Government of **Western Australia**
Department of **Health**
WA Country Health Service







Implementing Medication Reconciliation processes

Applying best practice in the rural setting

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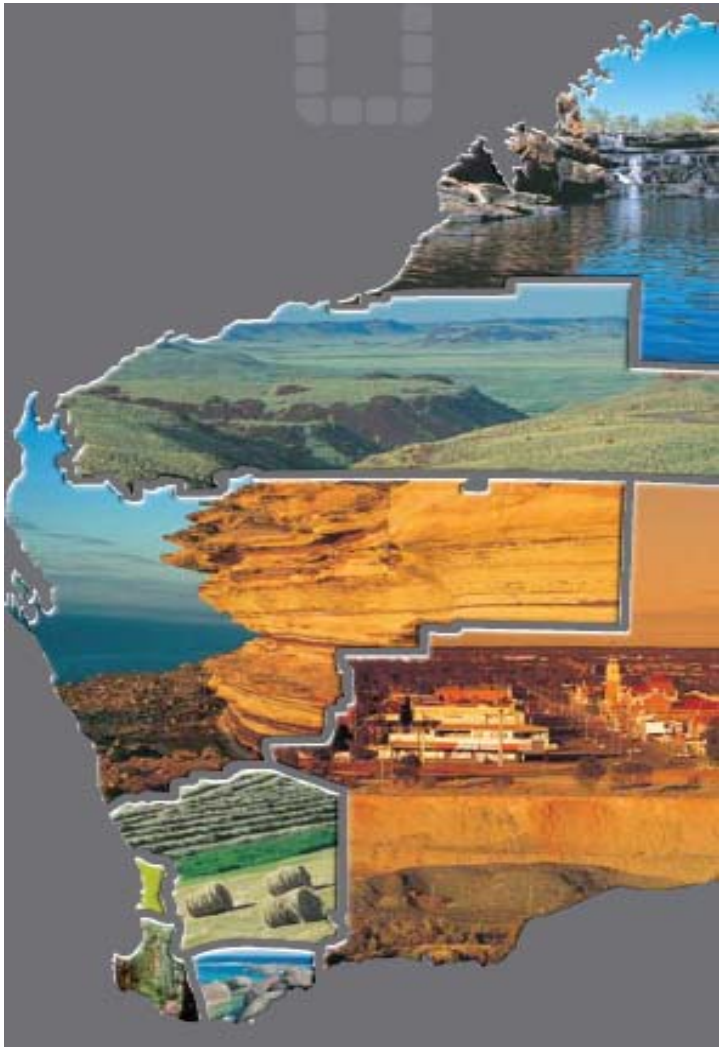
WA Country Health Service

- Population 454,000
- 2.5 million sq km
- 10 % Indigenous
- 7 regions, 70 hospitals
- 5,700 FTE
- 330,600 ED presentations
- 94,600 inpatient discharges



Best practice → Local context

- State-wide program based on international evidence
- 'Bundle of care' & measures
- MR - 1 of 8 required Clinical Practice Improvement initiatives

- Geographically dispersed services
- Limited pharmacy resources
- High staff turnover
- Medical workforce includes 240 salaried and 650 Visiting Medical Practitioners
- Regional Safety Quality teams
- Multiple improvement priorities
- Executive decision to implement MR at the 6 Regional Resource Centres initially

Pharmacy services

1.0 – 3.0 FTE per region

Most regions

2.0 FTE or less

Current model:

Oversee day-to-day functions of regional pharmacy

Compliance & accountability

Limited clinical pharmacy functions

Kimberley region

2000+km round trip

Multiple service providers
No shared information systems

Case 1

- Patient discharged home from tertiary hospital in Perth (2325km) on Warfarin
- Discharge letter sent to Aboriginal Medical Service
- Patient presents to local hospital over weekend
- Staff had no knowledge patient was on Warfarin

Case 2

- Patient discharged from hospital with medications
- Patient also picks up medications from AMS
- Patient later presents to second hospital 250 km away
- Patient taking medications x3

