Learning Session 2

Swanson Medical Centre
Medication Reconciliation

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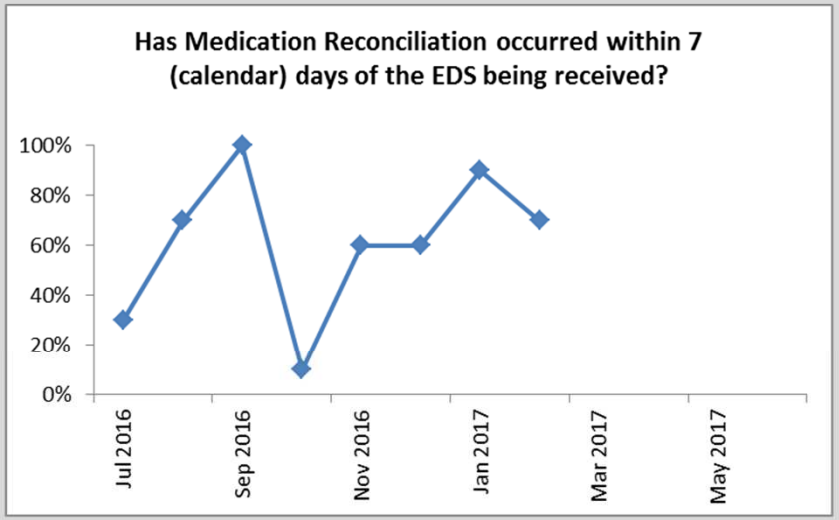
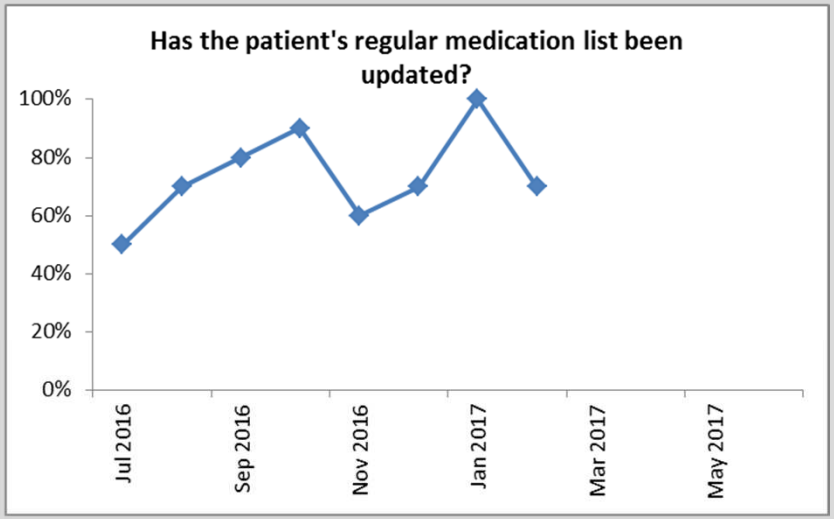
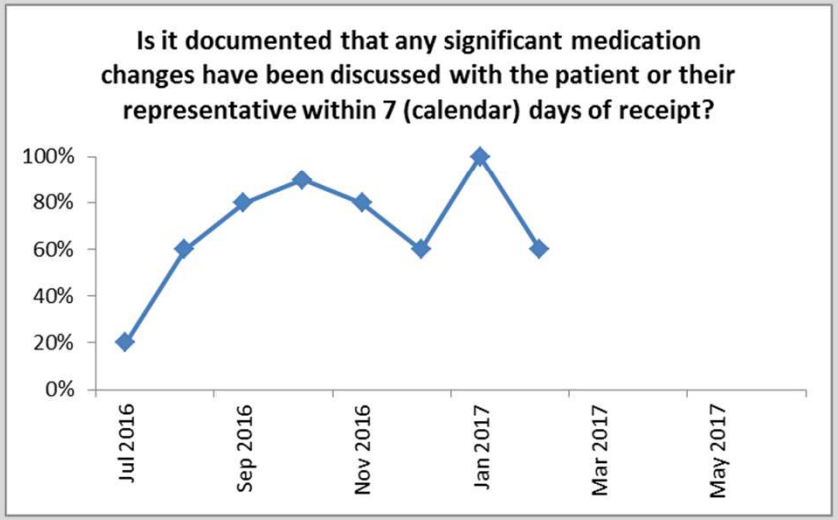
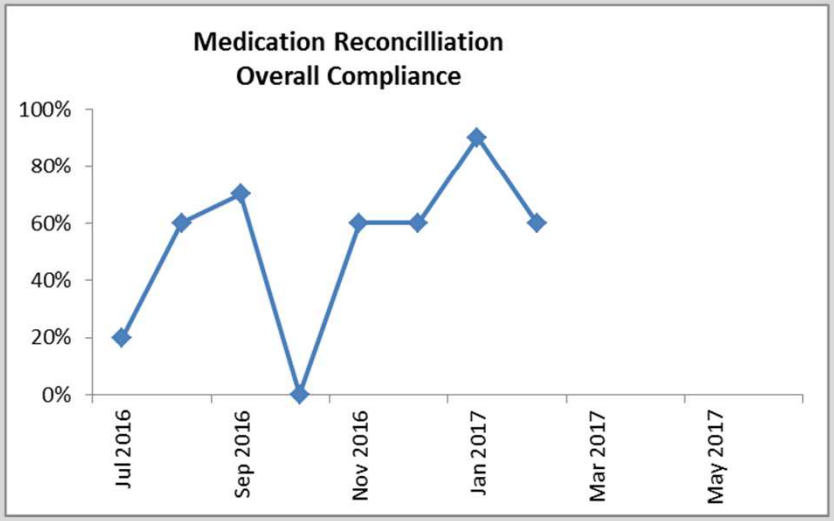
PHO and Facilitator: Nicki Brentnall

