

Kumeu Village Medical Centre



PHO and Facilitator: Procure – Nicki Brentnall

Team members: Dr Nathan Joseph, Lesley Clapshaw
(Nurse Lead), Liane Otto (Practice Manager)

Organisational “Buy - In”

Aim: To create a standardised system and policy for Medical Reconciliation on receipt of discharge summaries.

Buy-in

GPs had attended a meeting where the Safety in Practice audits were mentioned they had thought it was a good idea but were concerned how much time they would need to be commit. Collectively we didn't know if we already had a system or not.

Lesley (Nurse Lead) met with our Procure Quality adviser discussed it was a good opportunity for us to look at this also in parallel with Cornerstone clinical audits. Lesley presented the idea at our clinical team meeting and suggested her, Dr Joseph (Clinical Lead), and Liane (Practice Manager) would run the project - our GPs agreed.

It was agreed that feedback and updates would be provided each month at clinical team meeting so everyone would know what was required, our progress, and any changes to systems that were required.

Change Ideas

- ❖ To take part in this audit to see where we, as a Practice currently stand.
- ❖ Utilizing ideas/learnings from the coordinators and other participants within the SIP project.
- ❖ Move our clinical meetings to same week as Med Rec audit so gives us a full month of new ideas/data.
- ❖ Future PDSA – looking at regular use of yellow medication cards, how this would fit into current work stream.
- ❖ Provide an opportunity to review work streams that lead to team efficiency.

What Changes have you tested?

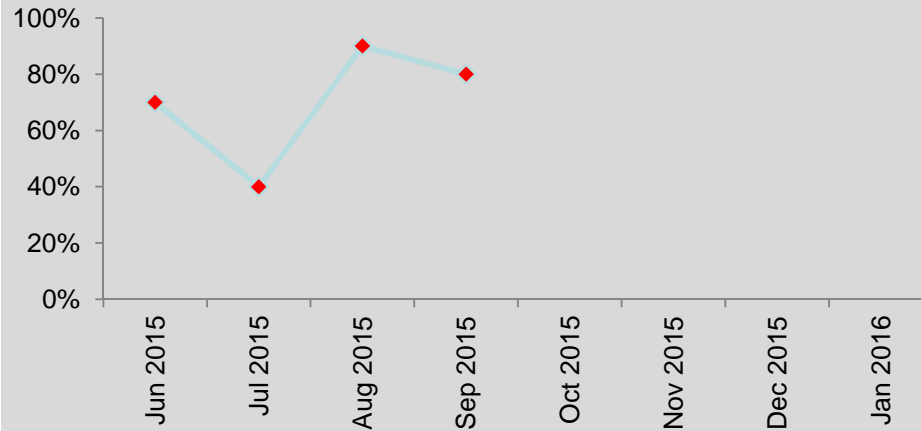
	Change Tested	Outcome
1	Added shortcuts of A (altered) and MS (med stopped) under medication status for GPs to quickly note when meds had been changed on discharge	GPs are now using this to update med list post DS and when making their own changes outside of DS.
2	Agreed set time frame for med recs to be actioned in accord with audit -7 calendar days after EDS	We have increased to 80% of this target. Still aiming for 100%.

Most Successful PDSA Cycles?

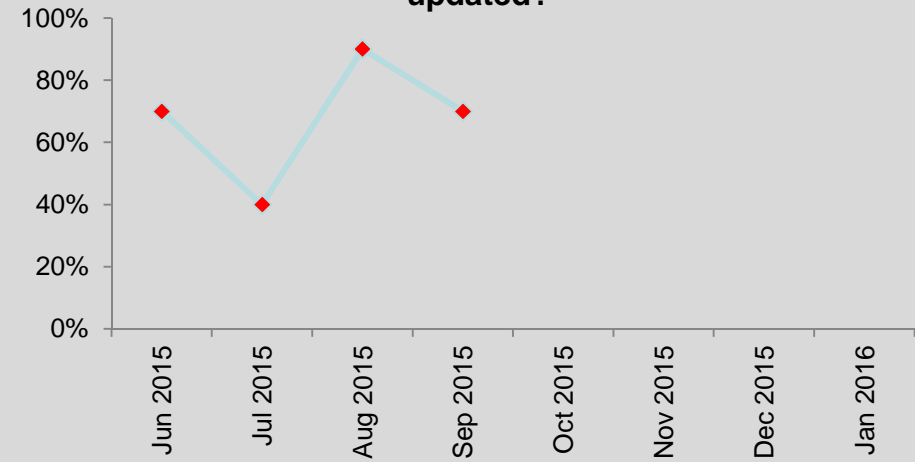
At our first co-ordinator meeting we were shown how to utilise codes for medication status within Medtech. Although a simple change - this has increased buy in from the GPs and is proving a useful tool both for the med rec audit and in general use.

