

Improving the Medication Reconciliation Process for Patients Admitted by the Consultation-Liaison Service to Western Psychiatric Hospital

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Background:

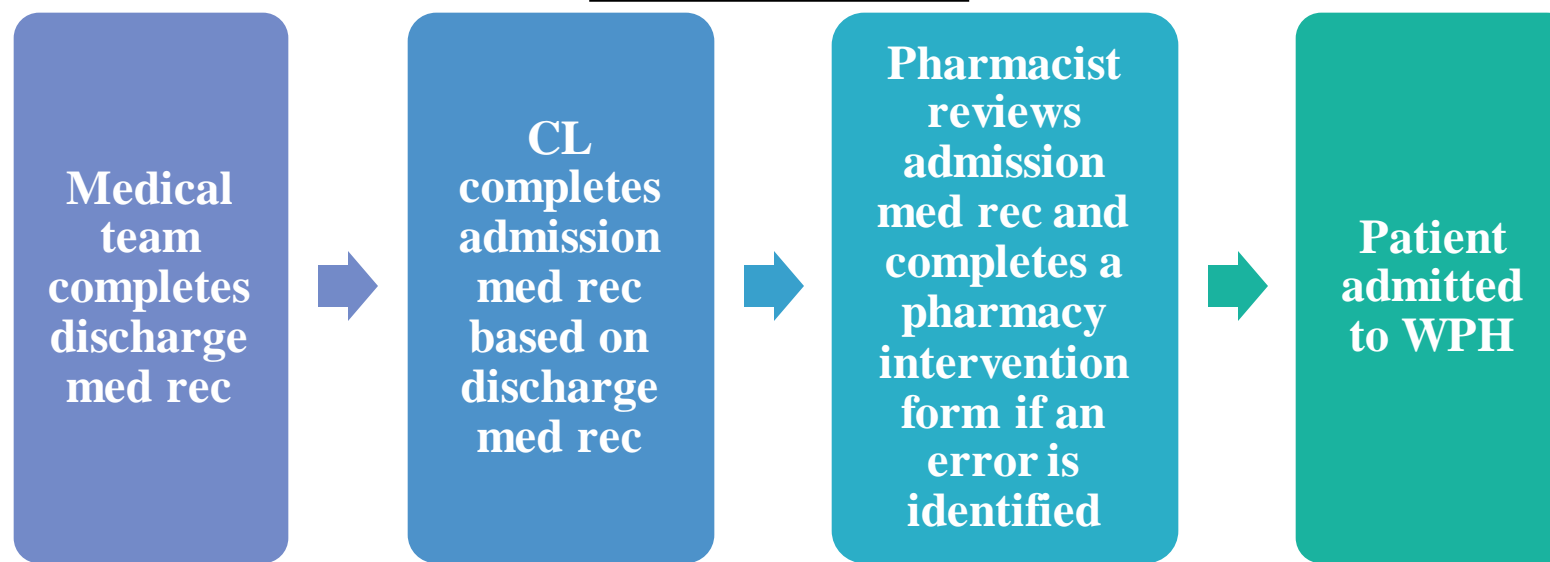
- Medication reconciliation (med rec) involves identifying an accurate list of medications a patient is currently taking so that a patient receives the correct medications across the healthcare system
- Transitions of care are vulnerable to errors
- Errors may lead to adverse drug events
- Aim to improve the accuracy of admission med recs for patients transferred from medical hospitals to our behavioral health (BH) hospital

Setting:

- Patients are admitted from medical hospitals by consultation-liaison (CL) services to a tertiary care 200 bed academic BH hospital

