

Learning Session 4

Avondale Family Doctor

Medication Reconciliation

SiP Team Members: Dr Rob Stewart (GP)

Pam Hart, Jenny Littlewood (PN)

Gail Osborn, Margaret-Ann Stewart (Admin)

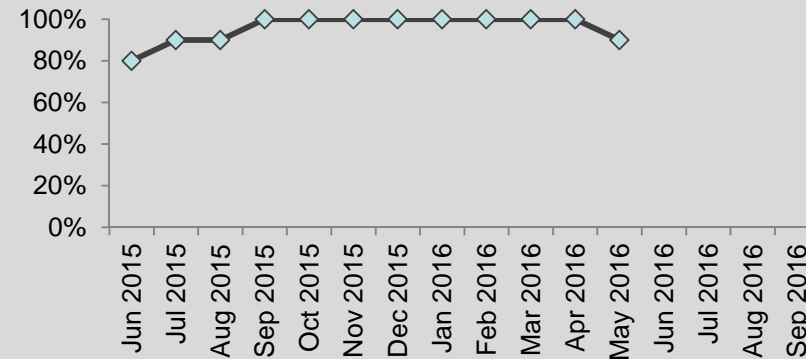
APHO Facilitator: Louise Goodall

Measures Summary

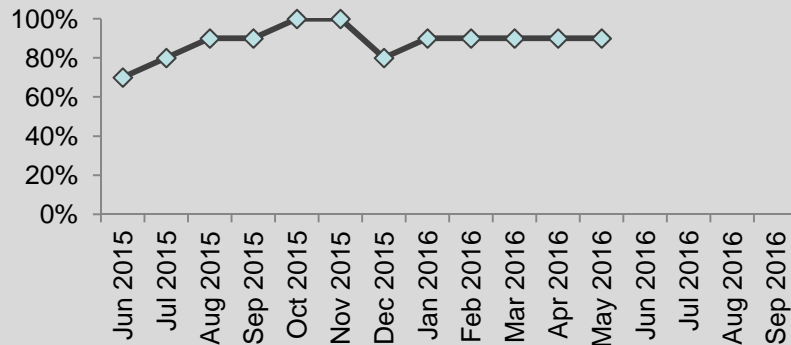
Has Medication Reconciliation occurred within 7 (calendar) days of the EDS being received?



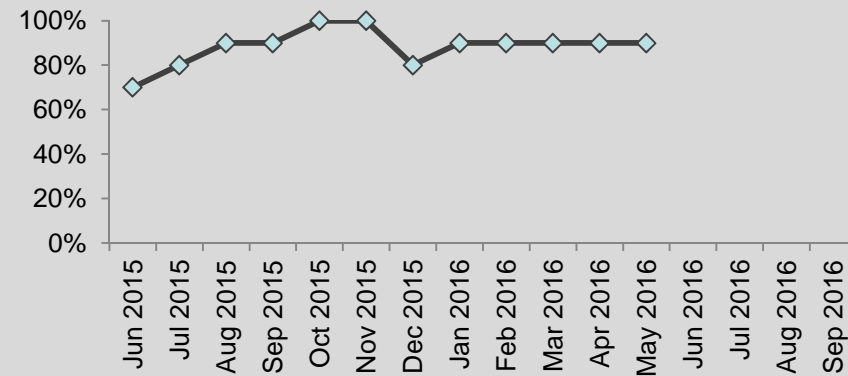
Has the patient's regular medication list been updated?



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



Learnings & Change Package

- **Best Change Idea**

- ✓ creating specialist only medication code
- ✓ GP & locums will be alerted to any potential drug interaction for those patients on specialist only medication

- **Helpful to know**

Create data-base of drugs which specialists (including midwives) initiate and prescribe short/medium/long term to see if this is an area where harm is likely due to either drug interaction or side effects and thus impact more prominently on the practice radar than it has in the past. This is particularly the case for psychotropic drugs, biologic agents and chemotherapy.

Trigger Tool

Search Criteria

- Patients on one or more high risk medications

Harm found

- Warfarin stopped – noted in daily record but still marked as a long term medication. If a request from patient for usual medication it is most likely warfarin which would have been prescribed

Solution recommended/implemented

- When a medication is stopped, take off long term medications and also use medication status S (ie stopped)

Incidental findings

- Patient with addiction issues was correctly refused extra codeine which she requested

Experience of tool

- It has been a valuable exercise for the team to discuss the incidents, acknowledge the errors and explore ways we can all improve our record keeping

Safety Climate Survey

What percentage of your practice completed the survey?

- 100%

Did you have a feedback session with the team?

- A copy of the report was given to all staff members and it was then discussed at a staff meeting.

Was the tool well received?

- As a team which reflects a great deal on itself in an environment where discussion is free and open, the safety climate tool was probably seen as something we just had to do by staff not fully involved with the Safety in Practice project.

What changes have you made or plan to make as a result of the tool?

- None

Patient Experience

How do you currently determine patient experience?

- Survey handed to patients on a random date once a year

Do you have any tips for people wanting to engage their patients and whanau?

- Having a team which has had no staff changes for over 22 years and a closed patient roll has enabled the AFD team to build a good rapport with a high percentage of our patients which certainly helps engage them and their families.

What would you like to do in regard to patient experience?

- Apart from more time to sit and chat with them, a suggestion box for patient ideas and feedback has been used successfully in the past.

Other Thoughts

A spectacular idea from our Practice Administrator

- All EDS with ACC information included will be forwarded by the GP to Practice Administrator's inbox after he has initially read them.
- The Practice Administrator can then record the ACC number in the patient's record in the PMS for easy access in the future.