

# Swanson Medical Centre

## Medication Reconciliation

**Team members:** Dr Wiki Gillespie, Dr Mike Jenkin, Dr Helen Johnston, Dr Vivien Teh, Jenny Jenkin, Katie Harrison, Coleen Lee, Beryl Jackson, Hannah Jenkinson, Julie Goodwin, Jackie Williams, Melissa Stewart

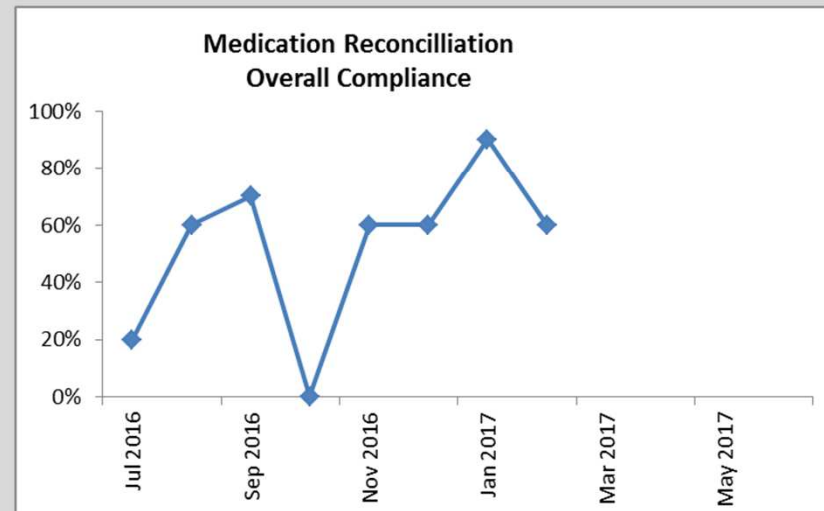
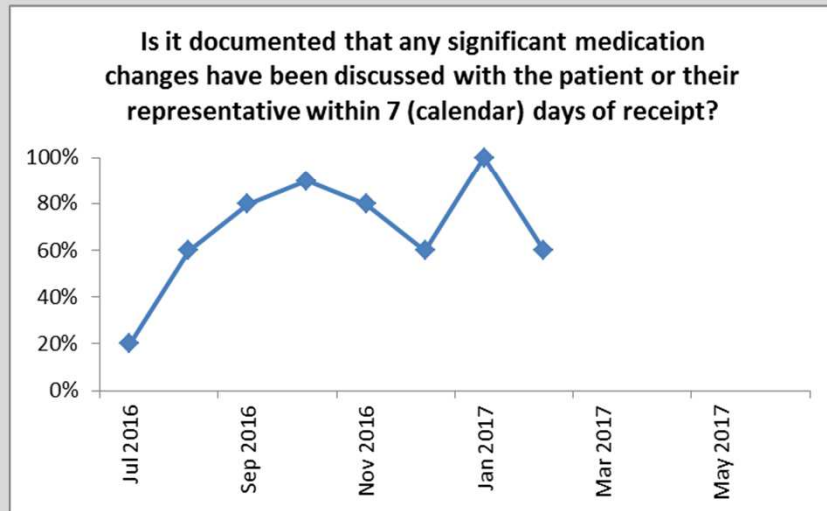
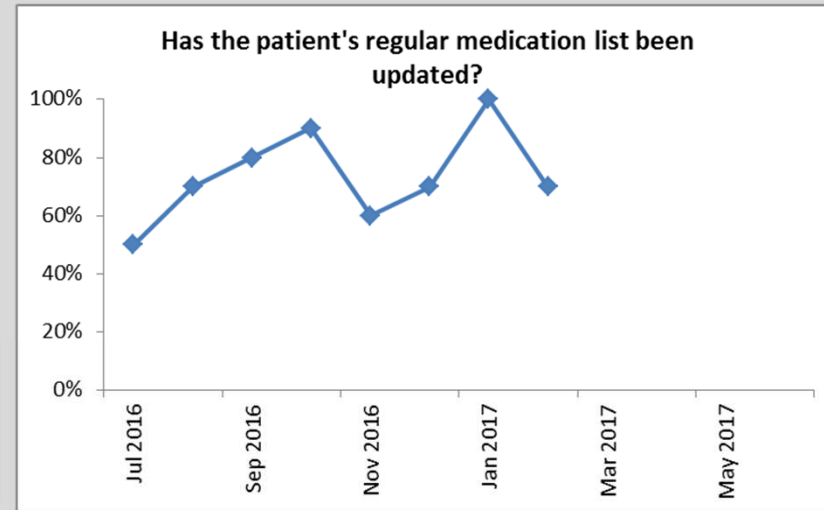
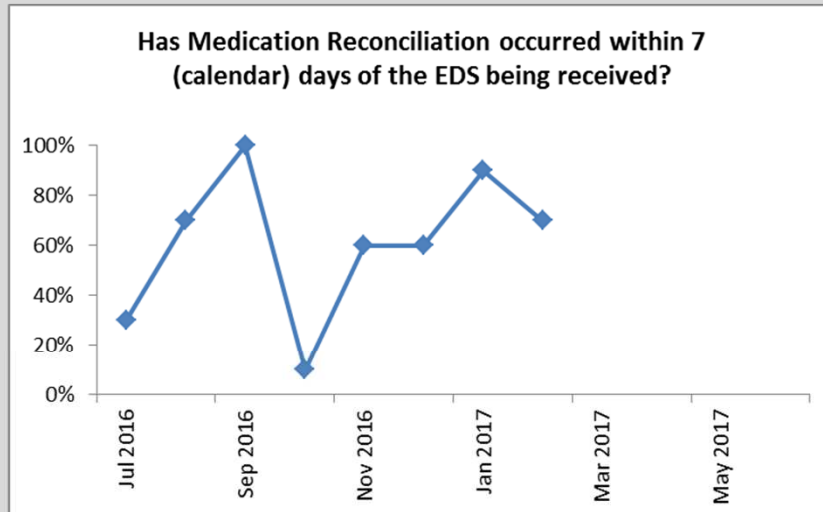
**PHO and Facilitator:** Nicki Brentnall



