

Learning Session 4

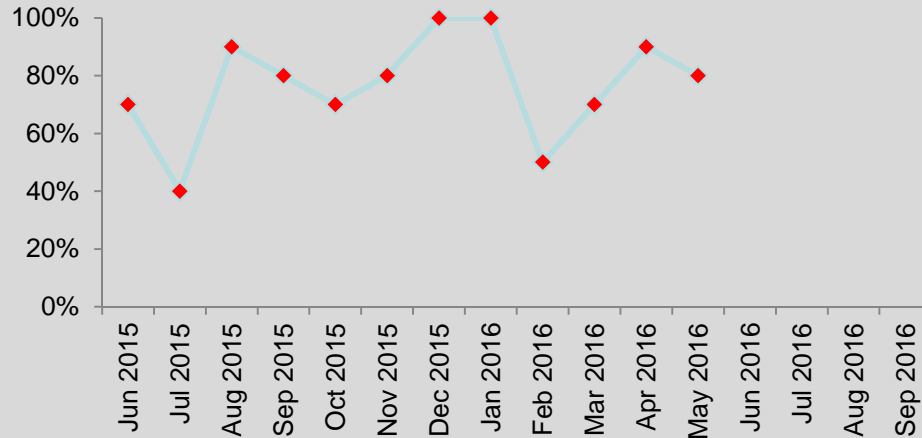
Kumeu Village Medical Centre Med Rec/Trigger Tool Storyboard



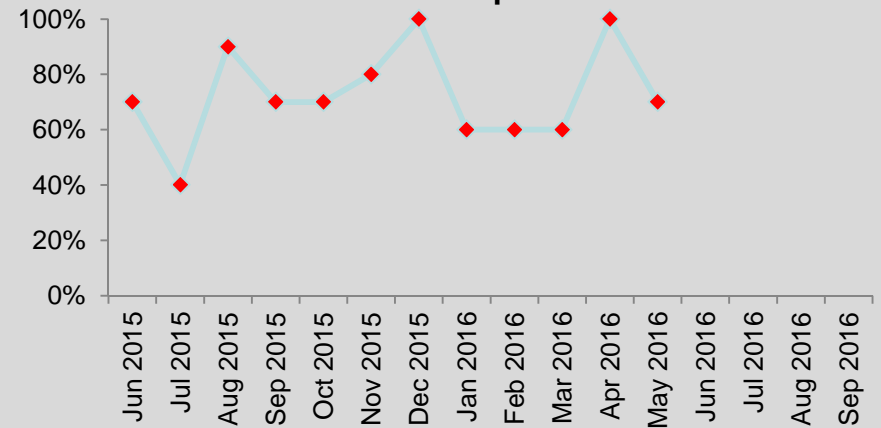
Team members: Dr Nathan Joseph,
Lesley Clapshaw (Nurse Leader)
Liane Otto (Practice Manager)
PHO Facilitator: Nicki Brentnall

Measures Summary

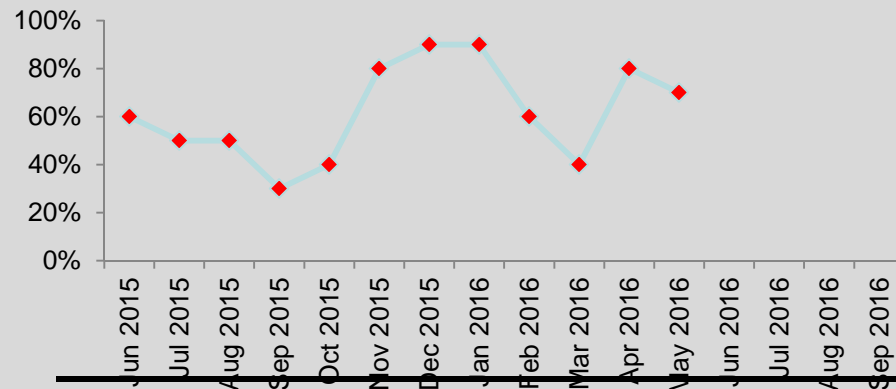
Has Medication Reconciliation occurred within 7 (calendar) days of the EDS being received?



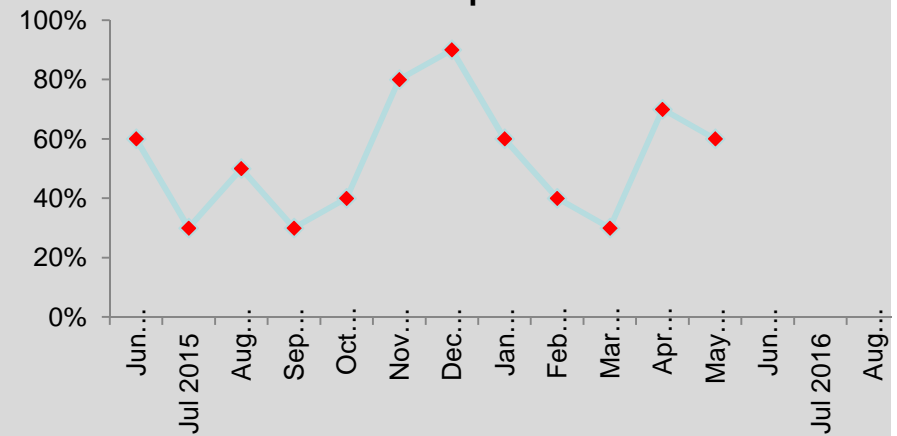
Has the patient's regular medication list been updated?



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



Learning's & Change Package

	Best Change Idea	Helpful to Know
	<p>Discharges summary query build run twice a week.</p> <p>Task sent to nurse to contact patient as required/pa appropriate – nurses can then book appointment if a) is needed by the patient or b) discharge summary recommends.</p> <p>Nurses take this time to clarify medication list with patients, how they are doing post discharge .</p> <p>Pre empts the patient into see the GP – faster turn around.</p>	<ul style="list-style-type: none"> •Moving our clinical meetings to be held same week as the Med Rec Audit so gives a full month of new ideas/data. •Created a “new consultation type – “care call” drop down box in consultation notes. •Did have to clarify exactly what a “care call” entailed to our nursing team – i.e. full review by nurse of DS prior to call not just actioning off the task. •Been 99% positive response from patients on our new process. •Difficult to change patterns of some GPs. •Improved and clarified the overall documentation process related to DS. •Shortcuts created - .MS, . MA, NC

Philosophy

The secret of caring for the patient....
is caring for the patient

Sir William Osler

Trigger Tool

1. Search Criteria –
Patients over aged 65 on 6 or more long term medications.
2. Harm Found
 1. - performance of the team being impaired by excessive workload. (more so clinical staff than non clinical – which is to be expected)
 2. - team members feel free to question the decisions of those with more authority
3. Solution recommended/implemented
4. Incidental findings
5. Experience of tool

Patient Experience

1. How do you currently determine patient experience

- Patient satisfaction survey 3 yearly
- Partaking in the Complicity Primacy Care Patient Experience Reporting
- Daily interactions with patients front desk, nurses , GP feedback from patient directly.

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

- we are an open and friendly practice the initial interface with patients is open – our open plan building layout encourages this as well.

3. What would you like to do more of in regard to patient experience

- We are offering patients access to patient on line management – this will offer them more control over their experience.
- We would love to have a dedicated nurse consult room to be able to have good thorough conversations with patients.

Other Thoughts

- Great having the quarterly sharing session to learn from others.
- Great having one to one contact with DHB/Project Team members.
- Very worthwhile project look forward to the next one – led to streamlining of other processes, time out of routine to look at bigger picture.