







# **Bader Drive Healthcare Clinic**

#### **MEDICATION RECONCILIATION**



v1:June 2014 v2 October 2014 v3 March 2015























# Our Bader Drive Healthcare Clinic Project Team



Dr Nua Tupai Team members:

Grace Lino

(Practice Nurse)

(Clinical Lead)

Meleane Hausia (replaced Michelle Fasi in Feb '15)

PHO support staff: Karyn & Vanita























# **Bader Drive Healthcare Clinic**

#### **MEDICATION RECONCILIATION**

### AIM:

Following discharge 100% of GP records will accurately and consistently reflect the medication summary of the EDS or have recognised differences within the EDS that need to be addressed within 7 DAYS of receipt of the EDS by 9am 1st July 2015

























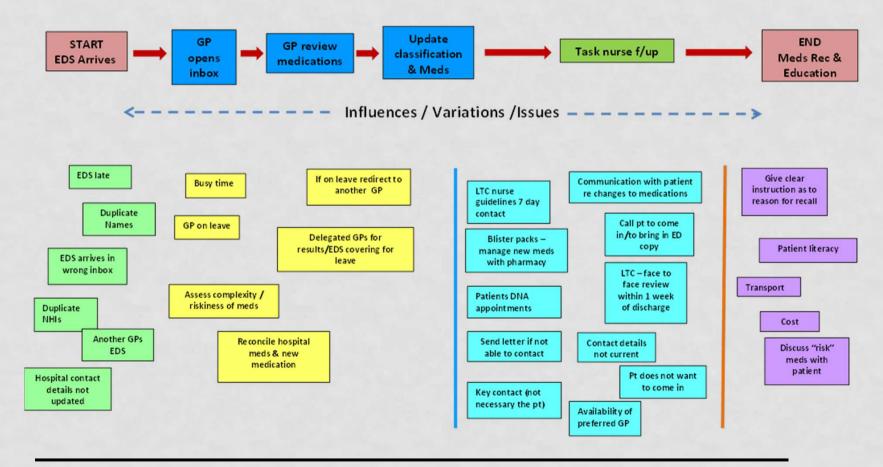






# **Bader Drive Healthcare Current Process**

#### MEDICATION RECONCILIATION PROCESS MAP



























# **Process Mapping**































# **Bader Drive Healthcare Clinic** MEDICATION RECONCILIATION

# Our top five areas for testing for improvement are:

- 1. Delegation of responsibility for checking EDS and medication reconciliation when patient's GP is away
- 2. Development of Guidelines for nurse follow up post GP medication reconciliation
- 3. Management process for patients on blister packed medications
- 4. Timely patient contact
- 5. Patient's comprehension and health literacy



















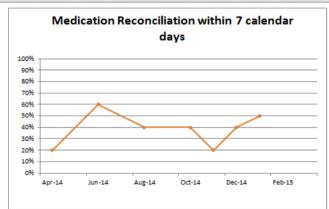


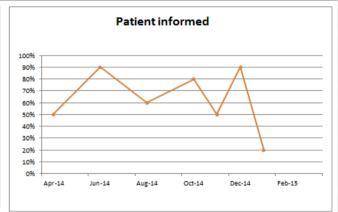


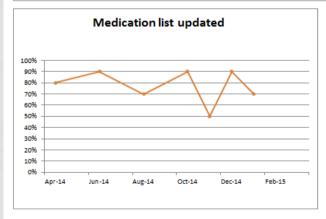


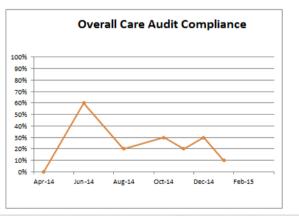
# Bader Drive Healthcare Clinic MEDICATION RECONCILIATION

#### **Measures Summary:**































#### Safety in Practice



# **ACHIEVEMENTS TO DATE**

	Change	Progress	Achievement
1	Delegation system for inbox management when GP is off sick or on unexpected leave	Work in progress  Appears to be working well, random checks show EDS summaries are not being missed.	
2	Guide sheet/algorithm developed for specific LTC conditions to assist nurse to carry out post discharge check with patients in a consistent manner	WIP, under review by team for agreement  The Team is waiting on a agreement of the tool from the MDT meetings.	
3	Negotiation with Pharmacy for a reduction in the cost of repackaging new medications for patients who have had a change in medications during admission.	Pharmacy not able to reduce the cost of blister packs but have agreed to work in conjunction with patients (LTC Pharmacy support)  Pharmacy are now providing the clinical team with a list of patients that are either due for a medications review or may not require blister packaging.	
4	Timeliness of contact with patients.  Often due to the weekend time lapse patients EDS summaries were not seen till the 3 <sup>rd</sup> day which then impacted on the time between discharge and the next communication by the practice nurse.	The allocated timeline for review and actin of the EDS by Medical staff has been changed form 2 days to 7 days and this has meant the nurses are now able to contact (where applicable) patients within allocated timeframes.  Contact with patients now occurs within 2-3 days of tasking form the GP to nurse.	
5	Staff to be up skilled in use of 'teach back' communications	Nursing using teach back with good results Ongoing	

# **HIGHLIGHTS**

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## **LOWLIGHTS**

- Raised profile and awareness of inconsistencies in current process
- Improved communications between clinical staff
- Improved patients outcomes/compliance

- Coordination of practice wide meetings (time)
- Gaining agreement from all parties
- Different priorities across practice and locality on areas for focus.
- Consistent communication with patients post discharge who have had a medication change.





#### Safety in Practice

