Measures Summary



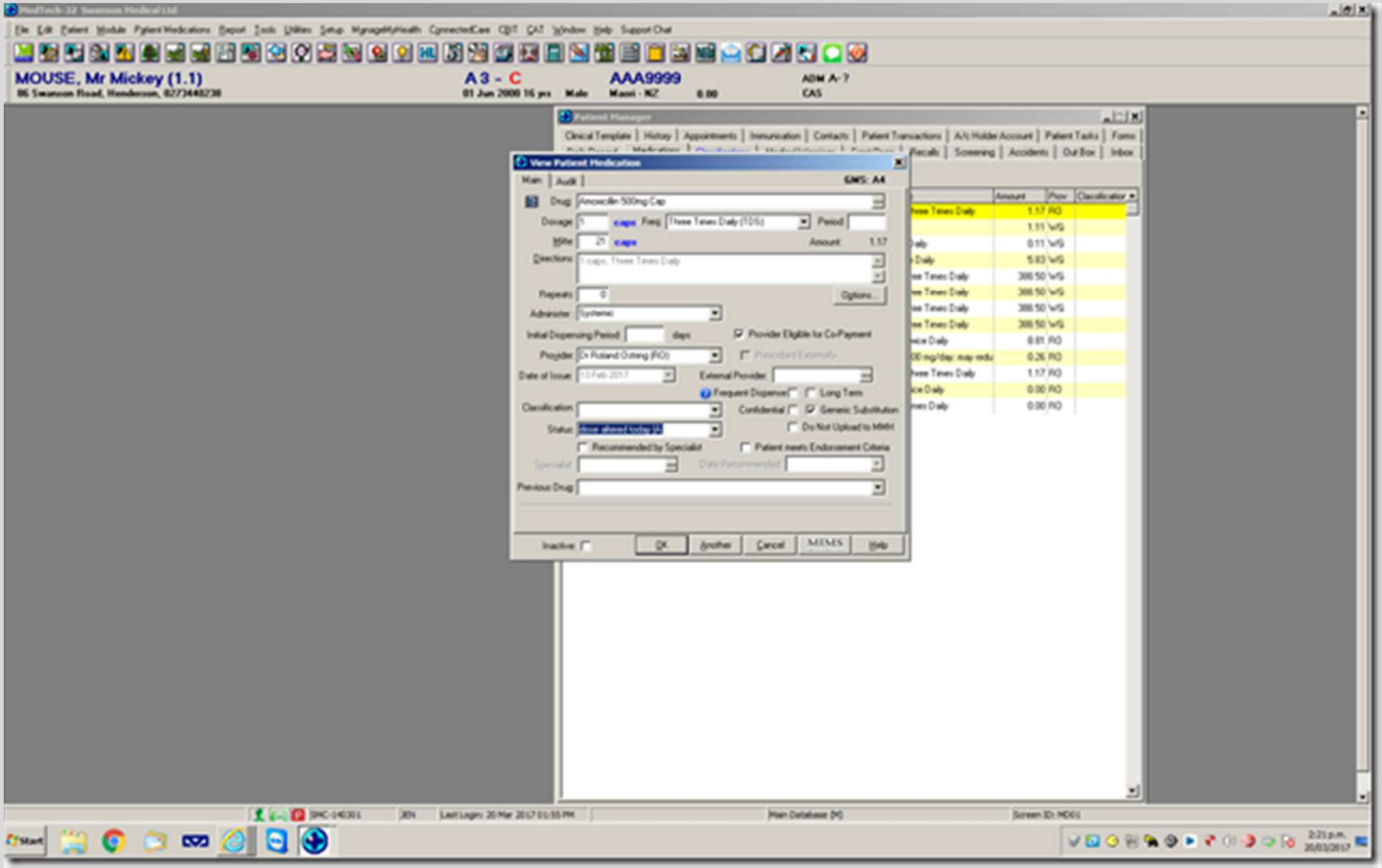






Key Ideas Tested

	Idea tested	Outcome (success or failure)	Advice/message for other practices
1	Doctors update medication list on receipt of discharge, rather than when patient attends	Success – happening 90% of the time	A much safer way to practice
2	Patient is contacted by GP, or nurse is tasked to do this when medication reconciliation is done.	Success – happening 90% of the time	We are now using electronic tasks for all messages, e.g. from GP to nurse.
3	GP's are using the medication status change drop down box	The change is highlighted on the script and in the daily records	Errors avoided by both GPs and pharmacists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A3 - C
AAA9999
View Patient Medication
Main
Audit
Drug:
Amoxicillin 500mg Cap
Dosage:
Freq:
Three Times Daily (TDS)
Period:
Amount:
Directions:
Repeats:
Options...
Administer:
Systemic
Initial Dispensing Period:
days
Provide Eligible for Co-Payment
Provider:
Date of Issue:
External Provider:
Frequent Dispense
Long Term
Classification:
Confidential
Generic Substitution
Status:
Do Not Upload to MMH
Recommended by Specialist
Patient meets Endorsement Criteria
Specialist:
Date Recommended:
Previous Drug:
Inactive:
OK
Another
Cancel
MEMS
Help

Highlights and Lowlights

- <u>Highlights:</u>
- The GPs are now updating mediations on receiving the hospital discharge rather than when the patient presents.
- 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
- Patients appreciate the contact
- <u>Lowlight:</u>
- Locums do not always follow the process

Trigger Tool

It was using the Trigger tool last year that alerted us to the fact that we were relying on the patient to attend after hospital discharge. If they did not attend then there was a possibility that medication reconciliation might not happen. This is why we chose the medications reconciliation bundle.

1. Search Criteria

   Patients over 75yrs of age on 6 or more medications

2. Harms found

   Medication stopped by patient or family member without consulting GP

3. Solution recommended/implemented

- As part of our bundle, the GPs are using the dropdown box so any prescribed changes are bold on prescription and in daily record – a safety net in the consultation
- GPs aware that patients may make changes to medications means they may screen for this in consultation

