

Reconciliation of problem lists at the internal medicine ambulatory care clinic

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Background: Problem lists are central to patient management and care as they become the basis for assessment and formulation of personalized care plans for patients. Despite the importance of maintaining accurate problem lists, their quality in EMRs frequently remains sub-optimal and out-of-date.

Methods: After obtaining IRB approval, hospital charts of patients attending the medicine resident clinic at the Ambulatory Care Center of University Hospital between 7/1/2019 and 6/30/2020 were retrospectively reviewed. Patients who had at least three different problems were eligible for inclusion. Data pertaining to demographics, PGY level, number of problems, time of appointment, and accuracy of problem list reconciliation were recorded.

Results: A total of 337 patients (186 women) were included in the analysis with a median age of 65 (IQR: 58–72) years. About a quarter of patients (25.2%) had no insurance, while another 17.2% relied on charity care. Nearly half of all patients (48.7%) required the use of language interpreters. The median number of problems per patient was 5 (IQR: 4–6). Problem list reconciliation was accurately performed in 250 (74.2%) visits by PGY1 (n=83), PGY2 (n=58) and PGY3 (n=109) residents respectively. Omissions in problem list reconciliation were more frequent at initial visits, when provider was PGY2, and when patient required language interpretation.

Conclusion: Our study showed that at 74% of visits, residents were reconciling problem lists accurately. Although our results were encouraging, we only reviewed data from resident-based internal medicine clinics. These findings may or may not be generalizable to other ambulatory care or in-patient settings.

Key words: problem list, reconciliation, internal medicine, resident, medical errors

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