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Feasibility, acceptability, and preliminary efficacy of a medication reconciliation intervention for hospitalized adults with heart failure

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Medication errors at transitions in health care are high among hospitalized adults with heart failure. However, there are no evidence-based strategies to promote engagement of these patients in medication error prevention. Therefore, the purpose of this article is to report the feasibility, acceptability, and preliminary efficacy of a patient-centered, medication reconciliation intervention in a cohort of hospitalized adults with heart failure. A convenience sample of 40 hospitalized adults with heart failure were successively enrolled into this quasi-experimental study with posttest only measurement. Participants were exposed to a medication reconciliation intervention that consisted of: (1) medication reconciliation educational video administered on a tablet PC, and (2) three successive trials with medication reconciliation worksheets to practice identification of medication discrepancies and (3) customized feedback from the nurse practitioner. To address the study aims, feasibility was operationalized by consent rates, as well as the duration of the intervention; acceptability was captured by the satisfaction of the education materials; and efficacy was specified as the improvement in participants' identification of medication discrepancies. A consent rate of 62% and duration <20 mins deems the study feasible. Participants verified the acceptability of the intervention and most would recommend it to others. After an exposure to the intervention, 85% of participants were able to identify medication discrepancies. Thus, a patient-centered, medication reconciliation is a feasible, acceptable, and efficacious strategy to promote patient engagement in medication reconciliation prior to hospital discharge.