

Abstract FRAMily 2018

Title: Using FRAM to get insight in the medication reconciliation workflow for patients when being discharged.

I will present the results of a study in which FRAM was used to identify the barriers in doctors' interaction with an IT system *FMK* and its implications for patient safety. The Hospital of Southwest Jutland uses the IT-system *FMK* to handle information about the patients' medicine. The system has several patient safety benefits; particular for patients that get treatment or care across sectors (in hospitals, in primary care and physicians). The sectors can share information about the patient's medicine via this IT system.

This particular benefit also places some demands on the sector, which is treating the patient; 1) ensure that the medicine information is updated in the IT system and 2) signed for by a doctor. If this is not done correctly, it is impossible for other sectors to reach the information about the patients' medicine within the IT-system. This is particularly problematic when the responsibility of treatment crosses into a new sector. The Hospital of Southwest Jutland has faced a challenge in updating *FMK* correctly when the system at first was introduced and a large amount of incidents was reported from the primary care.

FRAM was conducted to learn from WAI and WAD which barriers the doctors at the hospital was facing in their everyday work when updating the medicine and signing for it. These analyses showed that FRAM offered a structured way to get knowledge about the adjustments and the performance variabilities in everyday work. The insight was used in managing the implementation of the IT-system and focus directly on few, but impactful patientsafety improvements. FRAM did not only identify opportunities for improving patientsafety in everyday work but it was also used to predict the consequences of systemupdates in *FMK*. This provided an opportunity to work proactive with patientsafety and decreases the number of incidences.

In my presentation, I will demonstrate: 1) the conducted WAI based on an e-learning session. 2) the conducted WAD based on interviews 3) an overview of the identified barriers when doctors update and sign for the medicine 4) the recommendations for patientsafety improvements 4) how FRAM is used continuously in implementation of new updates in the system.

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