

Learning Session 3



Patient Safety: Medication Reconciliation

Greenstone Family Clinic

Alliance Health +

Vision:

All patients would have an up-to-date medication list in the PMS to ensure safe & effective prescribing and prevent patient harm from medication errors.

Patients will receive easily accessible primary care services to reduce the number of avoidable and unnecessary ED presentations.

Aims:

All discharge summaries will be viewed and medications reconciled in PMS within 5 working days following discharge.

All patients contacted by phone within 2 working days of discharge to review ongoing symptoms and avoid inappropriate re-presentations to ED.

Change Ideas

Screening template amended

To facilitate easier data collection at end of month and collect more information related to avoidable ED presentations

Patient Safety Noticeboard

To display exception cases and raise awareness among clinical staff

All discharge summaries to be sent to communal nurse inbox for follow up phone calls/medication reconciliation safety netting

To ease workload of one nurse and ensure follow up calls occur within targeted 2 days

Change Package

	Change Tested	Outcome / Evidence of Improvement
1	Screening template alterations	Easier for auditor to see time taken for medication reconciliation to occur ->less time consuming process More information collected about unnecessary ED usage regarding barriers to primary care
2	3 exception cases discussed on patient noticeboard re: near misses, potential and actual patient harm	Increased awareness and discussion around pt safety and increased clinican buy-in -> increased number of discharge summaries forwarded to nurse for follow up
3	Discharge summaries sent to all nurses for follow up calls and ensuring med recon completed	Many nurses taking leave over summer-> increased time taken to follow up discharges and complete med recon safety netting

Interesting PDSA Cycle

Background:

Not all discharge summary screening templates were being completed/med recon not occurring and d/c summaries not forwarded to nurse

Plan:

Find out from staff involved what is not working in process

Do:

Discuss 3 exception cases at peer review with clinicians, seek feedback

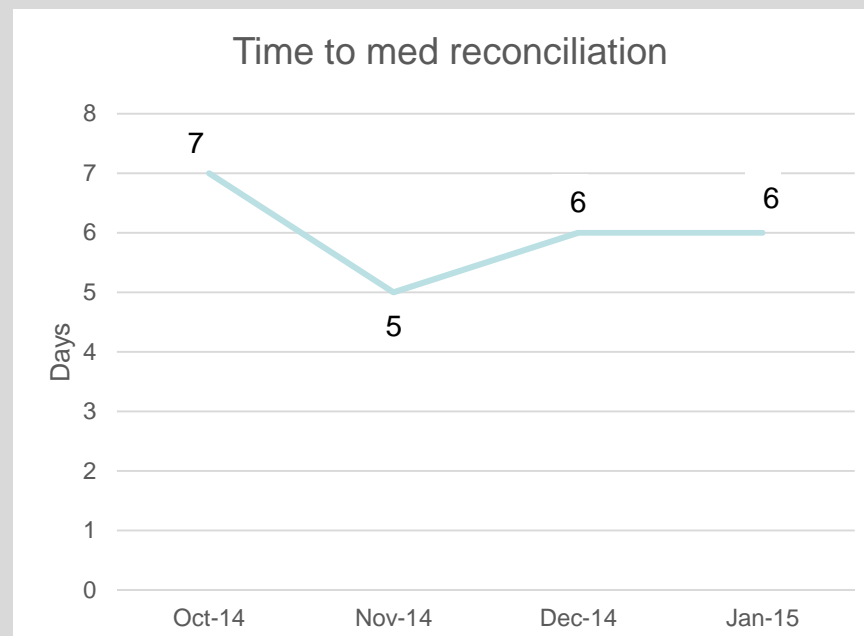
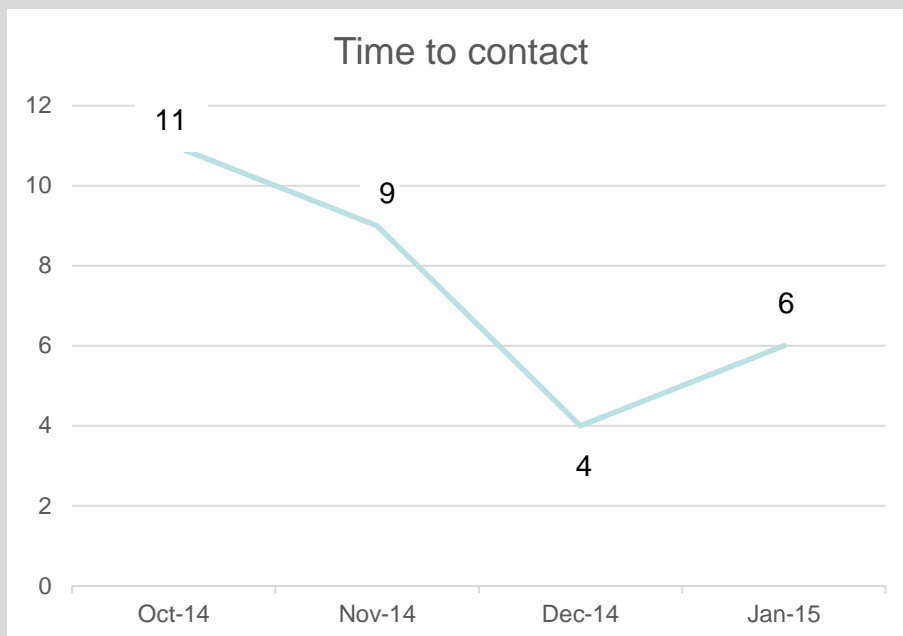
Study:

Clinicians found screening template too time consuming -> less likely to forward d/c summary to nurse and follow through with updating med list in PMS

Act:

- Nurse to do screening template, no longer for GPs to do.
- Clinicians to write in new/adjusted meds in PMS “Med recon”, “added/increased/decreased by ____”, date of med change
- Repeat PDSA cycle

Data



Time to med reconciliation -> within targeted time frame = win!
Time to nurse contact -> significantly longer than targeted 2 days = ? due to increased clinician buy-in leads to more discharge summaries for nurses and therefore increased workload

Achievements to date

- Clear vision and aim, all team members on board with this
- Increased awareness among team members-> increased compliance and acceptance of process
- Realizing that creating sustainable processes takes several PDSA cycles and persevering with this

Climate Survey

- Completed by 16/19 staff members (minus 1 GP, 1 nurse and 1 admin staff)
- **Strengths:** Communication, safe systems/learning, team work
- **Weaknesses:** Leadership, work load
- **Discussed results at peer review session:** staff members felt safe at GFC with culture of learning, working together, diminished hierarchy, prepared to try new ideas
- Also expressed “chronic inbox fatigue”, sometimes lack of direction/clear leader roles

- **Outcomes:** Leadership change- introduced some hierarchy, rotational basis, one point of contact
- Considering changes to workload e.g. manage my health
- **“Greenstone Family Clinic is an innovation hub that advocates for and promotes equity for the population (enrolled and beyond); respectful of our team who are valued and add value”**

