Silverdale Medical

PHO and Facilitator: ***Waitemata PHO***
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Team members: *RN Alison Waretini, Dr Kirsty Laws, RN Melissa Lanz, Dr Alison Sorley*

Organisational "Buy - In"

Aim: *To reduce errors by improving recording of medication changes, diagnosis and allergies after hospital discharge.*

Buy-in

Our practice's monthly clinical meetings were a good forum to discuss changes we needed to make, and how to make them. Aiming to build consensus by demonstrating the value of medication reconciliation, rather than imposing a "top-down" guideline.

Change Ideas

Viewing MedRec as part of inbox management, some delays related to poor allocation of inboxes for locums or doctors on leave. Tightening responsibility for inboxes has improved this.

We didn't identify any change which can make the process quicker or more reliable – people just need to DO it. Promptly. So awareness of the need for accurate meds lists is the key.

What Changes have you tested?

	Change Tested	Outcome
1	*Share information on how to record changes (using the "external prescriber" function in MedTech)*	*Better awareness among clinical staff.*
2	*Discussion of incidents where risk to patients related to inaccuracy in medication lists*	*10 records per month doesn't allow accurate assessment of changes, especially with multiple providers. Impression is we are improving.*
3	*Add true outcome data (readmission or death) to reporting table, in addition to process measures.*	*Useful information, but reporting structure doesn't allow conclusions about causation. Eg. patients who saw Dr after discharge were more likely to be readmitted. But they tended to be the more fragile patients.*

Most Successful PDSA Cycles?

No definite changes yet. We are looking forward to changing the measures to fit our work patterns and MedTech software better.

Telephone survey of high-risk patients found 80% satisfied with the explanations from North Shore Hospital.

Measures Summary

We are measuring:

% of discharge summaries viewed within 24 hours
% of medication reconciliation done within 48 hours
% of medication lists updated
% of patient contacted about medication changes

Plus
% summaries received within 24 hours of discharge
% patients advised by hospital to see their GP, and % who did
% readmitted within 30 days
% deceased within 30 days
% with diagnoses and allergies updated.

Highlights and Lowlights

- What has been the experience of the team (General Practitioners, nursing and administrative staff and patients) in terms of their involvement in the improvements that have been made?

- *Everyone is motivated to improve patient outcomes. They may not agree on how to do it. MedRec is mostly a doctor responsibility – and we all know doctors are tough cats to herd.*

- *We enjoy meeting other teams, sharing ideas, and following progress on the other care bundles.*

- *Bundling of outcome measures is a bit like NCEA – no matter how hard we try, it is still "not achieved" if the summary was read at 31 hours instead of 24, or if the patient didn't need to be phoned. Depressing.*

Achievements to date

Measurement plan thoroughly reviewed, and planned alterations should make it more achievable, and more MedTech compatible.

We can then aim for – 100% - of course.

Using regular reporting to the practice team, both on current compliance levels, and on medication incidents.

General improvement in maintenance of medication lists, and marking of regular drugs, has been a positive spin-off.

Any other achievements?

Awareness of problems and approaches to solving them.

Most medication handover goes smoothly – credit to North Shore Hospital medical and pharmacy staff. And to the fabulous creators of TestSafe.

Focussing on the process has made us aware of problem areas.

Anticoagulant management across discharge is an especially high-risk area, which takes hours of our time and regularly endangers patients. Our next project is to do a review for just these patients, and maybe cooperate on changes to the discharge summary to improve anticoagulant handling.