

# Turuki Health Care

## Mangere Town Centre

- ***Clinical Leads and Working Group***
- *Dr Hamish Howie - Clinical Lead*
- *Erena Tahere – Registered Nurse*
- *Renee Muru – Practice Manager*

# Organisational “Buy - In”

## Aim:

- To ensure patient safety by medication reconciliation on hospital discharge to prevent avoidable harm
- To improve procedures for the management of medication reconciliation
- To produce an active and reliable process for medication reconciliation
- By 30 June 2015

## Buy-in:

- Presented rationale and procedure to practice at monthly staff meeting. Consensus agreed that this is a worthwhile programme to trial for 3 months then review

# Change Ideas

1. Allocate to Office Manager the role of generating daily EDS list to provide to allocated GP
2. Allocate one GP to each work day to reconcile medication changes from EDS's
3. GP to assign READ code to chart to indicate reconciliation occurred
4. GP to make written request to available practice nurse to phone patient or whanau to discuss medication changes and any discharge recommendations for follow on care
5. GP to estimate time taken to complete tasks
6. Monthly audit of 10 randomly selected EDS's received and completion of run charts
7. Review project progress with all staff at meeting in 3 months

# What Changes have you tested?

	Change Tested	Outcome
1	Office Manager to generate daily EDS list	Staff changes meant this role was not transferred smoothly.
2	GPs assigned to particular work days to review daily EDS list	Worked well if EDS list generated and supplied to GPs. Did not occur if list not available.
3	All GPs encouraged to open and review Inbox in Med Tech early in each work day and reconcile medication charts for their patient EDS's	Increasingly, GP reviewing EDS daily found reconciliations already occurred.

