

Abstract

More patients die from medication errors each year than from motor vehicular crashes. Medication errors alone have caused more than 7,000 deaths annually and lack of an accurate medication history is a leading cause of medication errors. On average, every admitted patient has one medication error per day. It takes 32 minutes on average to complete a best possible medication history (BPMH). Over 46% of all admissions originate from the emergency department (ED). This research project is a quantitative quasi-experimental comparative study utilizing retrospective data to study the impact of a dedicated medication history specialist (MHS) in an ED in an acute care hospital in Georgia on the physician's ability to complete medication reconciliation within 24 hours of admission. The conceptual framework for this study was the Structuration Theory of Safety Culture. The results of this research showed that placement of a dedicated resources in the ED impacted the rate of completion of the medication reconciliation within 24 hours of admission. Furthermore, utilization of the dedicated resource allowed the registered nurse (RN) to function at top of license while delegating data collection to the MHS.

Keywords: Medication safety, Emergency department, Medication errors, ED, registered nurse, RN, Medication history, Structuration Theory of Safety Culture, Best Possible Medication History, BPMH