Transitions of Care and Medication Reconciliation within the VA System
Brian Desmond
2018

UMMS Capstone for Impact
Branch: Patients and Populations

Project Summary
While working as a Sub-Intern on the IM Hospitalist service at the Ann Arbor VA, I encountered several patients who received their care at outside VA sites, and had problems with medication reconciliation. Working with the VA system redesign team, I employed a lean model of information gathering to map out the process of medication reconciliation between the Ann Arbor VA and outside sites and identify pain points in the process. This was based on data gathered through a review of the literature, clinical experiences, discussions with patients and interviews with stakeholders (pharmacy, administration, case management, nursing, and physicians) within the VA system. "

Action Items/Outcome
I presented my findings as well as suggested next steps to address pain points within the process in a teaching "morning report" to faculty, residents students and administration.

Conclusion/Reflection
Through this process, I gained significant knowledge how to conduct QI work, and of the Lean process of approaching quality improvement. I also gained a much deeper knowledge of the problems that arise in communication between providers in a large health system -- even those who work alongside one another and round together regularly. Even with the efficiencies of an electronic medical record, the process of forming a unified, up to date medication list that is consistent between providers and accords with the patient's understanding of what they are taking is a very difficult task, and there are many barriers to making this happen. I gained an appreciation for the often fragmented communication that exists within and outside of the medical record; one of my proposed solutions was to, as much as possible, centralize and involve all parties (and particularly the patient) in the same communication.