

Learning Session 3



Our Team

Team members:

- Dr Hong Kong (GP)
- Wendy Qiu (Practice Nurse/Manager)
- Wen Qian (Practice Nurse)

PHO and Facilitator: Vanita & Karyn

Medication Reconciliation

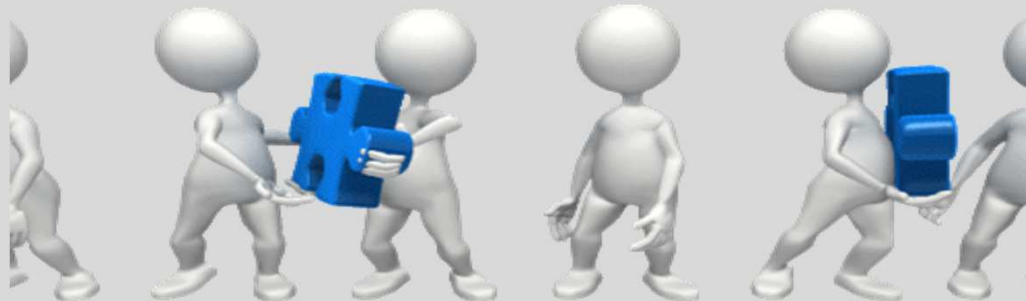
Why:

- The team at Hong Kong Surgery decided to take part in the program and choose Medication Reconciliation as an area for audit and improvement as a result of perceived issues with patients understanding of their medications and changes particularly in the elderly population in the practice.

Medication Reconciliation

Aim:

- Streamline the process for medication reconciliation in the practice to reduce the risk of medication error.



RESIDUAL RISKS & ISSUES

When patients came in and see locum GP or nurse, who are not always familiar with the system or not used to checking inbox letters and sometimes the important message could be missed out.

Medication changes in EDS's from ADHB do not show a clear indication of what the changes are and can be missed.

The hospital issues patients yellow cards with all the current medications and highland the changes. But not all patients receive this inconsistent process.

Not all patients receive a copy of the discharge letter

Difficult and unrealistic for practitioners to search and compare the medications' list when he/she read the bunch of hospital letters at the end of the day

Who is responsible? Prescriber or GP?

ACTION / COMMENTS

New system implemented to make sure comment is written in inbox and in daily record.

When changes recorded in discharge summary, indicate the changes by a different Colour and Arrows - this is what is done for EDS's from CMDHB.

All patients with more than four medications should have a yellow card with all the current medications and highland the changes.

Useful for patients to have a copy of the discharge summary so family members can explain if patient not sure.

Dedicated time for administering of GP

We feel we are the backup for the hospital, we are trying to minimise the potential risks towards the patients and Practitioners.

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Change Package

PRE PROJECT PROCESS

Dr wrote the changes in the "Inbox Comment" field after he/she reads the hospital discharge summaries



No further specific process, relied on patients coming in of own accord to see Doctor.



Actions taken ad hoc approaches by doctors

REVISED PROCESS

Dr reads discharge summaries, writes the changes in the Comments field and also updates the medications list in the PMS



If changes are significant, a task is sent to the nurse to follow up with pt/family to check understanding of the new instructions/changes