4. Incidental findings

- We have started using patient portals, but not yet opened the notes to patients. When patients can access their medical notes this may help with confusion about stopping medications.

5. Experience of tool

- The tool was easy to use and in this patient group, effective in identifying areas we could work on as a team. It was a great way to cement the positive attitude that the whole team has towards talking about things we could do better.

Safety Climate Survey

Everybody completed the survey. We had made some suggested changes since last year's survey and have improved in all areas. The team all rate teamwork and leadership very highly. We now need to work on workload and safety systems.

Changes generated from the safety climate Survey:

- Communication
- Include non-clinical staff in regular weekly meetings
- Have monthly admin/receptionist meetings
- Feed back from clinical meetings to admin and vice versa
- Email minutes of meetings to everyone
- Put a copy of minutes on lunchroom table where it is more likely to be read
- Continue using electronic tasks
- Use whiteboard in office more
- Plan another off-site strategy day in a lovely place for 2017
- Celebrate our successes with patients – on website? – on nurse notice board
- Workload
- Look at workflow – what are priorities for staff at start of/end of day? Could some tasks be done when more staff are working, E.g. ringing INR patients?

Safety in Practice

Safety Climate survey continued

- Audit patient influx, e.g. walk-ins and nurse appointments between 8-9am and after 5pm – when are busy times? When do we need more staff working? Could we deter patients from coming at these times?
- Employ Practice Assistant to help with nurse and admin workloads
- Leadership
- Continue with the strategy days/retreats – a great way to keep all staff up to date with goals, vision and values. Next one planned for July 2017
- Teamwork:
- Continue to support each other andwork to strengths
- Safety systems and learning:
- Include staff safety and risks in our annual emergency drill
- Put health and safety in meeting agendas
- Incident management – task PM so we don't forget about them
- Keep incidents on meeting agenda and develop procedures and checklists from these
- To develop an electronic incident management procedure
- Self defence instruction at our retreat?