

Meaningful Use Compliance and Electronic Medication Management at Point of Entry

Marsha Haverly, RN, MSN, CPAN, Janice Forgue, RN, BSN, Suzanne Gazaille, RN, AND Penny Herche, RN, BSN, Joyce Wayner, RN, BSN

Introduction: In 2009, Congress passed the American Recovery and Reinvestment Act which provides financial incentives to hospitals who can demonstrate 'meaningful use' of health information technology. As of February 2011 the Miriam Hospital, a Lifespan affiliate, instituted an electronic medication management system. The Miriam is a 247 bed University affiliated teaching facility and four time Magnet Designee. This hospital has successfully implemented many Point of Care technologies including physician order entry (POM), medication administration check system (MAK) a bar code administration (BCMA) and clinical documentation systems. Medication transcription errors have been recognized as a common cause of medical errors. To improve patient safety the electronic entry and reconciliation of home medications at the point of entry is essential to positive patient outcomes as well as patient satisfaction upon discharge. This abstract will describe the implementation of an electronic medication management process at points of entry for surgical and procedural patients admitted to the hospital. Pre-procedure nurses or LIP's collect a home medication list during the pre-admission testing appointment. The home medication list is created and or verified on the day of surgery/procedure.

Method: One year prior to the electronic conversion a progressive training program was provided to the pre-procedural areas responsible for collecting home medication lists. Emphasis was placed on the standardized format for prescribing and dispensing medication according to pharmacy guidelines recommended by the Institute for Safe Medication Practices to reduce error in interpretation and transcription. The primary project goal was to improve medication safety and optimize patient care from point of entry through discharge by

- 1) reducing paper medication transcription
 - 2) providing a streamlined approach to medication reconciliation at time of admission
 - 3) providing consistency during the order entry process and
 - 4) improving the quality of patient medication discharge instructions
- Transitioning to computerized medication management system required workflow analysis/re-design, equipment acquisition, staff training and post implementation evaluation. One of the biggest challenges was addressing nurses concerns regarding the medication management system in their practice areas and revising their current workflow.

Results: Successful implementation of the electronic medication management systems has resulted in the ability to access the home medication list throughout the inpatient and procedural units. We have successfully minimized the use of hand transcribed paper medication lists, improving accuracy from point of entry to discharge. Analysis Information technology support staff continues to work to address workflow and system issues. System enhancements will be disseminated to staff as they are identified. Staff nurse/LIP input is encouraged and vetted via the Clinical Informatics Council venue. Ongoing support and education will continue to be provided by unit resources, online job aides and the informatics staff.

Discussion: Moving forward we will include outpatients units in our current medication safety metrics as well as complete yearly competency verification. As clinical information systems continue to evolve and become more widely accepted, we will strive to demonstrate 'meaningful use' through integration of clinical systems within the organization.