Daily practice performance (work-as-done) compared to guidelines (work-as-imagined) of medication reconciliation at discharge

Outcomes of a FRAM study

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Medication reconciliation at discharge

To decrease errors on discharge and during transition of care by carrying out the following steps:

1. **Verify:** collect a current medication list.
2. **Clarify:** make sure the medications and doses are appropriate.
3. **Reconcile:** compare new medications with the list and document changes in the prescriptions for medication.
4. **Transfer:** communicate the updated and verified list to the appropriate caregivers and to the patient.

Medication related problems occur at 15-49% of all hospital discharges[1-4]

➢ However, research showed that medication reconciliation was only performed for **44%** of all discharged patients[5].

Research objective

To reveal possible **discrepancies** between **guidelines/hospital protocols** (work-as-imagined) and **clinical practice** (work-as-done) for the process of medication reconciliation at discharge.

This could explain when and why healthcare professionals deliberately or accidentally deviate from these protocols.

Methods

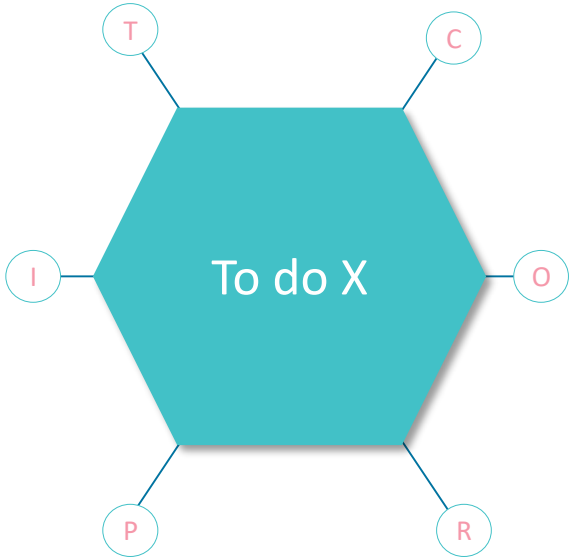
- **Document analysis** work-as-imagined → National guidelines & hospital protocols
- **Interviews** work-as-done → 8 HCPs (physicians, nurses and pharmacy technicians)
- **Feedback meeting** results → Online or on location

➢ Participants: 9 cardiology and orthopedics wards from 8 Dutch hospitals.

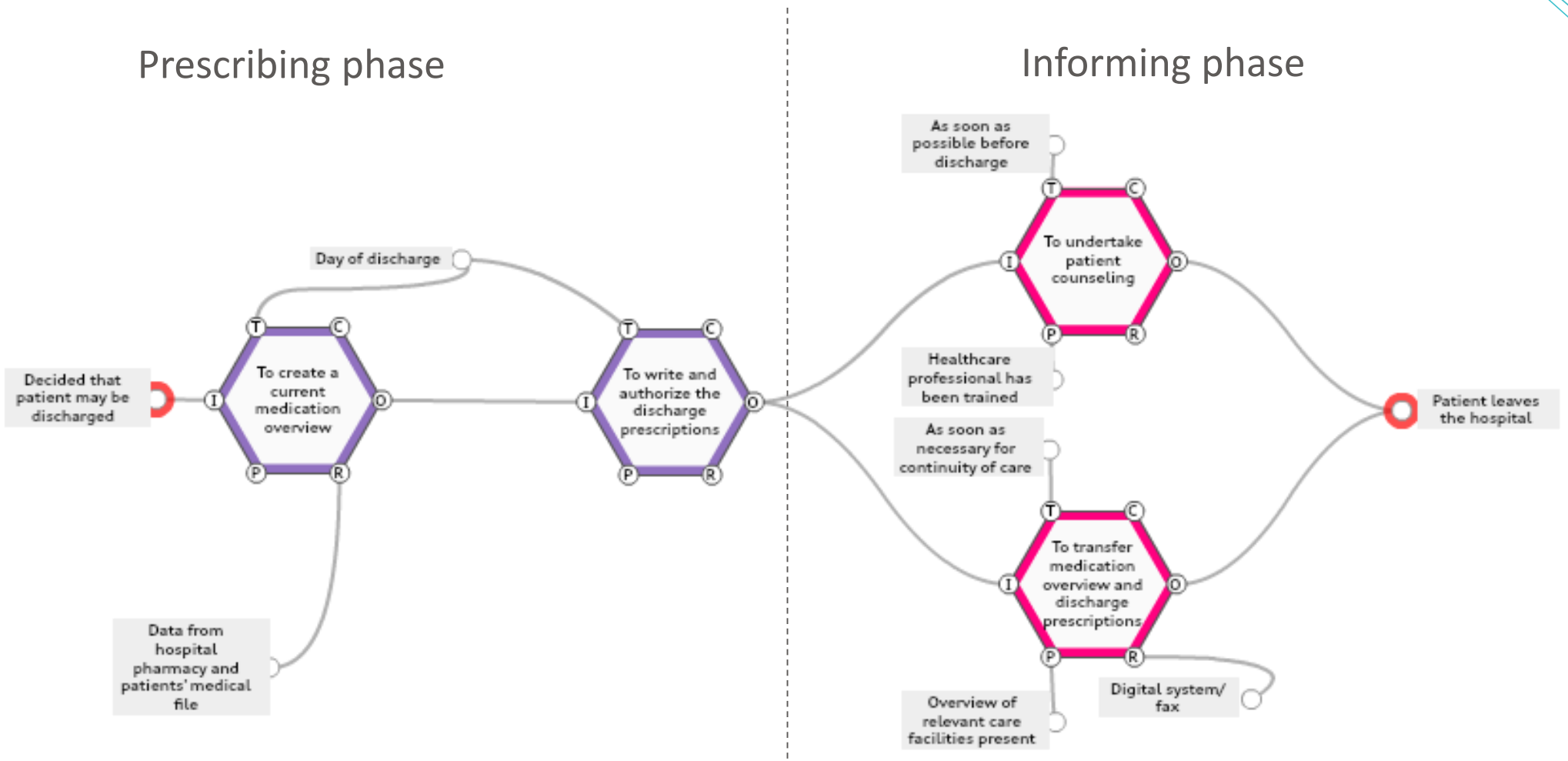
Functional Resonance Analysis Method (FRAM)

