





Learning Session 2



The Fono Central Medication Reconciliation

Team members: Aivi Puloka (Manager),

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PHO and Facilitator: Bernie Tatton (Procare)















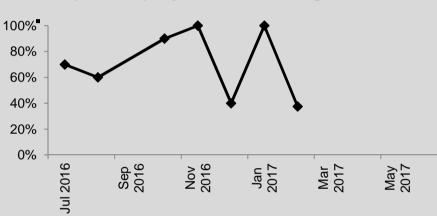


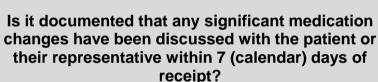


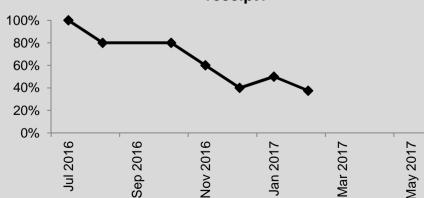


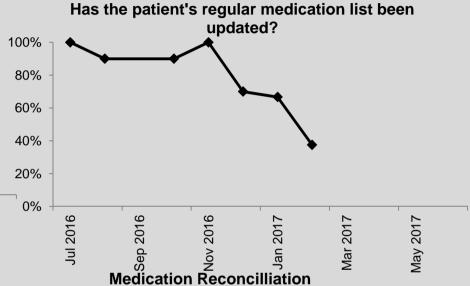
Measures Summary

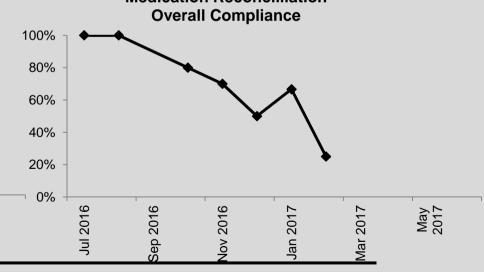




























Safety in Practice



Safety in Practice



Kev Ideas Tested

	Idea Tested	Outcome	Advice for other practices
1	Standardisation	Improved consistency and buy in from clinical team.	Formal training session on process before starting.
2	Sharing Risks	More team collaboration and ownership of project.	Practice agreement and everyone's involvement at initial stage.
3	Synchronise a formal process	Audits are standard agenda item at practice meetings and promotes good discussion.	To make a standard agenda item at practice meetings.























Highlights:

- Various GPs have participated in different parts of the Medication Reconciliation journey which has involved them and had increased their ownership of work.
- Participation in the project has increased teamwork and assurance that everyone is on board heading towards the same goal of safety.
- Streamlining the Medication Reconciliation process has eliminated stress and confusion among our team of GPs to be able to follow each other's work more easily.

Lowlights

 Participation of clinical staff means setting aside blocked off appointment times for GPs and nurses which is a burden for the management staff to juggle with patient load.





















Trigger Tool

- The trigger tool exercise promoted good clinical discussion amongst doctors.
- Two consultation within 7 days wasn't a good safety prompter for our practice as our follow up time is recommended within 7 days.
- Proactive ED Discharge Summary follow-ups could be helpful at times. i.e chasing X rays.
- Clearly documenting medications that did not work for the patient on alert section and not just on the consult notes may be helpful.





















Team Climate Survey

Highlights:

- Results promoted open and honest discussion between clinical and management team members. Appreciation of each others work.
- Communication between clinical staff has improved and members feels kept up to date with practice news. Our highest rank was is treating each other with respect.

-Lowlights:

 Workload was ranked the lowest which was discussed at team meeting. Management and clinical team agreed two GPs working in a day was required for maintaining safe medication reconciliation. This has been actioned since the meeting.













