Utilizing the PDCA cycle, the purpose of this project was to identify an area of improvement and implement a change to positively affect accuracy and adherence to the practice of medication reconciliation at the University of Kentucky Markey Cancer Center, Multidisciplinary Clinic (MCC MDC).

### Purpose

- Inadequate training on conducting MedRec
- Unfamiliarity with medications by MedRec interviewer
- Non-user-friendly EMR program, or unfamiliar with how to use it
- Patients are unable to recall their medications
- Patients do not bring medications or an updated medication list

### Current Knowledge

- Variable Factors:
  - Last clinic visit
  - Business
  - Different techs
  - MedRec method
  - Training in EMR capabilities
  - Familiarity with med – tech
  - Familiarity with med – patient

- Computer in room, hand-written list of drugs posted.

- Main point of med review

- Variable Factors:
  - New med added
  - Old med changed/removed

- Nurse may not see patient

### Identify the Problem

The EMR list of current medications is often inaccurate. Our data showed that MedRec was not thoroughly performed during all triage encounters. This is potentially detrimental because the EMR cannot reliably check for potential drug interactions, correlate medication regimen with patient outcomes, and it cannot promote participation in experimental treatments.

### Root Cause Analysis

- Inadequate training on conducting MedRec
- Unfamiliarity with medications by MedRec interviewer
- Non-user-friendly EMR program, or unfamiliar with how to use it
- Patients are unable to recall their medications
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### Select the Improvement: Standardized Training for Techs

**Trifold Medication Reconciliation Training**

1. Importance and Relevance of MedRec
2. Standardized Script for MedRec Interview
3. Reference list of most common medications

### Study the Results

**PRE-IMPLEMENTATION VS POST-IMPLEMENTATION**

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### Discussion

This project aimed to improve the process of medication reconciliation in order to prevent prescribing errors or adverse effects that stem from an inaccurate medication list. The involved clinic was found to have inconsistency in performing medication reconciliation – both in addressing medications with the patient and how medication review was conducted. Implementing a standardized training regimen with a script and reference list of common medications resulted in more consistent medication reconciliation process in the clinic, with medications being addressed for every patient. Those responsible for performing MedRec will benefit from this training material, with increased adherence to the protocol so that each patient is asked about medications. This enhancement will provide a more thorough medication review. It can serve as a starting ground for future studies to compare this standard interview to other methods of collecting patient medication information, and to study the accuracy of the resulting list.

### Future Study Ideas

- Furthering our study to measure accuracy of medication list
- Comparisons to other MedRec methods
- Follow-up to ensure continued adherence to script
- Developing KASPER-like system to track all medications