



Standardizing Communication Strategies in Bedside Medication Delivery in an Effort to Decrease Medication Discrepancies



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NEEDS AND OBJECTIVES

- Upon hospital discharge, medication errors are a common reason for non-adherence and readmission.
- At our academic hospital a “Meds to Beds” (MTB) program exists which allows patients to receive their medications at bedside prior to discharge.
- This program was created in order to increase patient satisfaction, promote safer discharges, and increase medication adherence.
- In January 2019 there were 2,852 medications prescribed through this program.
- Anecdotal evidence suggests that these deliveries are not always filled as ordered.
- There have been varying degrees and methods of communication between the pharmacy and in-patient teams.
- Our objective was to standardize the communication process between the outpatient pharmacy and providers in order to decrease discrepancies between medications that were ordered and the medications that were dispensed.

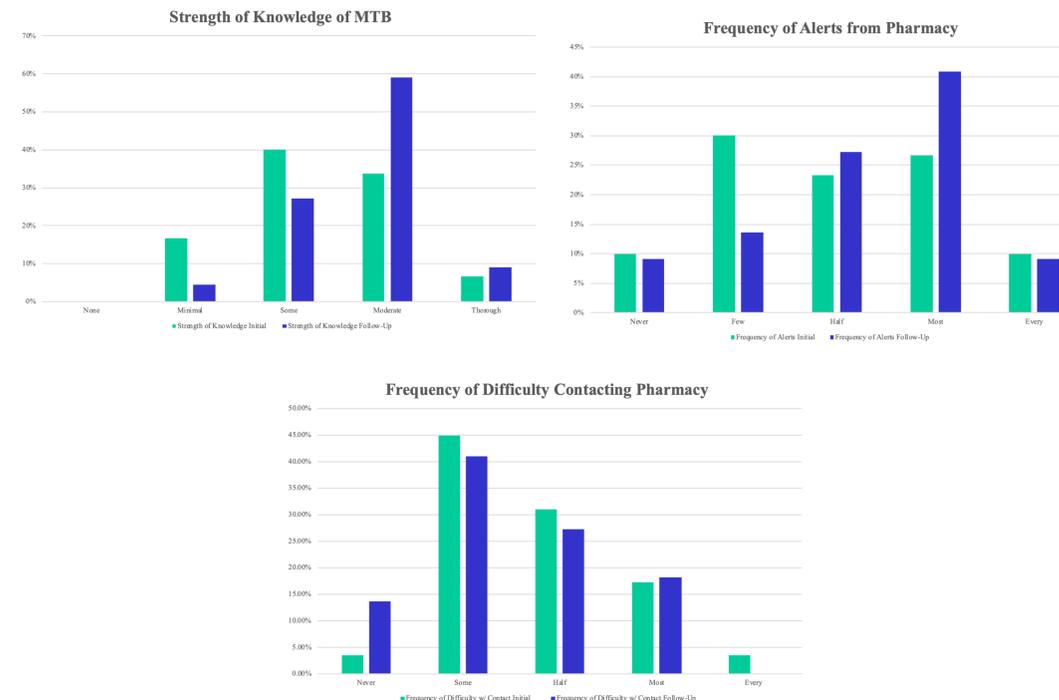
SETTING AND PARTICIPANTS

- Approximately 60 internal medicine residents at a large, urban academic teaching hospital participated in this curriculum and were surveyed.

INTERVENTION

- As the largest user of this program, we surveyed internal medicine residents regarding practices of this program prior to and after implementing a method for communication via secured text messaging.
- Both surveys were sent to the same group of 60 residents, and there were 30 and 22 responses to the pre and post surveys respectively. Surveys consisted of 10 Likert item questions.

RESULTS

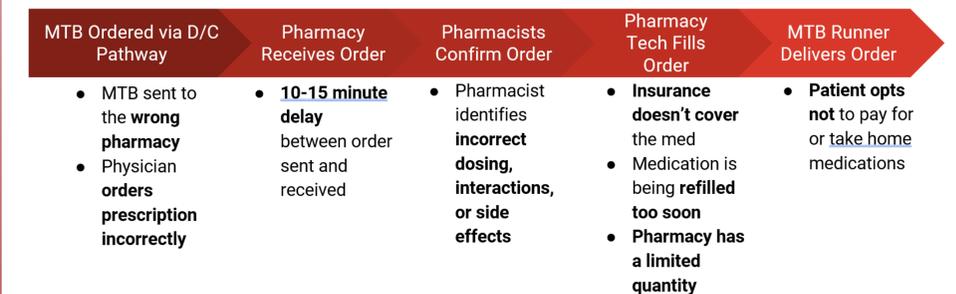


- Analysis was limited by small sample size due to suspension of “Meds to Beds” in the wake of COVID-19.
- We were unable to detect statistically significant variation in the distribution of responses for any of the survey questions.
- However, practical evaluation of the pre and post intervention distributions showed visible trends in the data.
- After intervention residents reported an increase in awareness for possible medication discrepancies.
- Participants demonstrate improved understanding of the program with increased frequency of communication and fewer instances of difficulty contacting the pharmacy team.
- Survey data also showed general appreciation for the new system, while acknowledging room for improvement.

DISCUSSION

- During the discharge process there are many opportunities for error including medication reconciliation. (Figure 1)
- We sought to create a standardized method of communication between both parties involved in the “Meds to Beds” program at our academic hospital.
- Initial data suggests that creating a means for standardized communication between both parties increases satisfaction and decreases medical error.

Figure 1: Potential Discrepancies in MTB Process Map



CONCLUSIONS/FUTURE DIRECTIONS

- Further education about and refinement of the communication process will be necessary when the “Meds to Beds” program is reinstated.
- Analysis regarding the degree of medication discrepancies pre and post intervention would give further support for establishing these methods of standardization.