



Methods used to Assess Risk in Ambulatory Medication use after Hospital Transitions

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Introduction

- Increasing specialization in medicine and division of care between inpatient and ambulatory settings has increased the frequency of these patient care transitions and contributed to the complexity of patient care management.
- The primary care provider (PCP) in the ambulatory care setting relies on information transfers at the transition of care to manage the patient's ongoing care.
- Failures and errors related to the transfer and management of medication information occur and may lead to patient harm.
- Appropriate medication information management (MIM) during transitions of care is essential to guarantee the quality and safety of patient care.

Understanding MIM

- Components needed for the MIM process to optimize human performance and safety

1	Define components of work system model
2	Understand the interaction of the work
3	Investigate known or potential failures in the process
4	Determine risk of the failures
5	Determine causes of these failures
6	Understand current mechanisms for dealing with these failures

Research Goal

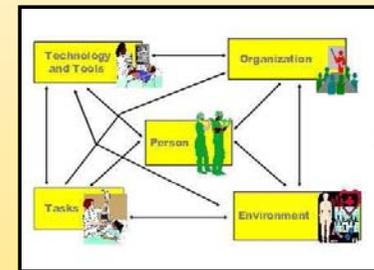
The aim of this study is to perform a prospective risk assessment of medication information management during the transition of care from hospital to the primary care clinic from the perspective of the primary care clinic as the receivers of the information.

Methods

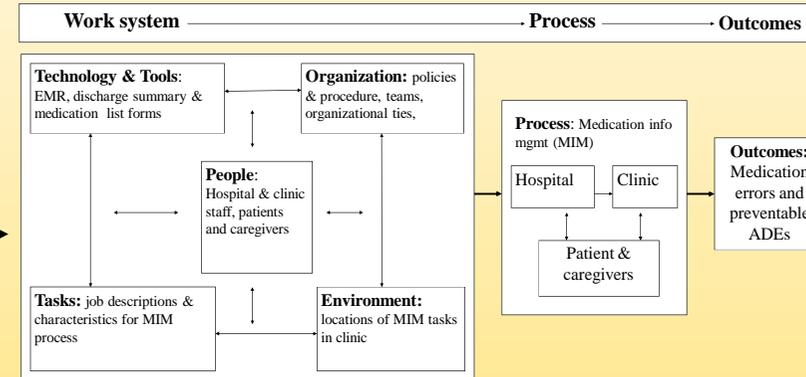
Goals of Data Collection

- 1) Understand the medication information management (MIM) process in ambulatory primary care clinics (PCC) after a patient transition from the hospital setting to the PCC. The SEIPS work system perspective is used and the data supports the performance of the prospective risk assessment (PRA) and process redesign.

SEIPS work system model

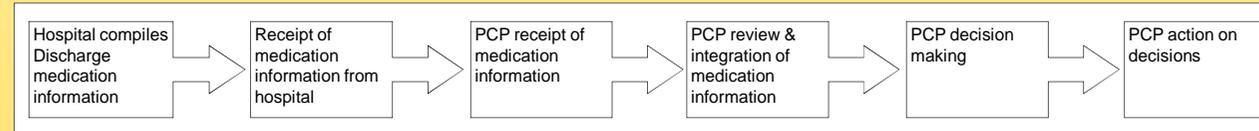


SEIPS model for proposed research



- 2) Record error recovery methods in the MIM process.

MIM major process steps for proposed research



- 3) Allow comparison of the MIM process, PRA and error recovery methods.

Methods Cont'd

Data Collection Demographics

- *Setting:* 3 primary care clinics and associated referring hospitals
- *Collection Methods:* Direct observation, interviews, and focus groups
- *Participants:*
 - Clinic directors
 - Clinic & Hospital providers
 - Clinic & Hospital staff
 - Patients

PRA Elements

1	Process steps, ideal
2	Process steps, actual a. Common process b. Major process variations
3	For each process step a. Who is involved b. Task accomplished & what is needed for task c. Tools / technology used d. Where it occurs
4	Process failures (known & potential)
5	Risk of failures a. Likelihood of occurrence b. Severity of failure it occurs c. Likelihood of detecting failure
6	Causes of process failure
7	Effects of process failures

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