

# Learning Session 4



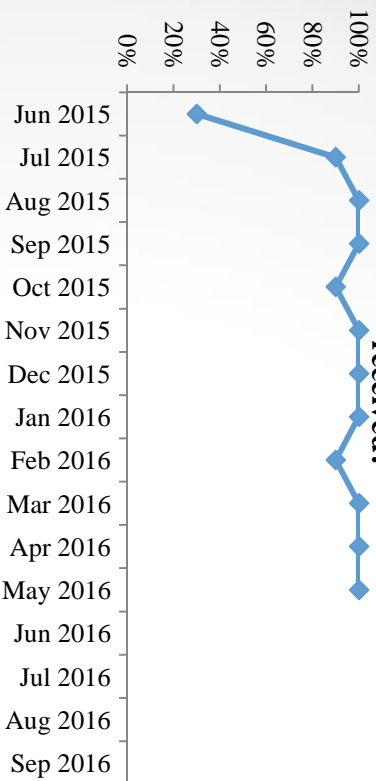
## CLENDON FAMILY HEALTH CENTRE Medication Reconciliation

Team members: CFHC Clinical Staff

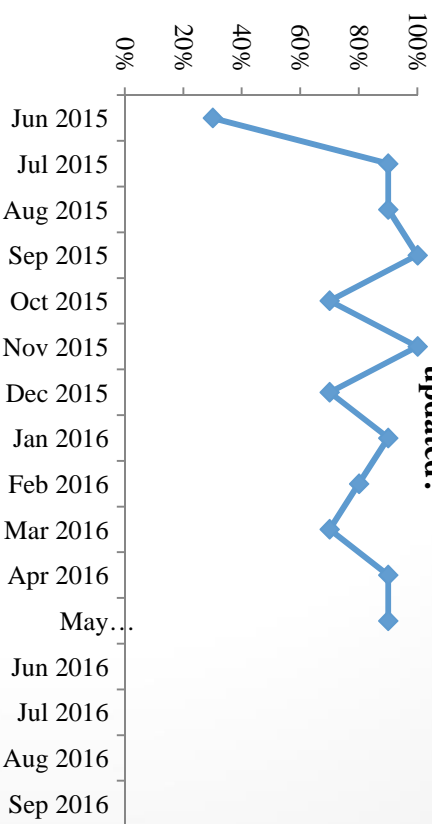
PHO and Facilitator: Procure, Nicki Brentnall

# Measures Summary

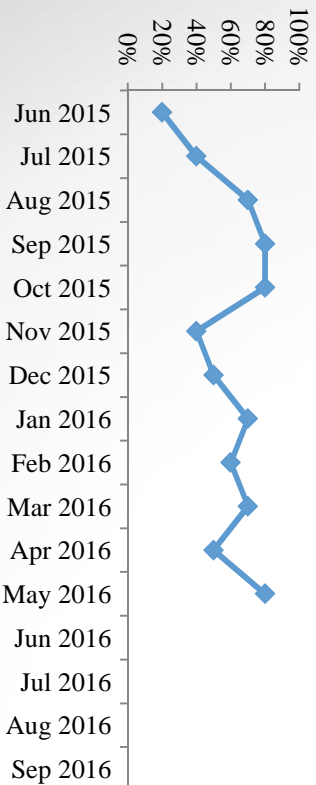
**Has Medication Reconciliation occurred within 7 (calendar) days of the EDS being received?**



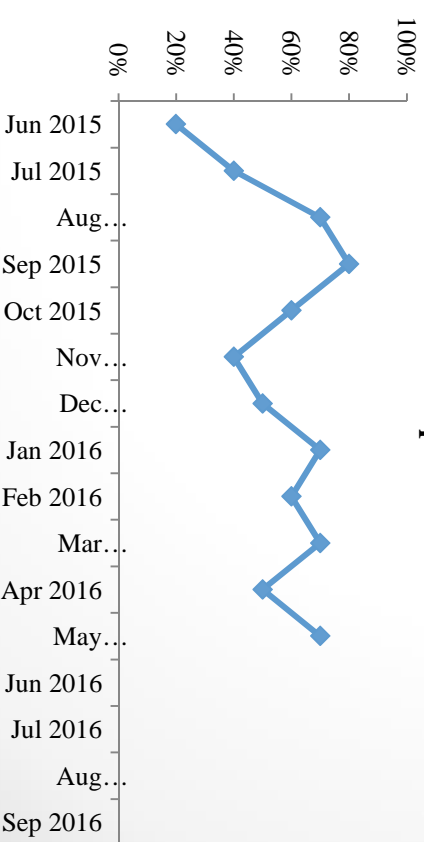
**Has the patient's regular medication list been updated?**



**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:**

- IDEA:

- Drop down box in patient medication list to indicate if medication changed, stopped, or added.

- RESULT:

- Able to easily see that reconciliation had occurred.

- Generating repeat prescriptions became easier, especially for nursing staff.

- **HELPFUL TO KNOW:**

- Difficult to communicate medication reconciliation process to Locum staff.

- Contacting patients regarding their medication changes most challenging part of process- difficult to standardise process

# Trigger Tool

## 1. SEARCH CRITERIA

High risk patients (determined as having one or more of following criteria):

- Residential care, <65 years + polypharmacy, multiple admissions, Congestive Heart Failure, Chronic Kidney Disease, Cerebral Vascular Disease (TIA/Stroke), Renal Failure + NSAIDs, on Warfarin, 2 or more diuretics.

## 2. HARM FOUND

No harm found but potential for harm eg. Language barrier, multiple caregivers, multiple health provider (ie. nurse/doctor) input, lots of health issues being dealt with in one consult; providers not knowing social history of patient.

## 3. SOLUTION RECOMMENDED/IMPLEMENTED

- Importance of communication with a patient's main provider (verbally or using staff tasks)
- Family members do not make good interpreters- use alert system to ensure a professional interpreter is booked
- Remember can do blood tests while the patient is in the clinic
- It's okay to rebook an appointment to manage multiple health issues to keep patients safe
- Reminder that social history is part of new patient baselines. A social history is mandatory for patients over 65 years of age.

## 4. INCIDENTAL FINDINGS

As above

## 5. EXPERIENCE OF TOOL

Tool useful for identifying lots of areas for potential for harm which means systems can be put in place to prevent harm in the future.

# Safety Climate Survey

- What percentage of your practice completed the survey?

93%

- Did you have a feedback session with the team?

Yes, separate clinical and non-clinical team discussions then practice meeting to discuss overall findings.

- Was the tool well received?

Yes, great to see how practice is doing although analysis of the tool proved challenging.

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

- Improving communication by staff being told that calling GPs during consultation is ok and use of red cards for urgent messages
- HCA employed for nursing staff workload
- Reminding staff to set realistic wait times to patient resulting in less patient dissatisfaction
- Consider updating phone system to reduce number of phone calls an individual patient can make in a day

# Patient Experience

- How do you currently determine patient experience?  
Patient survey form and feedback box in patient waiting room.
- Do you have any tips for people wanting to engage their patients and whanau?

No, it would be great to hear about other tools people use.

- What would you like do more of in regard to patient experience?

We would like more **consistent** and **regular** feedback from our patients in regards to their experience.

# Other Thoughts

**Highlight of Programme-** Modifying MedTech prescribing box to be more effective in showing changes to patient's medications.

**Highlight of Climate Survey-** regular staff meetings do improve communication within the Practice and encourages a feeling of teamwork.