

**Medication Reconciliation:
Using Pharmacy Technicians to
Improve Care**

BECKY JOHNSON, CPHT
MEGAN OHLUND, PHARM.D, BCPS

Objectives

1. Evaluate the medication reconciliation process and evidence for using technicians to facilitate that process.
2. Describe current utilization of pharmacy technicians in the process at Salina Regional Health Center.
3. Identify barriers in the current medication reconciliation process and give examples of resources to use moving forward

**The Basics and Using
Technicians**

Megan Ohrlund, Pharm.D. BCPS

Background

- Constantly evolving medication lists

- Medication Reconciliation (Med Rec):
 - Reduce adverse drug events (ADE)
 - Decrease medication related errors

CMAJ 2005; 173
J Am Pharm Assoc 2012; 52

Background

- Study on Medication Discrepancies at Hospital Admission
- In patients with >4 medications
 - 54% of admissions had ≥ 1 medication discrepancy
 - 39% of those errors had potential to cause moderate to severe harm

Arch Intern Med 2005; 165

Medication Reconciliation

- Comparing medications the patient has been taking (and should be taking) with newly ordered medications
- Done to avoid errors:
 - Omissions
 - Duplications
 - Dosing errors
 - Drug interaction

The Joint Commission: NPSG 2017 #3
The Joint Commission: Sentinel Event Alert 1/25/06

Joint Commission

- National Patient Safety Goal #3 for 2017
- Includes:
 - Obtain a list in a routine manner
 - Within 24 hours
 - Provide patient with list on discharge
 - Explain importance of managing medication information with patient

The Joint Commission: NPSG 2017 #3

Patient-Centered

- Focus should always be patient safety
- Patient participation is essential
- Improves relationship with patient
- Empowers patients to be more accountable

J Am Pharm Assoc. 2012; 52

Interdisciplinary

- Collaborative approach with other health care workers and facilities
- Sites should have policies about individual responsibilities
- Engage administration

J Am Pharm Assoc. 2012; 52

Accountability

- All members are accountable, including patients
- Review roles and expectations regularly to ensure common goals
- Develop procedures that outline specific roles

Standardization

- Increased uniformity
- Can lead to adoption of procedures by other workers and possibly patients
- Many resources available to outline how reconciliation should be completed

J Am Pharm Assoc. 2012; 52

Continuous Improvement

- Adapt process over time to meet needs of staff and patients
- Assess barriers and potential for errors

J Am Pharm Assoc. 2012; 52

Preventing Errors

- Errors typically occur when a patient is transferred, admitted, or discharged
- JC sentinel event database:
 - > 350 medication errors resulting in death or major injury
 - About half could have been avoided with appropriate Med Rec

The Joint Commission: Sentinel Event Alert 1/25/06

Why Use Technicians?

- Evidence shows pharmacy technicians can:
 - Effectively document medication history
 - Provide the best possible medication history

Am J Health-Syst Pharm 2014; 71

Why Use Technicians?

- Limiting the responsibility to one role:
 - Fewer redundancies
 - Optimized resources
- Pharmacists:
 - Effective
 - Limited resources
 - Expensive

Am J Health-Syst Pharm 2014; 71

Using Technicians - Evidence

➤ Examples of success:

1. 96% accuracy by technician vs. 66% by all others combined in ED
2. Pharmacy technicians avoided almost \$1 million in ADE related to Med Rec compared to nursing staff
3. Pharmacy technicians had more complicated patients and still had better accuracy
 - Last taken times were accurate 13% of time with nursing staff vs. 76% with pharmacy technicians

Pharmacy Practice News 2014; 41

Using Technicians

➤ Average 33 minutes per patient by technicians

➤ Average 5 minutes per patient for pharmacists to review

➤ Average of 14 Reconciliations per technician per day

Hosp Pharm 2013; 48(2)

Resources

➤ <https://www.ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/resources/match/index.html>

