

Surrey Medical Centre

PHO and Facilitator: Procure

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Organisational “Buy - In”

Aim: To reconcile medications and have contact with patient or their family within 7 calendar days of receiving the electronic discharge summary/clinic letters.

Buy-in: No standard system in place to follow up discharge/clinic letters from secondary care. All agreed to provide better patient continuity of care we needed a plan of action for all staff.

Change Ideas

1. To have a number of **people** involved, so if one person is away the process can still be followed easily.
2. To work out how to configure the PMS to notify changes in medicines and show reconciliation against letters easily accessible to all staff.
3. Shift focus to a working within a time frame for better patient management.
4. Through audits and team meetings with all staff discuss results and adjust processes accordingly.
5. Patient involvement. Asking the patient where they are at? What they are taking? What they understand, working with them to address any confusion.
6. GP to read EDS discharges summaries, reconcile changes in PMS, send through to nurse and admin for checking. Nurse to contact patients within 7 days and update PMS when done.

	Change Tested	Outcome
1	We did a read code for medical reconciliation , which would update classifications.	Not ideal, as classifications could get cluttered with med recs, decided to put in comments of letter, med rec done, and nurse confirms in daily consult patient contacted.
2	Updated medications in PMS to show changes, e.g. New, Stopped, increased, withheld etc.	Need all GP'S to be aware of this and use it All GP'S not on board yet..
3	Calling patients within 7 days.	Sometimes happening within 7 days. If patient confused to speak to nurse or come in and see GP asap. Not always contacted in 7 days.

Most Successful PDSA Cycles?

1. Two people checking medicines reconciliation for more accurate results.
2. Seeing improvement in audit sheet .
3. When all three staff have completed the cycle, and the seeing the process work. Patient helped to understand their medicine regime.

Measures Summary

EDS discharge summary viewed each day for latest, up to date information on patient care from the hospitals.

Medicines reconciled quickly (for patient continuity of care working together, primary and Secondary care)

Also saving GP time in consultations with their patient, not having to waste time n the PMS doing med rec in the consult with patient.

Patient contacted to assess what they are doing with their medicine changes?

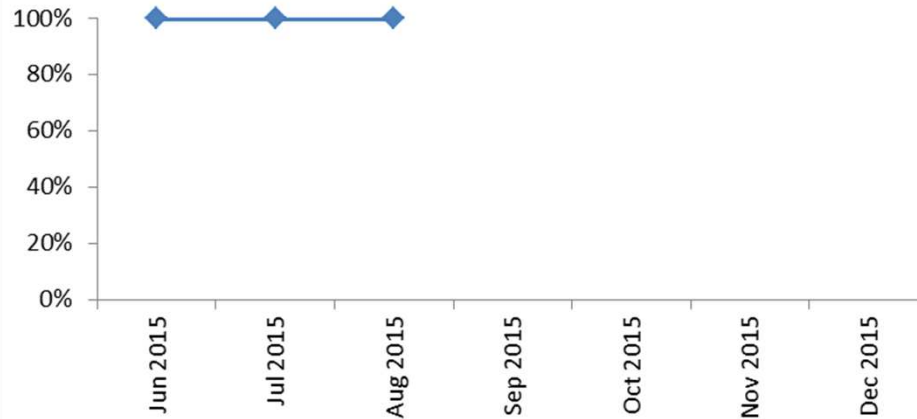
Do they understand? Do they need to come in, if still not clear?

It can be a very confusing process, having medicines changed. This needs to happen quickly after leaving hospital for continuity.

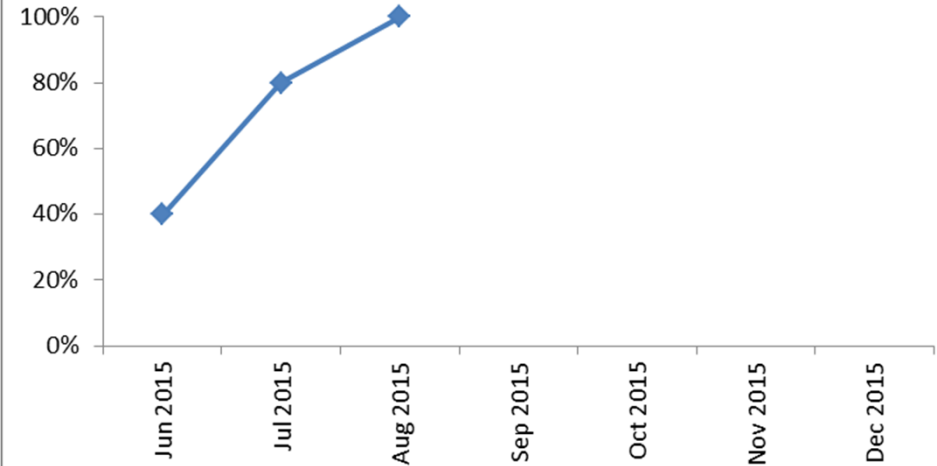
To avoid possible medical complications due to the patient not following through with discharge medications.

