

MARQUIS Med Rec Collaborative Application Questions

Applicant & Hospital Information

1. Site Lead First Name
2. Site Lead Last Name
3. Title and Role
4. Name of Hospital/Institution
5. City
6. State
7. Zip Code
8. Phone Number
9. Your email address
10. Please describe the strengths/skills that you bring to this initiative. Please comment on relevant experience in the areas of leadership, QI, patient safety, clinical experience, research, and/or medication reconciliation experience as appropriate.
11. Will you have dedicated time and effort to participate in the MARQUIS Med Rec Collaborative?
12. Describe your medical center including number of staffed beds. (i.e.
13. Where is your hospital located? (i.e. Suburban, Rural, etc.)
14. Do you have medical or surgical house staff (residents) at your hospital?
15. Does the hospital have an electronic health record (EHR)? If so, which one?
16. Please describe the status of the medication reconciliation improvement efforts at this site:
17. If no program is in place, have there been prior attempts to improve medication reconciliation at the hospital?
18. Briefly summarize any ongoing or prior work you, your institution, or members of your team have done to standardize and improve the medication reconciliation process.
19. How successful do you think these efforts were in improving medication reconciliation? What barriers, successes, and lessons learned did you gain from these efforts? Are there groups that seem most likely to obstruct improvement efforts, or to champion them?
20. Please describe the institutional priorities your leadership expects the MARQUIS Med Rec Collaborative will help achieve.

Goals, Aims, and Scope

21. Have you defined the scope of your project (which hospital units or patient populations you will focus on)?
22. Briefly summarize your goals for this initiative.

Interventions to Date or in the Future

23. Briefly describe what kind of institutional support your institution has offered for medication reconciliation efforts. For example, project management support, time for provider training, political backing, willingness to hire new personnel, etc.
24. What is your capacity to implement these objectives during the Collaborative (12-month period)? Please indicate capacity for implementation with 5 representing best possible support and 1 representing anticipated lack of ability or meaningful support to implement the objective. Please choose NA if objective was already implemented.

- a. Training personnel in how to take a high-quality preadmission medication history?
- b. Hiring or re-allocating staff to take a high-quality preadmission medication history?
- c. Training personnel to perform discharge medication reconciliation or patient counseling regarding discharge medication regimens?
- d. Hiring or re-allocating personnel to perform discharge medication reconciliation or patient counseling regarding discharge medication regimens?
- e. Clarifying and assigning roles and responsibilities to different staff regarding the medication reconciliation process?
- f. Providing audit and feedback to personnel regarding the quality with which they do their specific role(s) in medication reconciliation?
- g. Implementing or improving software to assist with the medication reconciliation process?
- h. Improving access to preadmission medication data sources (e.g., pharmacy prescription fill information)?
- i. Empowering patients and/or caregivers to keep an updated medication list with them at all times?
- j. Creating infrastructure to identify and correct defects in the medication reconciliation process in real-time?
- k. Deploying social marketing tools to encourage patients or providers to adopt behaviors that promote high-quality medication reconciliation?
- l. Engaging community resources to help medication reconciliation efforts more broadly?

Time Commitment and Time Frame

- 25. Have you determined who will be responsible for collecting data on medication discrepancies (ideally staff pharmacists(s) or pharmacist resident(s))?
- 26. When would your site be able to begin participation in the MARQUIS Med Rec Collaborative? Please provide a month and year.
- 27. Is there anything else you would like to tell us about your site and potential participation in the program?