

# Papakura Marae Clinic

Facilitator: Meg Goodman

Team members: Dr Hamid Al-Bahadly  
General Practitioner , Nicole Waters Nurse  
Leader, Judee Flavell Practice Manager

# Organisational “Buy - In”

## Aim:

Hospital discharge summaries are to be viewed within 24 hours, medications reconciliation within 48 hours and medications discussed and explained to patient within 7 days

## Buy-in

The process is discussed in regular fortnightly meetings where the team is advised of updates to the process.

# Change Ideas

1. Discharge letters are viewed and medications updated when they arrive in GPs inboxes
2. The date medications are updated is noted in the comment box
3. Who and When medications changed entered in the medications chart

## Most Successful PDSA Cycle(s)

**Do:** To randomly select 10 patients every month and - check medication reconciliation has been done and any check that changes are explained and noted.

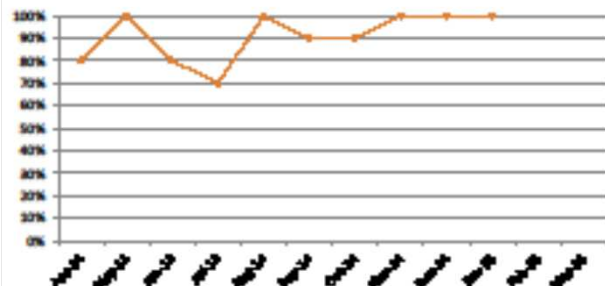
**Study:** To analyse the score/outcome of those records not fully completed

**Act:** To repeat audit every month to ensure medications are updated and recorded focusing on the gap areas.

## How Are We Doing with Medication Reconciliation?

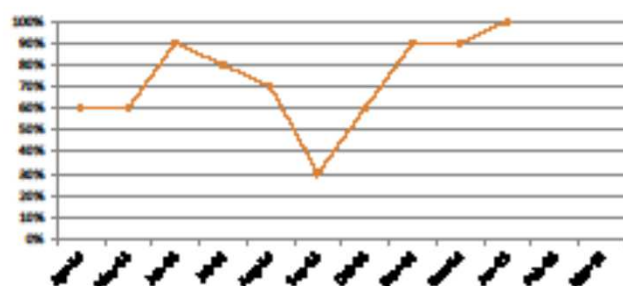
### EDS Viewed by clinician

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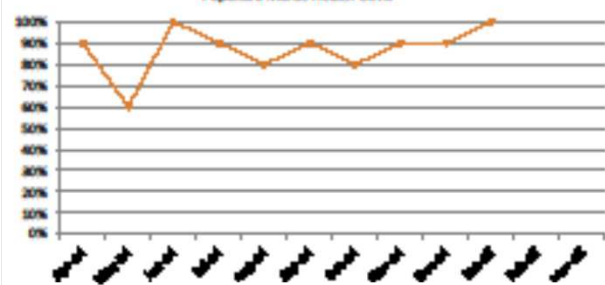
### Medication Reconciliation within 2 days

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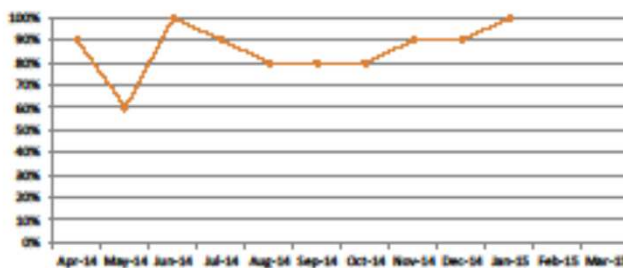
### Medication list updated

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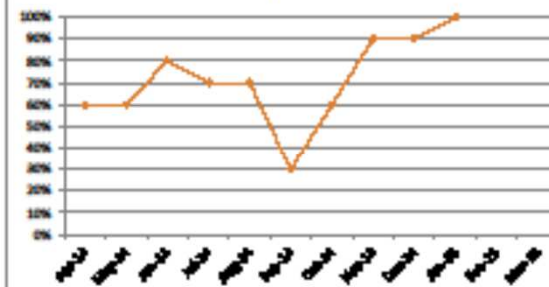
### Patient informed

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### Overall Care Bundle Compliance

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## Highlights and Lowlights

- The experience of the team (General Practitioners, nursing and administrative staff and patients) according to their involvement has been a highlight because positive change is occurring. (High)
- Working on this project as a team has fostered better team work. (High)
- It is still difficult for part time GP to do medications reconciliation on time (Low)

## Achievements to date

Do you have an

- agreed aim (Yes)
- a change package (Not Yet)
- measurement plan (No)

Do people on your team know what their responsibilities are and what is expected of them? Yes

What has changed and what difference have the changes made? The team has made another step towards being a safer practice.

# Other thoughts

Add any thing else you'd like to share here:

- Experiences with the trigger tool

We experienced the trigger tool as a team once. We enjoyed it and found that we need to update drug allergies as soon as we receive letter from hospital

- How the work has impacted your team

Positive constructive suggestions and recommendations were given and continue to be given in other areas of practice.

- Anything else you think might be useful to share

- Task Box / Recall procedures, especially the 3 attempts by nurses to contact patients (call, letter, home visit) then sending task back to GP with outcome is valuable. The value of patient alerts also reiterated.