

Avondale Family Doctor



PHO and Facilitator: APHO

SiP Team members: Pam Hart (PN),
Margaret-Ann Stewart (Admin)

Organisational “Buy - In”

Dr Rob Stewart chose Medication Reconciliation because it was hard and was a focus area about which a lot could be learned.

Aim:

Electronic Discharge Summary (EDS) to be read and medication changes noted and forwarded to nurses’ inbox within 1 week of receipt.

Buy-in

Patients either come in or phone in requesting their “usual” medications

- going through EDS to get correct medications and doses can be **time consuming**
- to **reduce/eliminate** “the usuals” being prescribed which are no longer accurate

Change Ideas

- Smooth workflow
 - Focus on core process and purpose
 - Focus on outcome to the patient
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- All EDS with medication changes will be forwarded to nurses inbox for action
 - Nurse will code medication changes and reconcile all long term medications
 - Nurse will contact patient, if not seen within 1 week, to discuss medications/dose changes

What Changes have you tested?

	Change Tested	Outcome
1	EDS with medication changes forwarded to Pam's inbox -spot audit on GP's inbox	90% of EDS with medication changes have been forwarded to nurses inbox
2	<u>Medication status set up</u> A - dose altered Dec – dose decreased Inc – dose increased Ent – Script entered but Rx given New – new medication S – medication stopped	<ul style="list-style-type: none"> • 1 nurse using regularly • 1 nurse reminded and shown how to use again on 14/10/15 • ?GP using
3	Coding medication changes in history	Nurses regularly doing this

Most Successful PDSA Cycles?

Primary Care provided to patients with medication changes following discharge from hospital

- **Idea:** Complete a random sample of 10 patients per month who have had a hospital admission in the previous month. Check EDS's and reconcile with practice records, noting any changes such as change of dose, medications commenced or discontinued.
- **Plan:** Print list of all patients who have a hospital admission for whom the practice has received EDS during the previous month.
 - 5 NHI numbers will be noted and at the end of the day will confirm those discharge summaries with medication changes have been forwarded to the nurse inbox.
 - Randomly select 10 patients monthly for 12 months as of June 2015

PDSA's continued

- **Prediction:** The GP will have forwarded not only the 5 noted EDS, if they have medication changes, but 100% of EDS with medication changes
- **Do:** On reading the EDS the GP is to note changes in patient's medications and then forward the annotated EDS to the nurses inbox so that the patient's regular medication can be updated and for patient follow up if an appointment to see the GP has not been initiated voluntarily with 7 days of discharge.
- **Study:** By lunchtime all 5 EDS have been read, 4 filed in patient notes with no medication changes and 1 with medication change sent to nurses inbox. An additional EDS, not in sample group but with medication change, was also forwarded to the nurse.

PDSA's continued

Act: GP and nurses have agreed to continue with successful action and MOST SUCCESSFUL PDSA and have extended this to clinic letters and private specialist letters with medication changes.

GP Rob is very happy with these changes!



Measures Summary

We are in the process of setting up a system to record the number of calls from patient and/or other health professionals such as

- heart failure nurse
- diabetes nurse
- pharmacists etc

The purpose of this system is to establish prescription discrepancies and look to see if related to EDS medication changes.

We anticipate this will be a manual system.

Highlights and Lowlights

Highlights

- We are surprised at the high rate of follow-up appointments within 1 week with the GP that our patients with medication changes on discharge from hospital have made.
- Patients are pleased to have a phone call regarding their medication changes

Lowlights

- PN made a mistake entering a medication change, entering as daily dose instead of twice daily. Error picked up, patient made aware, patient unaffected, thankfully. Practice Incident Form completed.

Achievements to date

Do you have an

- agreed aim – yes we do
- a change package – yes we have
- measurement plan – under discussion with team

All team members know what their responsibilities are and what is expected of them. There has been a longer time of adjustment for those not at the cutting edge of this project. The changes have been implemented and are increasingly a part of “how we do this.”

- What has changed and what difference have the changes made?

All clinical staff are endeavoring to reconcile patients long term medication and use medication status codes with changes when patients are seen or call for prescriptions

As time goes by, more and more patients will have their long term medication reviewed and updated, if appropriate

Any other achievements?

Avondale Family Doctor opened its doors in December 1993. Based on his grandpa's practice in Takapuna in the 1930's, Rob wanted to be a sole practitioner with a patient centred family practice where patients felt welcome, known and happy to sit and chat among themselves in the waiting room. He was also hoping for friendly staff who would stick around for a while.

Rob got it right on both counts

In 2015 Avondale Family Doctor is one of the largest multi-cultural sole practitioner general practices in Auckland.

- over 3000 registered patients
- a diverse ethnic base many of whom were not born in New Zealand
- only 839 patients are NZ European
- 1 GP, 2 job sharing practice nurses and 2 job sharing practice administrators
- consistently top achievers in reaching APHO and MoH targets
- this team puts up its hand and just gets the job done. Always!

Our patients arrive early in the day, stay to sit and chat. They feel happy and secure. Once Rob's staff began working for him not one has ever left or been asked to leave.

We've been an awesome team for 22 years.

And that's quite an achievement!