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Medication Reconciliation in the private sector; Different Challenges

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- Largest NFP health provider in Victoria
  - <1200 beds, >112 000 admissions pa, Emergency Department
- Commitment to QA and research
  - Transition to a tertiary academic medical centre
- Decision re Hi5 Med Rec
  - Important QA initiative with capacity to improve patient care
  - Good fit with EHC Mission: Responsibility to our community
  - Strong support from Group Chief Executive and Executive team
  - Detailed business case analysis for annual costs
  - Implementation at single campus
  - Multi-disciplinary team consistent with organisational growth

Organisational Commitment

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- No funding structure for research in the private sector
- Payment is directly linked to service provision
- 5 year program daunting
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  - Transition to academic teaching hospital
  - Strong commitment for Board and CEO regarding QA and research
  - Hi5 Med Rec program fitted our aim to be leading private health care organisation
  - Emphasised the benefit to our patients and community
  - Strong support from Epworth Richmond Executive Director for Med Rec
  - Strong support from Slade Pharmacy
  - Business case for Med Rec project involved contributions from both parties

Organisational Challenges

- Long term project
  - 5 years, impact on strategic long term goals
- High staff hours commitment
  - In-kind costs substantial (additional costs related to current staff)
  - Impact on other aspects of patient care (time pressures)
- Unfunded
  - No additional income generated
  - Difficult to promote to consumers
- Quality improvement
  - Often go unheralded in the organisation

Clinician Leadership

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- Most medical staff VMOs -Over 2700 accredited
  - Staff specialists in ED, ICU and Med Director role
  - Strong ethos of autonomy
  - Limited time availability to participate in meetings
- Nursing and non-medical clinicians
  - Employee engagement, organisational alignment
- **Decision for EHC**
  - Involved staff specialists – ED Director and Exec Med Director
  - Identified opinion leaders – Clinical Institute Chairman
  - Designed system dependent on nurses and non-medical practitioners
  - Implementation will be promoted via medical newsletters

Pharmacy Involvement

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- Pharmacy services provided by external provider
  - Slade Pharmacy
- Limited availability of ward pharmacists
- Different providers of imprest and dispensed
- Different split of imprest and dispensed
- **Epworth HealthCare**
  - Employed additional pharmacist for Hi5 initiative
  - 1 EFT position combined with ward pharmacist
  - Dual funding model with Slade and Epworth
  - Commenced implementation at Epworth Richmond to establish processes

Med Rec Manpower

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- Limited junior medical staff
  - Training positions, eg surgery, limited ward work
  - Minimal involvement in clerking patients
- Some admission clerking done by VMO
- Major responsibility of clerking by nursing staff
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  - Moved the major role in medication reconciliation away from VMOs/med staff
  - Increased responsibility from nursing staff (ED and ward)
  - Major responsibility for supervision from Med Rec Pharmacist
  - Acknowledge additional time requirements for these staff groups
  - No additional staff allocation to meet increased clinical needs

Engagement

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- Success of any change process dependent on engagement of those affected
- Engagement involves medicos, nurses, pharmacists, allied health and other health professionals
- “Champions” can assist but not replace “engagement”
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  - Aim to involve clinicians at all levels, all disciplines
  - Newsletters to all staff – Epwords
  - Newsletters to VMO and Medical staff – VMO Update
  - Presentations at clinician meetings – daily/weekly/intermittent
  - Utilisation of promotional material from ACSQHC
  - Safety Culture Survey

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Current Hurdles

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1. Time requirements for education needs
   - Tami Jagoda to talk subsequently
   - Planned educational activities significantly contracted
2. Lack of commitment from Clinical Leaders
3. Ongoing communication requirements
4. Ongoing manpower requirements
5. Lack of automated input data
6. Unknown obstacles for 5 years…..

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Points of Difference

1 Minimal junior medical staff/ manpower

Transition, increased training positions in private sector

2 Limited engagement of VMOs

3 Ambulatory care provided external to hospital system in private rooms

4 Increased responsibility of nursing/pharmacy

5 External providers of pharmacy

Different across campuses

Process of Medication Reconciliation

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- Establishing nursing competency for BPMH
- Education program developed by Pharmacy
  - Problem-based, clinical scenario assessment tool
- Utilisation of the Med Management Plan
- Limited pre-admission information
  - Patient-completed pre-admission sheet
  - Variable presentation with medications
  - Infrequent documentation from VMO or LMO re medication history

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Where to from Here?

- SOMEWHERE