

Learning Session 3

McLaren Park Medical Centre

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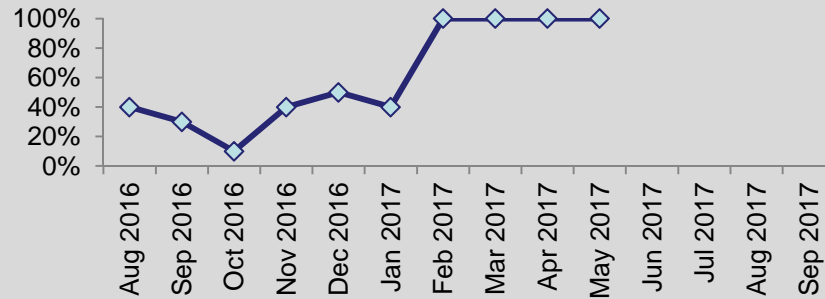
PHO and Facilitator:

Jennell Bonner

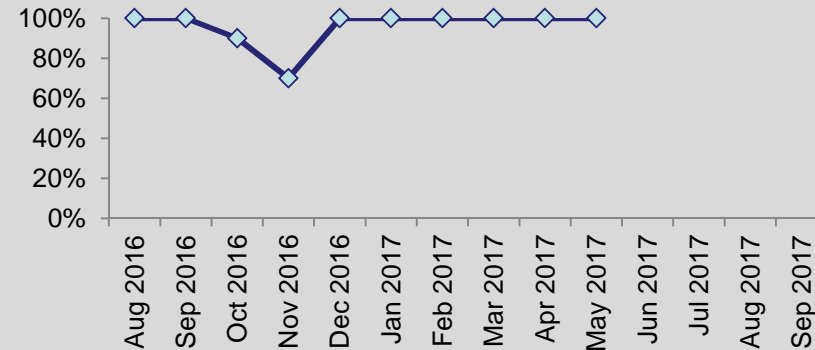
NATIONAL HAUORA COALITION

Measures Summary

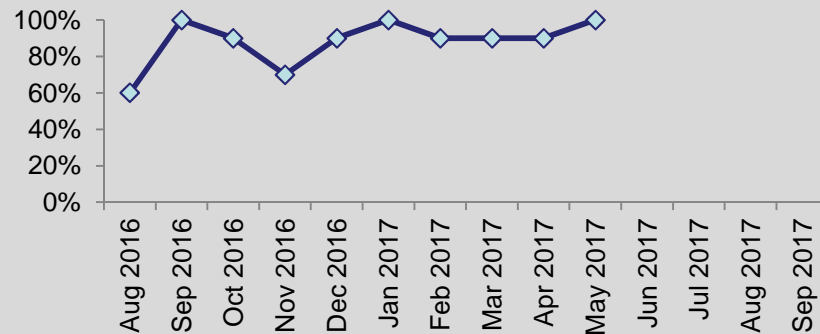
Has Medication Reconciliation occurred within 7 (calendar) days of the EDS being received?



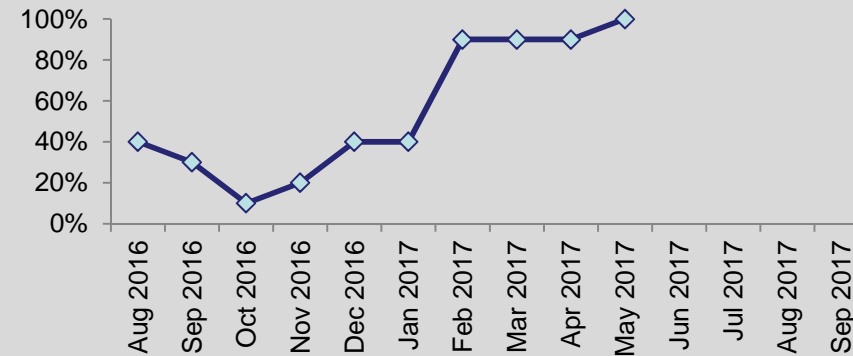
Has the patient's regular medication list been updated?



Is it documented that any significant medication changes have been discussed with the patient or their representative within 7 (calendar) days of receipt?



Medication Reconciliation Overall Compliance



Learning & Change Package

How did your results change from the beginning to the end of the year?

The first couple of months we needed to identify areas of improvements, We identified where our gaps were in our processes eg. communication between GP and Nurse, We started this programme we thought we were doing ok, but our progress has increased and remained consistent

• How did you achieve this improvement?

- Communication
- Task send to nurses
- Documentation
- Awareness, collaborative approach within the clinic
- Working with the PHO

Learning & Change Package

Best Change Idea

- Communication improved
- Process focused
- Patient Centric

- Helpful to know
- Practice meetings helps to encourage team effort

Other Thoughts

- The practice team have become more aware of potential risks/harms. For the nurses, we have always relied on the GPs to review Discharge Summaries and any medication changes are done by them. Where mistakes can be made is how to recognise where the changes have been made on the patient's Medication List. Often patients see the nurses after a hospital discharge and alert us of changes. This needs to be flagged if the EDS has not been received. Repeat prescriptions are done by the nurses for the GPs but ultimately the doctor has the final responsibility. There needs to have a protocol of new patients requesting repeat prescriptions having to see our GP first.
- Lows – some hospital discharge summaries do not have colour coded medication lists.
- Example of a patient who had 2 hospital admissions.
- Mr R is a 59 y.o. male Indian who has co-morbidities – ACS, T2DM on insulin since 2012, has AF on Dabigatran and he has asthma; he is on numerous medications.
- Was admitted first at WTH for fast AF, residential address is in West Auckland on 6th Feb and again he presented at MMH, CMDHB for the same problem (was at his shop located in South Auckland). There were several changes made to his medication lists and patient was not aware of what was stopped or continued so I invited him to come and see me and bring all his medications with him. These were eventually sorted out for him.

Highlights

- What are your main highlights from your year in Safety In Practice?
- Awareness
- Working together a team

Difficulties

- Behaviour Change