



# Patient Safety at Greenstone Family Clinic: Medicine reconciliation



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## Vision:

Having an up to date medication screen in the PMS in order to

- allow safe, effective prescribing and
- reduce the risk of medication errors and patient harm.

To allow our patients to receive care in GP, and access secondary services only when appropriate and essential.

## Aims:

- Discharge summaries viewed in a timely manner with long term medication changes made within 5 working days of discharge.
- Patient contact within 2 working days of discharge to follow up with patients with ongoing symptoms to prevent ED attendance where not indicated.

## Changes trialled

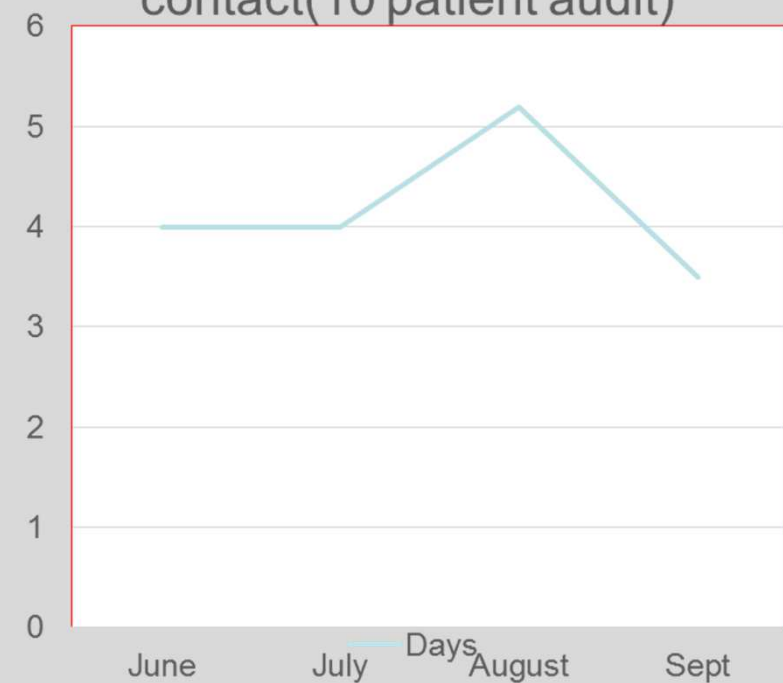
- Template created
  - Ease the auditing process and ensure all needed fields completed
- Monthly email to doctors advising how many discharge summaries have been forwarded and discussion in clinic peer reviews.
- To prompt staff to complete and encourage buy in
- Patient Safety Notice Board
  - To prompt discussion and buy in from whole clinic

# What Changes have you tested?

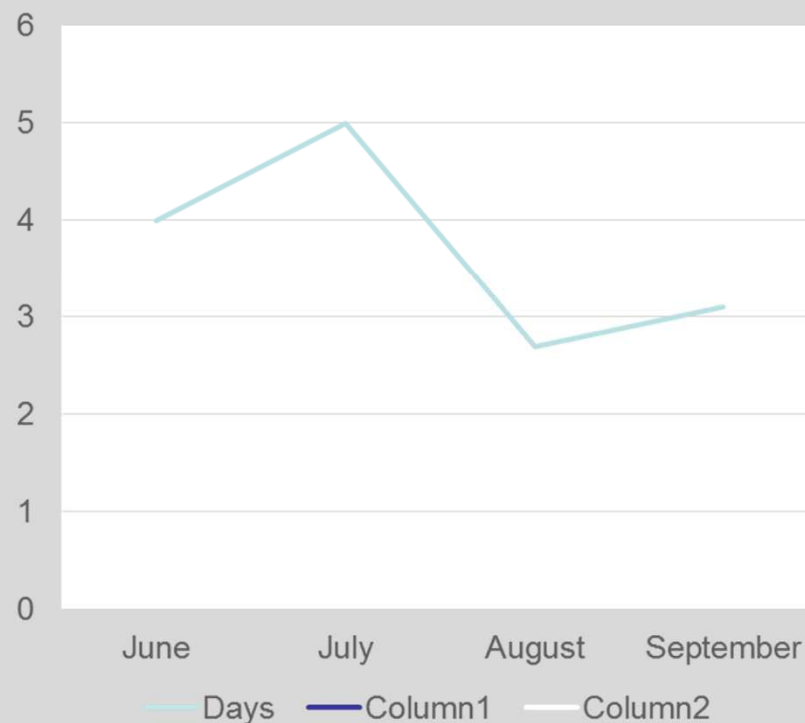
	Change Tested	Outcome
1	Created template for discharge summaries.	Found that not all doctors were using.
2	Clinical staff discussion and education around template, modifications made to ease auditing process and use of template.	Some increase in numbers of templates completed in Sept vs July/Aug
3	Analysed 3 exception cases where system had not worked. Discussion with clinical staff. Decision that the template may be slowing /distracting from actual actions. Process amended.	Awaited