Measures Summary

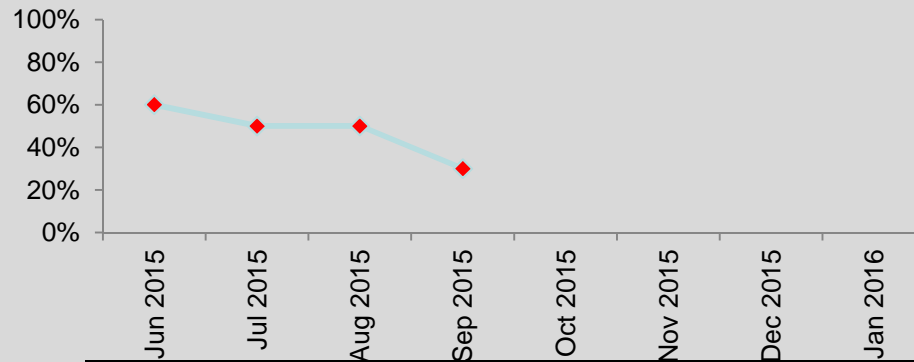
Has Medication Reconciliation occurred within 7 (calendar) days of the EDS being received?



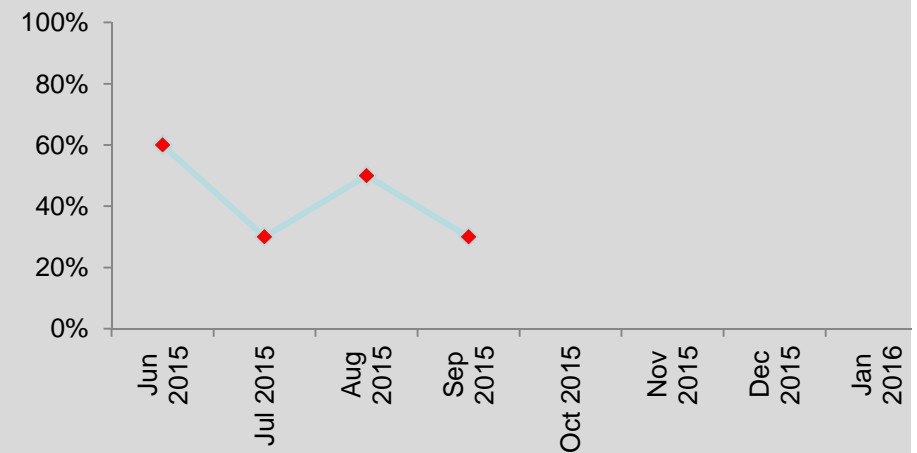
Has the patient's regular medication list been updated?



Is it documented that any medication changes have been discussed with the patient or their representative within 7 (calendar) days of receipt?



Medication Reconciliation Overall Compliance



Highlights and Lowlights

- There have been gaps between carrying out the audit and feeding back to our clinical meeting which impacts on the following months audit, this is reflected in our results. Our audit is early in month our clinical meeting is last week of month.
- Our first audit was far more successful than we thought it would be. We have one GP who has a very good process in place – coincidentally 80% of our first audits patients were his. On discussion we found one GP was updating the med list upon next visit however there was a potential that in between time, a repeat script could have been issued.
- To date we are still not consistently completing all DS within the firm med rec audit guidelines, although being completed - perhaps in the 8-12 day range.
- For the September audit we found it difficult to find 10 DS to audit so extended our search range which has skewed our results somewhat. Could the workload around med rec be seasonal?
- GP inefficiencies being streamlined to the Nurses.

Items we are noticing from audits:

- We found one private specialist discharge summary that gave no indication of pain relief prescribed on discharge following an operation.
- INR in one section of a discharge summary said one range and in another section of same letter another range.
- Inconsistency of DS document templates.

Achievements to date

- We are now all clear that the ideal is DS to be processed within 7 days of receipt, we are at 80% of reaching this target.
- We are now all clear that med rec is to be documented, using agreed and created shortcut keys.
- At present our monthly SIP audit is the measure however we are slowly broadening the scope of the audit to more lateral areas.
- GPs are now utilizing agreed codes on all medication changes.
- GPs tasking nurses to call patients in if required for review.
- Following our monthly audit and team meeting some team responsibilities are evolving. Reinforcement and review on a monthly basis is continual. .

Any other achievements?

- The teams feels comfortable in the knowledge that majority of med rec is occurring with 7 days of EDS being received.
- We are about to start texting patients when lab results are normal this decision came about in wider discussion re med rec.
- We have now added a by line to our Lab Form template stating Kumeu Village Medical will send you a text to confirm your results are normal.
- We have stopped notification of negative results to patients for BreastScreen Aotearoa and Waitemata BowelScreen - therefore saving nurse time for other roles.
- A med rec protocol is being developed for when GPs are away, sick or part time.