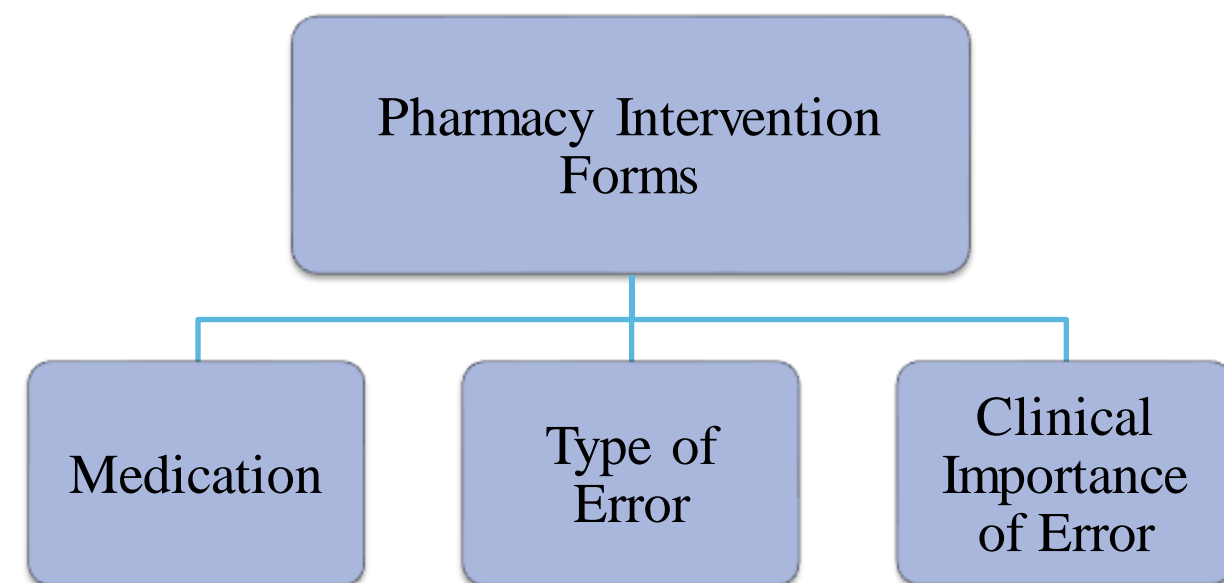


Admission Med Rec Workflow for Patients Transferred by CL services to WPH



Methods:

- Retrospectively reviewed admission med recs for all patients admitted to WPH by CL services between May 1st-July 31st, 2023
- Pharmacy intervention forms served as a proxy for med rec errors



