

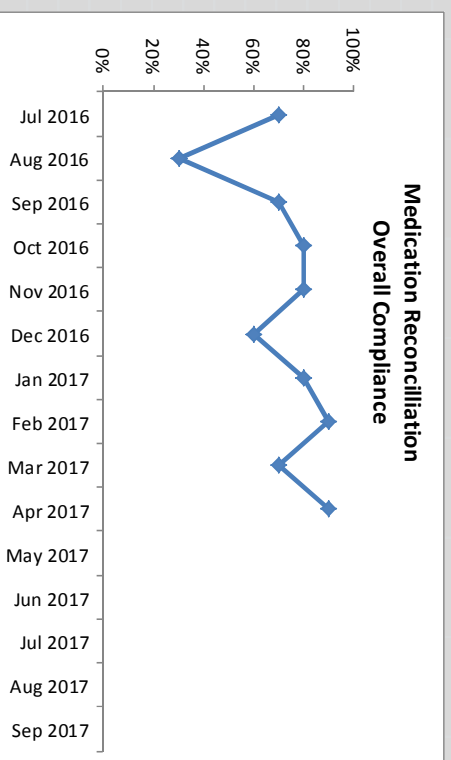
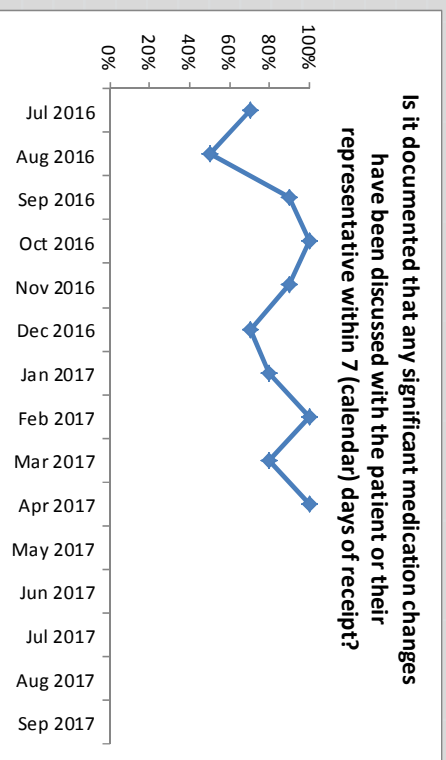
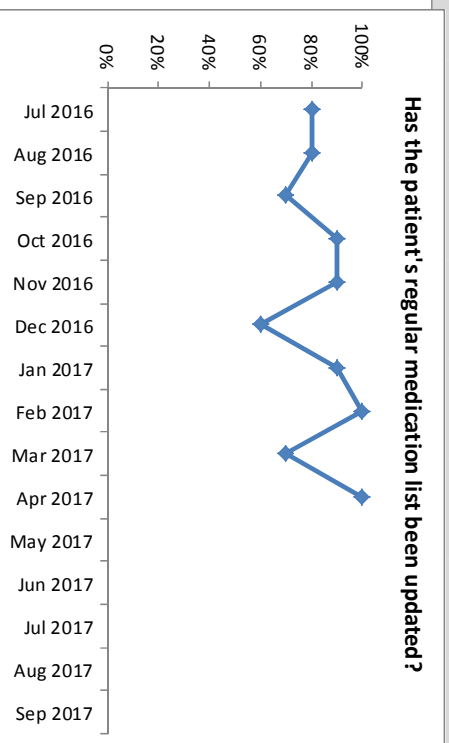
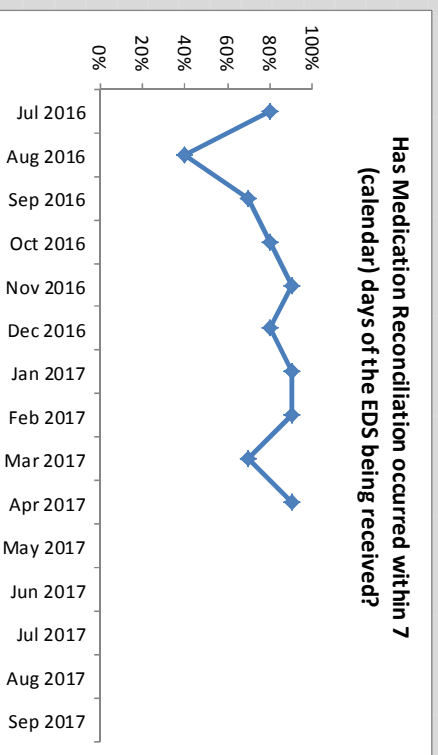
Learning Session 3

Coast to Coast Health Care Medication Reconciliation

Team members: Dr Neil Anderson;
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PHO and Facilitator: Rosey Buchan

Measures Summary



Learnings & Change Package

- We started off targeting long term GPs, then we targeted our locums and trainees. Subsequently we have seen a marked improvement in medication reconciliation and good positive feedback from colleagues.
- We can't change everyone despite best endeavours!
- Updated medication reconciliation from outpatient clinic letters is equally important

How did you achieve this improvement?

- By buy in
- Incentivised by giving more administrative time to GPs
- Open discussion and recognition for aims of SIP programme

Learnings & Change Package

Best Change Idea

- Anonymous clinician number allocation – with promise to reveal performance at end of year! (This works well in a large practice)

Helpful to know

- Recognise what constitutes a significant new medication change and get agreement across the team (such as NSAIDs, strong analgesia, warfarin, amiodarone etc.)

Other Thoughts

The search process for undertaking the trigger tool (approx 30 patients came up) highlighted that we would appear to be safety conscious in prescribing NSAIDs for elderly clients with polypharma.

The safety climate survey showed that improving communication; changing systems to reduce workload; developing a more cohesive team; developing effective leadership and improving safety systems, would be beneficial.

Highlights

What are your main highlights from your year in Safety in Practice?

- We now have a clear standardised process for medication reconciliation which was our desired outcome
- Our safety climate practice reflection meeting was well attended (67 completed survey/ 48 attended meeting). It highlighted many positives but also acknowledged that some changes are needed to improve safety.
- Those of us involved in SIP have enjoyed the experience and would do it again