possible Admission Medication History at a Pediatric Institution

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Pharmacy Driven Best Possible Admission Medication History at a Pediatric Institution

Damon Pabst, RPh; Charity Thompson, PharmD, BCPS; Brandon French, PharmD, BCPS; Brian O'Neal, PharmD, MS, FASHP; Garret Matthews, PharmD Candidate; Zeb Benner, PharmD Candidate; Joshua Meade, PharmD Candidate

BACKGROUND

The need to improve the quality of medication histories upon admission has been identified by The Joint Commission as a potential error point during a patient’s transition of care.1 Our study was conducted due to increased need for quality medication history documentation to minimize adverse drug events. Additionally, research on medication histories in the field of pediatrics is limited. The results and trends from this study are to be used to establish processes to ensure that the number of admission medication discrepancies carried over to the inpatient profile are minimized.

METHODS

Outcome Measure: Percent of incomplete or inaccurate medication histories

Process Measure: Number of discrepancies based on categories

Balancing Measure: Amount of time needed to complete a best possible admission medication history

Plan Do Study Act (PDSA) Cycle 1: Children’s Mercy Adele Hall Campus pharmacy students and pharmacists involved in this quality improvement measure were trained on how to complete a best possible admission medication history. Each were provided with an interview form to prompt questions with patients and caregivers, as well as Cerner® documentation training. Validated best practice questions to ask during a best possible medication history interview include: medication name, dose, duration, PRN indication, special instructions, quantity, frequency, strength, route, formulation, time of last dose, & removal of duplicate or inactive medications.1,2,3 Nursing and providers did not change their practice during this implementation process due to the authors’ inability to influence practice.

AIM STATEMENT

To reduce the number of incomplete or inaccurate admission medication histories by 80% from baseline by May 2018.

RESULTS

IMPLEMENTATION OF BEST POSSIBLE MEDICATION HISTORY PRACTICES

<table>
<thead>
<tr>
<th>Accuracy Rate</th>
<th>Error Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline Rates</td>
<td>50%</td>
</tr>
<tr>
<td>POSA1 Rates</td>
<td>79%</td>
</tr>
<tr>
<td>POSA2 Rates</td>
<td>27%</td>
</tr>
</tbody>
</table>

CONCLUSIONS & FUTURE DIRECTION

This study demonstrates the necessity for advanced expertise to complete a best possible admission medication history. The next PDSA cycle will be to implement a pharmacy driven best possible admission medication history process at Children’s Mercy Kansas. In response to our findings surrounding OTC error rates, the interview form utilized during best possible admission medication histories has been updated to include an emphasis on OTC medications.

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REFERENCES