Learning Session 2

McLaren Park Medical Centre
Medication Reconciliation

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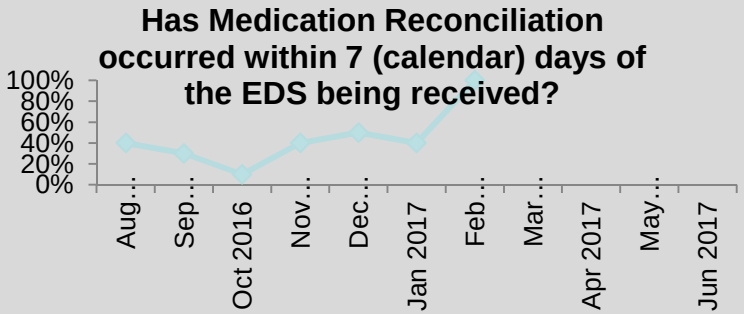
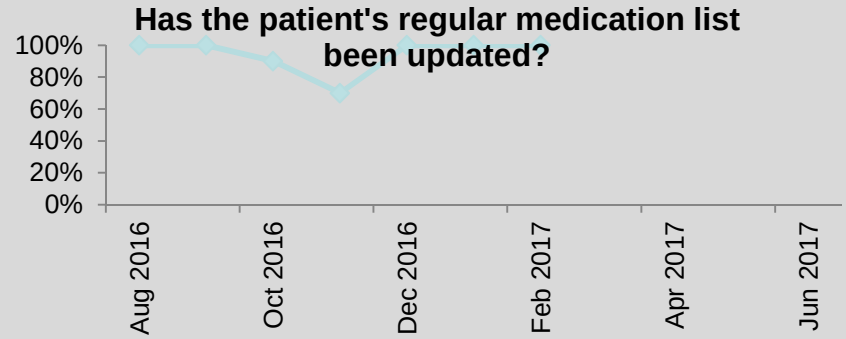
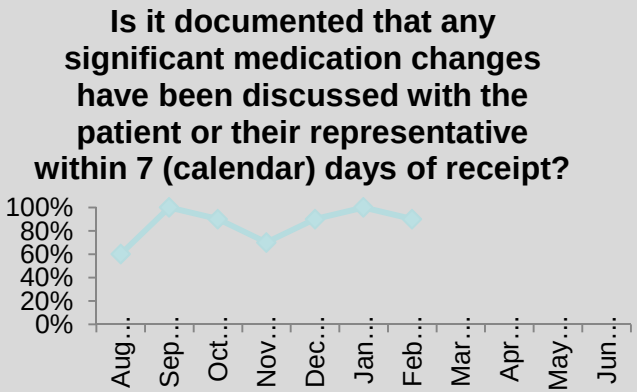
Measures Summary

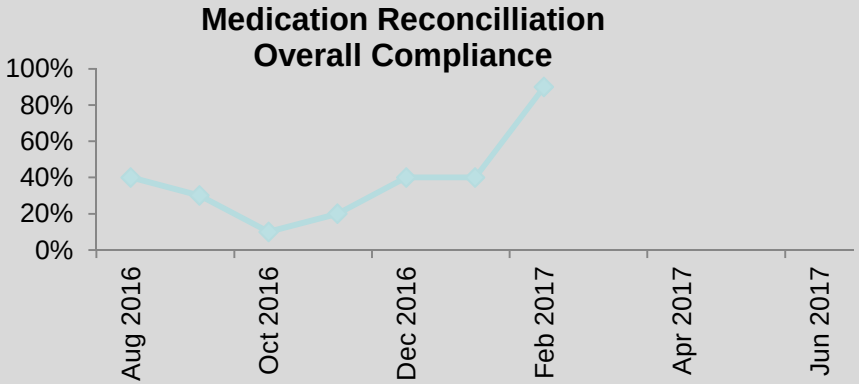
How are you doing? Include Dashboard

(Please put all graphs on the one slide)









Key Ideas Tested

	Idea tested	Outcome (success or failure)	Advice/message for other practices
1	Discharge Summaries need to be checked more closely.	- Improving	- Practice meetings to reinforce need to do this - Create Protocols - Tasks sent to nurses to contact patients re changes
2	Consultation notes must reflect changes in medications and update Medication List.	Introduced to clinical staff the use of Medtech Status Codes to update changes.	As above
3	Alerts and Medical Warnings need to be checked and updated.	Improving	As above

Highlights and Lowlights

- What has been the experience of the team (General Practitioners, nursing and administrative staff and patients) in terms of their involvement in the improvements that have been made?
  (can include any patient experience work)

- The practice team have become more aware of potential risks/harms. For the nurses, we have always relied on the GPs to review Discharge Summaries and any medication changes are done by them. Where mistakes can be made is how to recognise where the changes have been made on the patient's Medication List. Often patients see the nurses after a hospital discharge and alert us of changes. This needs to be flagged if the EDS has not been received. Repeat prescriptions are done by the nurses for the GPs but ultimately the doctor has the final responsibility. There needs to have a protocol of new patients requesting repeat prescriptions having to see our GP first.

- Lows – some hospital discharge summaries do not have colour coded medication lists.
- Example of a patient who had 2 hospital admissions.
- Mr R is a 59 y.o. male Indian who has co-morbidities – ACS, T2DM on insulin since 2012, has AF on Dabigatran and he has asthma; he is on numerous medications.
- Was admitted first at WTH for fast AF, residential address is in West Auckland on 6th Feb and again he presented at MMH, CMDHB for the same problem (was at his shop located in South Auckland). There were several changes made to his medication lists and patient was not aware of what was stopped or continued so I invited him to come and see me and bring all his medications with him. These were eventually sorted out for him.

Trigger Tool

Please provide a brief summary of your experience of using the Trigger Tool and subsequent actions taken following the use of this tool

- Using the Trigger Tool our practice systems are improving, becoming more aware of potential risks/harms to our patients.
- Developing protocols to improve continuity of care and prevent/reduce harms.
- We will definitely apply this Tool as a regular audit for Quality Improvement with all staff being involved in the process.

Safety in Practice

Safety Climate Survey

Please provide a brief summary of your experience of using the Safety Climate Survey and subsequent actions taken following the use of this tool

Having been shown the Safety in Practice Climate Survey there is definite awareness and responsibility on the practice team to recognize and prevent potential harms.

The graphs have shown that there is great improvement in our Medication Reconciliation Overall Compliance.

Staff meetings and discussions need to be held to address any identified potential harms and prevent future events from happening. Protocols need to be put in place as guides to the practice