

ST HELIERS MEDICAL CENTRE

Team members:

- Hendrick van Roekel
- Ellen Knight
- Kathy Fraser

Facilitator: Nicki Brentnall (ProCare)

Organisational “Buy - In”

Aim:

By June 30th 2016 all medication changes will within 7 days be updated in the PMS with a patient review were necessary.

Buy-in

- **The buy-in was there ... getting started was difficult due to unexpected delays**
- **Team communication: Not all of the team needed to be involved but were interested in the outcome**
- **Agreeing its time to make some changes**

Change Ideas

- Standardise what the GP's think should be classified as "Significant"
- Introduce to the team the prescribing terms (2 GP's fully on board with this) which can be added to the prescribing template to decrease follow up by the pharmacy

What Changes have you tested?

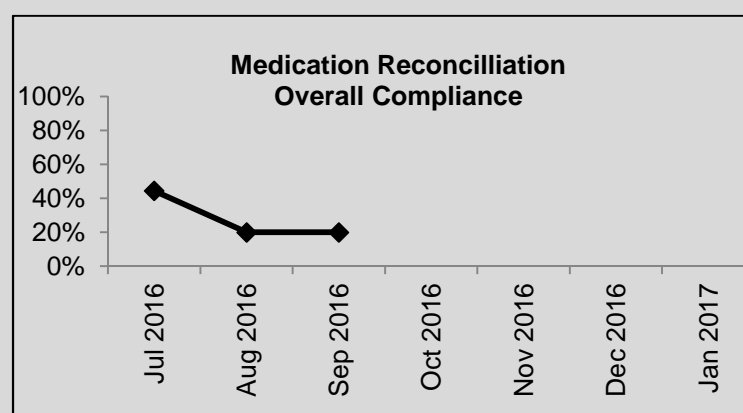
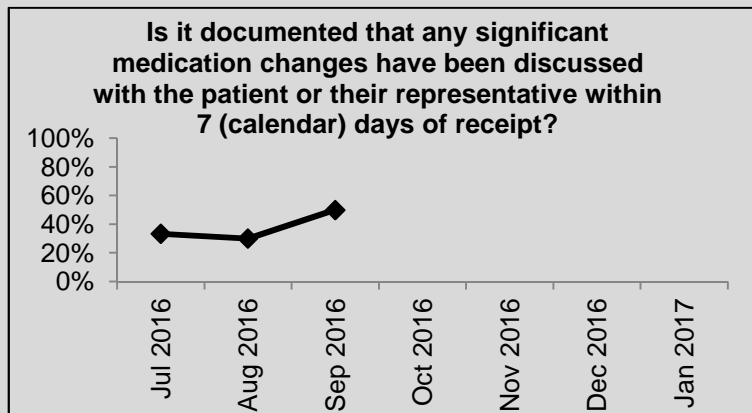
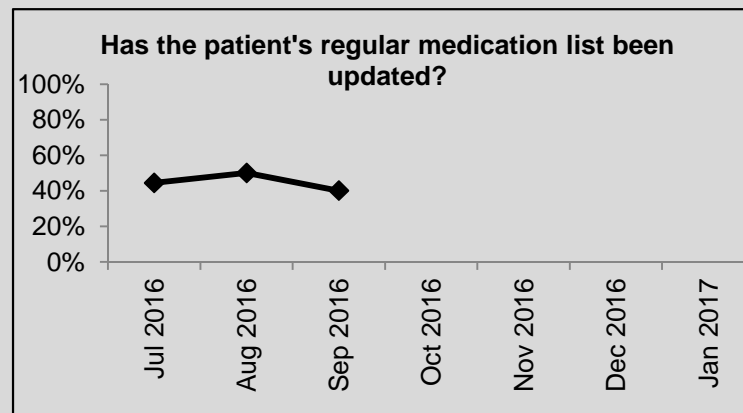
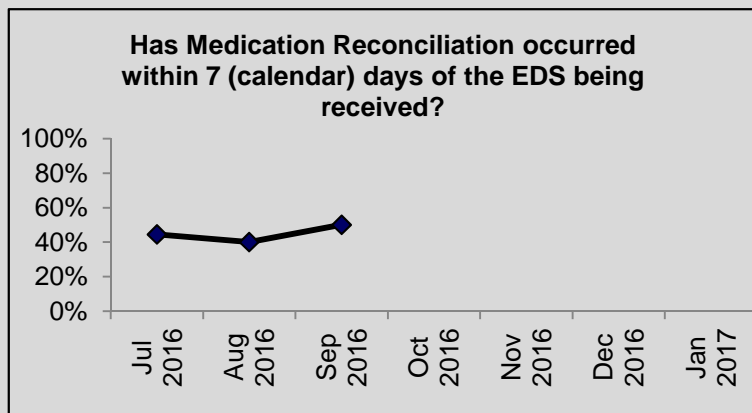
Change Tested	Outcome
<p>Adding the changes to the prescribing terms into the PMS</p> <p>Determine what is a significant change so discharge summaries can be prioritized</p> <p>Created a Key Word for Nurses to use when medication has been changed and discussed with the patient.</p>	<p>Still in progress – 5 status e.g “new medication” “multiple same drug doses” are already being used. Some to be reviewed with the team as to what they feel.</p> <p>On going</p> <p>All Nurses are aware and are using</p>

Most Successful PDSA Cycles?

The three PDSA are still in progress although we have noticed:

1. From the discussion on annotating prescriptions two doctors are on board and have even extended to highlighting in the clinical notes when a patient has a reaction to a new medication.
2. There has been a drop in the number of phone calls from the pharmacy regarding medication changes

Measures Summary



Measures Summary

- Whether both change ideas are making an impact on how medication reconciliation is now been done in the practice
- Help us to identify other areas which may require some changes e.g. reviewing the graph lead us to discuss what else we can do to streamline medication reconciliation within the required time frame.

Highlights and Lowlights

- Expect the unexpected – staff injury, sickness,
- Time constraints due to winter demand on the practice -
“Our patients always come first”
- Inconsistent formatting of the discharge summaries
though we have received an example of the most “User
Friendly” summary from ADHB Gen. Med 😊
- Discovering new ideas e.g. annotating Rx in the PMS to
identify medication has been changed
- Discovering that we actually were all doing things
differently
- Audit tool – great to use and fun to do!

Achievements to date

Do you have an

- agreed aim
- a change package
- measurement plan

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

Two of our GPs and two nurses and one Non Clinical Staff Member

What has changed and what difference have the changes made? Keywords have been set up

Any other achievements?

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

- Experiences with trigger tool
- How the work has impacted your team
- Patient experience – examples, impact
- Anything else you think might be useful to share