



Patient Safety at Mangere Family Doctors Medicine Reconciliation



Team 2014/2015

Dr Amanda Bishop

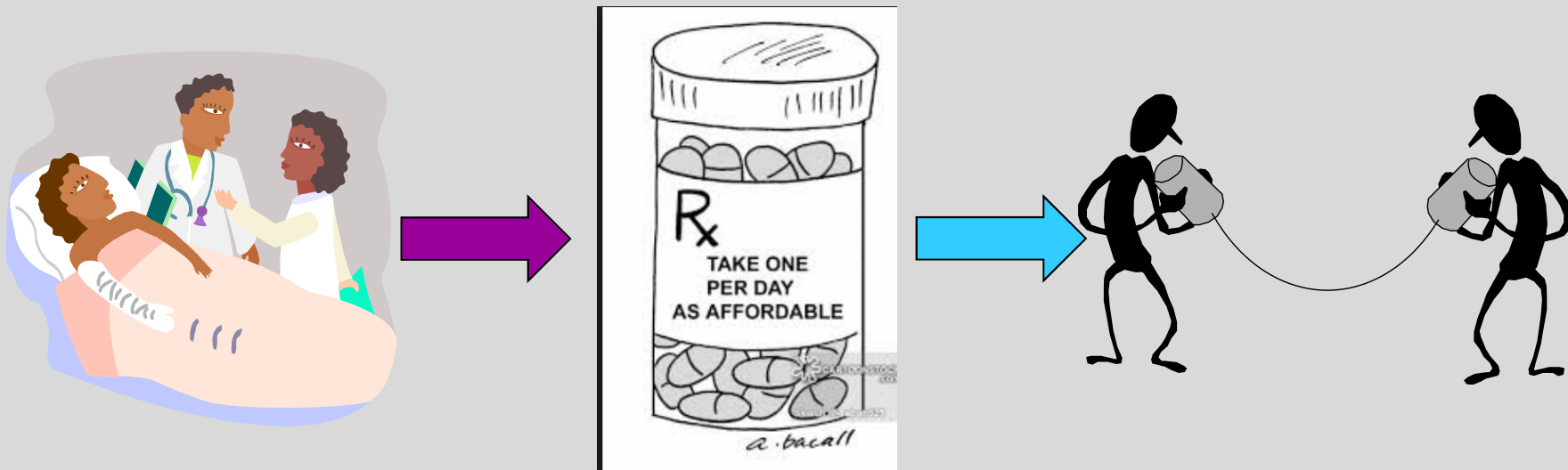
Nurse Manager - Liz Dixon

Administration - Soana Teu

PHO support: Karyn and Vanita

Aim

Significant or complex changes in medication post discharge from secondary care are followed up and communicated with patients



