East Orange General Hospital Medication Reconciliation Education Project  
Franklin Hickey, MSN, RN, CPHQ, NEA-BC  
Rosemarie D. Rosales (Presenter), BSN, MPA, RN, CCRN, CPHQ  
East Orange General Hospital  
Rosemarie D. Rosales, Sonya Goodrich

**Problem:** As patients move across transition points-of-care, medication discrepancies are likely to occur (Manaia, et al., 2009). Specifically, CHF patients admitted from the ER [Emergency Room] are vulnerable to medication discrepancies because they are in an environment in which rapid decisions need to be made under high stress levels.

**Evidence:** Medication reconciliation is a complex process that impacts all patients as they move through all health care settings. Study data shows that an effective process can detect and avert most medication discrepancies, potentially avoiding a large number of adverse drug events and related costs for care of affected patients (Gleason et al. 2011)

**Strategy:** Defined the medication reconciliation process, and role of the nurses, physicians, and pharmacists in reviewing, managing, and monitoring a patient’s medications.

**Practice Change:** The change included the administration of professionally developed asynchronous web based training for nurses, physicians and pharmacists defining their roles and responsibilities related to medication reconciliation.

**Evaluation:** Indicators of project success were a post training questionnaire among the providers, plus baseline un-reconciled medication data and post training un-reconciled medications among CHF patients.

**Results:** Total of 37 providers, 20 RNs, four mid-level providers (PA/NP), two physicians and four pharmacists completed the training modules. Seventy percent scored 100 on the post training questionnaire. Medication reconciliation improved among CHF patients at discharge as shown in the table below. *Two patients had not been discharged at the time of this analysis.

<table>
<thead>
<tr>
<th>Baseline 4th Quarter 2011 (n=32 CHF patients)</th>
<th>Post Training Feb. 25 - Mar. 8 2012 (n=12 CHF patients)</th>
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</thead>
<tbody>
<tr>
<td>Admission</td>
<td>Discharge</td>
</tr>
<tr>
<td># Meds</td>
<td># Un-Rec</td>
</tr>
<tr>
<td>327</td>
<td>11</td>
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**Recommendations:** Training nurses, physician and pharmacist about their roles can help improve medication reconciliation.

**Lessons Learned:** Training nurses, physician and pharmacist about their roles will also improve medication reconciliation from admission, at transition points and finally on discharge. The nurses, physicians and pharmacists were more receptive to pen and paper training than online training.

**Bibliography**
