“Discharge Time Out”: An Innovative Nurse Driven Protocol for Medication Reconciliation
JoAnne Ruggiero, MSN, RN
Pennsylvania Hospital - University of Pennsylvania Health System
Joan Smith, Jacqueline Copeland, Lauren Durkin

Problem: Pennsylvania Hospital in Philadelphia PA had no formal process of ensuring that patients true medication reconciliation at discharge. Retrospective review of data revealed that 77.9% of charts reviewed contained medication discrepancies at discharge.

Evidence: A study by Unroe et al. (2010) compared patients’ medication list from home to discharge found 96% of patients had one or more medication changes. Corbet et al. (2010) reported at least one medication discrepancy in 94% of discharges. A study by Murphy et al. (2009) reported a successful decrease in medication errors by involving pharmacists in patients’ admission histories, along with medication reconciliation. Many of these studies are not able to be replicated in practice, however including the nurses who are already at the bedside may prove to be the answer.

Strategy: The Discharge Time Out process requires a nurse to nurse check before discharge from the hospital. The nurses call a “Time Out” and check the patients discharge document for medication discrepancies.

Practice Change: At discharge, two registered nurses review all admission medications against the discharge document to identify the changes in the medication regimen. If there are changes identified they are then compared against the patient’s inpatient electronic medication record and reconciled. Discrepancies. If discrepancies are identified in the time out process, the medical staff returns to the ward to correct discrepancies and provide the patient with an accurate discharge medication document.

Evaluation: Indicator of success was determined by the amount of charts which were reconciled and the reduction in discrepancies.

Results: Prior to intervention our retrospective review revealed that 77.9% of patient discharged had discrepancies on their document. Post intervention our discrepancy average has been 22%. Our data shows a sustained reduction in discharge medication discrepancies with the Discharge Time Out process.

Recommendations: Creating a tool which allows for tracking of the discharge medication reconciliation and including nurses in the process show true sustainable results.

Lessons Learned: Utilizing the existing evidence based, Surgical Time Out, can translate success in health care settings. In this case the Time Out process was restructured into a medication reconciliation check list and increased the amount of patients who went home with reconciled medical records.