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An ethnographic study of the communication of medicines reconciliation between secondary and primary care at discharge

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Statement of the Problem: Medicines reconciliation is a top priority both nationally and internationally. The consequences of an inaccurate medications list can lead to adverse drug events and compromise patient safety. This is an even greater risk between healthcare boundaries. While most of the time medicine reconciliation is carried out effectively, unfortunately, adverse drug events still occur despite best efforts and the introduction of multiple policies and technologies. This study aims to identify both good practice and potential barriers to the accurate and timely communication of changes to medication from secondary to primary care.

Methodology & Theoretical Orientation: This project uses a qualitative mixed methods approach to gather a complete picture of the process of medicines reconciliation at discharge. Non-participant observation allowed the researcher to gather information on the process and systems in place to carry out a discharge. The researcher then conducted semi structured interviews with renal physicians, nurses, pharmacists and GP's. A deductive thematic analysis was conducted.

Findings: Within such a complex system there were multiple factors found to affect the quality of discharge letters. These areas included: layout of technology, environment, and availability of information, workload and inter-professional relationships. However, while there were many day to day barriers which could occur when filling out EDD's there was many areas of good practice identified, such as the introduction of checks by different healthcare professionals at various points of the process.

Conclusion: The complex nature of healthcare and medicines reconciliation acts as both a barrier and safety net for patients. However, more research should be done to further understand how this network affects other areas of healthcare. Recommendations for this research would be to collect data from more healthcare settings possibly more rural areas or a community pharmacy setting.

Biography

Danielle Cunningham is a Medical student at University of Dundee. She has taken a year out of her medical studies to undertake a BMSc in Clinical Research. She has spent the year observing doctors on both sides of the healthcare boundary in to identify factors which may affect medicines reconciliation.

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