



IMPROVED MEDICATION RECONCILIATION WORKFLOW FOR JOINT ADMISSION WARDS IN SENGKANG HOSPITAL



INTRODUCTION

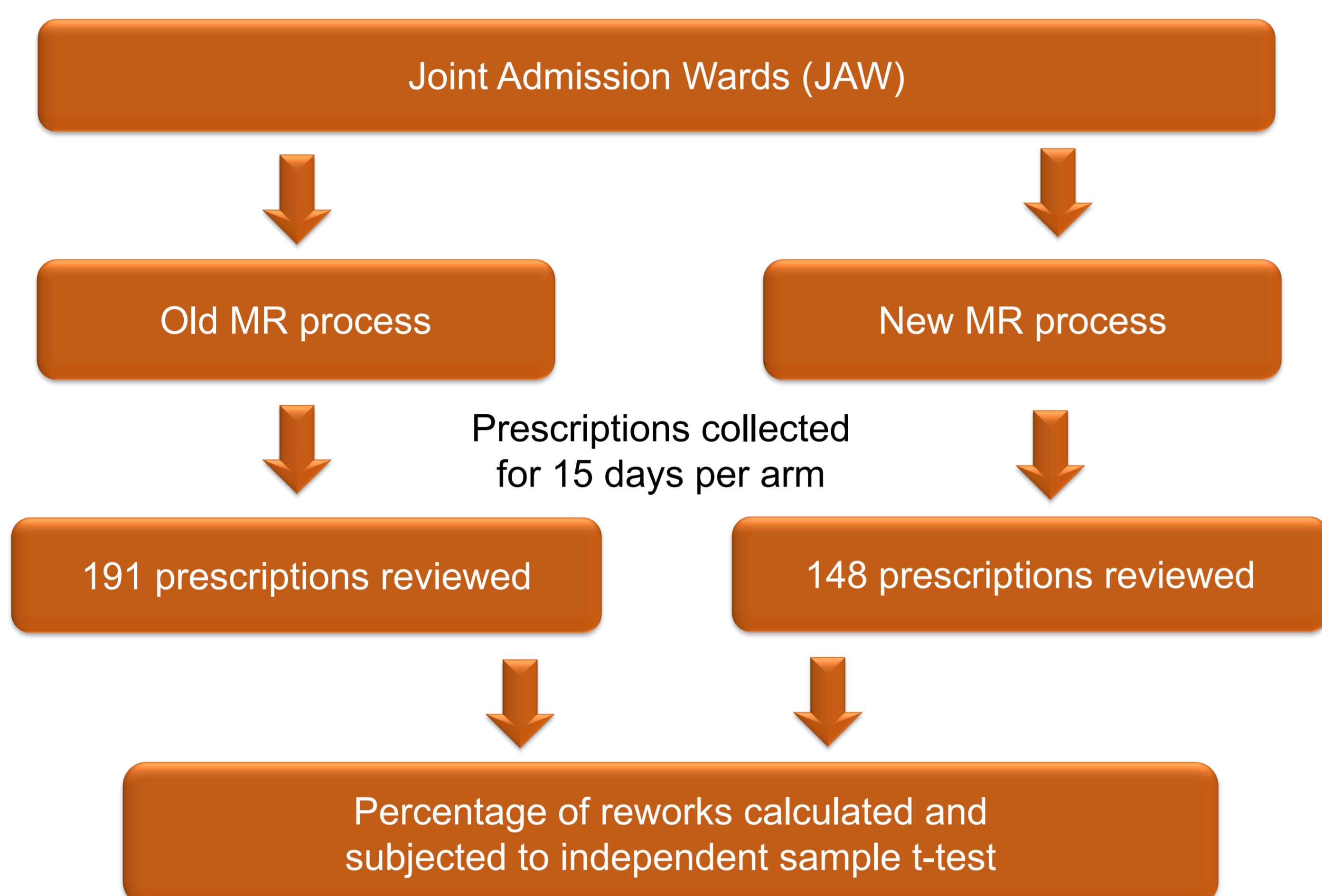
Joint Admission Wards (JAW) is an initiative in Sengkang Health. They receive most of the new admissions, mainly for acute conditions. Patients are discharged or transferred to general wards within 48 hours once care plans are finalised. These patients seldom have medication changes or require chronic medication supply on discharge.

As our current medication reconciliation (MR) workflow does not enforce compulsory documentation of required discharge medication supply, rejected supply and reworks (any item or quantity amendments) during dispensing may occur.