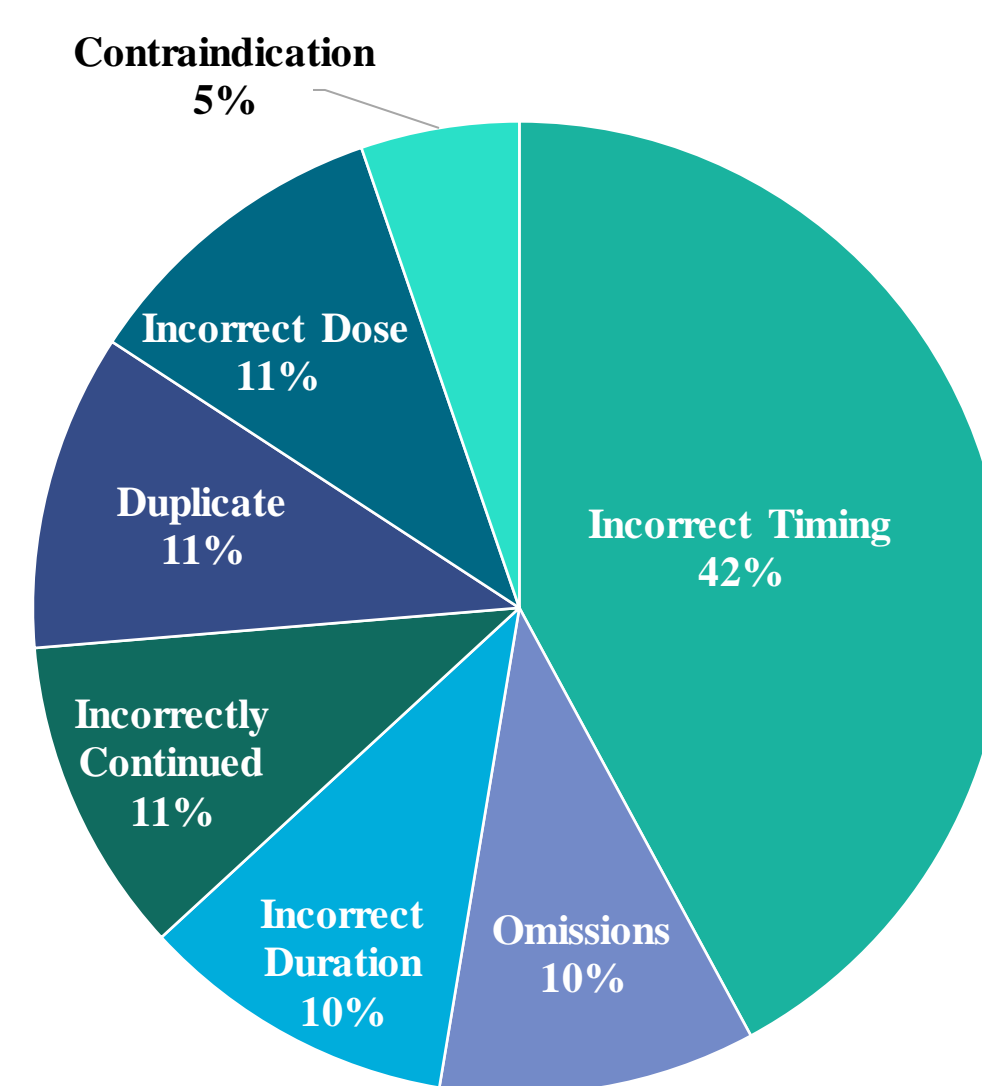
Results:

- Demographics:
 - Sex: 54% female; 46% male
 - Average age: Tertiary hospitals 48; Community hospitals 45; CHP 15
 - Race: 124 White; 19 Black, 13 Unknown, 2 American Indian, 1 Chinese

Hospital Type	Number of Patient Encounters	Number of Pharmacy Intervention Forms	Percentage of Patient Encounters with Admission Med Rec Errors
Tertiary Hospitals	101 (64%)	11 (58%)	9% (9 of 101)*
Community Hospitals	25 (16%)	3 (16%)	8% (2 of 25)**
CHP	32 (20%)	5 (26%)	3% (1 of 32)***
Total	158	19	8% (12 of 158)

* Two patient encounters had two med rec errors
 ** One patient encounter had two med rec errors
 *** One patient encounter had five med rec errors

