

“Audit of Medication Reconciliation in General Practice”

**RNZCGP
Audit #655**

Jan 2018 Endorsed by RNZCGP for CPD credits for a period of 5 years.

All doctors must complete the summary sheet outlining the action plan that they intend to implement based on the audit results. It does not need to be sent to the College unless the doctor is under a College audit.

Participants record completion on the **CDP/MOPS Online page**, under the **Audit of Medical Practice** section. From the drop down menu under ‘Type of activity’, please select **“Self-designed audit”** and record the audit name and number - **“Audit of Medication Reconciliation in General Practice”, audit #655**.

The new system knows to allocate 10 credits. Please note that *Continuous Quality Improvement (CQI)* has been renamed by the MCNZ to *Audit of Medical Practice*.

GP’s are encouraged to discuss the outcomes of the audit with the practice.

PREPARED BY	Dr Lisa Eskildsen for <u>Safety in Practice</u> Jan 2018
Background	<p>AUDIT OF MEDICATION RECONCILIATION IN GENERAL PRACTICE</p> <p>Medication errors and adverse events are associated with more harm and healthcare costs than any other aspect of healthcare, and most of these are preventable. (1) It is well recognised that times of transfer or care, such as patient discharge, are a time of significant risk. Having reliable systems in primary care to reconcile medication changes, and work with patients to ensure that the changes have been put into effect are important aspects of preventing harm in this area. This audit will assist doctors and practices to assess, reflect on and improve their individual and practice processes in this area.</p> <p>1. Ministry of Health (2017, May 30) eMedicines</p>
What indicators and criteria will the audit measure?	<p>The audit includes the following questions to be answered for each of 10 discharge summaries randomly selected in order to see if they are reliably receiving the following care</p> <ol style="list-style-type: none"> 1. Has medication reconciliation occurred within seven calendar days of the Electronic Discharge Summary (EDS) being received by the practice? 2. Has the patient's current regular medication list been updated? 3. Is it documented that any significant medication changes (new long-term medication started or changed or significant as deemed by clinician) have been discussed with the patient or their representative within seven calendar days of receipt? 4. Have all the measures been met?
What standard of achievement should ideally be achieved?	The standard is that 100% of discharge summaries received will be compliant for each of the criteria.

Background resources relating to evidence	<p>"Changes to patients' medications often happen during transitions of care such as discharge. If changes are unintentional due to poor information or intentional but not clearly documented, they can result in medication errors and / or patient harm. Medication reconciliation is about obtaining the most accurate list possible of patient medicines, allergies and adverse drug reactions (ADR's) and comparing this with the prescribed medicines and documented allergies and ADR's. Any discrepancies can then be documented and reconciled.</p> <p>Medication reconciliation is an evidence based process, which as been demonstrated to significantly reduce medication errors or medication-related related harm that can occur at transition points of care." (2)</p> <p>The audit and change package used by Safety in Practice has been developed from the Scottish Patient Safety Programme in Primary Care and has undergone over 6 years of development and testing with over 500 practices using this audit.</p> <p>2. HSQC. (n.d.) Medicine reconciliation: a guide for health professionals</p>
How will an individual doctor's data be collected?	<p>The data is collected using a query build to identifies patients in the last month who have been discharged from hospital (if there are not enough discharge summaries then letters from specialist appointments may also be used). Of these patients a random sample of 10 patients will be selected.</p> <p>Each of these patients records will then be audited against the previous 4 questions.</p> <p>Results are collected in an simple "all or nothing" approach - YES NO or N/A. So EACH of these patient will be checked against each criteria. ALL questions for EVERY patient must match to a positive or N/A answer for all 3 questions to get an overall compliance for that patient.</p>
Data analysis	<p>The Safety in Practice programme provides a spread sheet into which the data can be entered which automatically collates into a graph which develops as the audit is repeated each month.</p> <p>For any particular month doctors can simply analyse their results as they will get a number out of 10 which were compliant on medication reconciliation, and they can easily see in which areas they were not compliant for any relevant patients.</p>
ACT to implement change	<p>Doctors themselves, and also the practice team, will reflect on the results and identify where there might be gaps that could be improved in practice processes.</p> <p>Practices are encouraged to discuss this together as a team and work out together what changes they will make for the following month to improve results handling process compliance.</p> <p>Using a PDSA cycle quality improvement approach, individuals and practice teams work on the changes and for Safety in Practice would re-audit in the following month to see how the improvements have gone and what further adjustments need to be made, or what new issues have arisen.</p> <p>The Safety in Practice programme supports doctors and practices to make changes by running collaborative learning sessions where doctors and teams can meet with others to share and learn from each other. Resources of ideas that other practices have tried in previous years are available. Individual support is also provided through practice facilitators through their PHO, improvement advisors through the DHB and Clinical Leadership guidance also through Safety in Practice.</p>
Monitoring changes	<p>GP's and practices can monitor the progress by re-auditing each month and as they enter the information they get graphs which show the changes by each individual question as well as overall compliance. This provides easy visual information on trends.</p>
Subsequent cycles	<p>This process can be repeated monthly as part of Safety in Practice or as decided by the clinician / practice.</p>