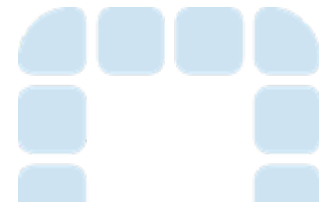




# Medication Reconciliation in WA



Luke Slawomirski

Office of Safety and Quality in Healthcare





# Outline

1. SQuIRe Overview
2. Medication Reconciliation CPI Initiative
3. Future priorities, challenges





## Safety & Quality Investment for Reform

- Commenced July 2006
- \$8M p.a.
- throughout all public sites across WA
- Est. NET savings ~\$10M

[www.safetyandquality.health.wa.gov.au/squire/index.cfm](http://www.safetyandquality.health.wa.gov.au/squire/index.cfm)

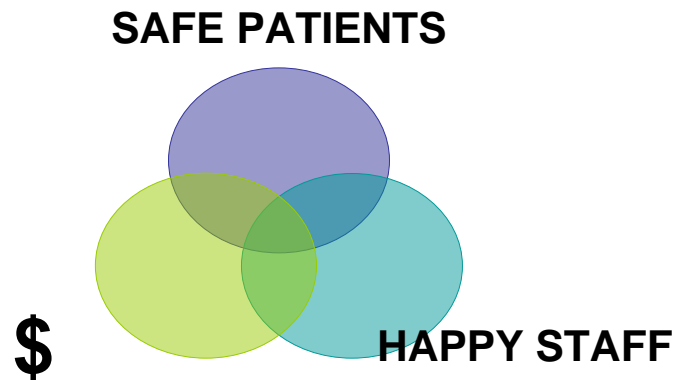


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# SQuIRe Aims

1. Build Clinical Governance Infrastructure
2. Evidence into practice (*reduce variation*)
3. Improve patient care & outcomes (*effectiveness*)
4. Clinical team engagement & 'ownership' (*sustainable*)
5. Improve *efficiency* → savings / VFM



# Clinical Practice Improvement (CPI)



8 areas of clinical & economic priority

1. Medication Reconciliation
2. Falls Prevention
3. VTE Prevention
4. Pressure Ulcer Prevention
5. Surgical Site Infection (SSI) Prevention
6. Central Venous Catheter (CVC) Infection Prevention
7. Hand Hygiene
8. AMI Management





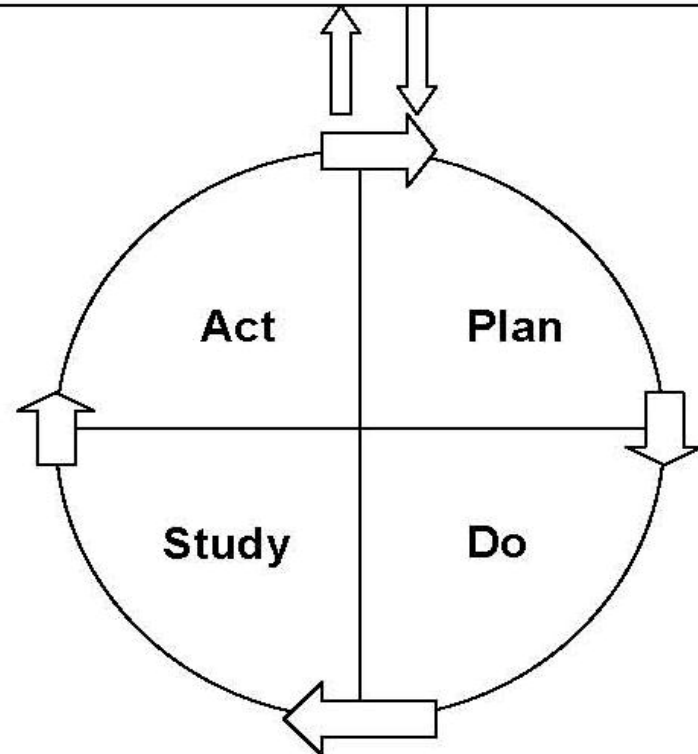
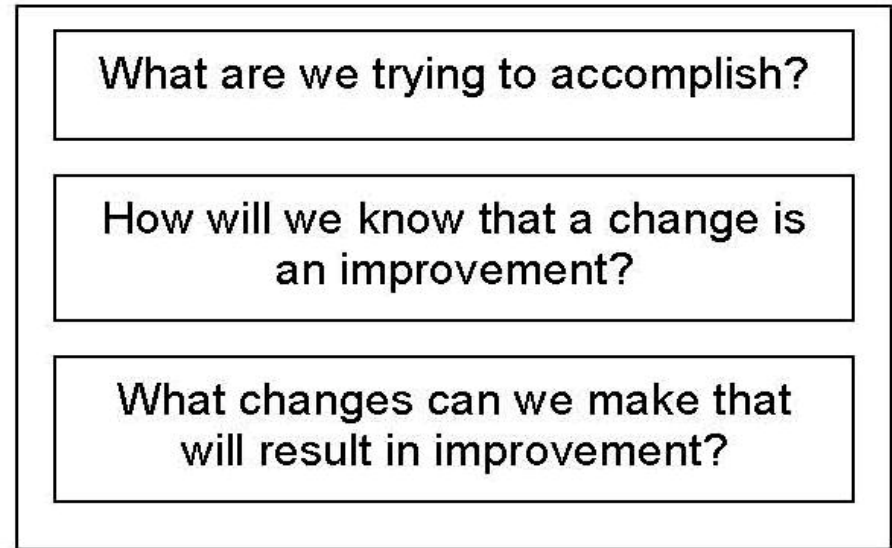
# SQuIRe Principles

