Hello everyone. My name is Jasmine Perkins, and I'm a doctoral student at Texas Woman's University. Today I'll be presenting my project titled, “No Strings Attached: Utilizing No Code Tools to Improve Medication Reconciliation Skills Development, Clinical Workflow and Patient Outcomes.

In the United States, thousands of deaths occur annually related to medication errors. Medication errors can be prevented by implementing a seamless medication reconciliation process. Medication Reconciliation is a process that focuses on creating the most accurate list of medications that a patient is taking. This list includes prescribed, over the counter, and herbal drugs in the inpatient care setting. The medication reconciliation process is part of the nursing admissions assessment. Utilizing an interview approach, the nurse identifies what medications the patient is taking when the drug was prescribed; why the medication is prescribed; and also documents the dose route in frequency at which the medication is taken. The nurse also should ask if there are any barriers to taking medications as prescribed. This information is then shared with provider and the pharmacy department.

At a hospital in Southeast Texas, care continuity on the medical surgical unit is negatively impacted by complex clinical processes involving technology. This poses a risk and increases the risk of adverse events. The number of comprehensive home medication reconciliations needs to increase.

This project was guided by the systems development lifecycle framework. I conducted one on one remote interviews with nursing staff by phone and video conferencing platforms. This allowed me to understand the integrated point of care technologies, the nurses clinical workflow, the medication reconciliation process, the efficiencies and barriers, as well as training which the staff has completed on medication reconciliation. Currently the healthcare facility uses an electronic health record system that has both a computer and mobile device application interface. Next, I reviewed the literature in search of potential solutions, utilizing the nurses’ feedback and recommendations. From the literature I was able to develop clinical process diagrams and discuss feasibility encompassing the current Electronic Health Record system to support care continuity, reduce process, complexity and number of clicks.

Nursing staff recommended some electronic health record system changes that would enhance communication among departments and promote safe practice. I was able to develop a high fidelity mock mobile application utilizing no code tools, which included a task reminder list, a notification system and a medication reconciliation tracking system icon to support communication and care continuity across departments.

In conclusion, it is important to note that mobile technology can support clinician workflow time management and care continuity units that support a culture of partnership, equity, accountability and ownership, promote clinician satisfaction and positive patient health outcomes. In the future, survey data will be analyzed and feedback will be shared with IT department to prepare for IRB approval to deploy applications for beta testing and other units. Afterwards, new medication reconciliation education models can be developed.

I would like to take this moment and thank Kimberly Boit, Raven Laws and Dr. Jo-Ann Stankus for supporting me in this project. If you have any questions regarding today's presentation, please feel free to email me. Take care of yourself. Bye for now.