

The problem:

Known high-risk medicines, anticoagulants, NSAIDs, and opioids are a significant source of harm resulting in hospital admissions¹ High-risk processes such as transfer of care are prone to error; up to 20-87% of hospital discharge prescriptions have discrepancies²

1. Robb G et al. NZMJ 2017;130(1460):21-32
2. Michaelsen MH et al. Pharmacy (Basel) 2015;3(2):53-7

The intervention:

To address these problems, 20 community pharmacy teams were recruited. The IHI (Institute of Healthcare Improvement) Model for Improvement methodology Breakthrough Series Collaborative approach was used to deliver:

- Quarterly learning sessions
- 4 clinical modules (medicines reconciliation, anticoagulants, NSAIDs, opioids)
- Pharmacy site visits to support PDSA (Plan-Do-Study-Act) cycles
- Safety Climate Survey to reflect upon workplace culture

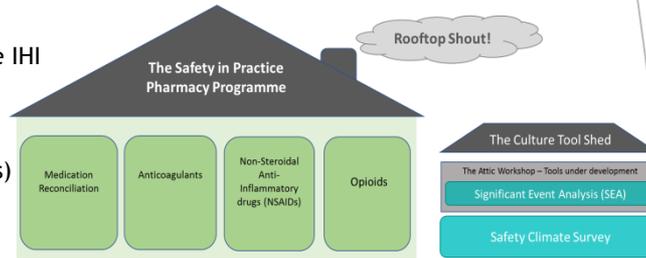


Fig 1: SiP-CP structure

Results: Each pharmacy submitted monthly data for best practice (process measures) and patient understanding (outcome measures). This helped facilitate PDSA cycles to implement changes. Results show 40-60% improvement confirming they have more reliable processes in place.

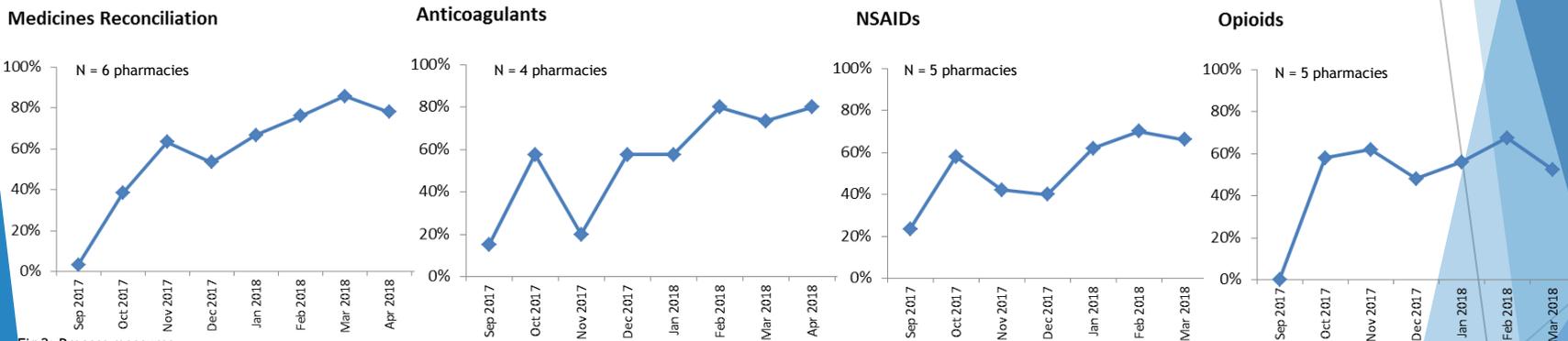


Fig 2: Process measures

Lessons learned:

- The IHI Model for Improvement helped structure and validate the programme
- Delivering learning sessions and supporting teams required resourcing
- Participants reported increased workload, but this was largely resolved after sharing ideas with other teams
- Suggestions from the pilot teams were incorporated into future modules.

Relevance:

SiP encourages safer processes, supports patient education, and collaboration within primary and secondary care. SiP helped to initiate, assess, reflect and improve processes; 82% of participants would recommend SiP to other pharmacies.

Next steps:

SiP-CP has now expanded to 44 teams. All learning sessions are combined with general practice teams to further encourage collaboration.

The Team:

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