# Data

Time in days from discharge to patient contact (10 patient audit)



Time in days from discharge to medicine reconciliation (10 patient audit)



# Most Successful PDSA Cycle

## Do:

- Review 3 exception cases

## Study

- GP used template but changes not correctly made on medication screen.
- No evidence template/discharge summary actioned in timely manner

## Act

- Patient safety notice board started, gathering feedback from all staff inc non-clinical will analyse for common themes.
- Amended process to trial with template as optional for doctors instead using following codes on discharge summary comment box and forwarded to nurse ,
- “med rec needed” “med red completed” “FU appointment needed” “Investigation FU needed”
- Will repeat PDSA cycle




# Process Pathway and Template

**Aims of Medicine Reconciliation Project**





Ensuring Safety in Prescribing – if medications have been changed these are reconciled in GP notes in a timely manner  
 Promoting appropriate service use- if patients have attended ED with a problem that is better managed elsewhere they are advised for future use eg simple UTI phoning GP  
 Preventing re-admission – if patients have ongoing symptoms ensuring follow up is booked with GP in a timely manner

**Process**

Discharge summary arrives in Doctors inbox 

Doctor views discharge summary in timely manner [View Provider Inbox](#)

**Actions by Doctor**

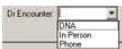

- Any medication expected for >4weeks duration is added to med chart  Patient Medications
- Find the Discharge Summary screening template under SCREENING. Template code is "D/C"  Patient Screening  
 OR F6 > Screening > New Screening Entry  
 OR Ctrl + F5 > New Screening Entry
- Complete the first 4 items:  Enter whether medicine reconciliation is/was needed, enter the date you are completing the template.  
 Tick if patient education is needed on appropriate use of services.
- DO NOT FILE the discharge summary. Instead, forward this to Leanne for her to complete the process. 

**Actions by Nurse Leanne**

- Complete Discharge screening template
- Make/attempt patient contact by phone, record date
- If medication reconciliation is/was needed book appointment preferably, or Dr phone FU
- If ongoing symptoms book appointment preferably or Dr phone FU
- Give education on service use if needed