- Local engagement and ‘ownership’
- Sites determine:
  - Resource allocation
  - Priorities
  - Goal setting
- Central (OSQH) department “scaffolding”
  - Resources, support, \$’s, reporting, data collection



# IHI Model for Improvement (PDSA)

- Local context
- Local needs
- Local priorities
- Local Data



# Medication reconciliation



- Variety of approaches / variable success
- Pharmaceutical Review Policy (2007)
- Paper-based forms at most sites
  - No 2 forms are the same
  - (generally) replaces use of med history section on NIMC
- 3 hospitals not using forms
- Level of compliance varies
- User dependent (predominantly pharmacy)







# Common components of WA Med Rec forms

- Identification of source of information
- Discharge action plan/checklist
  - reconciliation on discharge
  - CMI / counselling needs
- Medication checklist
- Patient assessment
- GP and community pharmacy info

WOMEN AND NEWBORN HEALTH SERVICE  
KING EDWARD MEMORIAL HOSPITAL FOR WOMEN

## MY MEDICINE LIST

Please complete this form and bring it along with your current medicines, in ORIGINAL PACKS, to your clinic appointment at KEMH  
Please hand this list to the clerical staff at the clinic

If you have any questions about this list please don't hesitate to call the pharmacy department on (08) 9340 2723  
We are open 8.30am to 5pm Monday to Friday.

Why are you coming into hospital as a patient?

Tick appropriate box if you are taking any of the following and list them on the table below:

<input type="checkbox"/> Medicines prescribed to you by your doctor	<input type="checkbox"/> Eye, ear, nose and throat drops/medication
<input type="checkbox"/> Medicines bought from a pharmacy or supermarket	<input type="checkbox"/> Pain killers
<input type="checkbox"/> Complementary & alternative medicines including vitamins & nutritional supplements	<input type="checkbox"/> Sleeping tablets
<input type="checkbox"/> Topical preparations (creams, ointments, patches etc)	<input type="checkbox"/> Inhaled medications
<input type="checkbox"/> Injections, implants, pessaries, suppositories	<input type="checkbox"/> Other peoples tablets
<input type="checkbox"/> Medicines used for heartburn, constipation, diarrhoea	<input type="checkbox"/> Social & recreational drugs
<input type="checkbox"/> Oral contraceptives, hormone replacement therapy	

Name of Medicine (eg Paracetamol)	Strength Per Dose (eg 500mg tablets)	How much do you use and when (eg 2 tablets 6 hourly)	What is the Medicine for? (eg Arthritis in knee)	Staff Use only (Comments)	Plan to continue? (Yes/No) Will add/change

If more lines are required, please see over and use the extra lines provided

**Staff Use Only**

Please tick source used

<input type="checkbox"/> Patient own medicines	<input type="checkbox"/> Dose Aid	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Previous admission
<input type="checkbox"/> Patient medication list	<input type="checkbox"/> GP	<input type="checkbox"/> Community Nurse	
<input type="checkbox"/> Patient/care/family interview	<input type="checkbox"/> Community Pharmacist	<input type="checkbox"/> Other (specify) _____	

