“Discharge Time Out”: An Innovative Nurse Driven Protocol for Medication Reconciliation

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Purpose

To identify and resolve medication discrepancies at discharge through the implementation of an accurate reconciliation process, providing patients a safe transition across the continuum of care.

Evidence

Studies show that 96% of patients undergo at least one medication change during hospitalization.
Further studies indicate 94% of medication discrepancies occur during the discharge process .

Relevance/Significance

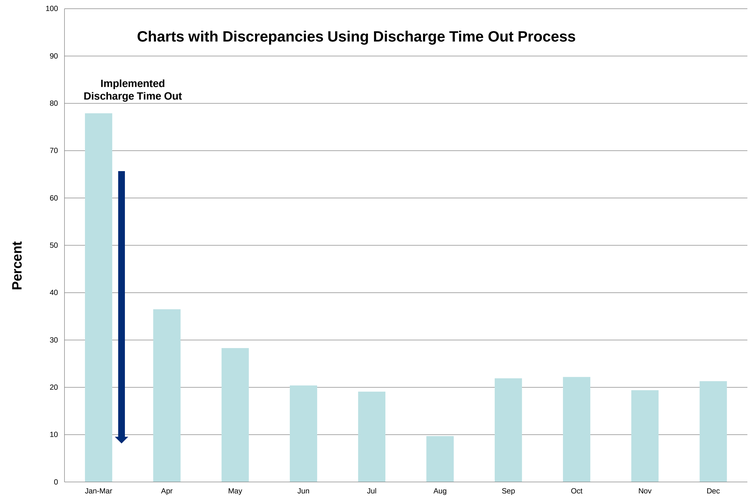
Patients discharged with medication discrepancies are placed at risk of drug adverse events and hospital readmission.

The impact on patient welfare, health care costs and readmission is significant to the patient and the health care system.

A more effective process for medication reconciliation is necessary to ensure safe transition of care and improved patient outcomes.

Evaluation

A retrospective review of medical charts(n=86) over a 3-month period (January-March,2012) found 77.9%(n=67) of discharge documents contained discrepancies on the admission and discharge medication reconciliation forms. Over a 9 month period following initiation of the time out process 239 charts reviewed showed a discrepancy rate of 21.4% and has remained at or below 20% over the following 2 years.



Implications for Practice

Nurses initially thought the project would increase their workload, when in actuality the project served to improve the discharge practices of the physicians, thereby saving nurses multiple phone calls and time.
The discharge process has fostered an interdisciplinary, collaborative approach to a safer patient discharge. Nurses have described the discharge process as a win-win for patient safety and time management.

Implementation

Nurses identified discharge time as a crucial component in the medication reconciliation process and developed and implemented an innovative method for the process of discharge medication reconciliation.

Utilizing the existing evidence-based practice approach of the surgical time out, they applied this evidence to the discharge medication reconciliation process. At discharge, patients undergo a time out, during this time a nurse to nurse check list is completed to identify discrepancies, such as a medication omission, duplication, change in frequency, dosage adjustments, and new medications not accompanied by a prescription. All identified discrepancies initiate an immediate reconciliation process.

Through the implementation of a time out, nurses can ensure patients are discharged to home with an accurate medication list, thus improving the transition in care.

References

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