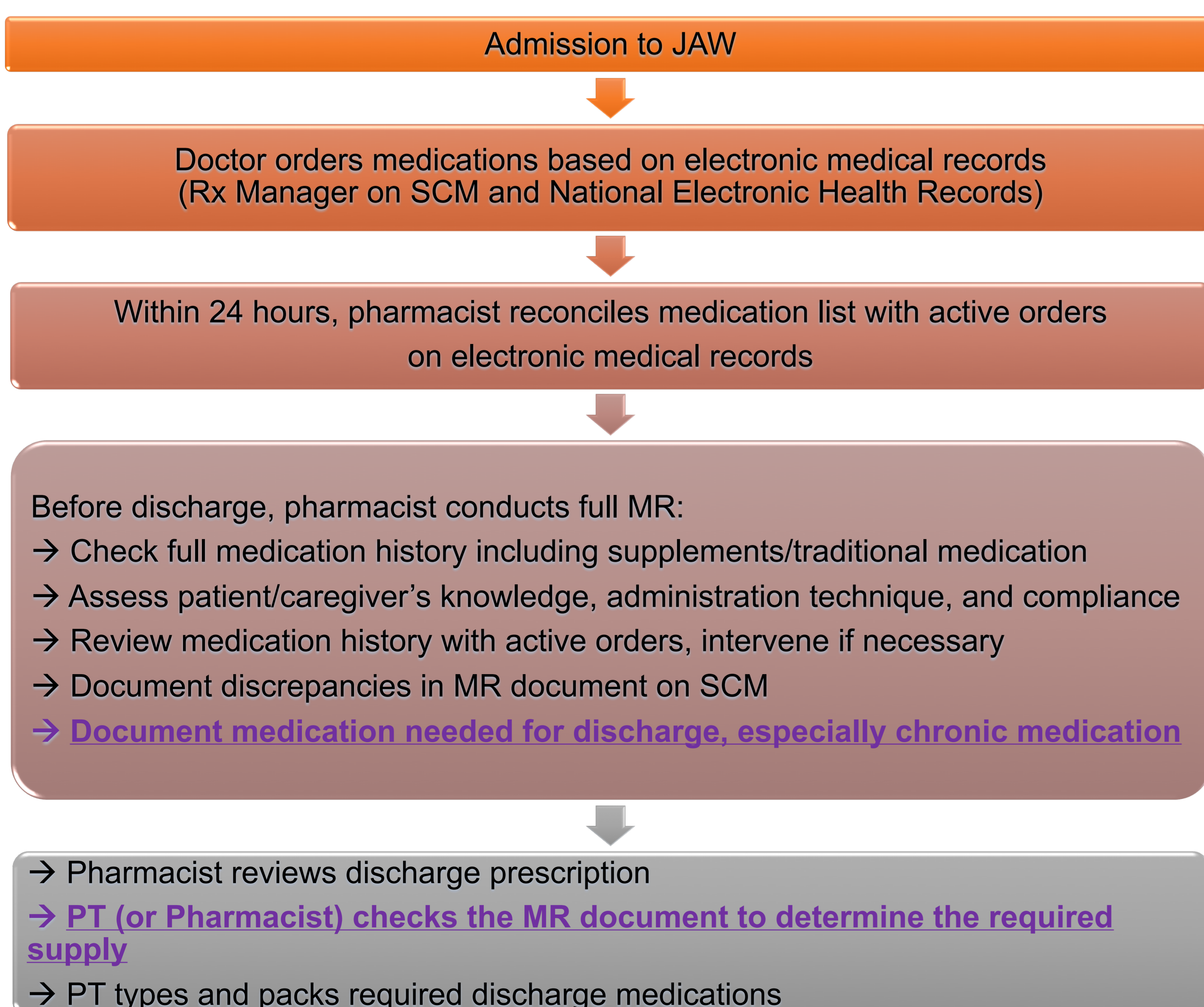
OBJECTIVES

- 1) To reduce reworks via consistent documentation
- 2) To engage Pharmacy Technicians (PT) in interpreting MR documents

