

Coast to Coast health Care

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Organisational “Buy - In”

Aim: Medication reconciliation from discharge summaries updated within 7 days and changes discussed with patients within this time frame

Buy-in

- meeting with Doctors and demonstrating importance of this
- Demonstrating how to physically do it
- Giving examples of adverse events

- Nurse leader communicating all of the above to nursing team to ensure all discharge summaries are forwarded to relevant doctors

Change Ideas

- - Map discharge to acute doctor
 - ensure referring doctor receives discharge letter so that medications can be reconciled and feeds back to appropriate clinician
- Manage Variation
 - standardisation of medicines reconciliations across all clinicians

What Changes have you tested?

	Change Tested	Outcome
1	Discussion with doctors and agreement regarding standard process	Majority doctors clearly updating patient's medication appropriately
2		
3		

Most Successful PDSA Cycles?

Plan – discuss with management team regards to increasing admin time by 30 mins each doctor daily to facilitate process and admin needs

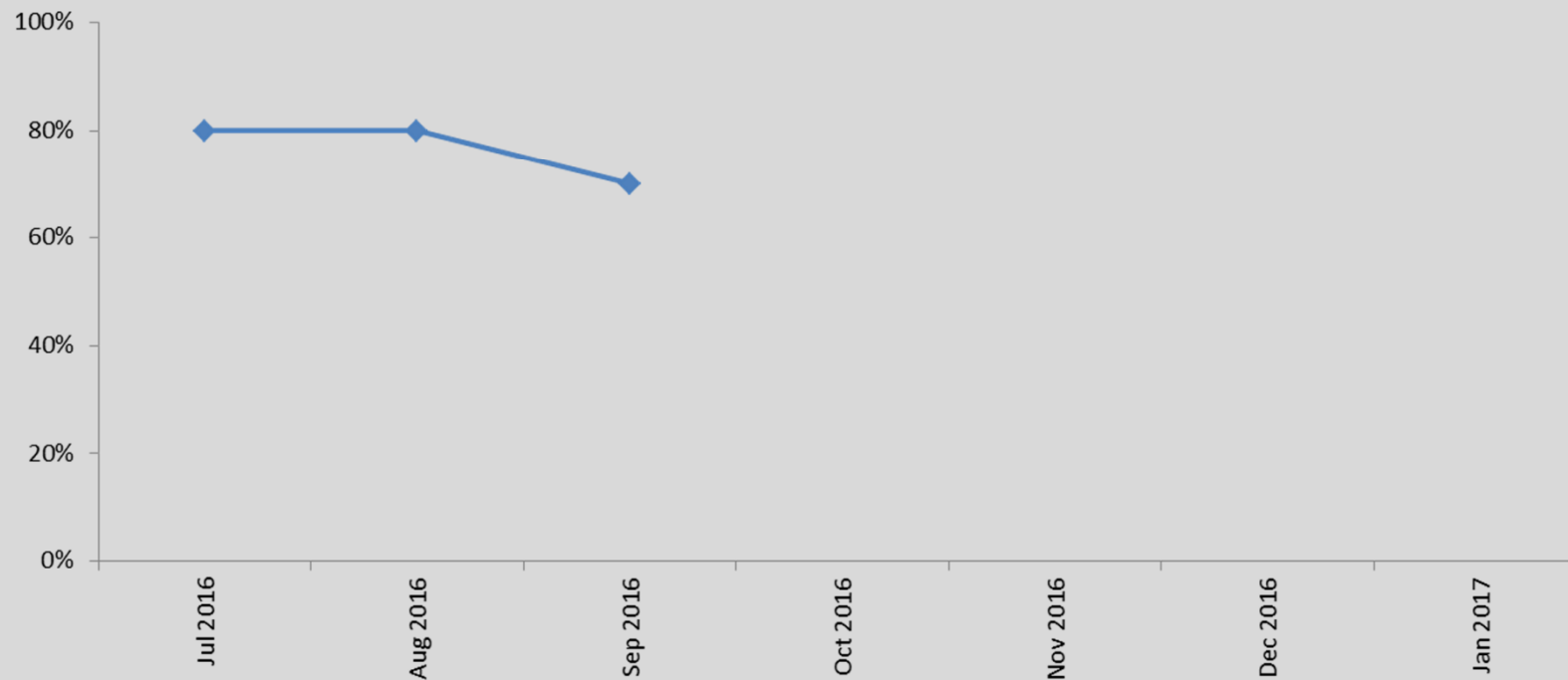
Results pending – doctors asked to keep audit on amount of discharge summaries reconciled daily and feed back at monthly meeting