# Why choose medication reconciliation?

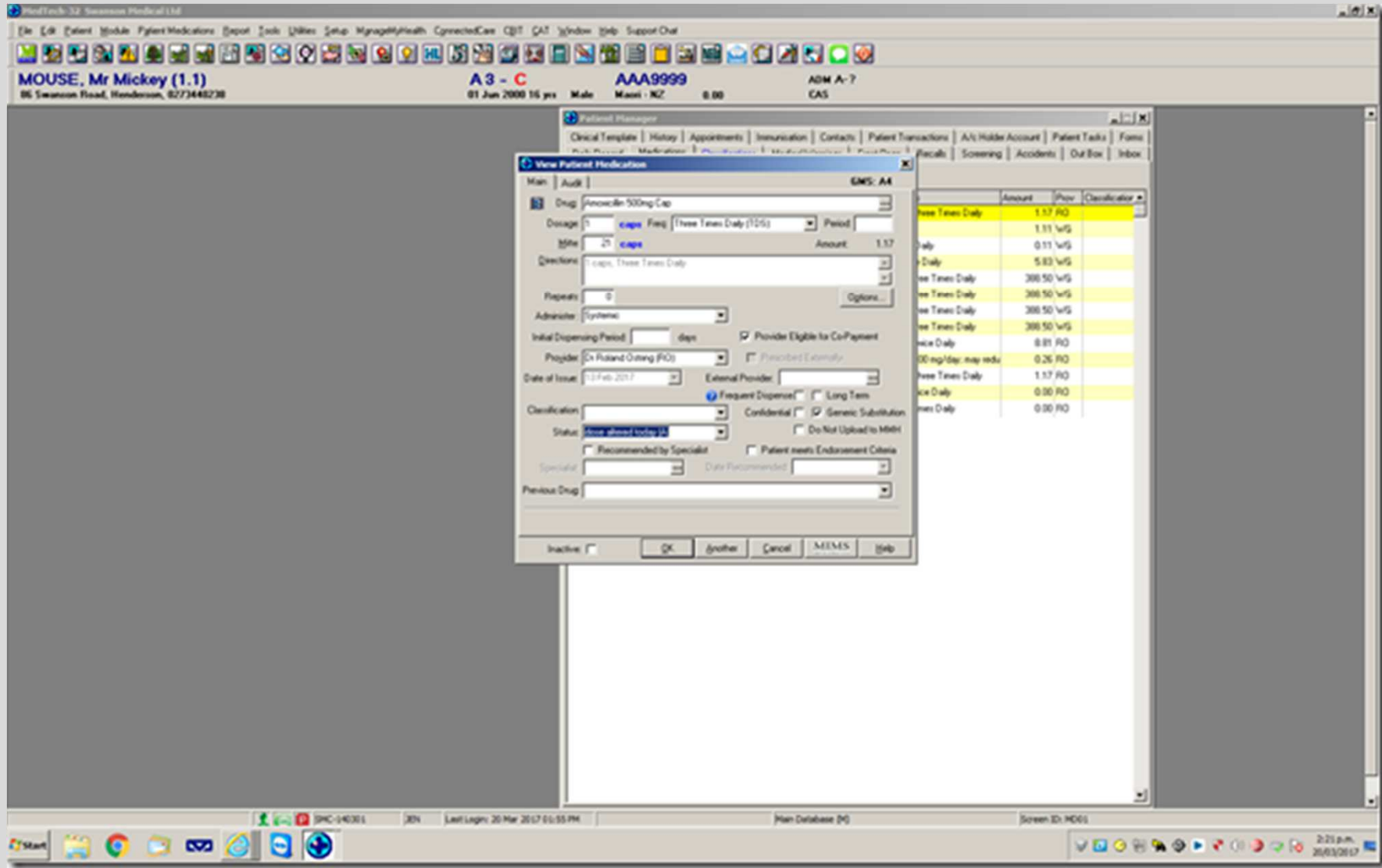
- 2015-16 Trigger tool – potential harm found
- Patient story
- With transfer between secondary and primary care there is potential for mistakes
- We realised we did not have a ‘fail-safe’ process to avoid these mistakes

# 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)**  
86 Swanson Road, Henderson, 0273448238

**A3 - C**  
01 Jun 2000 16 yrs Male Maori - NZ 0.00

**AAA9999**  
ADM A-7  
CAS

**New Patient Medication** (GMS: A4)

Drug: Amoxicillin 500mg Cap  
 Dosage: 1 caps Freq: Three Times Daily (TDS) Period: [ ]  
 Qty: 21 caps Amount: 1.17  
 Directions: 1 caps, Three Times Daily  
 Repeats: 0  
 Adviser: Systemic  
 Initial Dispensing Period: [ ] days  Provide Eligible for Co-Payment  
 Provider: On Patient Outing (PO)  Prescribed Extemporaneously  
 Date of Issue: 13 Feb 2017 External Provider: [ ]  
 Classification: [ ] Confidential  Generic Substitution   
 Status: Over-the-counter  Do Not Upload to Mibi  
 Recommended by Specialist  Patient needs Endorsement Criteria  
 Specialist: [ ] Date Recommended: [ ]  
 Previous Drug: [ ]

	Amount	Prov	Classification
Three Times Daily	1.17	PO	
Daily	0.11	W/S	
Daily	5.83	W/S	
One Times Daily	300.50	W/S	
One Times Daily	300.50	W/S	
One Times Daily	300.50	W/S	
One Times Daily	300.50	W/S	
Once Daily	8.81	PO	
30mg/day, may mdu	0.26	PO	
Three Times Daily	1.17	PO	
Once Daily	0.00	PO	
Once Daily	0.00	PO	

Taskbar: [Start] [Icons] [SPC-04031] [JDN] [Last Login: 26 Mar 2017 01:55 PM] [Plan Database (D)] [Screen ID: PD01] [2:25 p.m. 26/3/2017]

# 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 occurring
- 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 multiple 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