Updating and working with the PMS. Make the process simple and uncomplicated so any staff can see the medicine reconciliation, and any GP could do the medicine reconciliation.

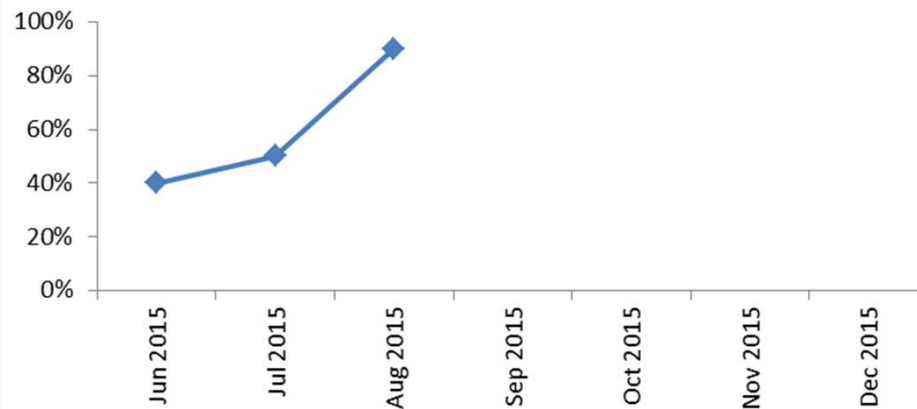
Has Medication Reconciliation occurred within 7 (calendar) days of the EDS being received?



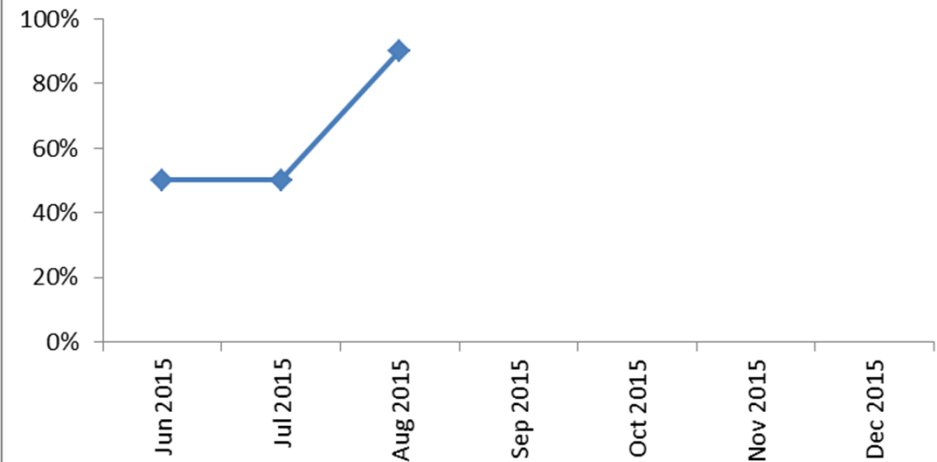
Has the patient's regular medication list been updated?



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

Lowlights – Doing the cycle and finding things have been missed. A medicine not ticked/unticked long term. Medicine not added etc.

Not all GP'S are on board yet, and you can see the old way of working with EDS letters still in place, and how it is ineffective and time consuming.

Highlights –having a plan ! Seeing it in action Working as a team to achieve the result. Seeing how important it is , to step into the gap between secondary care and primary care and check everyone is on the same page.

Achievements to date

- Agreeing to make improvements to our current routines for better patient care
- Starting the process of Safety in Practice
- Doing the plan!

Any other achievements?

We are very happy to have the opportunity to be involved with Safety in Practice.

And develop better systems of care for our patients.