➤ <http://www.ihl.org/topics/adesmedicationreconciliation/Pages/default.aspx>

➤ www.ashp.org/MyMedicationList

CURRENT PROCESS

SALINA REGIONAL HEALTH CENTER
SALINA, KS

BECKY JOHNSON, CPHT

SRHC Med Rec Program

- Started January 2015
 - 2 Technicians
 - 0900 to 1930 Mon thru Fri and every other weekend
- Units covered: ICU, Cardiac Unit, General Medicine, Surgical, Rehab
- Start up funding provided by Nursing Units donating FTE hours

Growing Pains

- Resistance from some nursing staff
- Many lists hadn't been updated in several years
- Physicians continue meds before Med Rec is finished
- Initially started seeing patients that had been there the "longest", changed process to see the most recent admissions first

Which Patients to See?

- Admissions from the ER
- New Admissions monitored via Senti7
- Phone calls from nursing staff

Gathering Information

- Introduce yourself and the purpose of completing the medication reconciliation

“Hello, Mr./Mrs./Ms./Miss _____
(patient’s name). My name is _____ and
I am a pharmacy technician. I would like to take
some time to review your allergies and the
medications you take at home.”

Gathering Information

- If others are in room, ask patient if it’s okay to continue
- Verify pharmacy, ask patient if they use multiple pharmacies and/or mail order
- Verify with patient about any allergies or reactions to medications/foods and update information

Gathering Information

- Obtain list of their medications or med bottles
- Clarify:
 - Medication
 - Strength and formulation (XL, SR)
 - Dose
 - Route
 - Directions and last dose was taken

Gathering Information

- OTC meds, including pain relievers
- Vitamins, supplements, herbals
- Eye drops, ear drops
- Nebulizer meds, inhalers
- Allergies, heartburn, to help them sleep
- Stool softeners, laxatives, fiber supplements
- Patches, creams, ointments, lotions (other than hand/body lotion)

Gathering Information

- Meds they might only take weekly, bi-weekly, monthly, every 6 months, once a year. (Fosamax, B12 injections, Humira, etc)
- Any meds through their Dr. office (samples, medication assistance program)
- Investigational medications
- Have they recently been started on any meds that may not be on their medication list?

Potential Barriers

- Patient not able to participate in the Med Rec process
- Pt not available for interview
- Patient and/or caregiver frustrated with having to provide a list or go over meds multiple times

Potential Barriers

- Language barrier or hearing impaired patients
- No medication list, med bottles available for review
- No family caregivers available for interview

Solutions for Barriers

- Interpreter services available via IPads
- PCP office for med list
- Retail pharmacy for information
- Home Health Agency for med list
- VA for med list
- Family member or caregiver via phone to obtain information

Documenting Information

- **Input patient pharmacy (If in a nursing home that is listed as the pharmacy)**
- **Make appropriate changes to medications**
- **Always document how patient states they take the meds**
 - **If patient says "It says I should take this 2 times a day, but I only take it 1 time a day" document as such**

Documenting Information

- **All prescription medications need two sources of verification (patient, patient med list, med bottles, pharmacy, Dr office med list, VA med list, Home Health or med list)**
- **If the patient is a resident of a Nursing Home then the MAR is the only source needed**
- **Enter intervention that Med Rec has been completed and list sources**

Documenting Information

- **All Med Recs are reviewed by the clinical pharmacist for that unit**
- **If no meds have been continued prior to the Med Rec intervention no further action is taken**
- **If changes have been made after meds continued the pharmacist will contact the provider regarding the changes**

Moving Forward

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- 2017 expanded to 4 Med Rec Techs
- Day shift Med Rec coverage from 0700 to 1930
- Evening Med Rec now covers ER from 1200 to 2230 (ER Med Recs previously done by the ER Pharmacist from 1230 to 2100)
- Weekend coverage 0900 to 1930

Moving Forward

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- Both techs will work to cover direct admits and catch up on patients admitted when no Med Rec coverage available
- Working to expand units
 - Pre Admission Services
 - Ambulatory Services

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QUESTIONS ?
