

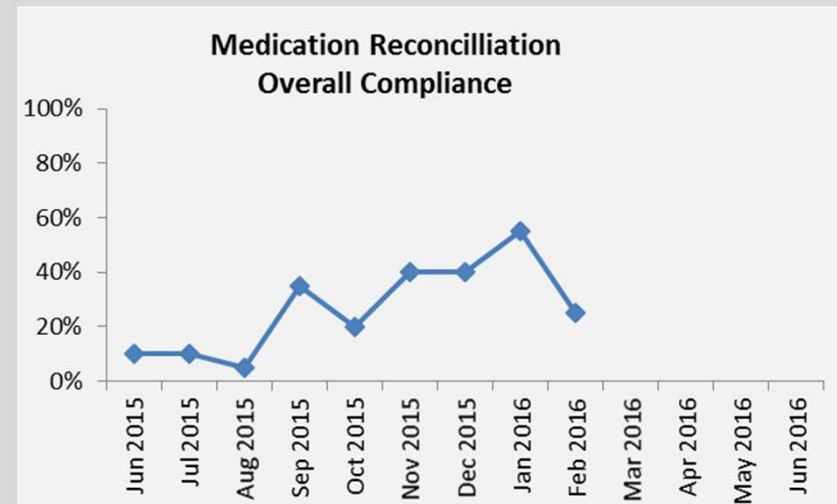
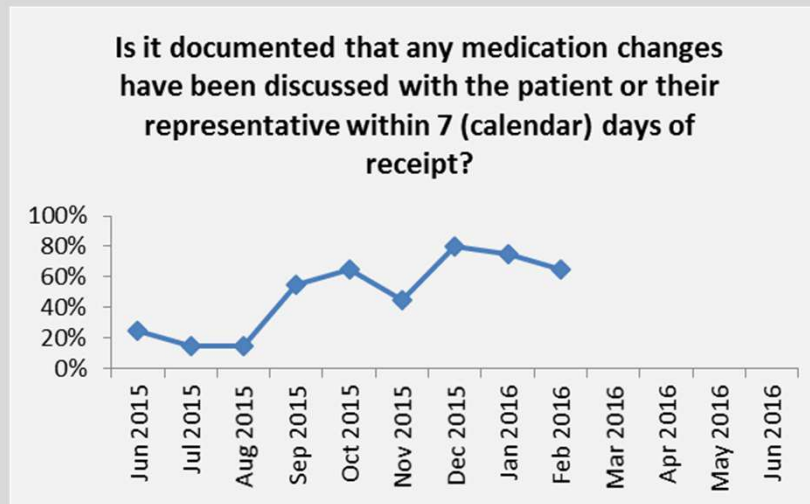
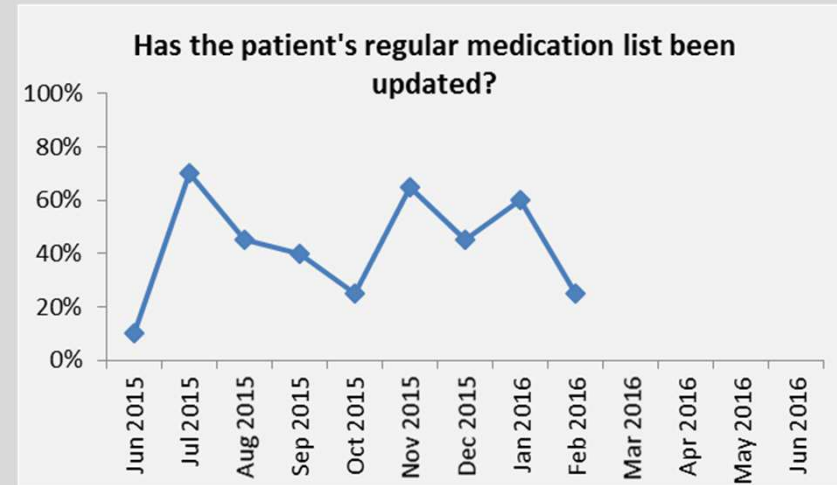
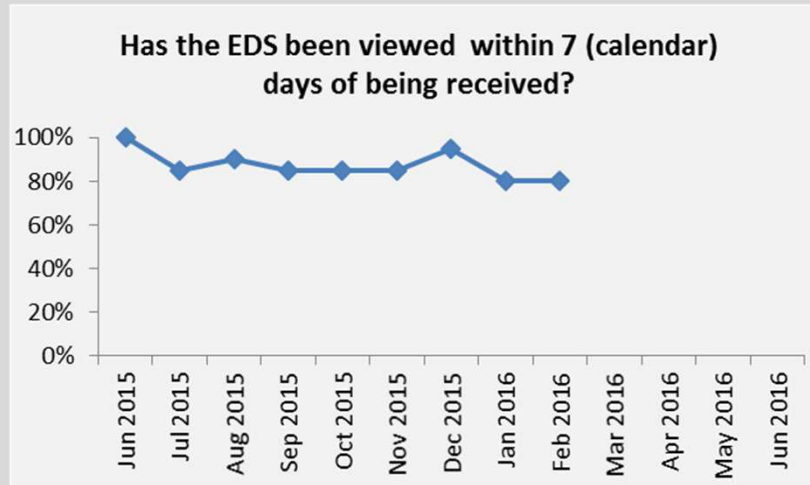
Learning Session 3

