

Learning Session 3

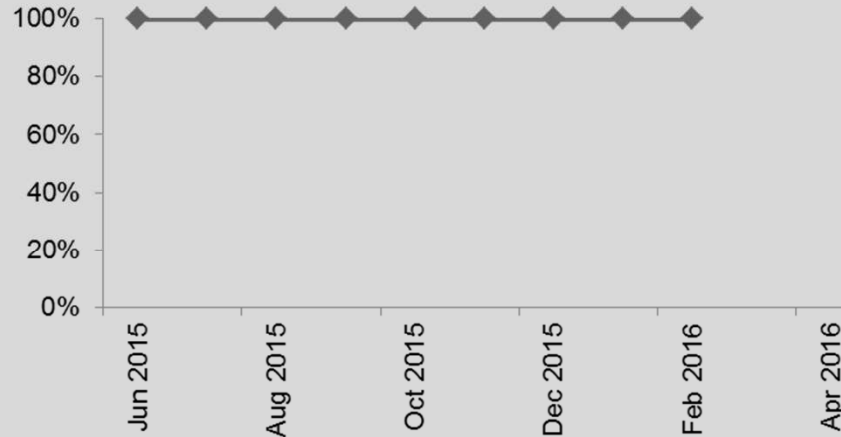
Surrey Medical Centre

Medication Reconciliation

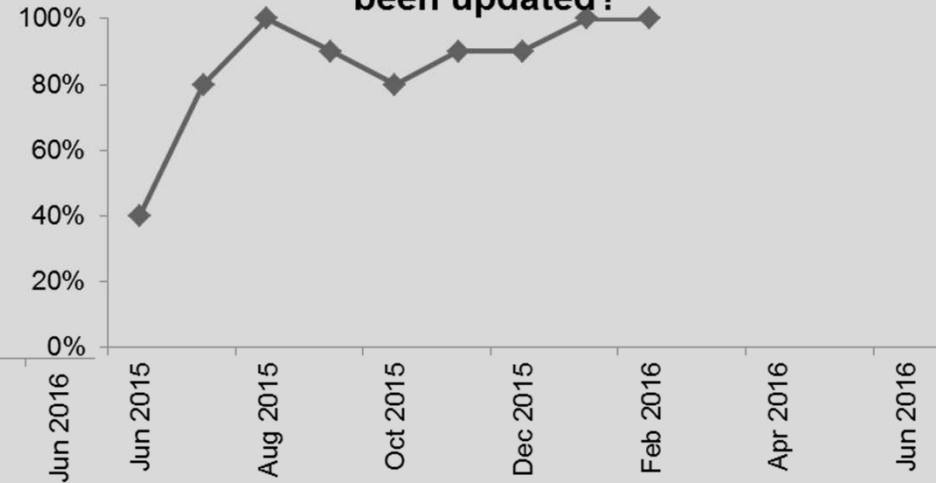
Dr Sandhya Chunilal, Practice
Nurse Marie Arnold, Office
Manager Angie Hammond

PHO and Facilitator: Procure
Nicki Brentnall

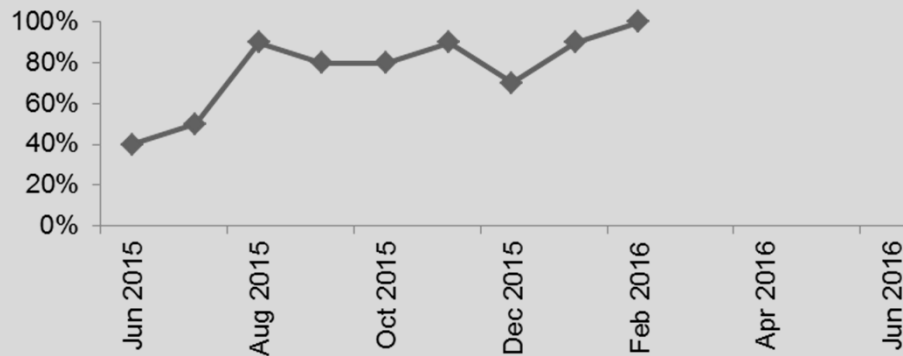
Has Medication Reconciliation occurred within 7 (calendar) days of the EDS being received?



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



Measures Summary

What are we doing?

TO HAVE RECONCILED ALL EDS DISCHARGE SUMMARIES/CLINIC LETTERS/PRIVATE CONSULT LETTER'S MEDICATION CHANGES WITHIN 7 DAYS(OR SOONER!) CONTACT THE PATIENT/FAMILY TO CONFIRM CHANGES IN SAME TIME FRAME. TO HAVE CONSISTENCY BETWEEN DHB'S/SPECIALISTS AND GENERAL PRACTICE PRESCRIBING AND BETTER PATIENT UNDERSTANDING. AND IF THEY DON'T UNDERSTAND THEY MUST COME IN AND SEE US WITH THEIR MEDICINES . BETTER PATIENT CARE!

How do we do it?

With a **simplified process** handled by the GP, the Practice Nurse and the office manager .The EDS to the GP, the review, the forwarding on for secondary review, the checking for accuracy followed by patient/family contact. Documenting if med rec is complete or follow up needed in the pms. Putting alerts and notes in daily record alerting other GP'S to changes made .

Change Package

	Change Tested	Outcome / Evidence of Improvement
1	From one GP handling everything to bringing in other team members ,to review and follow up .	System is taking shape. Less burden for one person doing everything. Improved accuracy in medication changes and follow up
2	Previously no patient contact made after receiving EDS discharge summaries , waited for them to come in. No process in place	Patient involvement, contacting them to discuss medicine changes is invaluable, clarifying any confusion/concern. Been an eye opener to actually discuss what they are doing with the medicine changes or not doing, and if further help is needed getting them to come in to clarify.

Trigger Tool / Climate Survey

- The climate survey – it highlighted some things we already knew like good communication between clinical and non clinical staff but should mean we are more on board with the entire practice taking on change but we have a way to go.
- Highlights we need more full team meetings to discuss and review changes with individual one on one sessions to show what is happening with the PMS, daily record etc. rather than just talking about it
- Need to have all team actively involved in the process..

HIGHLIGHTS

GP – great to have the reconciliation done before patient consult, to know what is happening with their medicines, rather than trying to do it all in the consult .Very beneficial that more than one person is reviewing the letters and checking changes.

Practice Nurse-found making contact with patient invaluable for checking with is happening with their meds, and nice to have contact after they have left the hospital to follow up in general. Good patient feedback.

Office Manager –More involved in patient care, have an awareness of what is happening with the patients in our practice and can alert some locums to changes that I am aware of.

Lowlights

- Still need to bring other GP'S on board more. Feel half the surgery knows what's happening and the other half doesn't.
- When nurse has been away, felt uncomfortable contacting certain patients about medicines changes- need to get a better system going for this, when this happens.
- Still need to tweak and go over parts of the process that are not streamline enough.