Admission/Reconciliation Complete:  Yes  No

Print Staff Name: \_\_\_\_\_ Staff Signature: \_\_\_\_\_ Date reconciliation completed: \_\_\_\_\_

This form to be kept with NIMC while patient is in hospital

MR870.01





# Areas of divergence

- Hospital record vs pharmacy tool
- Staff member completing the form
  - pharmacist only vs. pharmacist, nurse and Dr
- Patient completion (planned admissions)
- Reconciliation on discharge section
- Any issues identified listed or not
- Documentation of consent to obtain info from community





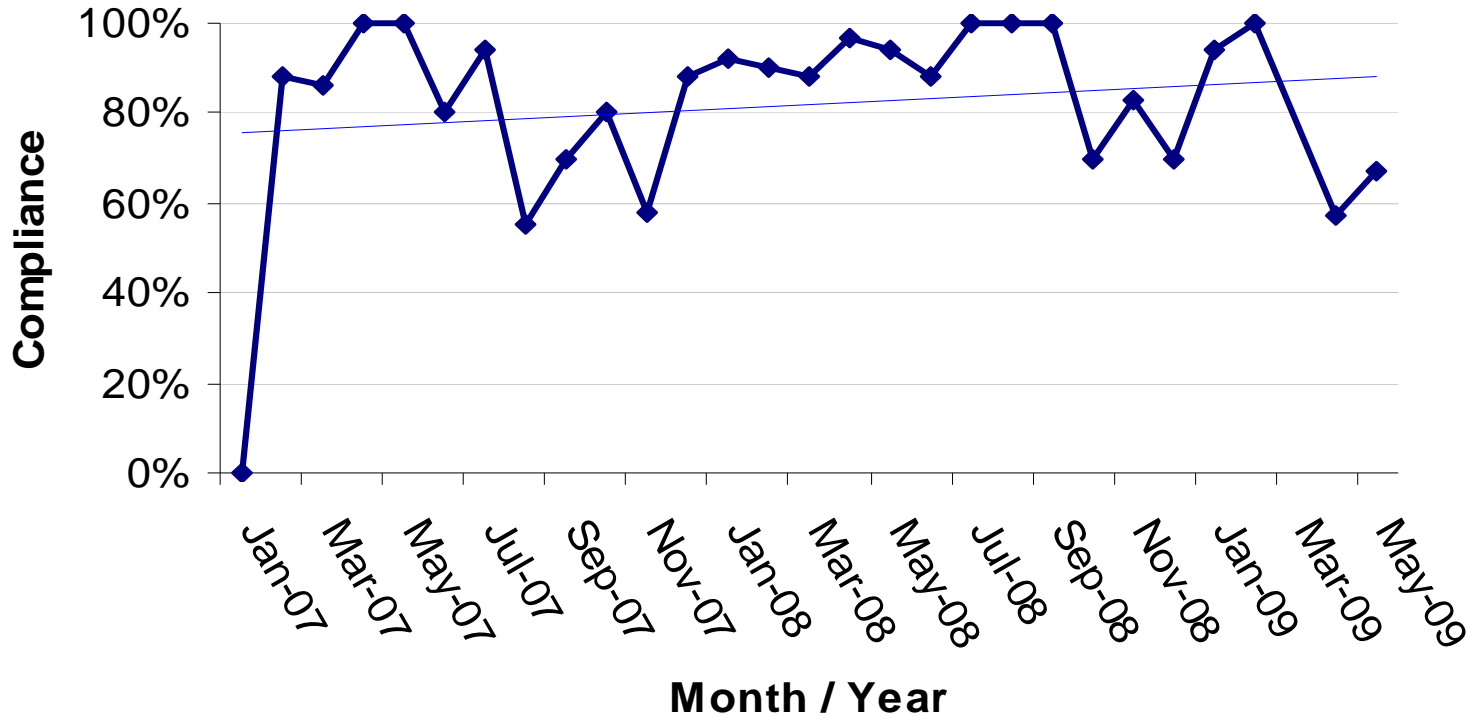
# SQuIRe Med Rec Measure

- % pts with all necessary steps of medication reconciliation on:
  - Admission
  - Discharge
- Reported quarterly to OSQH