Measures Summary

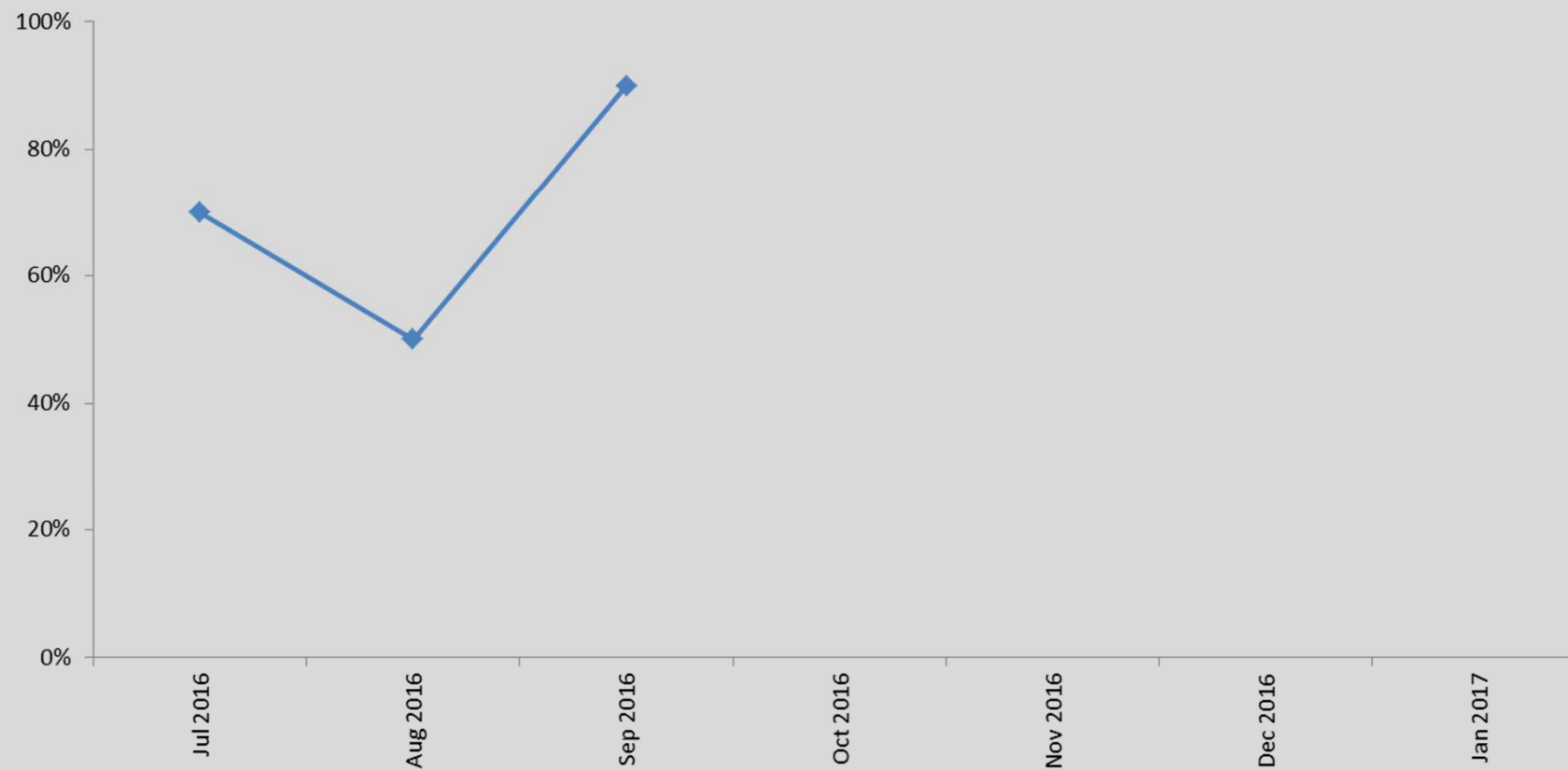
Has Medication Reconciliation occurred within 7 (calendar) days of the EDS being received?



