

It's time for a consult on your medication reconciliation process.

Medication Reconciliation Assessment for Epic Hospitals

We recognize the challenges in the medication history interview process and understand the impact it has on completing a quality medication reconciliation. While some of the challenges are industry wide and longstanding, there are steps that a healthcare organization can take to immediately improve their medication reconciliation process. Our team evaluates your workflow and associated Epic system build to offer actionable and innovative recommendations for improvement.

The IN Group has long been established as a premier medication management consulting organization with a commitment to create excellence in healthcare. Now as a division of DrFirst, The IN Group is a well-rounded healthcare organization with deep industry thought leadership, unparalleled technical subject matter expertise, and a readily available bench of clinical consultants.

Solution Scope

- Facilitate goals and objectives discussion with organizational stakeholders
- Observe medication history interviews in priority patient access and transitions of care locations
- Assess the current utilization of supporting medication management technology
- Conduct an Epic configuration review of related medication reconciliation records
- Evaluate medication history interview training and education programs
- Assess metrics and policy compliance auditing
- Discuss discharge follow-up for medication adherence and readmission avoidance
- Deliver detailed Medication Reconciliation Assessment Findings Report
- Conduct executive-level presentation to include:
 - Findings and recommendations overview
 - Industry comparison observations
 - Next steps decision facilitation
- Perform next steps follow up evaluation

Contact TheINGroup@drfirst.com to learn how we can improve your hospital's medication reconciliation process.

Medication Reconciliation Stages of Excellence

Meaningful improvement in medication reconciliation involves three primary drivers: the people, processes, and technology that work together to drive efficiency, enhance patient safety, and increase provider productivity. Our medication reconciliation assessment identifies your health care organization's current stage and what needs to occur to improve through stage three.

Stage 1: Challenged State

People

- External medication history not consistently used across departments, disciplines, and shifts
- Off hours staffing competency gaps
- External medication history directly accepted into EHR without patient interview confirmation

Process

- Unnecessary manual documentation
- Lengthy history interview requiring calls to family, pharmacies, and providers
- Outdated workflows driving bad medication reconciliation practices
- Compliance enforcement variation

Technology

- Medication history data gaps
- Textual sig data requiring provider intervention
- NDC and inpatient formulary mismatches
- Inconsistencies in how medication data is presented at discharge

Stage 2: Optimized State

People

- Leadership engagement
- Interdisciplinary staffing including optimized Pharmacy involvement
- Ongoing training program promoting organization-wide competencies

Process

- Policy, workflow and compliance refinement
- Complete & consistent medication history interview at every admission
- Downstream process improvement benefits

Technology

- External medication history technology optimization
- Medication history data gap mitigation
- Point of encounter workflow enablement

Stage 3: Perfect Data State

People

- Patient engagement and accountability
- Community contributing to comprehensive data coverage and quality
- Provider engagement

Process

- Opportunistically commencing medication history interview at preadmission
- Elimination of unnecessary and redundant med history data
- Continuous quality improvement feedback

Technology

- Ubiquitous and comprehensive medication history seamlessly integrated within all EHR's
- Intuitive and predictive supporting technology
- Tools to enhance drug data stewardship

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