### State-wide Medication Reconciliation on admission



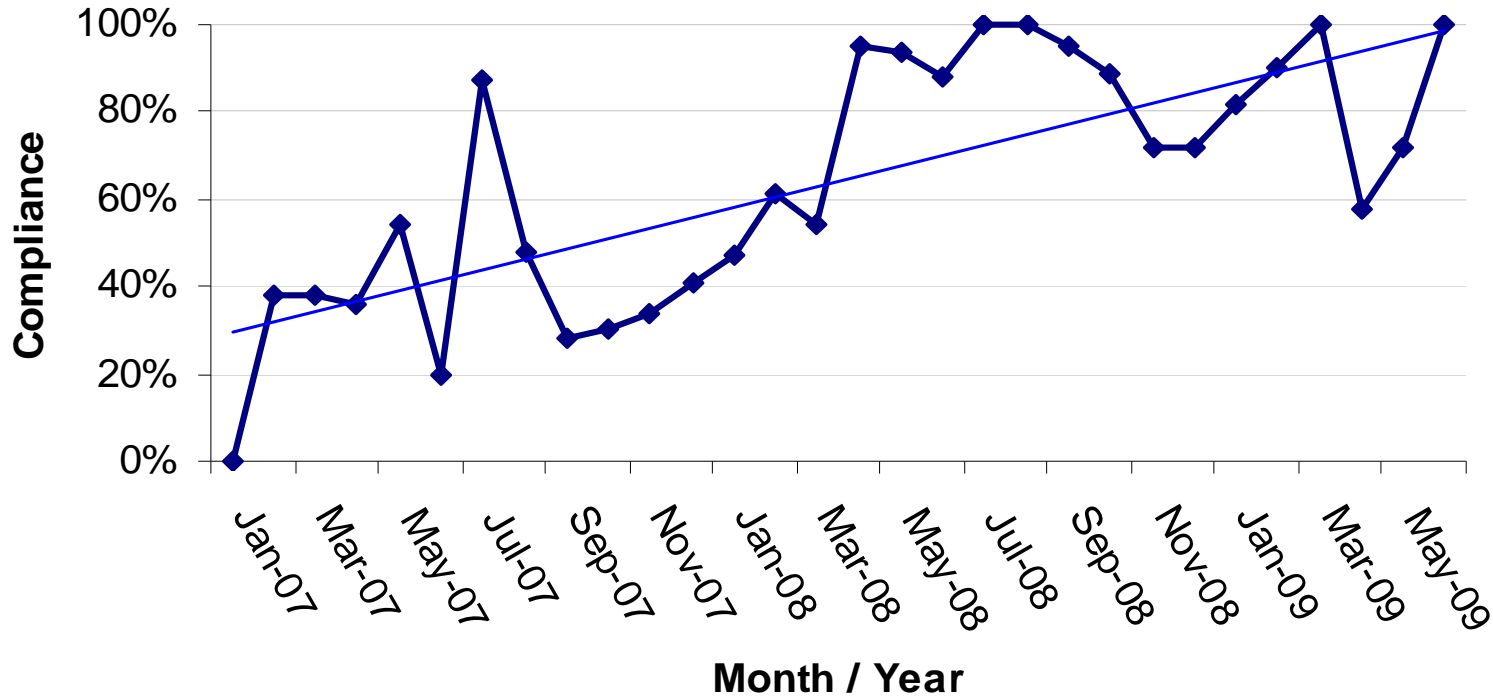
\* NOTE: Coverage not hospital-wide at most sites;  
i.e. not representative of all beds/patients



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### State-wide Medication Reconciliation on discharge



\* NOTE: Coverage not hospital-wide at most sites; i.e. not representative of all beds/patients



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# Future challenges - WA

- Agree on outcome measures & data collection
- More high-level strategic direction
- More leadership and top-down regulation
  - Strong interest in National MMP
- Culture (esp. clinician engagement)





# ...future challenges

## Comparison with HAI useful

**Goal:** Reduce HAI

- change attitudes and culture, sustain changes, improve reporting

### Strategies:

1. Strong organisational leadership
2. Champions and promotion
3. Mandatory
4. business of all HCWs
5. Robust process and outcome measures / data
6. Long term public reporting



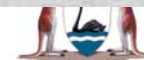


# everyone's business



Ward sisters: Health Minister Nicola Roxon, left, and Prime Minister Julia Gillard prepare to tour Launceston Hospital yesterday.

stralia



Department of Health





# ...future challenges

- A LOT OF WORK STILL REMAINS
  - Medication errors still top AE category
  - ADRs still a problem
  - Mainly pharmacy driven
  - Promote achievements and engage clinicians
  - Governance and leadership
- MMP - positive development





# Contact

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