Swanson Medical Centre

Medication Reconciliation

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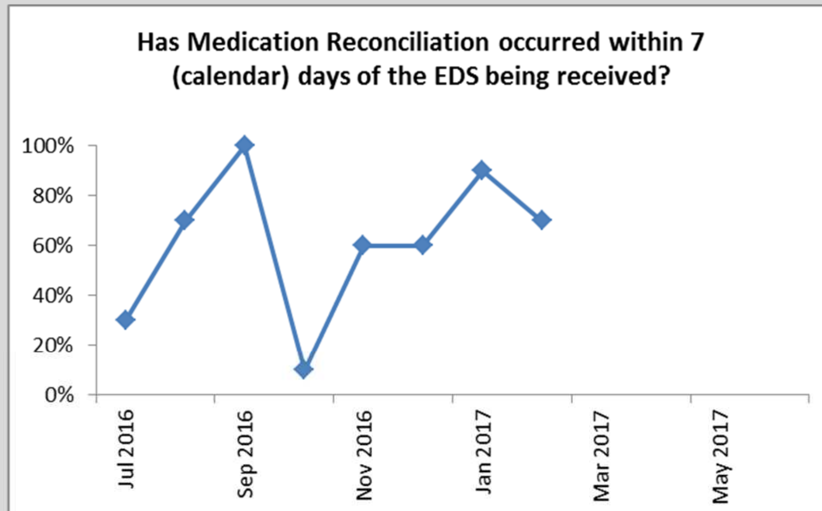
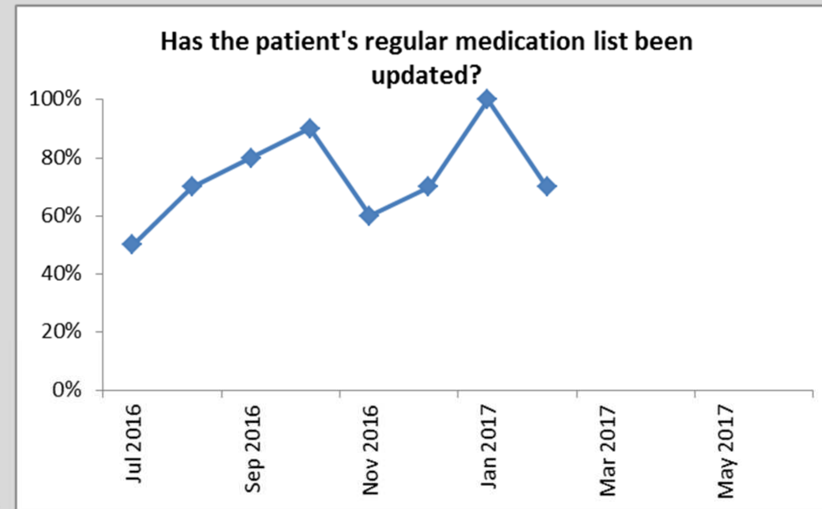
PHO and Facilitator: Nicki Brentnall

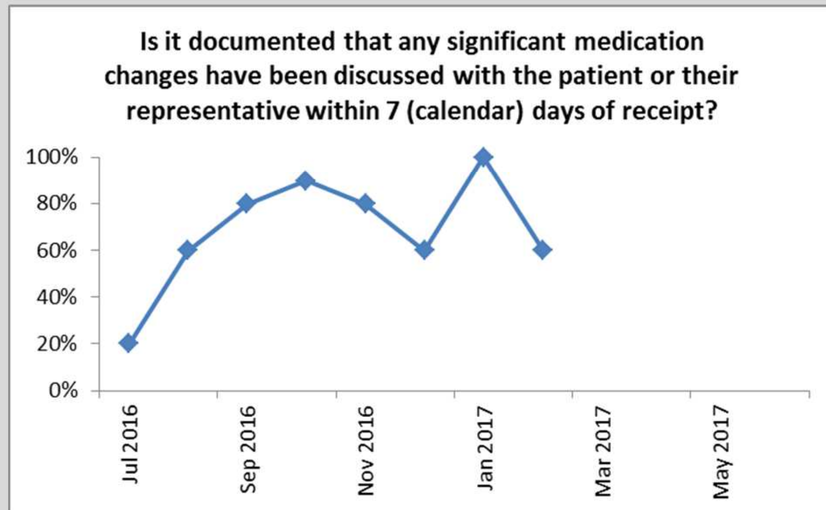
Why choose medication reconciliation?

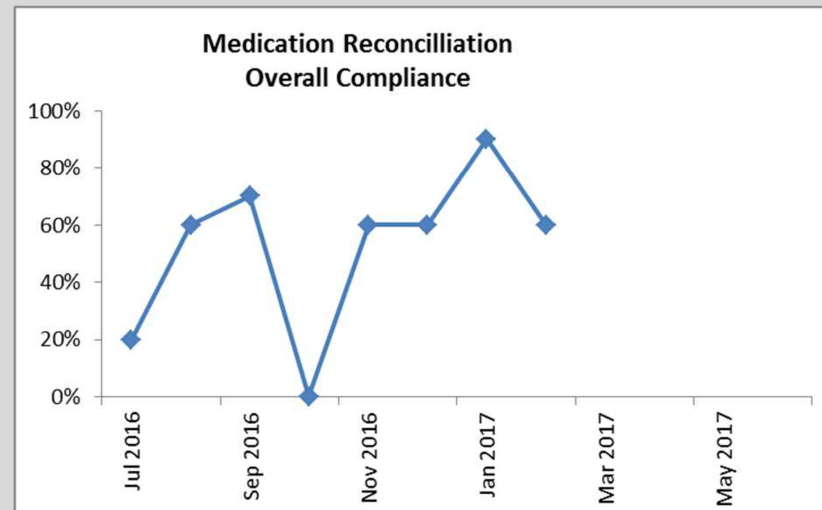
- 2015-16 Trigger tool – potential harm found
- Patient story
- With transfer between secondary and primary care there is potential for mistakes
- We realised we did not have a ‘fail-safe’ process to avoid these mistakes