## Most Successful PDSA Cycle(s)

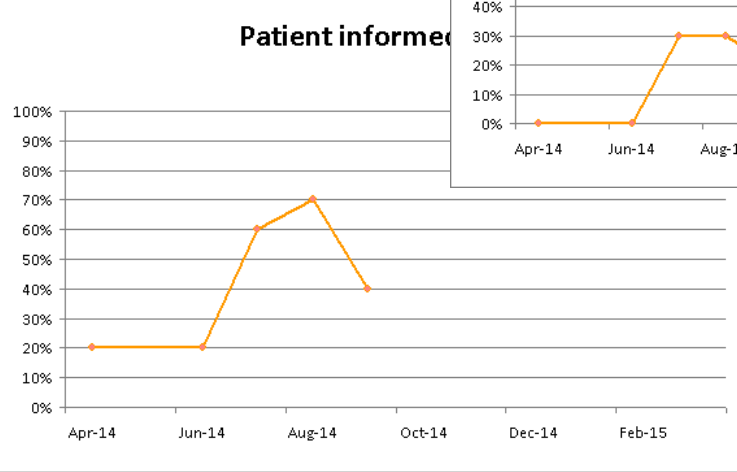
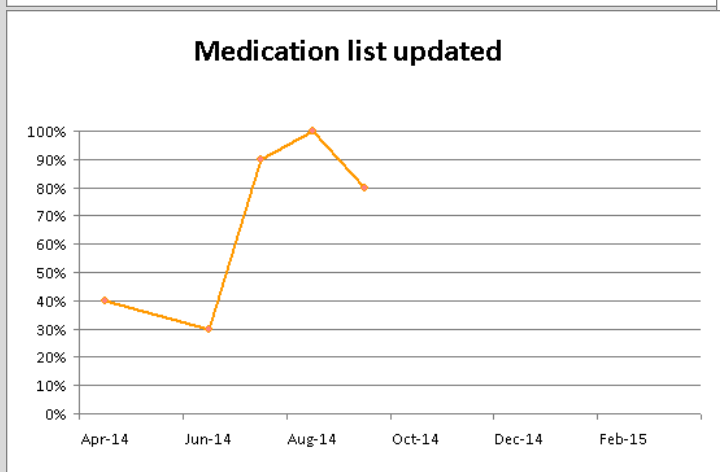
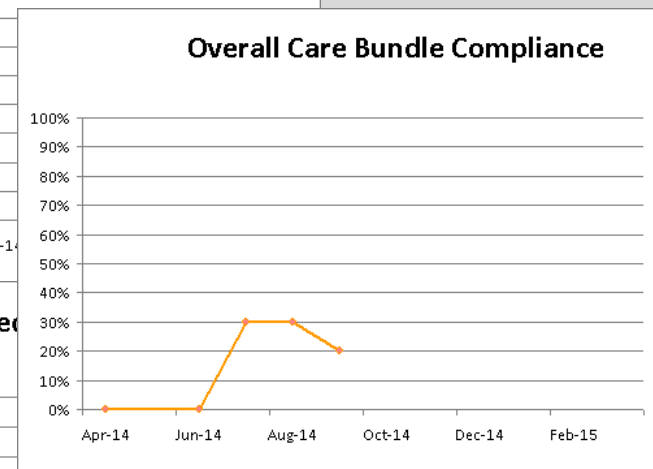
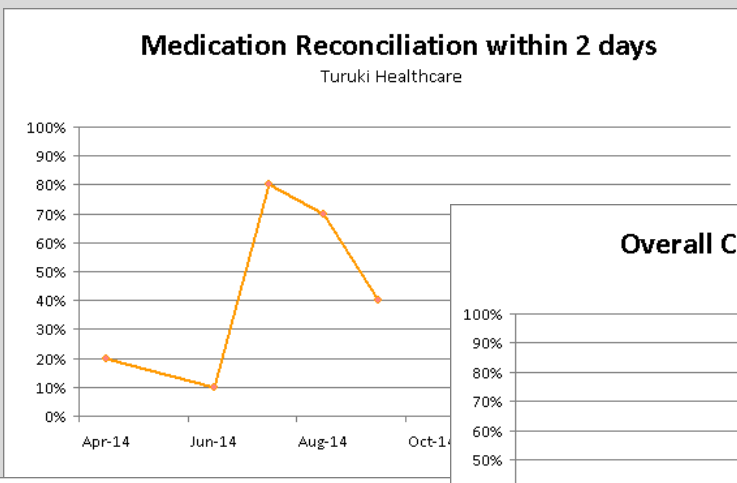
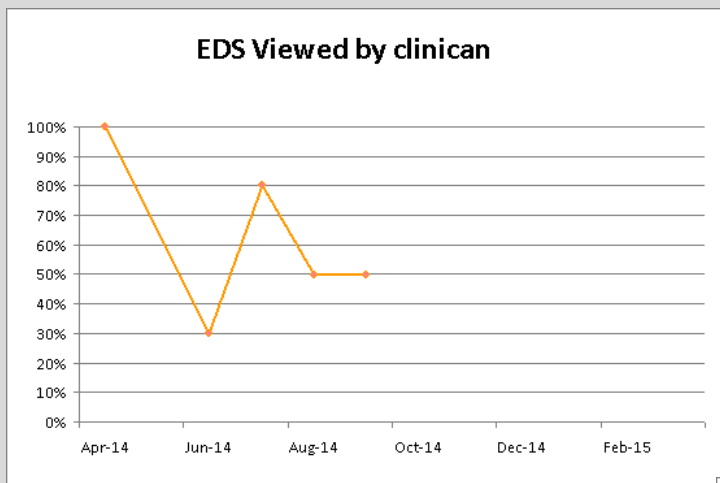
- First PDSA cycle still being completed
- First feedback session at staff meeting held in September
- Good initial improvements in audit outcomes but tailing off noted
- Change of Office Manager noted to have made a significant negative impact on regularity of EDS's printouts and reflected in audit outcomes.

## Measures Summary

Briefly describe what you are measuring and how and why? Include your bundle's run charts

1. % EDS viewed within 24 hours of discharge
2. % medication changes reconciled within 48 hours of discharge
3. % medication charts updated in Med Tech after discharge
4. % patients or whanau contacted and informed of medication changes within 1 week

# Measures Summary



# Highlights and Lowlights

## 1. Feedback from GPs

- Initially worked well
- Highly dependent on the assigned staff member providing EDS print out
- Process was not time burdensome
- Discrepancies noted between pre-admission medication and practice medication chart despite latter being confirmed on admission letter
- Process encourages all GPs to reconcile EDS in their Inbox at start of the day



## Highlights and Lowlights

- Nursing colleagues did not find requests to phone contact patients and whanau burdensome
- Tasks made sense
- Admin workers found it challenging to add EDS printing task to busy daily routine

## Achievements to date

- Practice has an agreed aim to improve reconciliation of medication changes after hospital discharges in a timely way.
- Our change package involves a new routine for all GPs and an assigned daily GP to review that day's EDS's
- Monthly audit of random selection of EDS's allows assessment of outcome and progress.
- Review at staff meeting at 3 months suggests that staff are clear as to purpose of the project and sure of their roles. However we also highlighted the importance of GPs being provided with the EDS list in a timely way, otherwise busy work schedule diverts from this task.