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Improving Medication Reconciliation in a Geriatric Psychiatry Clinic: A Quality Improvement Project

Adults aged 65 and older are at greater risk for adverse drug reactions due to physiological changes and more chronic conditions, and thus often take more prescription medications, OTCs, and other remedies. Medication reconciliation (MR) is often not standardized in healthcare facilities, and it has been seen that healthcare providers are not properly educated on MR. Due to a lack of standardization in combination with little education on the subject, MR is often not being performed properly or comprehensively. In turn, the poor quality and quantity of MR is not effective in preventing adverse drug reactions or inappropriate prescriptions in older adults. The purpose of this QI intervention is to reduce adverse drug reactions by enhancing the quality and quantity of MR practice by increasing the knowledge, skills, and attitudes about MR among healthcare providers and creating a standard approach to the MR process. A quasi-experimental design was employed to assess the knowledge, attitude, and behaviors of participants after a lesson on MR was given. A convenience sample was used in an outpatient clinic. The lesson included the importance of MR, information on adverse drug reactions in older adults, and how to perform MR by introducing the Medication Reconciliation Guideline. After the lesson a questionnaire was given and the participants used the guideline in the clinic for 4 to 6 weeks, after which an altered questionnaire was deployed. The data revealed that post-intervention there was a 20% increase in participant knowledge of MR and a 17% increase in their likelihood to change their behaviors to increase and improve MR. The data also showed that there was a 46% increase in the amount of times MR was performed at each patient appointment. As evidenced, the educational intervention along with a standard guideline may increase healthcare workers' knowledge, and awareness of MR and modify behaviors, thereby reducing adverse drug reactions in older adults.