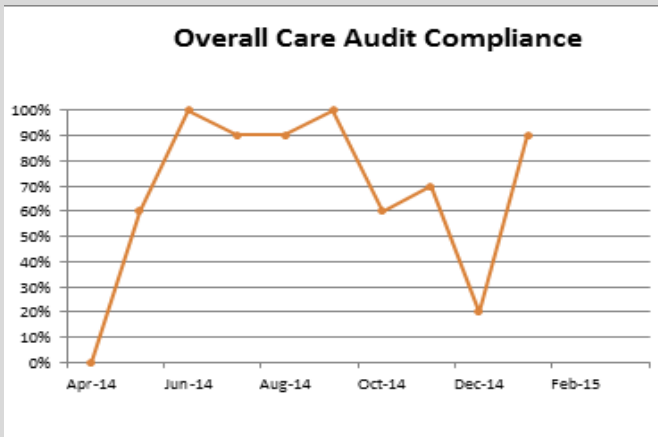
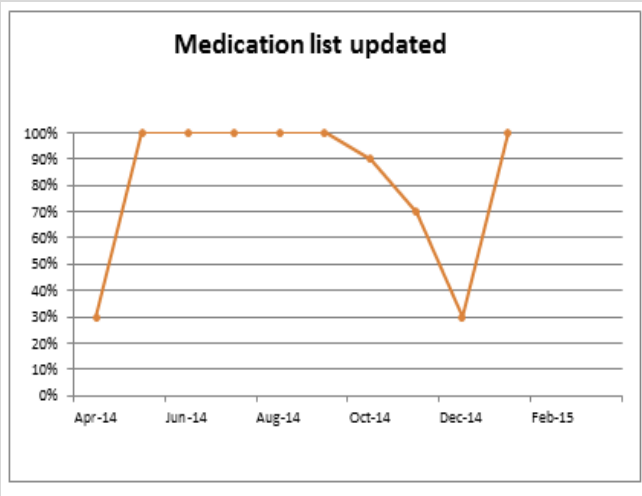
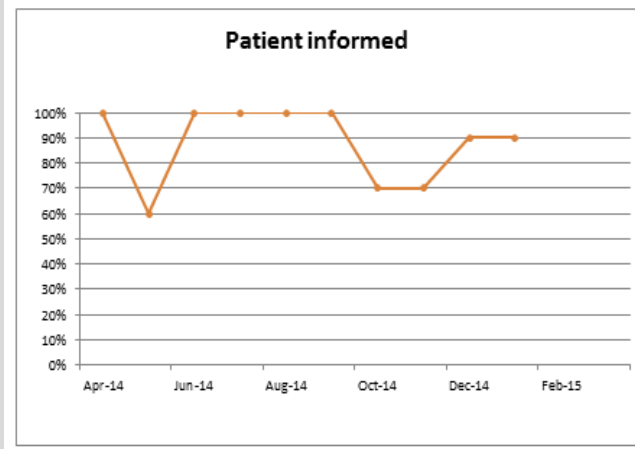
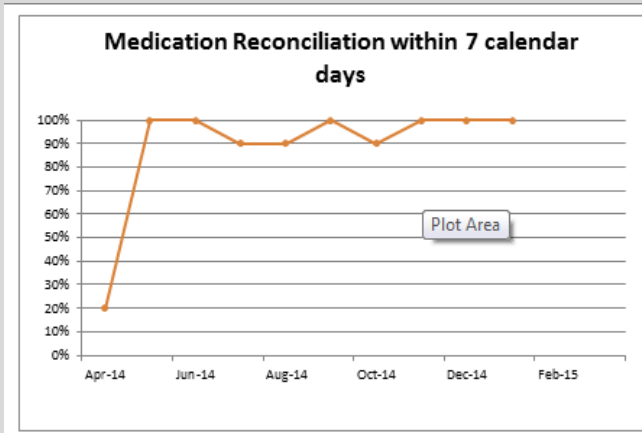


In addition doctors also documents in the daily record as a prompt to whoever sees patient next to check with patient re the changes made in hospital

PDSA Cycles

- The first audit in the bundle showed a poor compliance overall and this was due to the requirement for reconciliations to be carried out within 2 days.
- In response to the first audit the team met to discuss the current process and the revised process they would like to implement.
- As it is a small practice of 1.5 GP, 2 nurses part time and one Practice Manager, the team were easily able to agree a process.
- The practice decided to continue with the 2 day target for reconciliation of medications as they were able to manage this once the awareness had been raised.

Measures Summary



Highlights and Lowlights

- Increased medical staff awareness of the need to follow up with patient's post medication change made outside the practice
- As a small practice this project was relatively easy to implement
- An established/agreed process for medication reconciliation in the practice

