PaSQ
European Union Network for Patient Safety and Quality of Care

Agency for Quality and Accreditation in Health Care and Social Welfare

Klinička bolnica SVETI DUH Zagreb

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MEDICATION RECONCILIATION UNIVERSITY HOSPITAL "SVETI DUH", ZAGREB

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INTRODUCTION

- university hospital
- 500 acute adult and 70 neonate beds
- 14 clinical departments
- 1500 employees
- 1800 admissions per month

MAIN GOAL

to enable medication reconciliation in one department (35 patients admitted per month) both at admission and discharge

SUBGOALS

to educate involved staff, to improve (increase) leadership support, to improve patient involvement, to impact safety culture

SLOGAN

4 Es' 4 SAFETY

- **e**laborate
- **e**nable
- **e**nact
- **e**-future for better safety

JULY	AUGUST	MID AUGUST TO PRESENT		FUTURE
Starting up and forming a team	Refining the protocol, communication with admission personel	Full implementation on the disignated ward	2014	• full implementation to entire hospital • form incorporation into hospital software • implementation of discharge medication lists to the national primary care mainframe

4Es'

IMPLEMENTATION STATUS

Medication reconciliation department
Department for clinical pharmacology=11 beds

TEAM
pasq coordinator, 1 member from quality management department, physicians and nurses from the designated department

TIMELINE
3 months

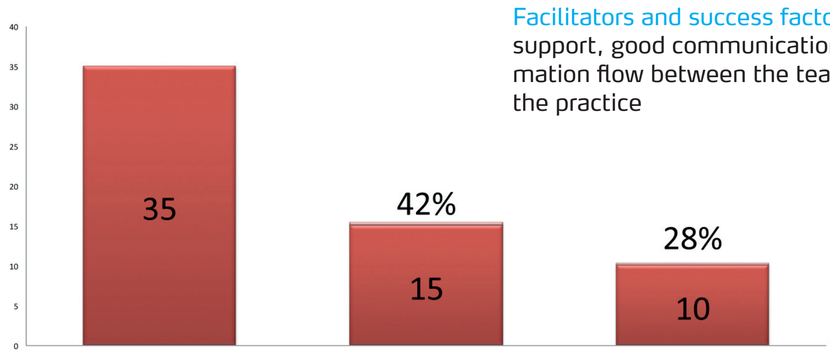
BASELINE
no medication reconciliation

METHODS
patients admitted to the department for clinical pharmacology (approx. 42% of all admissions) were interviewed at admission about their medication. The data derived from the interview, physician documentation at admission, past medical documentation and family members was compiled in a designated form. Final medication list consisting of medications that are recommended after actual hospitalization and medications that are no longer necessary was conceived as a letter to a primary care physician and added to the discharge letter (approx. 28% of all admissions)

RESULTS PER MONTH

RESULTS PER MONTH

15 /35 RECONCILED AT ADMISSION
10/35 RECONCILED AT DISCHARGE



Barriers and challenges
lack of resources, resistance to additional work by physicians, lack of overall patient safety culture, cost of additional effort, paper load, staff education and control

Facilitators and success factors leadership support, good communication and information flow between the team applying the practice

CONCLUSION AND FUTURE STEPS

- full implementation to entire hospital
- incorporation of medical reconciliation forms into the hospital software
- education and recruitment of additional team members
- implementation of discharge medication lists to national primary care mainframe for easy access and continuity of care in the family physician setting

www.pasq.eu

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