Derby Hospital

- District Hospital - 35 beds
- Large indigenous population
- Regional Pharmacist based 220km away in Broome
- Contracted community pharmacist on sessional basis – 3hrs/day, 5 days/week
- Reviews high risk patients – admission & discharge
- Liaises with Aboriginal Medical Services

Pilbara region

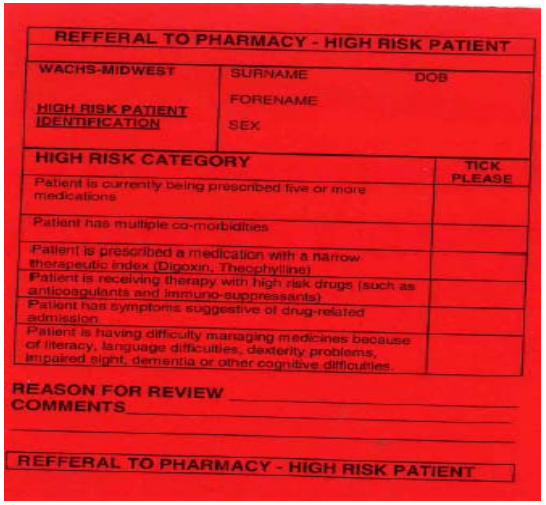
- Port Hedland Hospital
- Regional Resource Centre – 39 beds
- Process for high risk patients conducted by Pharmacist Mon-Fri
- Process for remote medication review covering 5 hospitals & 2 Nursing Posts

Midwest region

Geraldton Hospital

- Regional Resource Centre

  69 beds
- ‘Early adopters’
- High risk patients reviewed by Pharmacist
- POM bags
- Medication Profile for high risk patients on discharge
- Changes in pharmacy personnel has impacted on sustainability
- Would like to see MR commencing in ED



REFFERAL TO PHARMACY - HIGH RISK PATIENT

WACHS-MIDWEST

HIGH RISK PATIENT IDENTIFICATION

SURNAME DOB

FORENAME

SEX

HIGH RISK CATEGORY	TICK PLEASE
Patient is currently being prescribed five or more medications	
Patient has multiple co-morbidities	
Patient is prescribed a medication with a narrow therapeutic index (Digoxin, Theophylline)	
Patient is receiving therapy with high risk drugs (such as anticoagulants and immuno-suppressants)	
Patient has symptoms suggestive of drug-related admission	
Patient is having difficulty managing medicines because of literacy, language difficulties, dexterity problems, impaired sight, dementia or other cognitive difficulties.	

