Failures and Recovery- Medication Information Flow at Hospital Follow-up Visits

Background: Transitions of care from the hospital setting to primary care clinics are risky time periods for patients. Insufficient communication and information flow is a common source of failure in the medication use process and contributes to medication errors and adverse drug events. Understanding the information needs of primary care providers and staff and how they recover from failures in information flow may help to create better information flow across transitions of care and decrease errors and the risk of patient harm. The objective of this research is to describe medication-related information failures, their contributing factors and strategies used to recovery from these failures at patient hospital follow-up visits with primary care physicians.

Methods: The study took place in three primary care clinics in Wisconsin, and involved 16 primary care physicians and their nursing staff. We observed 30 hospital follow-up visits at and interviewed patients after their follow-up visits to evaluate medication information flow between hospitals, patients and families, physicians and nurses. Researchers recorded free hand notes during the visit of the tasks performed and information exchanged that we subsequently typed for analysis. After the visit, patients underwent a structured interview that was audiotaped and transcribed for analysis. Observation notes and patient interviews were analyzed using a pre-defined coding structure to identify information failures, contributing factors, and recovery from these failures including how the failure was detected and corrected.

Results: Preliminary analysis of 20 patient follow-up visits and interviews at 2 clinics reveals 58 medication-related information failures with about half related to the transition of care itself. All but one visit had at least one failure. More than 30 contributory factors involving people, electronic health record use, medication factors, and task-related factors like medication reconciliation performance. One-third of the medication-related information failures were either fully or partially recovered from meaning that the failure was both detected and corrected or partially corrected. Examples will be shared.

Conclusions: Medication-related information failures, contributory factors and attempts at failure recovery can be identified through observation of patients’ hospital follow-up visits with their PCP and patient interviews. These failures were common and have the potential to impact quality of care. This information can be used to redesign the process of information transfer at transitions of care and during the patient clinic visit.