Orewa Medical Centre

PHO and Facilitator:

Team members: Dr Sally Simpson, RN,Linda Ingles, RN, Rachel Liddel, Practice Administrator Carlee Robinson and Business Administrator Nurse Leader Stephanie Watson.

Organisational "Buy - In"

Aim: To reduce the risk of medication errors by reconciling discharge summaries from WDHB General Medicine and WDHB Home and Older Adult services for all patients whom have been discharged from their care.

Buy-in: A small project team whom are representatives of the practice teams, have come together to define the problems related to reconciliation of discharge summaries post discharge from WDHB General Medical and Home and Older Adult services. This team has been involved in mapping the process of reconciliation and in meeting with the PHO and Project Facilitators in developing and clarifying a clear process to ensure reconciliations are completed.

Change Ideas

Driver Diagram

Although our data showed a high level of patient discharge summaries reconciliation we did have area of improvement in relation to:

- Medication changes have been discussed with the patient or their representative within 7 days?
- Has the patients regular medication list been updated?

Both of these areas were identified as needing quality improvement.

What Changes have you tested?

	Change Tested	Outcome
1	Identification that we are reconciling our discharge summaries but we are not always notifying patients within the 7 day timeframe.	Clarification of the process: • Identification of the diversity of processes being used • Collective agreement about the process that should be followed • Defined process which still has the doctors as central to the decision making in relation to how a medical reconciliation can be completed • Defined use of the nursing team or reception team to ensure patients aware of medication changes.
2	Identification that the discharge summary would not always require a change to the medication list. It may require a change in screening or no change at all.	• Change the parameter that we are auditing to ; Has the Plan Been Enacted as Intended in the Patient Discharge Report.
3	Development of a Policy and Procedure to support standardisation of approach to Medication Reconciliation from discharge summaries	• New policy generated with clarity in relation to expectations of patient engagement once they have been discharged back to our care. • Policy circulated and signed off by each team member • Audit down to individual clinical team members to identify adoption of new process.

Most Successful PDSA Cycles?

Model for Improvement

Practice: Orewa Medical Centre **Date:** 15. 9.15

Step 1.
The 3 Fundamental Questions

Before completing the 3 fundamental questions and the PDSA cycle sheet, consider the Change Principle that your work will relate to.

Topic Area: Minimise Handoffs, Optimise maintenance,

1. What are we trying to accomplish?

This becomes the GOAL

To reduce the risk of medication errors by reconciling discharge summaries from WDHB General Medicine and WDHB Home and Older Adult services for all patients whom have been discharged from their care.

2. How will we know that a change is an improvement?

This will develop MEASURES to track the achievements of the goal

Reduction in tasks to the nursing team about:

Medication errors such as:

- Changed medications from that documented on the repeat prescription
- Changed dose of medication from that documented on the repeat prescription
- Medications continued that were stopped when in the hospital setting

