

Improving Medication Safety Documentation



OrthoSouth
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Background & Significance

Accurate home medication documentation is critical for patient safety, as incomplete records increase the risk of medication errors, poor care transitions, and adverse drug events [Joint Commission, 2022] [ISMP, 2023]. Leapfrog standards require that medication name, strength, dose, and route be fully documented, yet OSSC's 2023 compliance was only 59%, well below the 90% benchmark [Leapfrog, 2024]. This gap not only impacts patient safety but also places the facility at risk of noncompliance with **CMS Conditions for Coverage** and **AAAHC Standards (CRD.210)**, both of which require complete and accurate medical records [CMS, 2024] [AAAHC v43]. Improving this process is therefore essential to ensure safe, high-quality, and compliant patient care.

Purpose

The purpose of this quality study is to enhance the accuracy and completeness of home medication documentation, ensuring that each entry includes the medication's strength, dose, and route. This aligns with Leapfrog Medication Safety Measure Specifications, which serve as key indicators of our facility's safety practices. A retrospective chart review in June 2024 revealed that Home Medication Compliance for 2023 was at 59%. OSSC is committed to maintaining high standards of patient care and safety across all areas to support safe, effective care for our patients.

Method

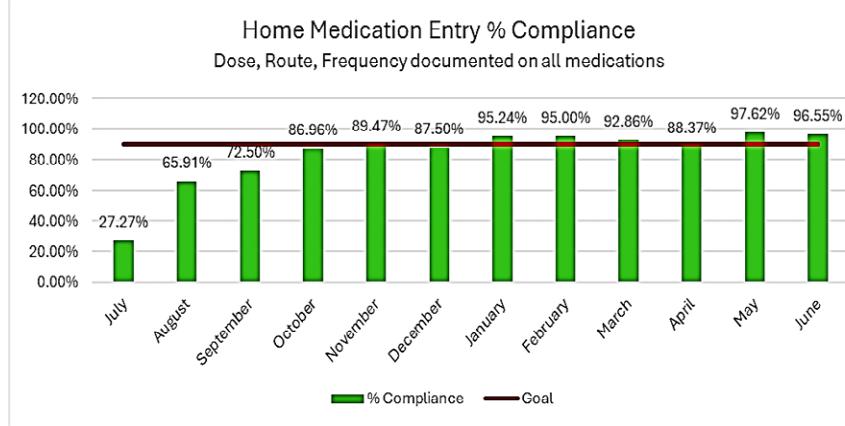
Study Design: A retrospective quality improvement study with prospective monitoring was conducted at OSSC from July 2024 through June 2025.

Population: Sample of Patients undergoing procedures with documented home medication lists during the study period.

Data Collection: Monthly chart audits were performed to assess compliance with Leapfrog Medication Safety Measure Specifications (documentation of medication name, strength, dose, and route). **Numerator:** Sample of Patients with a complete home medication list. **Denominator:** All patients with home medications documented in the sample. Data were abstracted and trended monthly by the Quality Department.

Correction Action(s)

- Leadership Engagement:** Quality Director reviewed study findings with the Leadership Team to prioritize improvement.
- Education:** Perioperative Director provided targeted education during staff meetings. **Education focused on documenting medication strength, dose, and route.**
- Ongoing Monitoring:** Monthly data abstraction implemented to track compliance in real time.
- Communication & Feedback:** Results trended and shared in the monthly newsletter and reported to Governing Board.



Results

- Baseline:** Compliance with complete home medication documentation was 27.27% in July 2024, prior to intervention.
- Improvement Trend:** Compliance steadily increased following staff education and monthly monitoring.
- August–December 2024:** Ranged from 65.91% to 89.47%.
- January–March 2025:** Surpassed the 90% goal, reaching 92–95%.
- April 2025:** A temporary decline to 88.37%, corrected the following month.
- Sustained Performance:**
- May–June 2025, compliance reached 97.62% and 96.55%, respectively.
- Quarterly Performance:** Q2 2025 compliance averaged 94%, exceeding the ≥90% performance goal.

Conclusion

Implementation of targeted education, structured monitoring, and transparent performance feedback successfully improved home medication documentation compliance at OSSC, achieving and sustaining the ≥90% goal.

This outcome not only aligns with Leapfrog safety standards but also supports CMS Conditions for Coverage (42 CFR §416.47), which require comprehensive, accurate medical records for all ASC patients [CMS, 2024].

Sustained results over multiple months validate that the interventions were effective, and the project has been formally closed as a Performance Improvement initiative. However, ongoing monthly monitoring will continue to ensure compliance and enable rapid corrective action if performance falls below threshold. This project highlights OSSC's commitment to fostering a culture of continuous quality improvement and patient safety consistent with national benchmarks.