- There may be misalignment between guidelines and daily practice.
- Guidelines do not regard varying conditions in everyday practice.
- HCPs have to adjust their performance (i.e. be resilient) to provide care safely → **practice variability**.

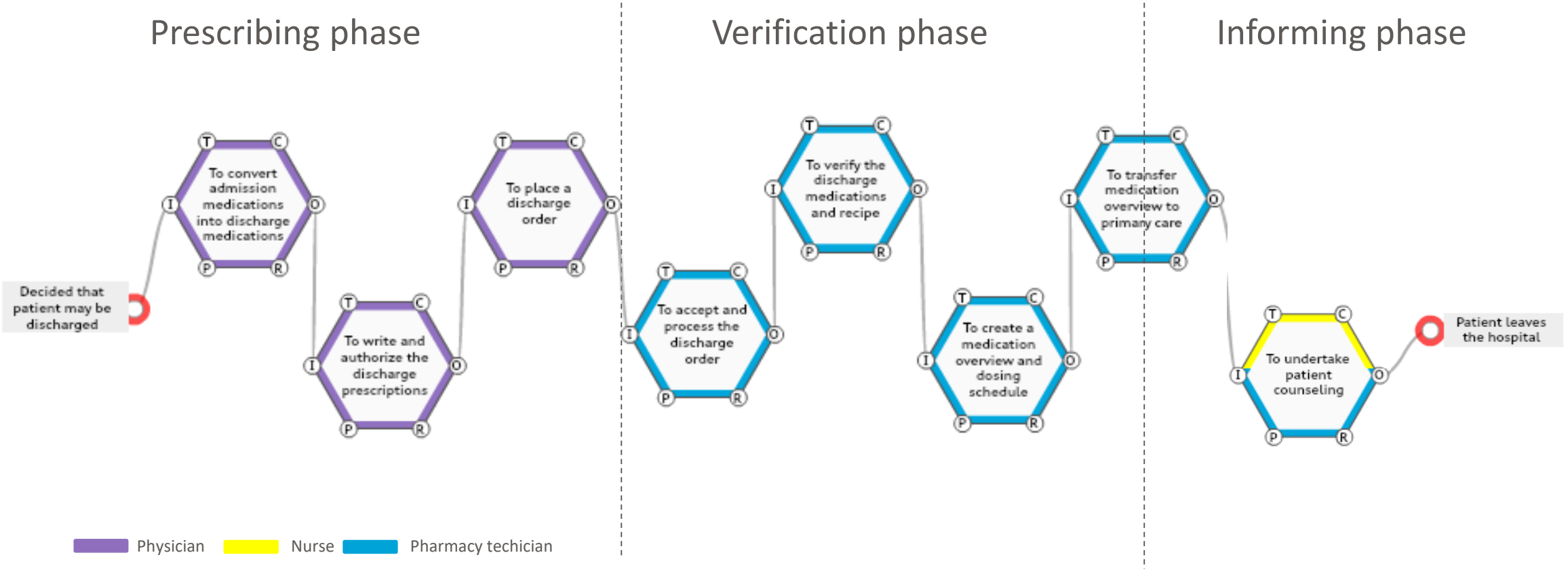
The **Functional Resonance Analysis Method (FRAM)** helps to visualize the 'process as-Imagined' and the 'process as-Done'. This could enable the dialogue between HCPs to learn from each other.