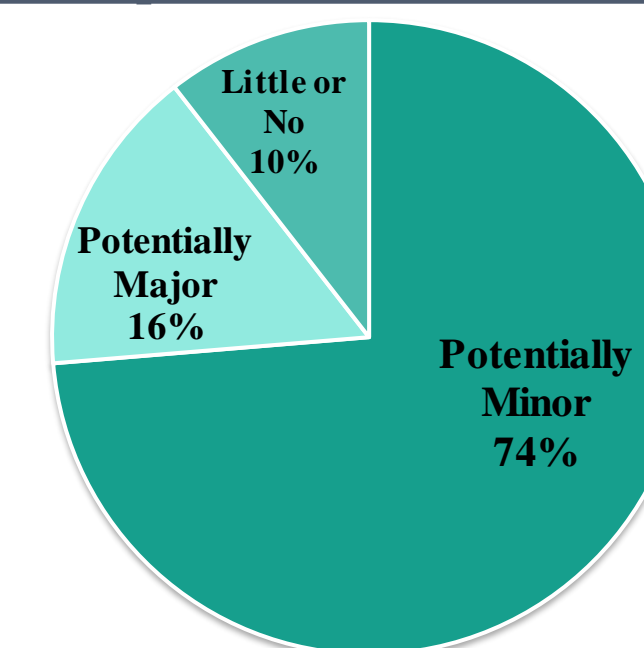
Type of Admission Med Rec Error



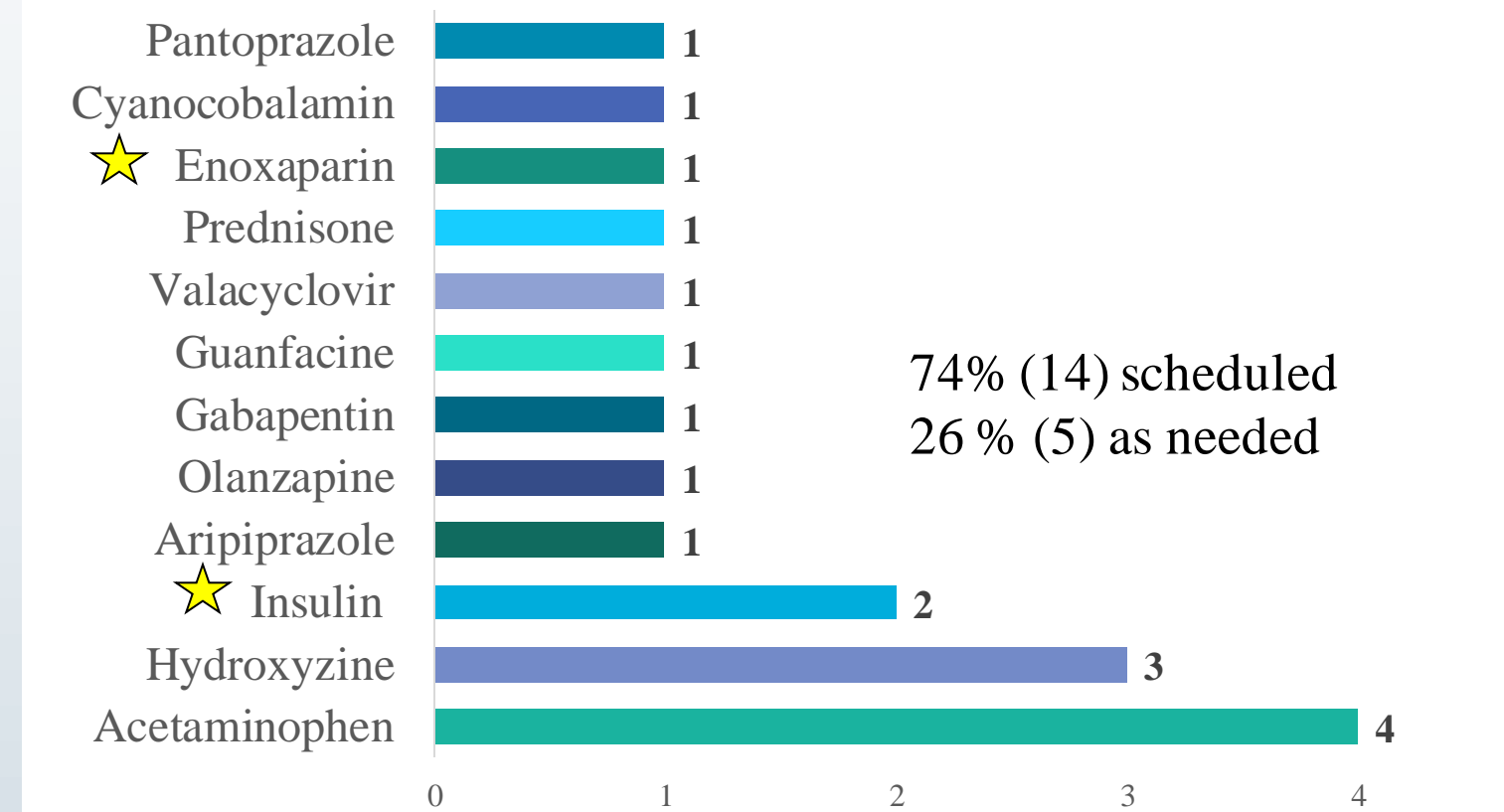
Potentially Major Med Rec Errors			
Type of Error	Hospital Type	Medication	Description
Contraindication	Tertiary	Acetaminophen 325 mg, q4hr PRN for Mild Pain	Order after an acute acetaminophen overdose
	Community	Valacyclovir 1,000 mg TID	Ordered 3 extra days of valacyclovir and prednisone; corrected by review of MAR from personal care home
Incorrect Duration	Community	Prednisone 60 mg daily	

