PRACTICUM SUMMARY REPORT

Name: Katherine Walker

Team Members: Katherine Walker and Stewart McKie

Project Title: Improving medicines reconciliation on admission

University/Organization Name: University of Dundee

Health System Sponsor Name: NHS Tayside

Aim of project (1-2 sentences)

For 95% of patients on the Acute Surgical Receiving Unit to have a complete medicines reconciliation carried out within 24 hours of admission, by December 2012

Planned changes tested (2-3 sentences)

We created an easy to use label designed to be affixed to the surgical clerk in document. Doctors and Advanced Nurse Practitioners clerking in a patient were required to complete the five steps on this label. We aimed to test if this improved the percentage of medicines reconciliations being completed within 24 hours of patient admission.
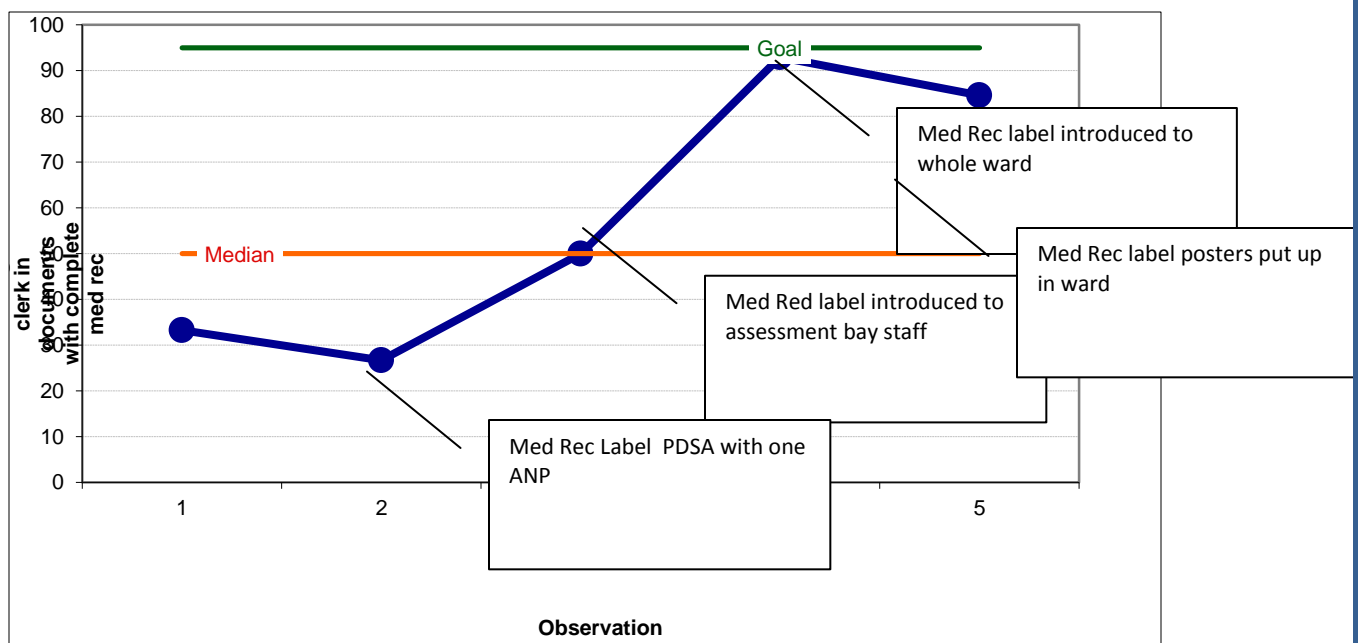
Predictions (2-3 sentences)

We hope that the use of this 'Medicines Reconciliation' label would improve the percentage of completed medicines documentation on admission. The use of the label would improve staff understanding of what is required during medicines reconciliation. The staff would find this new label easy to use and it would not take up additional time whilst providing better documentation of the processes involved in medicines reconciliation.

Results

Present your results with a graph(s).