Measures Summary



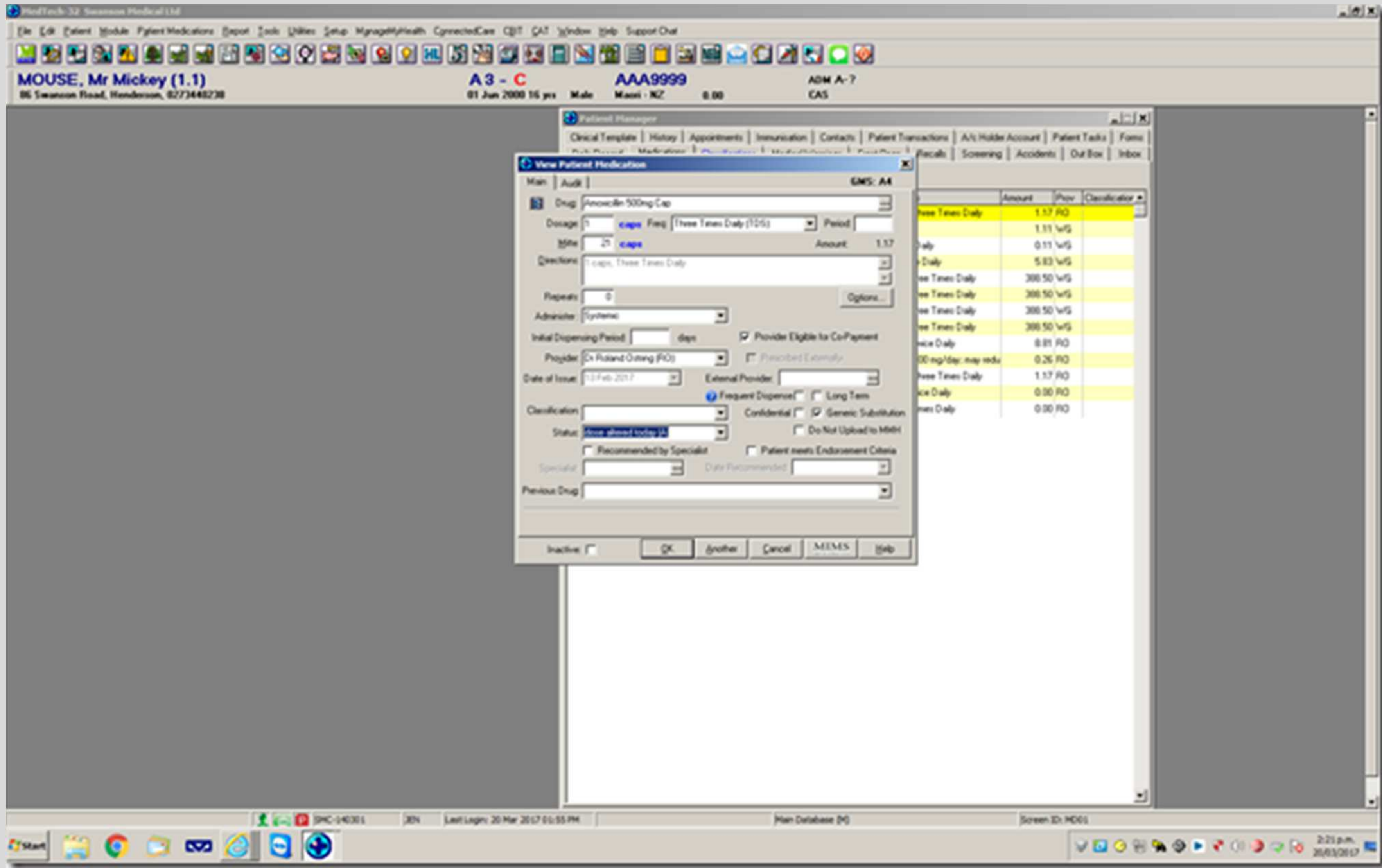






Changes Made

- Doctors update medication list on receipt of discharge, rather than when patient attends
- Patient is contacted by GP, or nurse to ensure patient understands change in medication
- Electronic tasks used: if message is left for patient task is not completed until contact is made
- Patient Portal used for contact – more reliable
- GP's are using the medication status change drop down box, so change is highlighted on script and in notes – also useful to pharmacists


MOUSE, Mr Mickey (1.1)
View Patient Medication
Patient Manager

What has worked well?

- The GPs are now updating mediations on receiving the hospital discharge rather than when the patient presents.
- Clarity around process: We decided it is not useful to reconcile non-significant medications, if they are prescribed for less than 2 weeks.
- GP's are using the medication status change drop box and feel this avoids errors occuring
- Value of looking back at the notes – incidental findings e.g around nurse/GP communication; UTI protocol
- Patients appreciate the contact
- Identification of interface challenges, but not many followed up – we need a channel to liaise with hospitals
- Regular staff meetings where we address clinical issues, creating a climate of striving for excellence

What has not worked so well?

- Locums do not always follow the process; we are thinking about asking locums to get nurses to do medication reconciliation
- More time-consuming for GPs and nurses than filing discharges
- Hospital discharge letters can arrive late, and often multple versions

What could work better?

- Alerts for dangerous conditions or meds
- Updating classifications and allergies
- Doctors task a date by when they should see the patient
- Medication reconciliation for hospitals?
- PMS has allergy and classification lists easily seen when working on daily record