Improving Medication Reconciliation Processes in the Chronic Dialysis Unit

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BACKGROUND

• Patients with End Stage Renal Disease (ESRD) on hemodialysis are at a high-risk for medication discrepancies and adverse drug reactions.

• Patients average 10-12 different medications per day, have multiple comorbidities, different prescribers, & frequent medication changes increasing the risk for medication nonadherence.

• The dialysis facility is a coordination center for medication management, and it is the first care facility an ESRD patient presents after a care transition.

• A consistent medication reconciliation process addresses medication discrepancies, improves adherence, results in clinical benefits for the patient, and lowers health care resource utilization.

PURPOSE

• The primary goal was to improve the medication reconciliation process in the Renal Center at St. Joseph Hospital, thus increasing the patient’s medication compliance, and minimizing unintentional medication errors.

REFERENCES

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METHODS

Design: Evidence based quality improvement.

Population/setting: Patients with ESRD on dialysis at SJO Chronic Dialysis Unit.

Procedure:

• Patient Assessment knowledge questionnaire.
• Staff education regarding process.
• Education letter to patients.
• Data analysis from medication reconciliation documentation.
• Assessment of patients physical/clinical response to medications (laboratory values, blood pressure measurements).

RESULTS

• Inconsistent compliance bringing medication bottles and/or documentation.
• 40% of patients have assistance with medication.
• < 70% of patients were able to afford their medications.
• 60% of patients self-identify as having sufficient knowledge of their medication.

DISCUSSION

• Opportunities exist to improve compliance with medication reconciliation process.
• Consult social workers for assistance with patients having issues with medication affordability.
• Focus on medication education with patients including indications, dose and timing, and special considerations.
• Need to correlate self-report of medication compliance with clinical indicators.

CONCLUSION

• Identifying baseline patient knowledge and conducting monthly medication reconciliation process is essential for optimal management of patients with ESRD on dialysis.