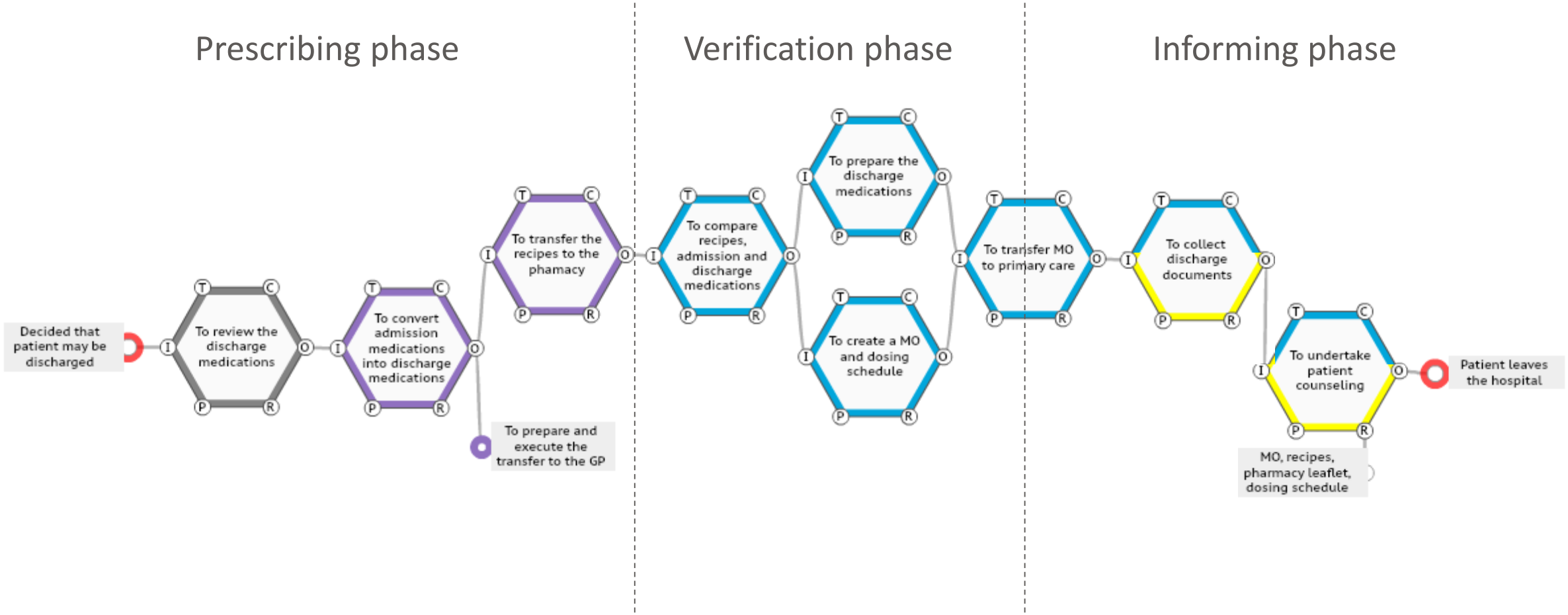
Work-As-Imagined national guidelines



General Work-As-Imagined model



General Work-As-Done model



Variability

Comparing WAD to WAI

- More involved healthcare professionals.
- More proceedings were carried out and in a different order.
- Non-linear process.

Considerations by HCPs

- When to perform a certain activity.
- How thoroughly to carry out a activity.

Conclusion

- Several adjustments were made to
  1. translate the national guidelines into hospital protocols.
  2. make the protocols workable in practice.

- Medication reconciliation at discharge is a complex process.

- HCPs sometimes deliberately deviated from protocols to succeed under varying conditions.

- Follow-up studies could focus on the effects of practice variability on patient experiences and patient safety.

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References

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