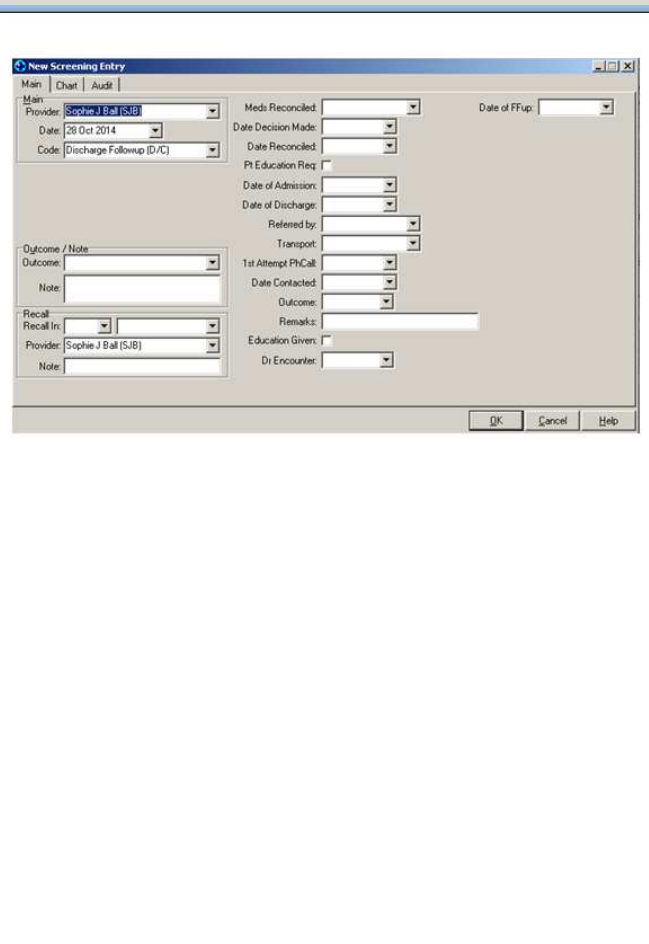
**Doctor/Patient Encounter**

Go back to the Discharge Summary screening template **Complete last 2 items:**

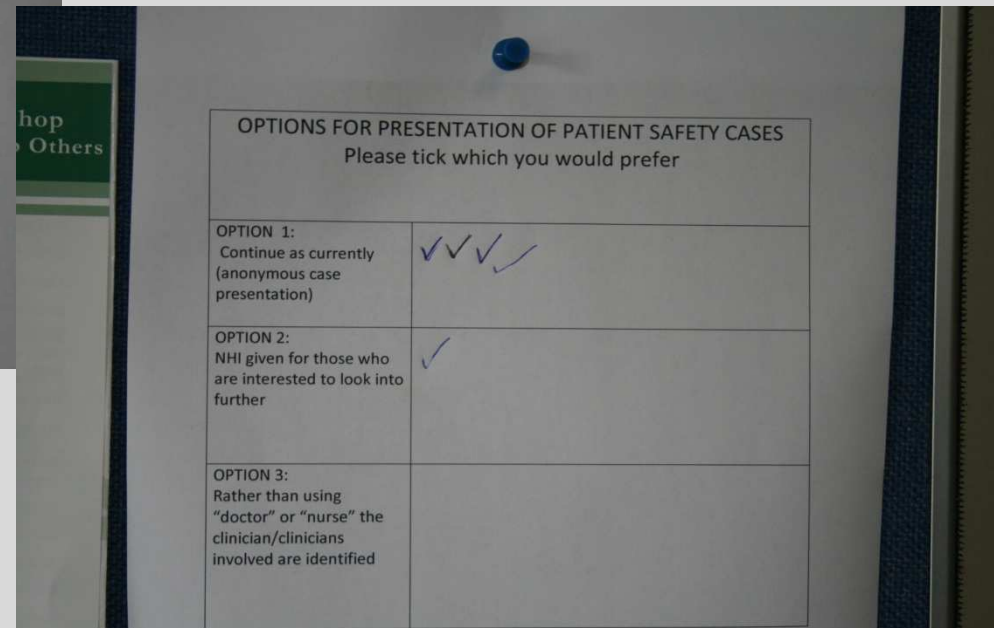
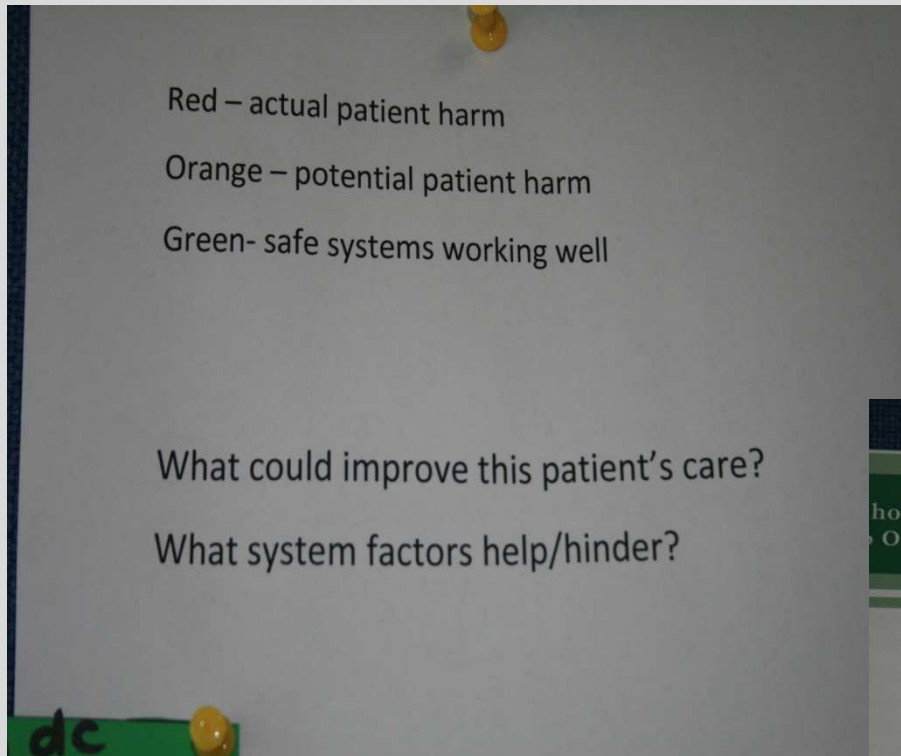
- Dr Encounter 
- 

