



South Seas Healthcare

MEDICATIONS RECONCILIATION



Team Members

PHO and Facilitator: Alliance Health+ - Karyn Ne'emia



**Team members:
Dr Maryann Heather
Alaviola Pomana
Tule Tuinauvai**



Medication Reconciliation

Aim:

To confirm the belief within the practice that the current Medication Reconciliation process is working



Buy-in

This is South Sea's second year taking part in the Safety In Practice programme so all staff have already bought into Safety for their patients.

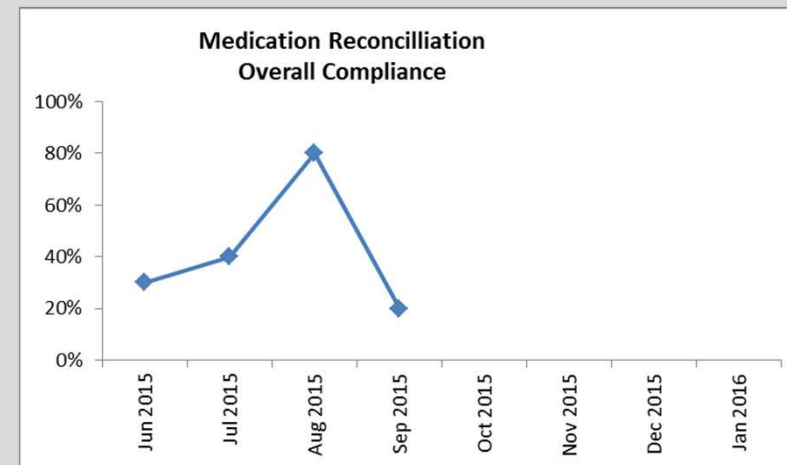
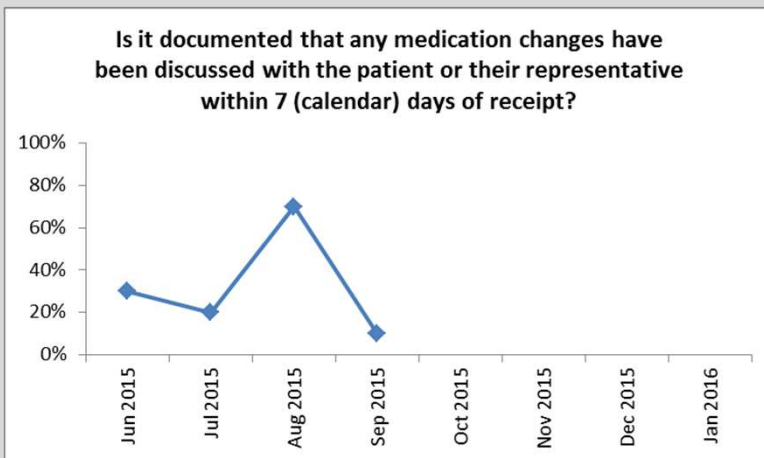
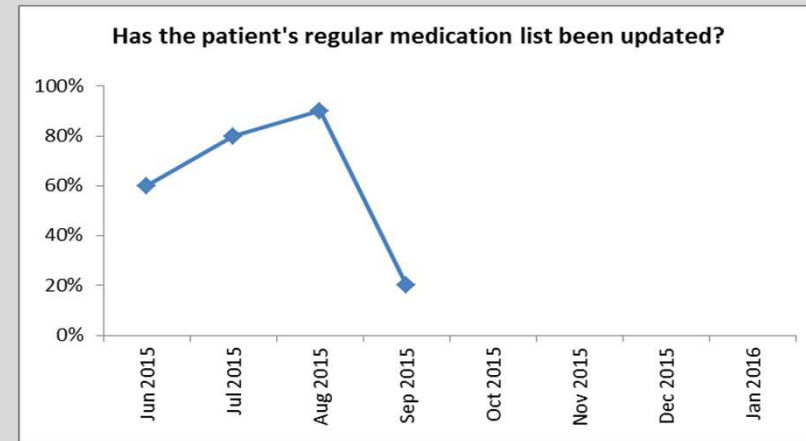
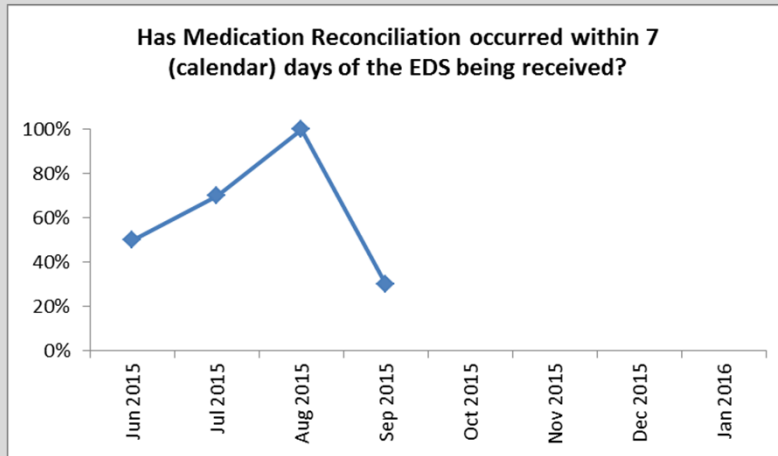


Change Ideas

- Developed an EDS template and nurse reviews and discusses with team
- Added classification for EDS
- Added prescription classification in PMS
 - New Medication
 - Medication Altered
 - Medication Stopped
 - No Change in Medication
- Weekly meetings for the Safety In Practice team



Current Data June-Sept 2015



What Changes have you tested?

	Change Tested	Outcome
1	EDS template implemented and communicated to the rest of the staff but nurse to monitor	Nurse found that this was easier to manage and that before this exercise, the practice didn't realise there was a problem.
2	After talking to Dr Vikas, Dr Maryann added a classification and communicated this to the rest of the staff	Dr Maryann found this was easier to monitor EDS. Will laminate sheets and put into each consult room.
3	Regular time was set aside for SIP team to meet and review cases/audit EDS.	Found that patient contact was poor.

Most Successful PDSA Cycles?

Plan



There was no process in place, so a template was developed similar to their Warfarin one done last year. The nurse was responsible to review this and discuss with the doctor if she found that the medications were not updated on the PMS or communicated to the patient where necessary.

Do

- Nurse will review the lists over the last 3 months

Most Successful PDSA Cycles?

Study

- Found that patient contact was very poor.
- One patient was readmitted due to receiving the wrong paper work from the hospital and no follow up

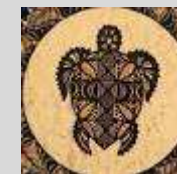
Act

- Will repeat PDSA but team will review lists every week (rather than for the last 3 months)



Highlights and Lowlights

- Initially the team didn't think there was a problem with Medication Reconciliation so this programme has now highlighted that some GP's don't update the medications
- Patients really appreciate the calls to discuss their medication changes
- Awareness of the clinical staff
- Great team work!
- A lot of administration time is needed by the team
- ADHB EDS are not as clear as Middlemore



Achievements to date

Do you have an

- agreed aim - Yes
- a change package – working through it
- measurement plan – in progress



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 awareness of the staff on reading the EDS and communicating any changes in medication to the patients. Many patients at this practice have English as their second language.