AVONDALE FAMILY DOCTOR MEDICATION RECONCILIATION

SiP Team Members
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Gail Osborne, Margaret-Ann Stewart (Admin)
Louise Goodall (Auckland PHO Facilitator)

Reason for choosing medication reconcilitation

- The practice felt this was an area that needed attention
- Felt this would have the greatest benefit to the practice
- This was an area that had not been looked into in the past
- Whole process has been positive and eye opening
- Prior to SiP hospital discharge medication was reviewed when patient next came to see the GP

Medication Reconciliation

- The practice needed to develop a new PDSA and looked at Specialist Only prescribed medication
- The practice discussed with MedTech about codes and created a SPEC code for specialist only medication
- The clinical team load medications with SPEC code. This prevents it from being repeated (with The Usuals) but will alert if there is any drug interaction with any medication prescribed.

Highlights

- More patients are choosing to use blister packs post discussion with patients and family regarding discharge medication
- Development of practice medication codes to determine when a medication has been stopped or altered or changed
- All staff are on board and this is now a normal part of practice procedure

Lowlights/challenges

- Some patients understanding of medication is limited and the elderly get confused quite easily
- Hard to reach patients as many use pre-pay phones with no credit
- English as a second language