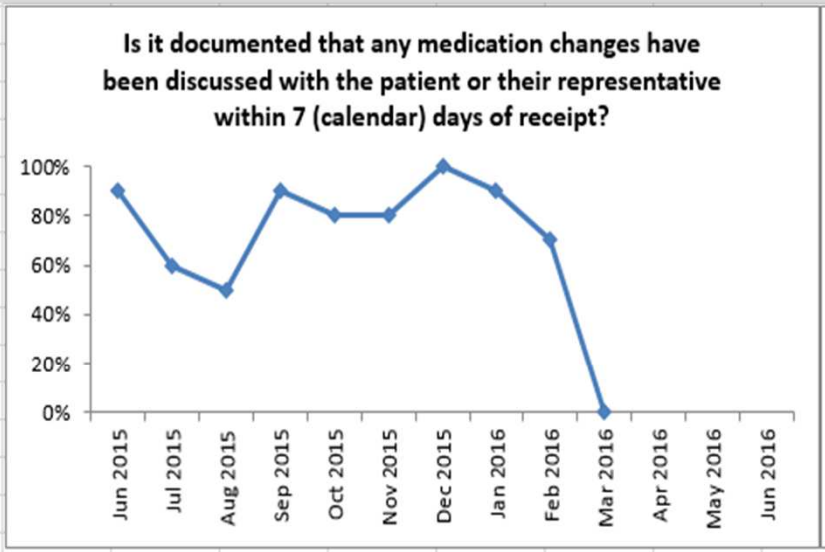
Most Successful PDSA Cycles?cont

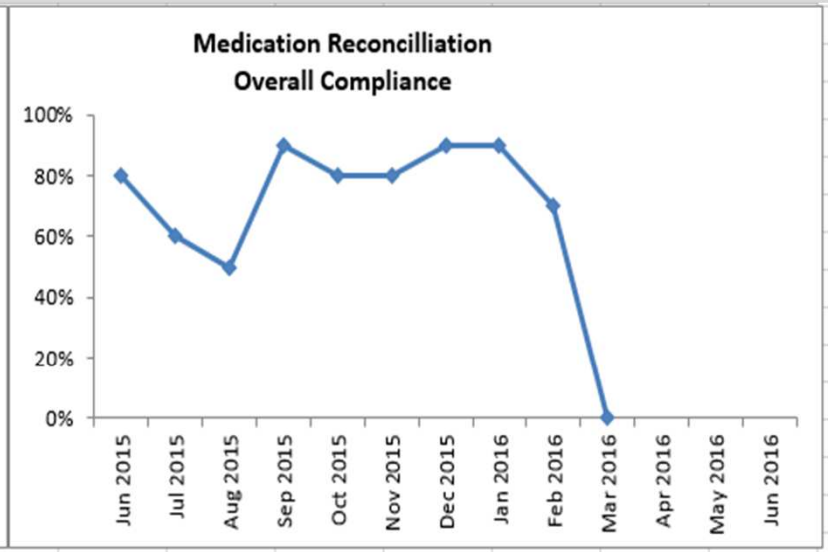
3. What changes can we make that can lead to an improvement? *By answering this question you will develop the IDEAS you would like to test to achieve your goal*	
Idea 1	Reconciliation of the discharge summary and clear update information documented in patient notes to assist the nurses generating the repeat prescription
Idea 2	Identify those patient whom require a higher level of communication to ensure they a aware of the changes to their medication or changes to their plan of care.
Idea 3	70% No action required Utilise multiple mediums of communication: Texting/SMS, email, and letters to ensure patient aware no change is required post discharge.
Idea 4	For those patients in the 20% category the nursing team can be activated by a Doctor t to contact the patient. For those patients in the 10% category the nursing and reception team can assist the doctor to facilitate a consultation with the patient

