

Use of an Electronic Pre-Admission Medication List to Facilitate Medication Reconciliation for Patients Evaluated in a Pre-Admission Testing Telephone Program

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Medication Reconciliation is essential to the safe care of patients scheduled for surgery and for those admitted post-procedure. The lack of a single, accurate, pre-admission medication list at the time of admission for surgery is unsafe, costly in-terms of delay of surgery and duplication of effort, and may result in harm to the patient and stress for both patient and staff. Massachusetts General Hospital (MGH) is a large academic medical center in Boston, MA. For the past five years, inpatient medication reconciliation has been accomplished using the electronic Pre-Admission Medication List (PAML). Thirty percent of surgical patients are evaluated in the MGH Pre-Admission Testing Area (PATA) where the PAML has been initiated. The majority of the remaining 70% of patients, however, continued to arrive on the day of their procedure, in many cases, with no medication list available, requiring the surgical nursing staff to collect and document a complete and accurate medication list while preparing the patient for the their procedure. Time constraints, distractions, patient anxiety, multiple systems (paper for Surgery and electronic for Anesthesia) and many other factors contributed to incomplete or inaccurate medication lists and potentially to patient harm. MGH's PATA recently developed a Phone Program, staffed by nurses who contact patients who don't require a PATA visit. Incorporating the use of the existing electronic PAML into the workflow of these nurses allows them to build a patient's electronic pre-admission medication list as they speak with them on the phone. As a result, there has been a marked increase in the number of patients admitted through the Same Day Surgical Unit (SDSU) who arrive with a single, complete, and accurate electronic pre-admission medication list that is available to all clinicians caring for them during their surgery and admission. The PAML enhanced thru put for the SDSU nurses, anesthesiologists, and the surgeons who were each responsible for developing their own list of medications in the past; with increased patient safety the most significant outcome.