

**Using the Functional Resonance
Analysis Method (FRAM) as an
intervention to analyse
medication reconciliation at
hospital discharge**



NIVEL
Research for better care

Liselotte van Dijk, Linda van Eikenhorst & Cordula Wagner



“High performing groups regularly undergo self-improvement processes”¹

Medication reconciliation at discharge

“To ensure a safe transition from hospital to home and informing the patient and other relevant healthcare providers about the current medications.”

- Performing medication reconciliation can be challenging.

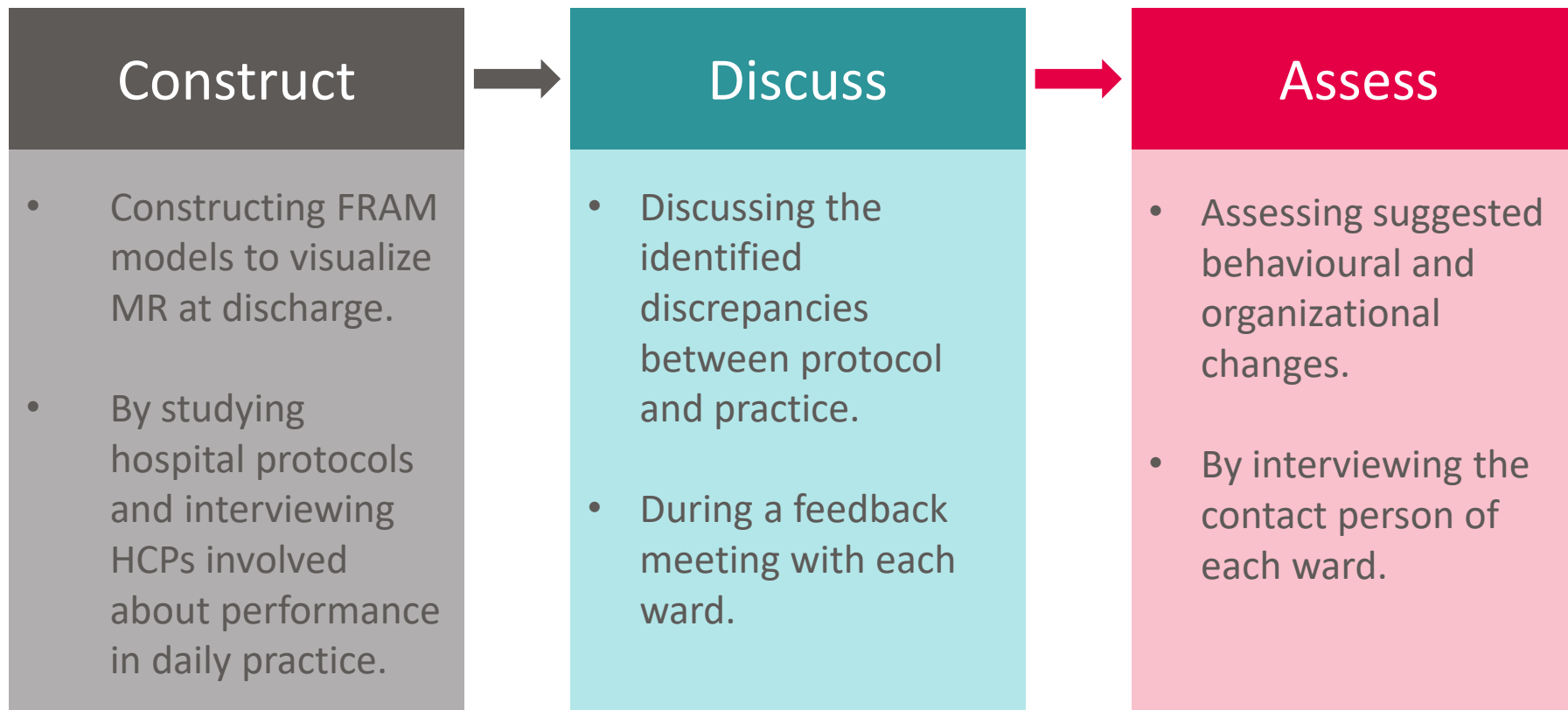


Research objectives

- 1) To examine the use of the **FRAM** (Functional Resonance Analysis Method) as an **intervention** for helping healthcare professionals to **reflect** on the (un)desirability of **discrepancies** between daily practice and protocols for medication reconciliation at discharge.
- 2) To identify determinants for **reflection** and **change**.