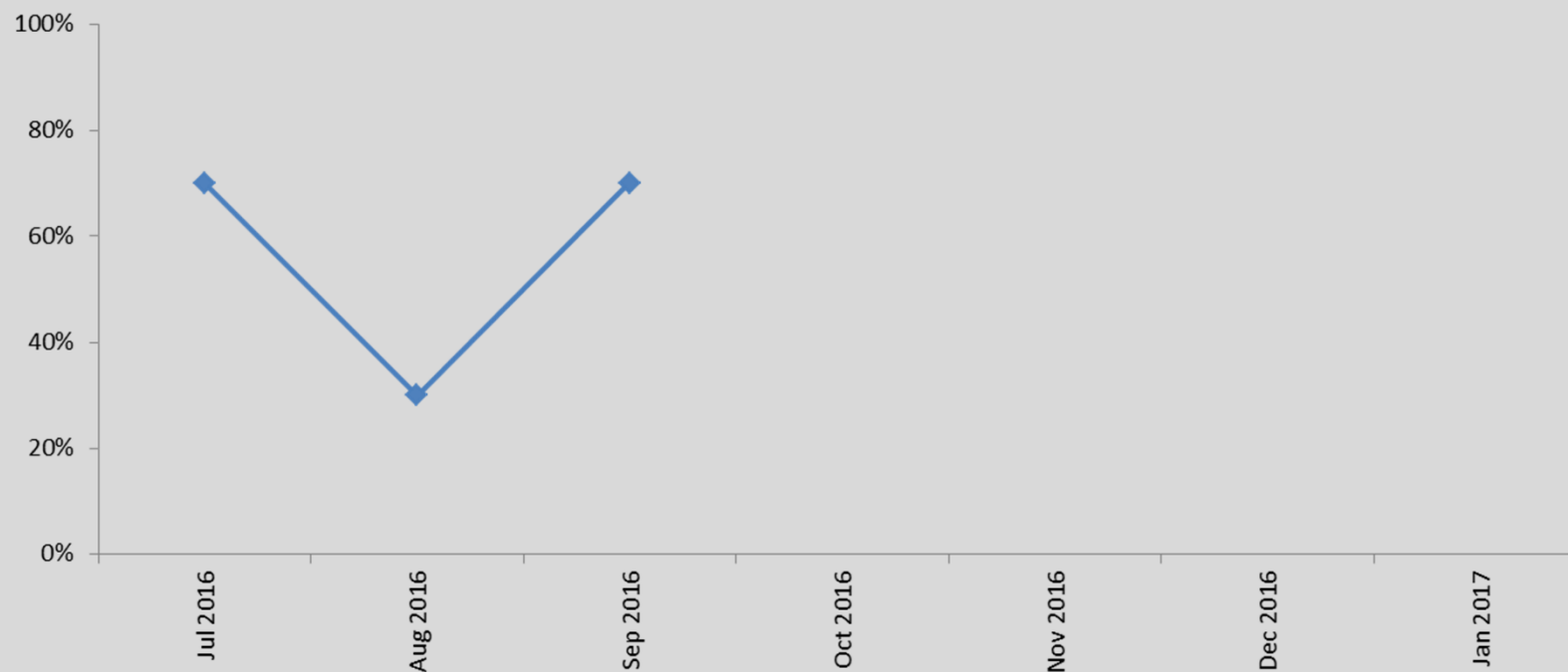
Has the patient's regular medication list been updated?



Is it documented that any significant medication changes have been discussed with the patient or their representative within 7 (calendar) days of receipt?



Medication Reconciliation Overall Compliance



Highlights and Lowlights

- **POSITIVE** – universal agreement of importance with specific examples (near misses) cited
- - 1 or 2 doctors automatically performing at high level and reinforcing importance especially within a group practice
- **NEGATIVE** - Initial negative reaction towards administrative process given clinical time pressures (which turned in to a positive through increased allocation of doctor administrative time)
- 1 doctor very poor at above despite multiple attempts to pluralise engagement through internal doctor emails
- ?reason

Achievements to date

Do you have an

- agreed aim **yes**
- a change package **pending**
- measurement plan **pending**

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

What has changed and what difference have the changes made? **Improved patient records**

Any other achievements?

Doctors are already proactively reconciling medication from outpatient clinic letters ; thereby increasing safety and clinician awareness, as well as reducing risk for medication errors

Improved classification updates