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Medication Reconciliation: Improving the Process of "Med Rec" for Outpatient Peritoneal Dialysis

Barbara L. McKie, MSN, RN, CNN, Peritoneal Dialysis Coordinator, Saint Francis Hospital, Tulsa, OK

Topic: Medication reconciliation is a National Patient Safety Goal that, through evidenced based practices (EBP); policies and procedures, have been established in the inpatient setting. This is not yet the case for the amblulatory services such as Peritoneal Dialysis (PD). Efforts have been made to integrate the med rec from one transition of care to another, however, major discrepencies continue to cause patient injury, or adverse events due to inaccurate medication lists, poor patient history and other barriers.

Approach: We conducted a self evaluation of our current methods and practices of med rec in our PD clinic. We identified multiple gaps in documentation and multiple inaccuracies. A determination was made for a need of an evidenced based practice to be put in place. A literature review was conducted to research what, if any procedures or best practices exist. It was discovered that many of the barriers, gaps and inaccuracies were common among the studies in the literature. A poster / powerpoint presentation was created to establish current practice, barriers to accuracy, gaps in practice, and plan to change the current process. An example of an actual PD patient's adverse drug event was given.

Solutions/Conclusions: Evidence suggests a consistant interdisiplinary process with staff and patient education is required for medication list accuracy to reduce adverse drug events. The plan is to implement the multiple recommendations, test, revise and retest for improvement in med list accuracy and when results are satisfactory, the new process will become policy.

Relevance: Medication safety and adverse drug events (ADE) are a top concern for multiple reasons. The electronic medical record (EMR) has improved on this slightly, but discrepancies are still occuring. The CDC states ADE are the 6th leading cause of death, and cost \$3.5 billion annually. To have a consistant EBP in place for med rec will positively effect patient outcomes and improve the quality of care especially for any dialysis patient who transitions from the hospital to clinic setting.

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