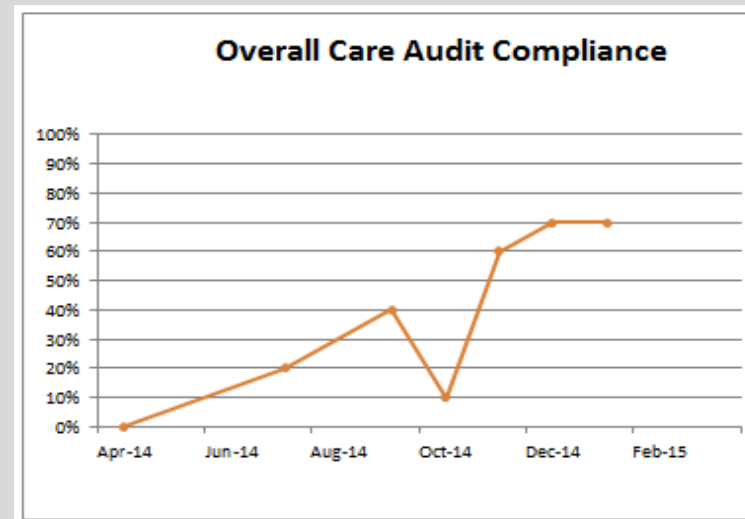
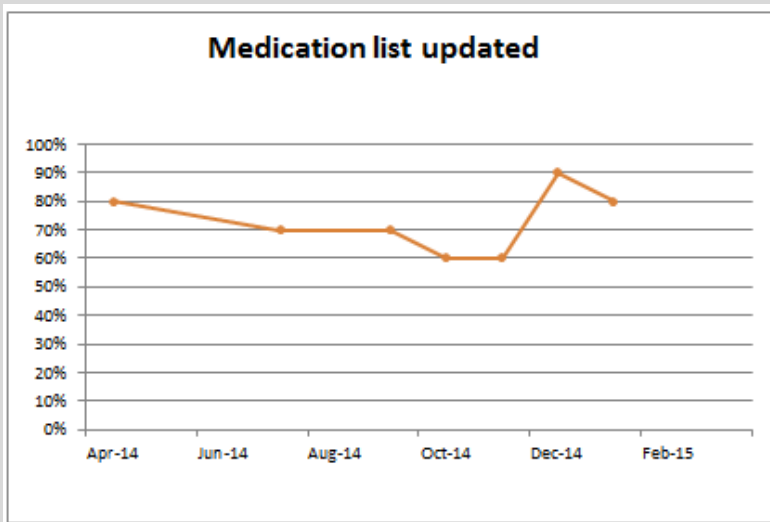
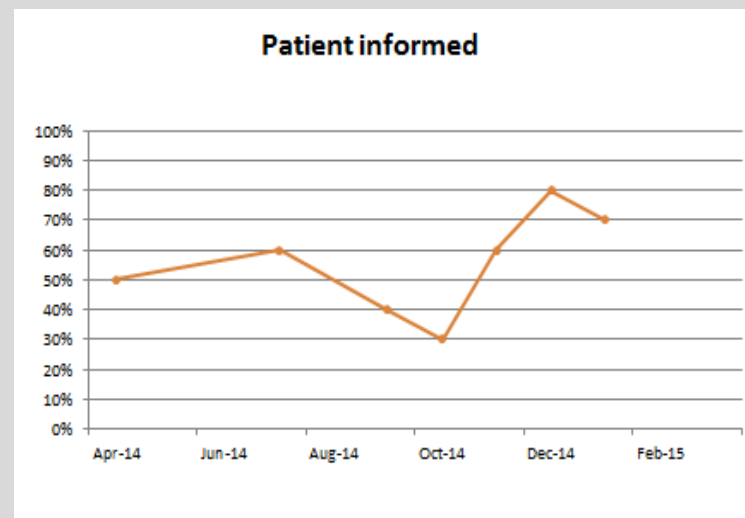
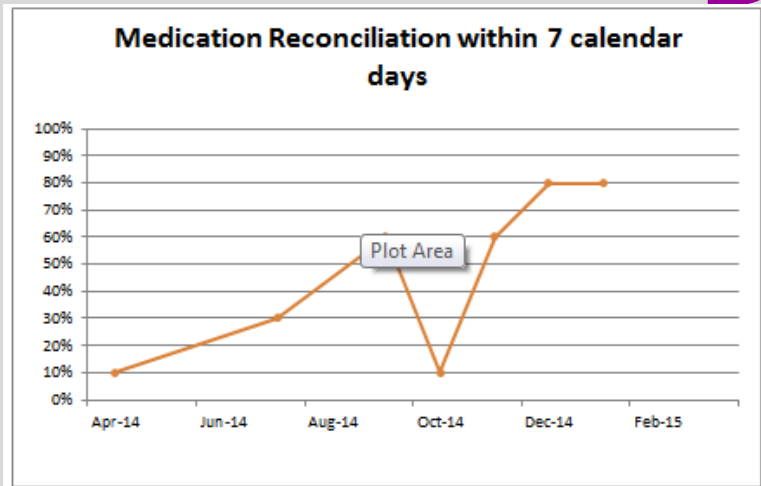
Challenges

- **Currently 10 GPs with different ways of working**
Getting agreement is difficult
- **Working shifts makes it difficult to communicate any process changes across the whole clinical team**
Full practice team meetings are hard to coordinate
- **Efficiencies/changes in one area can lead to increased workload in others**
Nurses now have an additional work load
- **Practice has several other projects on the go as well such as ARI and IPIF targets**

Actions/Achievements

1. General agreement with GP to focus on medication reconciliation
2. Agreement from nursing staff to be tasked with communication follow up for identified patients
3. Generic nursing task box set up with checking process.
4. GP's now actioning medication reconciliation update (but still some way to go)

Data



Highlight

- Opening up of communications regarding medication reconciliation between secondary care pharmacists and general practice

- (working together)



Lowlight

- Lack of buy-in from the full clinical team
- (but this is slowly improving)



- Plan to do the Patient Safety Climate Survey to identify readiness of team for clinical quality improvement projects.