METHODOLOGY



IMPROVED WORKFLOW



Legend:
→ Original workflow
→ New additional workflow

RESULTS

PERCENTAGE OF DISCHARGE BAGS THAT NEED TO BE REWORKED

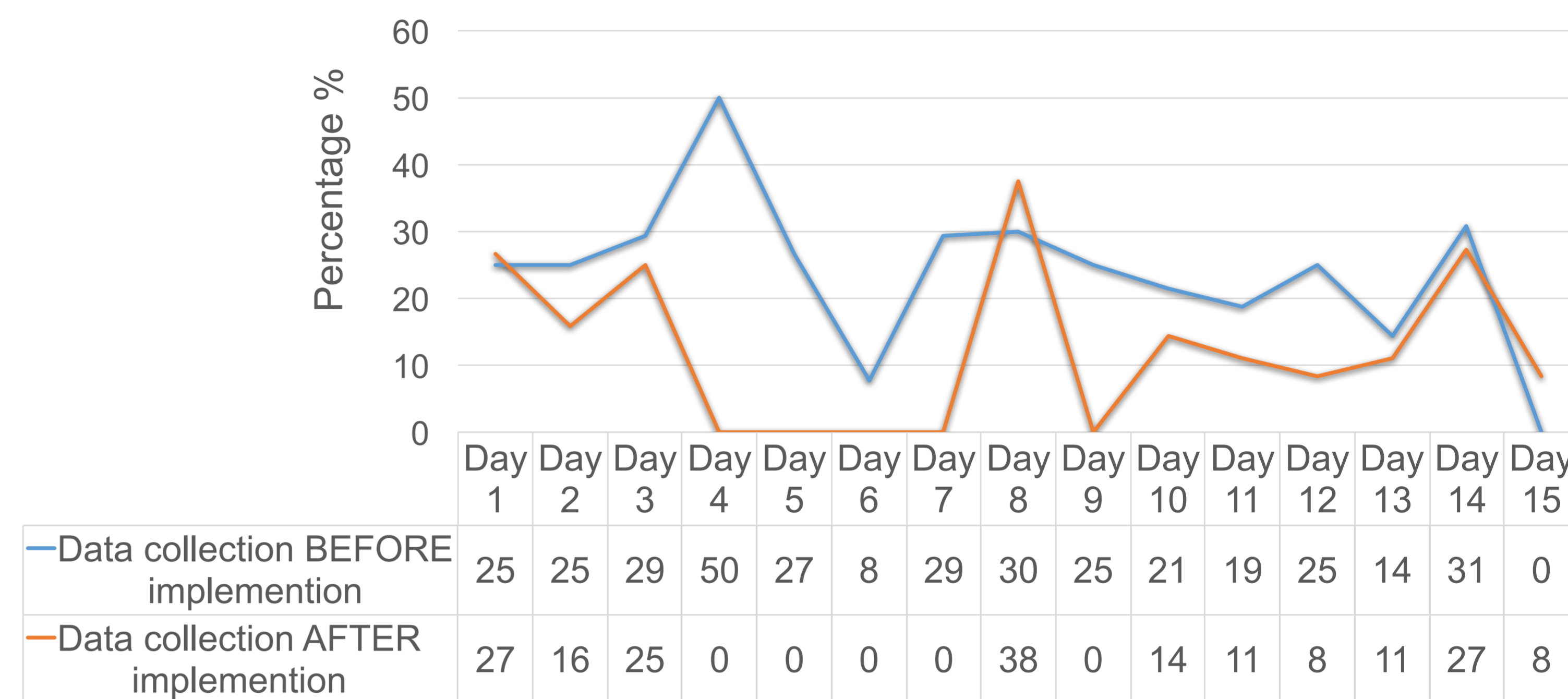


Figure 1: Percentage of reworks done per day

Percentage of rework before and after implementation of new workflow

Variable	Observation	Mean (95% confidence interval)	Mean difference (95% confidence interval)	P value
Before	15 days	23.86 (17.60-30.12)	11.53 (2.75-20.31)	<0.0119
After	15 days	12.33 (5.60-19.06)		

DISCUSSION

Before implementing the new MR workflow, it was not compulsory for pharmacists to document patients' medication supply requirement for discharge. A high amount of reworks resulted as JAW patients were likely to reject chronic medications during discharge medication dispensing.

With the new MR workflow, reworks were reduced by 11.5% (P <0.0119).

Limitations of this project include:

- 1) Patients being unforthcoming or caregivers being uncontactable during MR
- 2) Patients requesting changes of supply during dispensing
- 3) Variability in MR documentation

We also suggest a standardised set of required fields in the current MR document on SCM to facilitate and enforce pharmacists' documentation, and streamline PTs' interpretation and prescription processing. Furthermore, this workflow may prepare PTs for potential PT-led MR processes in the future.

CONCLUSION

The new MR workflow shows a significant improvement in eliminating unnecessary reworks, and potentially ensures consistent documentation, and engages PTs in the interpretation of MR documents.