

Report back on Second National Medicine Reconciliation Workshop

On 6 September 2011, the Health Quality & Safety Commission (the Commission) hosted the second National Medicine Reconciliation Workshop, with a nautical theme – ‘Setting the sails on medicine reconciliation’. The focus of the day was on sharing feedback and insights from experience with implementing the standardised medicine reconciliation process, as well as tools and approaches for spreading medicine reconciliation to more patients, more services and expanding from admission to other transition points, i.e. transfer and discharge. There were 35 participants including representatives from 17 DHBs, Medwise, the New Zealand Nurses Organisation, Wakefield Hospital and PHARMAC.

Dr Janice Wilson, Chief Executive of the Health Quality & Safety Commission, opened the workshop, followed by a presentation from a person who lost their friend in 2004 as the result of a medication error. This consumer perspective helped frame the day with a personal story highlighting why safe medication management is fundamental to safe patient care.

The implications of the proposed quality health target for medicine reconciliation, should this be approved, was discussed and participants heard from two DHBs about their experiences implementing medicine reconciliation. This included the potential to extend the role of pharmacy technicians to deliver medicine reconciliation.

A session on diffusion of innovations theory was designed to get participants thinking about ways to spread medicine reconciliation in their organisations. This highlighted the importance of effective change management. The NHS experience in achieving sustained reductions in MRSA levels was discussed as a successful example of systematic change.

Another session looked at how one DHB is prioritising vulnerable patients at risk of medication-related harm using an electronic assessment of risk tool (ART). Participants worked in groups to discuss what criteria should be used to facilitate prioritisation of patients for medicine reconciliation nationally.

The final session involved ‘horizon scanning’ to look at new developments emerging in the NZ landscape. Presentations from a GP practice and Patients First focused on the potential to spread medicine reconciliation further in primary care, and upcoming developments in electronic medicine reconciliation were highlighted in a presentation from the National Health IT Board.

The feedback from workshop participants was positive, with the majority indicating they anticipated changes to their practice as a result of materials presented at the workshop. They also indicated the workshop was useful for them in planning their implementation strategies, although they would have liked more time for questions and more time together to share ideas.

Speaker presentations and video footage from the day are available on the Commission’s website.

Warm regards

Medication Safety Team

Attachment –workshop evaluation results

Evaluation results

Evaluation forms were received from 19 of the 35 participants. The feedback from the workshop participants was positive, with the majority indicating they anticipated changes to their practice as a result of materials presented at the workshop. They also indicated the workshop was useful for them in planning their implementation strategies but they would have liked to have more had more time together to share ideas.

	Questions	Average score (1 = Poor and 5 = Excellent)
1	Overall content was useful/relevant to my practice	3.9
2	Overall objectives were met	3.7
3	Overall workshop rating	3.8
4	Overall the depth of subject matter covered was	3.9
5	The amount of time allowed for the following:	
	a) presentations	3.3
	b) group work	2.9
	c) time for questions	2.7
	d) the whole workshop	3.6

Comments included:

“A very useful day in terms of how medicines reconciliation is and could be implemented by nurses - will be useful for our policy/guideline works”

[Suggested improvement:] “More time to hear about what each DHB is doing and how they are solving some of the issues with MR”

“This information needs to be presented to the DHB Boards, CEO, COO of hospitals”

“All very useful. It was good particularly pulling data from community pharmacy”

“Yes [anticipate changes to practice as a result], new ideas of how to prioritise patients. Idea of involving other members of team in MR e.g. techs”

“No [do not anticipate changes to practice as a result because] more effort is needed with change management & culture”

[Most useful was hearing about] “What other people are doing. Barriers to success and how they are overcome”.