Improving Medicines Reconciliation – Run Chart October 2012

Summary of results (3-4 sentences):

Overall the 'Medicines reconcillation' label significantly improved the percentage of medicines reconciliation completed within 24 hours of admission. The label was implemented in the assessment bay initially, where the majority of the clerking in of patients occurs. This change was first taught to the ANPs as they are the most permanent staff on the ward and it would allow them to teach the use of this label to other staff. The label made the process of medicines reconciliation clearer to junior staff, though problems did occur. A high turnover of staff made it difficult to ensure all members of the team were aware of the label, though this could well be achieved through formal education during induction to the ward.

Learning (4-5 sentences)

Comparison of questions, predictions, and analysis of data:

We had predicted that the use of a 'med rec' label would improve the percentage of completed reconcilations on admission. This was achieved, though not reaching the 95% target. We feel that whilst many of the clerk in documents contained the affixed label, a more permanent inclusion of the label within these documents would ensure greater compliance with its used.

We also predicted that the use of the label would improve staff understanding of what is required during medicines reconciliation and this was achieved by having a 'tick box' against each of the steps included within the labels. This also improved documentation, whilst reminding staff of how to complete thorough reconciliation of medicines.

Impact on systems (3-4 sentences)

Discuss the project's significance on the local system and any findings that may be generalizable to other systems:

This project aimed to make an improvement in medicines reconciliation upon admission through an acute surgical receiving unit. The local system was improved, as following the implementation of a new 'med rec' label, the percentage of complete medicines reconciliation within 24hrs of admission had increased. In addition, the inclusion of the label within the clerk in ensured proper documentation of how the medicine reconciliation process was carried out. This can easily be applied to other 'admission areas' such as medical admissions and the emergency department. Furthermore, this could be rolled out to other hospital departments and at other points of transfer, such as transfer to wards and discharge.

Conclusions (3-5 sentences)

Summarize the outcome of the project. Is this project sustainable? What are the requirements for sustainability?

The project resulted in improvement with a greater percentage of medicines reconciliations being completed within 24hrs of admission and also vastly improved documentation. The target of 95% has not yet been met, likely due to a lack of education and lack of continuity amongst staff and a high turnover of different teams within the same area. The project is sustainable and would be easily continued if there was greater staff awareness of the importance of medicines reconciliation and the purpose of the med rec labels. This could be achieved through structured teaching, further posters, emails and greater encouragement from senior staff as well as changing the format of the clerk in document to include a permanent 'med rec' bundle similar to the 5 easy steps created for the label.

Reflections/Discussions (5-7 sentences)

Discuss the factors that promoted the success of the project and that were barriers to success. What did you learn from doing this project? What are your reflections on the role of the team?

The factors that promoted the success of the project included the team effort from a senior consultant, senior charge nurse, Advanced Nurse Practitioners, ward pharmacist and us as learners. The permanent ward staff (e.g. ANPs) were key in the success of this project as they were able to encourage the rotating staff to use the labels. The pre-labeled clerk in documents were also useful as this took away the responsibility from rotating staff to remember to affix labels each time. The barriers to success included a high turnover of staff without unified training in medicines reconciliation, as well as a lack of staff awareness. There was no opportunity during the project to gather all staff involved in medicines reconciliation and as such, the target of 95% was narrowly missed. On reflection of the role of the team, the learners worked well together to design and promote the use of med rec labels and took even turns to collect data and share tasks within the project. The learners were will supported by both clinical and academic staff.

By signing this document (electronic signature is acceptable), I attest that the information provided by the learners in this project is accurate.

LEARNER(S):

Signature: _____   Signature: _____

Printed Name: Stewart McKie_____   Printed Name: _____

Area of Study: Medical Student_____   Area of Study: _____

Signature: _KWalker_____   Signature: _____

Printed Name: _____

Printed Name: Katherine Walker_____   Area of Study: _____

Area of Study: Medical Student_____   Signature: _____

Printed Name: _____   Printed Name: _____

Area of Study: _____   Area of Study: _____

Signature: _____

FACULTY SPONSOR: **HEALTH SYSTEM SPONSOR (if different from faculty sponsor):**

Signature: _____Vicky Tully_____   Signature: _____

Printed Name: Vicky Tully _____   Printed Name: _____

Institution: University of Dundee _____   Institution: _____

AUTHORIZATION

Do the learners, faculty sponsor, and health system sponsor authorize this project for publication at www.ihi.org?

     X   Yes   ☐   No