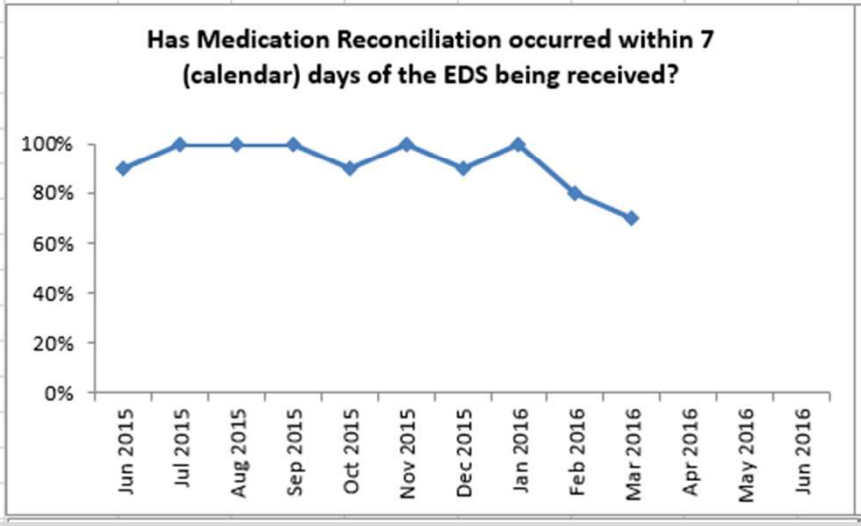
Safety in Practice

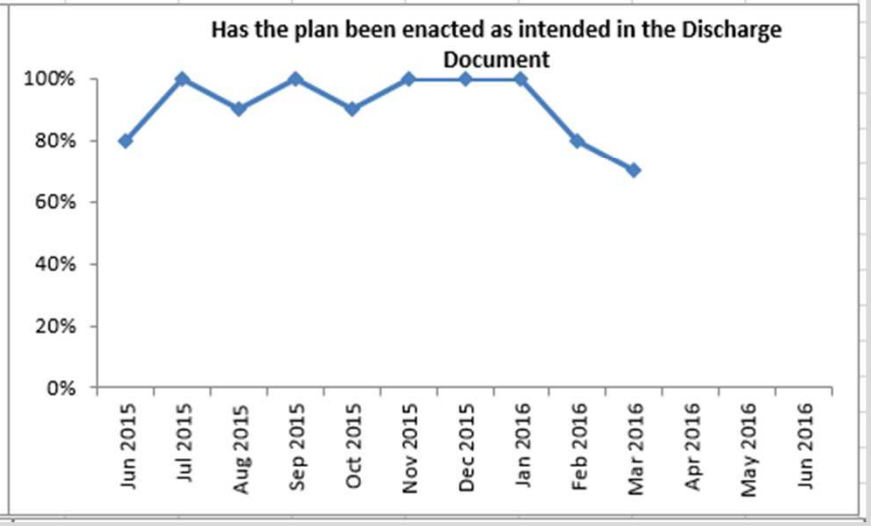
Safety in Practice

Measures Summary









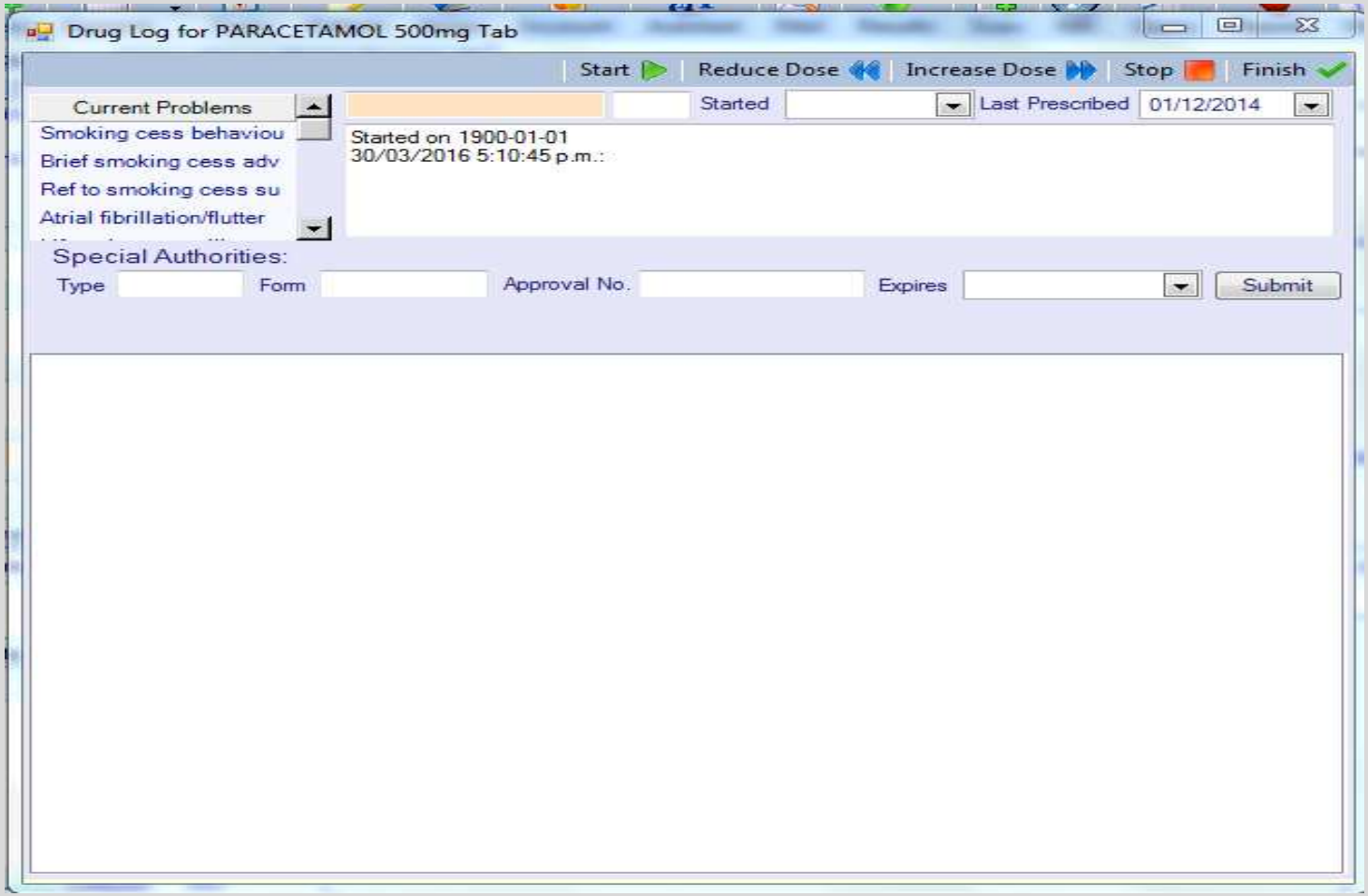
Safety in Practice

So What Changed

- Over this time we have changed our Practice Management System. “My Practice”
- We have also had a large contingent of Locum doctors
- The combination of a change to how we managed results and new doctors has had a marked effect.

What does the new system offer

Reconciliation in the new system



Our Next Steps

- We need to continue to undertake EDS reconciliation
- We will be adapting our patient letters to the 70% patients whom do not need to have further service provided to an email system as well as a letter system. This is the next PDSA cycle we need to enact.

Highlights and Lowlights

- Highlights:
  - Current Clinical Team Engagement
  - Everyone has the patient as the central focus
  - That we are dealing with the high demand and expectations of ensuring patient's are captured back into General Practice following a Secondary Service admission.
- Lowlights:
  - Complexity of discharge reconciliation for patient's whom are house bound
  - Expectation of the practice funding this work which should be managed by secondary services prior to discharge. Patients should be informed of medications or care plan changes prior to discharge.
  - The rate of errors in care that General Practice is expected to capture and resolve to ensure patient safety in our healthcare system

Achievements to date

Orewa Medical Centre has an Agreed Aim:

To reduce the risk of medication errors by reconciling discharge summaries from WDHB General Medicine and WDHB Home and Older Adult services for all patients whom have been discharged from their care.

- Our most successful PDSA: was to define patients into classifications and the streamline how we are communicating to those patients using a whole team approach
- We will continue to measure reconciliation
- We will continue to measure communication to patients within 7 days post discharge.

Achievements (cont.)

Do people on your team know what their responsibilities are and what is expected of them?

Yes we will be backing up our changes with policies so that staff can refer back to a standard.

What has changed and what difference have the changes made?

We now focused on a new PMS system to help us be efficient and effective in reaching our patients within the 7 days discharge from hospital.

Add any thing else you'd like to share here:

- Experiences with trigger tool. At this stage have not used
- How the work has impacted your team. The mapping showed the amount of area the nurses were finding impacts from medications or medical plans not being reconciled. This could lead to a lot of duplicated work by the nursing team which would have been resolved with reconciliation.