Date of FFup:

**Audit**  
Monthly audit as part of patient safety initiative



# Patient Safety Notice Board



# Patient Safety Notice Board

**Patient Safety**

Patient B  
Admitted 02/10/14 Hyponatraemia + delirium, haematemesis

08/10 Daughter phoned clinic, admin recorded message to inform pt will likely be discharged in the next couple days and notified nurse.

Discharged 10/10/14 Discharge summary:  
"Repeat sodium levels in 1 week, GP to review CT chest planned in outpatient"

10/10 Discharge summary received – not seen by GP

14/10 Discharge summary viewed by nurse to FU from phone call  
Nurse alerted LAS to d/c summary and need for pt to have blood test within 1 week. screening template started. d/c summary still in GP inbox, unread by GP.

16/10 Nurse phoned pt to f/up, advised needs rpt blood test. Has lab form, appt booked with GP

20/10 Pt seen in clinic, still unclear as to whether d/c summary has been viewed by GP. No task set to f/up CT chest request.

Red – actual patient harm  
Orange – potential patient harm  
Green- safe systems working well

What could improve this patient's care?  
What system factors help/hinder?

nurse checking dc summary after ph call

risk of ongoing ↓Na if nurse not seen dc summary

CT chest not being f/up

# Some Comments from Patient Safety Notice Board Cases

- Are we starting with the premise that mistakes are either systems-based (DHB/PHO/individual practice) as well as individual nurse/doctor/reception/practice manager, etc. are we keen to change the system or individual behaviour?
- It is not about blame but finding solutions. It must be targeted to get good end results.
- I receive many DC summaries that are often not related to my admissions. If this summary came to me and I was away during the period then it helps us determine how to find a solution. So first we must be able to address the issue of who the DC summary was directed to? With many GPs working part-time this is a major challenge that must be addressed.
- One issue is the need to have medications ticked as long term or not. I think we are pretty good but i find when doing repeat medications it can be problematic when the patients wants cilazapril and there are two doses in long term medication – are they taking two pills or has the higher does replaced the lower dose.

# Reflection

- The audit data alone does not give a full enough picture. Review of exception cases adds to this.

# Achievements to date

Cycling and refining through a number of PDSA cycles.

Having a clear vision and aim.

Being aware that the system we create needs to be resilient and sustainable and not reliant on any individual.

