The Meds 360° Difference

Scenario: Serious Medication Error on Hospital Admission

Joe, a 70-year-old with 4 chronic conditions, becomes short of breath and lightheaded and is subsequently rushed to the ED by a neighbor.

Joe takes 7 medications from 3 different doctors in three health systems - Lasix, digoxin, a beta blocker, an antihypertensive, an oral hypoglycemic, a statin, as well as an opioid for back pain.

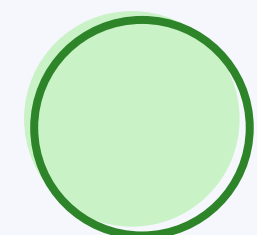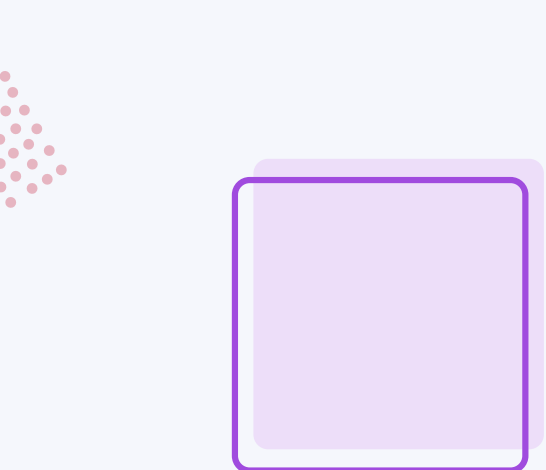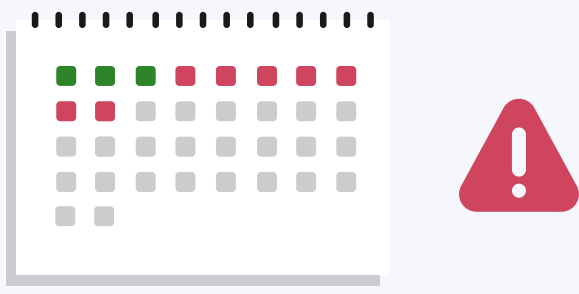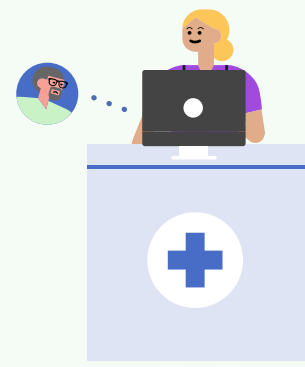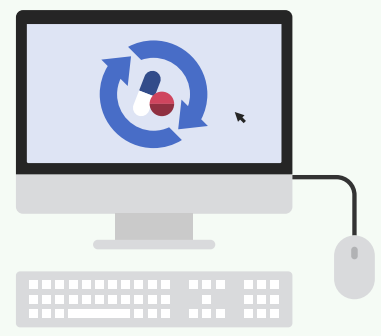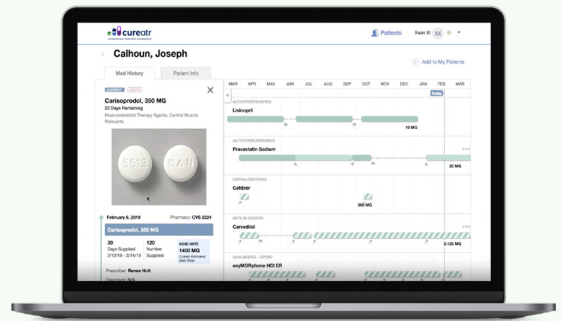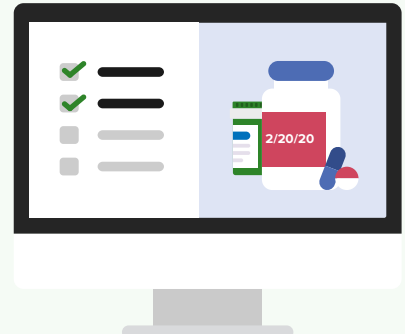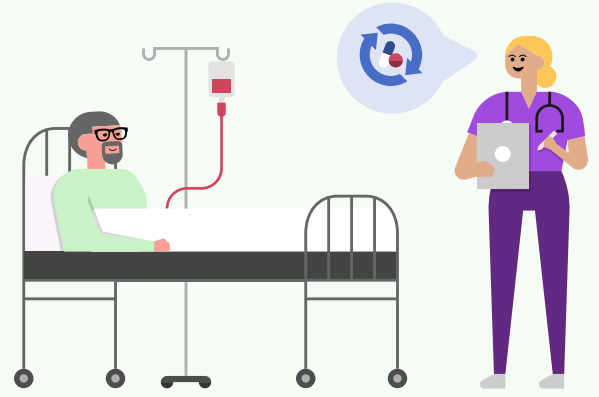| Business As Usual	With Meds 360°
Jill, the ED admitting nurse has an overflowing waiting room. When Joe arrives, he only recalls he has congestive heart failure for which he takes furosemide, digoxin, carvedilol and diabetes for which he takes metformin.	**1** Before beginning Joe's intake, Jill looks up Joe in Cureatr's Meds 360° medication management solution from her desktop.
Rushed for time, Jill performs a quick "check box" med rec in the EMR which only displays medications prescribed by Joe's endocrinologist who is in the hospital network. Joe's other medications go undetected.	**2** In Meds 360°, Jill can easily see all medication related alerts, current and past medications, and all of the prescribing physicians and dispensing pharmacies over the past year.
Joe's assigned physician is relying on the admission medication list that fails to include anticoagulants, antihypertensives and statins in his medication order.	**3** Using Meds 360°'s Med Rec view, Jill reviews all of the listed medications with Joe and identifies the medications that Joe could only recall the shape and color.
Joe responds to his IV treatment but the next day, he begins to feel weakness in his right arm and has slurred speech. Tests suggest Joe has sustained a stroke.	**4** She can also see the details of each prescription such as last fill date, days supplied, quantity, and dosing instructions.
He is transitioned to the ICU. His speech and arm weakness begin to dissipate on Day 3 but his hospital length of stay is increased by six days.	**5** With Meds 360° as a starting point, Joe becomes aware of the other medications he was taking and Jill can add them to the EMR.
	6 With the record updated, Joe's physician is starting from a more informed place, they add the necessary meds to his admitting orders and he responds well to treatment.
	7 A stroke is averted and Joe is discharged on day 3 instead of day 9.

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