Medication Reconciliation: The Danger of Transitions

Cynthia Corbett, PhD, RN
Professor and Interim Dean
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HOSPITAL TO HOME TRANSITIONS ARE RISKY!

WASHINGTON STATE UNIVERSITY COLLEGE OF NURSING
CLINICAL RELEVANCE

• ~20% of Medicare patients are readmitted within 30 days of hospital discharge\textsuperscript{1} with a total annual cost of over $17 billion\textsuperscript{2}

• Up to 90% of patients experience at least one medication discrepancy during the hospital to community transition\textsuperscript{3,4}

• Patients with medication discrepancies are nearly twice as likely to be readmitted to the hospital within 30 days as compared to patients with no medication discrepancies\textsuperscript{5}
CLINICAL RELEVANCE

• Adverse drug events are the most common adverse event following hospital discharge and may be linked to hospital readmissions\(^6\)

• Effective strategies are critically needed to reduce the incidence of medication discrepancies and the associated errors and ADEs\(^7\)
MEDICATION MANAGEMENT RESEARCH BY OUR TEAM

Resolving Medication Discrepancies In Older Patients Transitioning from Hospital to Home Care: Impact of a Pharmacy/Nursing Intervention

American Society of Health Systems Pharmacists 2006-2008
• Setter, Corbett, Neumiller et al., 2009

Empowering Home Care Nurses To Efficiently Resolve Medication Discrepancies

Robert Wood Johnson Foundation 2008-2010
• Corbett, Setter, Daratha et al., 2010
• Setter, Corbett, Neumiller et al., 2012

Transitional Care Medication Safety and Medical Liability: Closing the Chasm

AHRQ 2010-2011
• Corbett, Dupler, Smith et al., in press
• Neumiller, Setter, White et al., in press
• Schoonover, Corbett, Weeks, 2014

Medication Information Transfer Intervention to Improve CKD Clinical Outcomes / End Stage Renal Disease

NIH-NIDDK 2011-2013
• Health Sciences & Services Authority Spokane County
• Daratha, Short, Corbett et al.
• Tuot, Diamantidis, Corbett et al.
• Tuttle, Tuot, Corbett et al.

Medication Science: An Exploration of Medication Practices in Chronic Conditions

PCORI 2012-2014
• Publication in progress
MEDICATION MANAGEMENT CHALLENGES DURING TRANSITIONS

• Inaccurate information (e.g., at admit)
• Time constraints
• Communication
• Pt-family understanding/knowledge of medications
• Discharge chaos and ‘barrage-blizzard of paperwork’
MEDICATION MANAGEMENT OPPORTUNITIES DURING CARE TRANSITIONS

• Develop master list of medicines
• Improve medication reconciliation
• Create user-friendly discharge forms
• Design tools for patient-provider engagement
• Re-allocate care transition resources
• Implement a widespread and sustained medication safety public health campaign
CONCLUSIONS

• Dynamic process
• One size won’t fit all
• In-home follow-up may be most effective and efficient for many
• Translational and pragmatic research still needed
REFERENCES


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QUESTIONS?

Cindy Corbett, PhD, RN
corbett@wsu.edu