Potentially Minor Med Rec Errors			
Type of Error	Hospital Type	Medication	Description
Incorrect Timing	Tertiary	Olanzapine 5 mg, IM	Ordered as a one-time dose 'now' rather than q4hr PRN for agitation
	Tertiary	Insulin glargine 16 unit, subQ, qhs	Ordered q24hrs which defaulted to 1pm rather than qhs (8:30pm)
	Community	Acetaminophen 650 mg PO, q8H	Ordered scheduled rather than PRN
	CHP	Aripiprazole 10 mg, PO Hydroxyzine 25 mg, PO	Ordered qPM (6pm) rather than qhs (8:30pm)
	CHP	Duloxetine 60 mg DR, PO, BID Hydroxyzine 10 mg, PO, BID	Ordered q8AM and q6pm rather than q8AM and q3pm; Pt would have received an extra dose
Incorrectly Continued	Tertiary	Gabapentin 400 mg, PO, BID	Re-started on medical hospital discharge med rec and subsequently admission med rec when it should have been held as pt had AMS
	Tertiary	Hydroxyzine 25 mg, PO, PRN, Anxiety	PRN Hydroxyzine and alprazolam ordered for the same indication; hydroxyzine discontinued (DC'd) after pharmacist intervention
Duplicate	Tertiary	Hydroxyzine PO, PRN, Anxiety	Hydroxyzine 25 and 50 mg PRN both order for anxiety; 25 mg DC'd after pharmacist intervention
	Tertiary	Hydroxyzine 25 mg, PO, PRN, Anxiety	Ordered both hydroxyzine and alprazolam PRN for anxiety; hydroxyzine DC'd after pharmacist intervention
Omission	Tertiary	Acetaminophen 650 mg, PO, Q4H, PRN, Pain	Incorrectly omitted as med was part of the medical hospital discharge med rec
	CHP	Guanfacine 2 mg, PO, Daily	Incorrectly omitted as pt was taking at home and in the medical hospital
Incorrect Dose	Tertiary	Insulin lispro, SubQ, TID meals	Incorrectly ordered 8U TID meals instead of 5U on medical hospital discharge med rec; error carried over to WPH admission med rec

Clinical Importance of Med Rec Error



Medications Involved in Admission Med Rec Errors



★ High Alert Medications: heightened risk of significant patient harm when used in error

Discussion

- CL psychiatrists play a role in medication reconciliation and reducing errors, especially when they complete admission med rec orders
- Pharmacists are invaluable members of CL multidisciplinary teams; One way pharmacists can support the team is by identify admission med rec errors before they reach the patient
- CL psychiatrists completing admission med recs should:
 - Pay close attention to the following areas:
 - High Alert medications
 - Medication timing
 - Duration of medication course
 - Continuation of medications involved in recent overdose
 - Collaborate with the medical teams completing the discharge med rec to minimize perpetuation of med errors to admission med recs when the patient is transferred to psychiatric units

Limitations:

- Small sample size
- Proxies for med rec errors may not capture all med rec errors
- May not be generalizable to institutions with different workflows or electronic medical records

References:



I declare there are no conflicts of interest in relation to this presentation