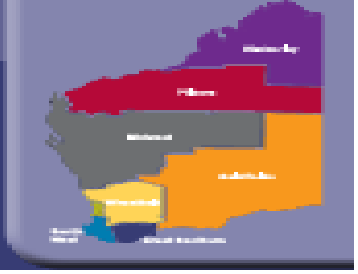
REASON FOR REVIEW

COMMENTS

REFFERAL TO PHARMACY - HIGH RISK PATIENT

Great Southern region

Using secure web-based messaging system to support Medication Reconciliation

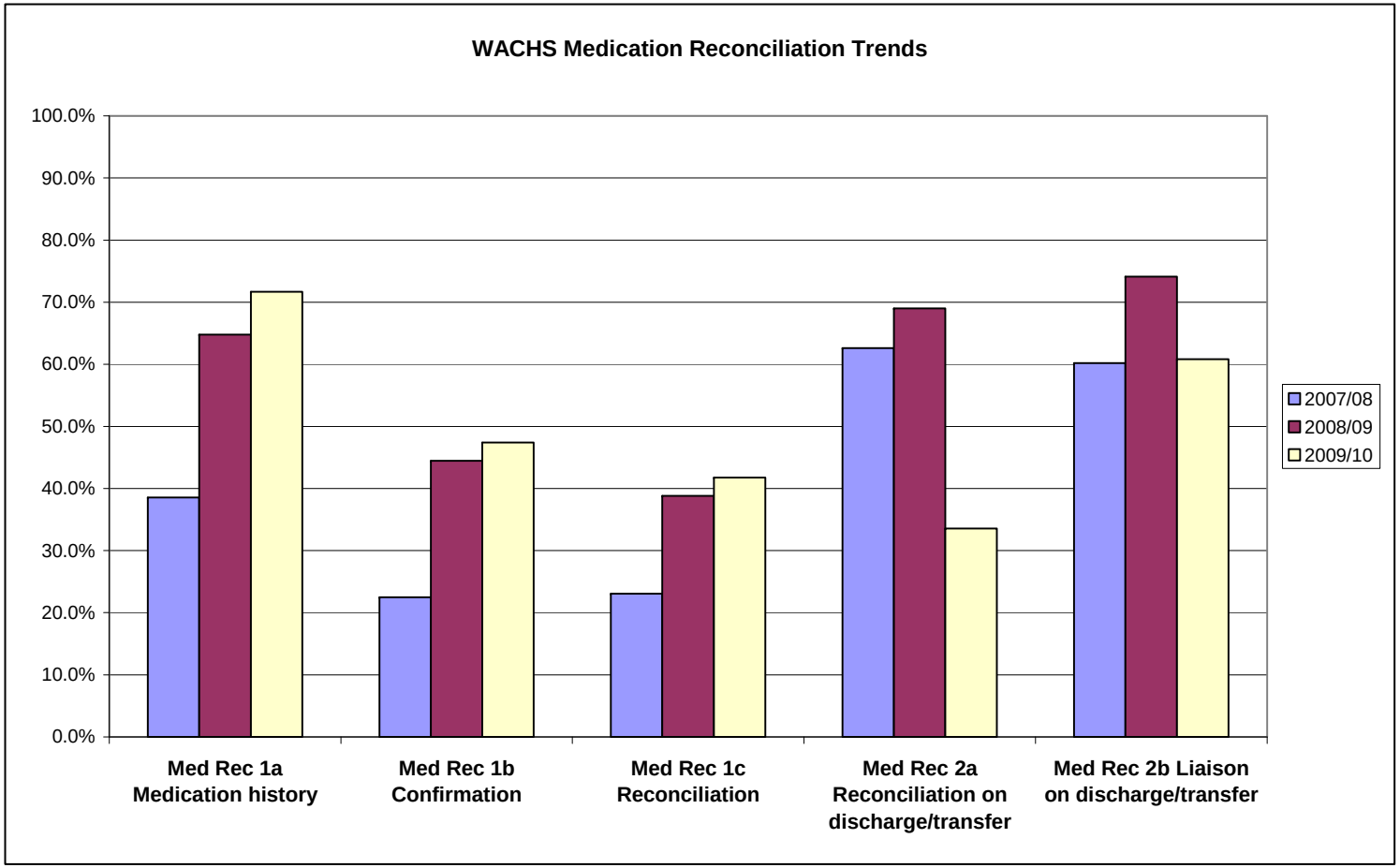


- Partnership between Department of Health/educational institution/Software developer
- GP creates electronic NIMC
- Admitting clinician ‘retrieves’ electronic NIMC
- Access medical history via Medical Director
- Print NIMC for inpatient stay
- Results from 3 month trial encouraging, however…

Challenges using web-based technology

- Technology does not necessarily = No errors
- Change in medical model – access to GP records
- Acceptability & uptake of technology by clinicians
- Limited access to A3 colour printers – clinicians wasting 1hr/day walking to retrieve NIMC

How far have we got?



Why doesn't Medication Reconciliation happen consistently?

- Complex care environment – multiple providers
- Complex medications
- Competing priorities for scare resources
- Lack of clarity / standardisation of process
- Lack of clarity around ownership of process

WA Department of Health, Office of Safety & Quality 2007

Way forward

- Improve communication between service providers using technology where possible
- Involve clinicians in developing SOP's
- Make it easier for clinicians to do 'the right thing, first time' – Lean thinking
- Clarify accountability and responsibility for Medication Reconciliation – what is the role of doctors, nurses, others?
- Changes to pharmacy model – PBS reforms

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