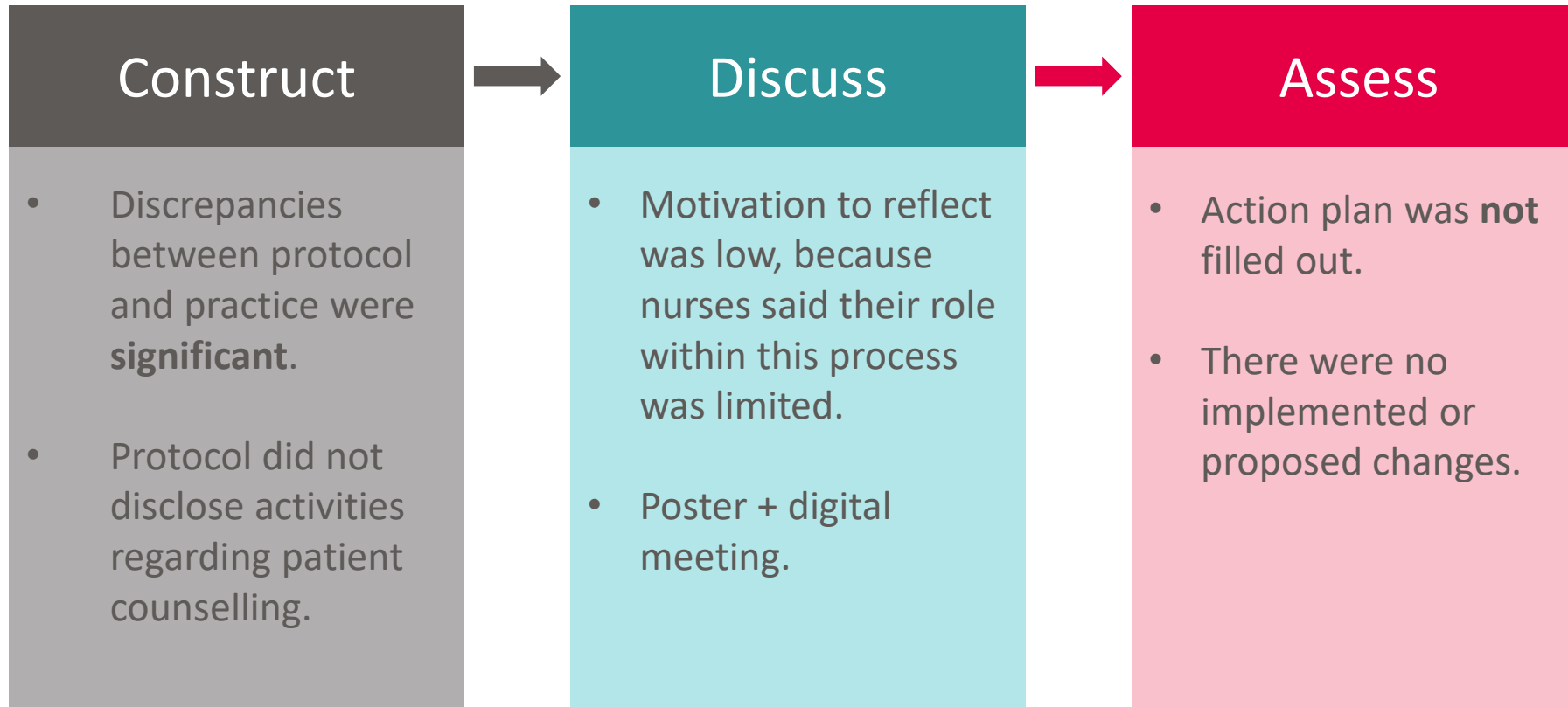
The FRAM intervention

- Each ward went through the following three steps:

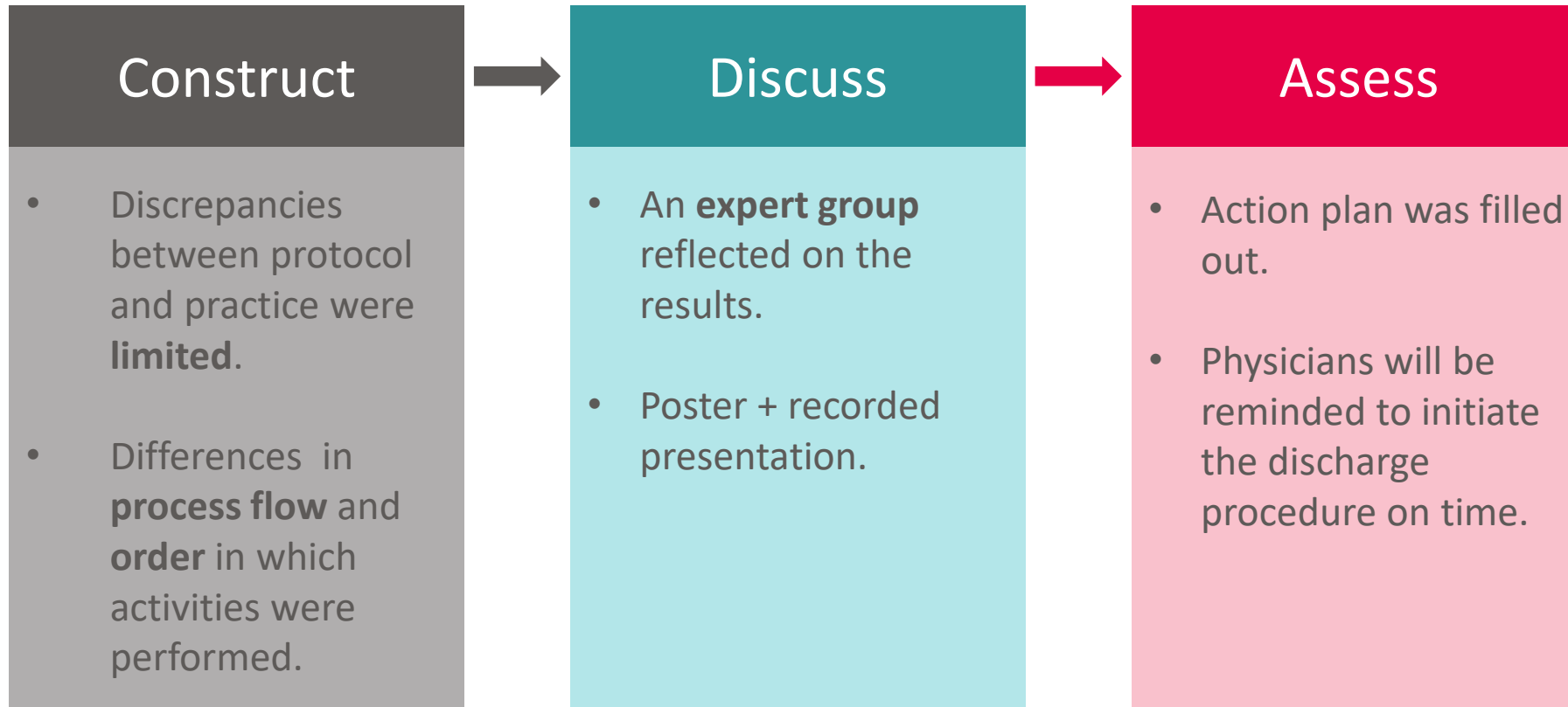


- Participants: 9 cardiology and orthopedics wards from 8 Dutch hospitals.

Ward A – Little reflection and change



Ward B – Extensive reflection and change



Conclusion

- The FRAM intervention is a promising strategy to help healthcare professionals reflect on discrepancies between practice and protocol and to formulate suggestions for change.
- Most improvements were aimed at improving communication and collaboration between healthcare professionals.
- Motivated teams, dedicated task forces and multidisciplinary teams reflected most extensively on discrepancies identified.
- Role of the researcher and team leader.

Questions?

Research
for better care

Liselotte van Dijk

PHD STUDENT

L.M.vanDijk@nivel.nl

[linkedin.com/in/liselotte-van-dijk](https://www.linkedin.com/in/liselotte-van-dijk)



NIVEL

Research for better care

References

1. Wiedow, A. and U. Konradt, *Two-dimensional structure of team process improvement: Team reflection and team adaptation*. Small Group Research, 2011. **42**(1): p. 32-54.
2. Counter, D., J.W. Millar, and J.S. McLay, *Hospital readmissions, mortality and potentially inappropriate prescribing: a retrospective study of older adults discharged from hospital*. British journal of clinical pharmacology, 2018. **84**(8): p. 1757-1763.
3. Assiri, G.A., et al., *What is the epidemiology of medication errors, error-related adverse events and risk factors for errors in adults managed in community care contexts? A systematic review of the international literature*. BMJ open, 2018. **8**(5).
4. Parekh, N., et al., *Incidence of medication-related harm in older adults after hospital discharge: a systematic review*. Journal of the American Geriatrics Society, 2018. **66**(9): p. 1812-1822.
5. Daliri, S., et al., *Barriers and facilitators with medication use during the transition from hospital to home: a qualitative study among patients*. BMC health services research, 2019. **19**(1): p. 204.