Apollo Medical Centre Medication Reconciliation

Team members: Mary Baldwin (General Manager),
Chris McMinn (Nurse Team Leader), Dr Derek
Reinecke (GP Team Leader), Ken Tobias
(Administrator)

PHO and Facilitator: Procure – Nicki Brentnall

Measures Summary



Change Package

	Change Tested	Outcome / Evidence of Improvement
1	<p>Implemented hot keys and later adjusted to:</p> <ul style="list-style-type: none"> • .chna – change in long term medication no action required • .chtci – change in long term medication patient to come in • .chph – change in long term medication, patient phoned • .nch – no change in long term medication 	Initial increase in question 2 with patients regular medication list being updated.
2	<p>Relieved doctors work load by having their Medical Assistant help go through their inbox and following up patients who have had a change in long term medication and need to make an appointment.</p> <p>Patients who have had a change in long term medication and need to be phoned are contacted by the nurse.</p>	Saw a steady increase in question 3 (peaking at 80% in December) with patients being contacted with any significant changes to their medication.
3	<p>Started tracking reasons for failure during the audit. The most common reason identified was medications not being classified. Scheduled each GP to have an individual coaching sessions with Dr Derek Reinecke and also discussed the SIP project during our monthly full practice meetings.</p>	Shows a gradual increase in medication reconciliation overall compliance overtime (peaking at 55% in January)

Highlights and Lowlights

Highlights

- GP's willingness to participate
- Team building
- Improved record keeping
- Streamlined medication charts

Lowlights

- Increased workload – GP's updating medication, struggling to link classifications
- Drop in the number of EDS been viewed within 7 days at the beginning of 2016. Probably due to many people taking leave over this time.

Problems and suggestions for improvement

- The systemic problems we have identified outside our capacity to solve include the layout of the discharge summaries and the receipt of the document in a format that has to be transcribed into the MedTech record.
- We send eRerrals from MedTech which populate the advanced form (eReferral) from the patient's MedTech record, an improvement would be to have this work in reverse with information received automatically populating in the correct fields (medicines and classifications) that is an advanced form for the discharge summaries which populates the patient MedTech record in the practice.
- Additions to our Medicine reconciliation QI team
 - NSH pharmacist
 - Apollo Pharmacist
 - MedTech or NSH IT specialist

Climate Survey

- Better response – 61 staff members completed the survey.
- Staff complimented the new changes implemented for improving communication and leadership.
- Staff felt the structure around communication and changes could still be improved – understanding why changes are being made.
- Incident reporting and reviewing could be improved.
- Implement SBAR (Situation, Background, Assessment, Recommendation) frame for communication.
- Having a defined agenda for team meetings (solution-based agenda).