Cape Fear Valley Medication Return Process Improvement

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Abstract

The Cape Fear Valley Hospital sees hundreds of patients a month, with many of them bringing in medication from home. Upon discharge, the nurses were frequently failing to return these medications, costing both the hospital and the patients money.

Problem Statement

Patients are being discharged without their medications. This is due to lack of standardization in the medication return process.

Objectives

- Standardize a process for accepting home meds.
- 2. Develop an indicator of failure in the process
- 3. Involve the pharmacy
- 4. Document consistency of the process.

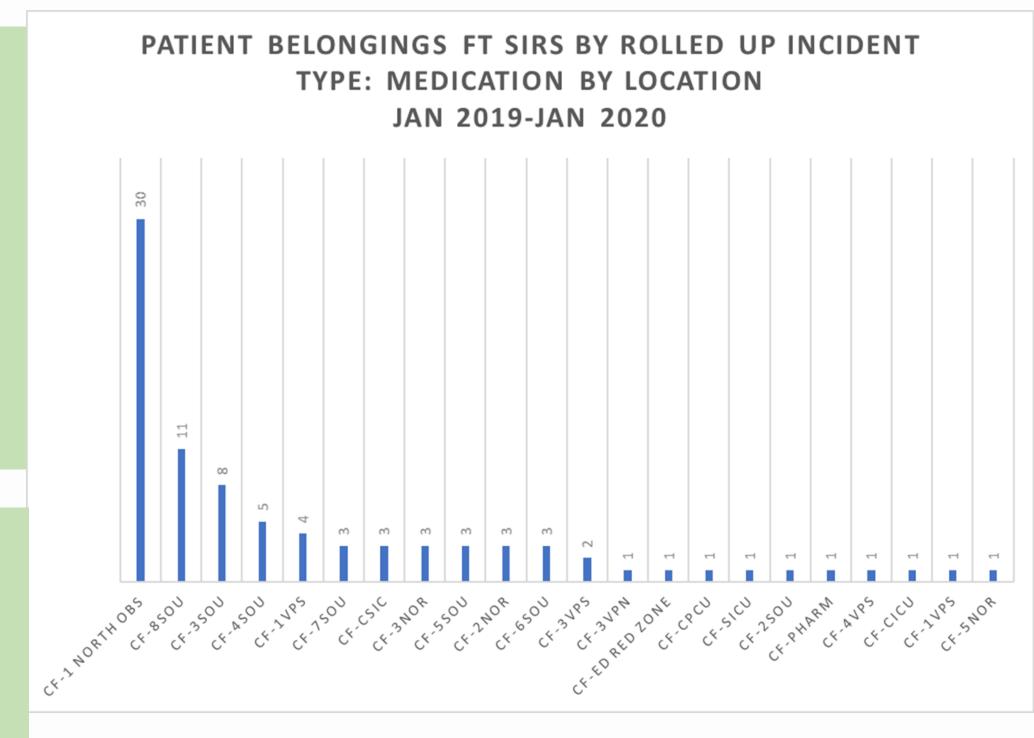
Value Map for Home Medications - current state 95% 75% 100% 100% 85% 60% 15- 20 min 2 –20 min 4- 24 hrs 5 - 10 min Meds 60% 5% 2 - 3 min Nurse gathers Pt/ family they forgot H Belongings & H. Meds the pt H. Meds in-pt bins & belongings Hospital meds up. barcoding & to Transf. unit eturned to pt 30% 10% 50% 35% 15- 20 min 10- 15 min 1 – 4 Days 1 day 60 min PCM calls pt (If not used) H (X2) to ask up/Liflink Meds during Nurse will med check them up Meds 35% 100% 90% 1 – 2 days 1 – 4 Days 5 - 10 min

Methodology

Used DMAIC to outline our process. Most of our data came from interviewing nurses and observing the current process.

<u>Analysis</u>

- Lack of time
- No process
- Lack of accountability
- No verification in EPIC
- No reminders in EPIC
- Confusion in EPIC



<u>Improvements</u>

- Include check on IPASS for home meds
- Orange arm bands
- Include reminder banner in EPIC
- 5S of Med Room

Conclusion

Although our testing period is delayed by the hospital, we are planning to send them our presentation and allow them to implement our solution. We hope that they will pilot test our solution in the hospital and it can spread as the concept is proven.

