

QUALITY AND SAFETY CHALLENGE 2012 FINAL PROJECT REPORT

Date:	29 June 2012
Project title:	SafeRx [®] – Safer use of high risk medicines
Project Description:	<p>SafeRx[®] aims to reduce harm to patients by informing primary care health professionals and their patients about the risks involved with high risk medicines. This is achieved via the regular distribution of relevant resources (bulletins, guidelines and patient information) to Primary Health Care (PHC) teams who have agreed to be a part of SafeRx[®].</p> <p>This project was already underway in the Waitemata district; the resources have now been offered to PHC teams within the Northern Region (Auckland, Counties Manukau and Northland DHBs).</p>
Contracted agency:	Waitemata District Health Board
Key contact:	Angela Lambie
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What did you do?	<ol style="list-style-type: none"> 1. Implement a database tool with the capacity to manage the expected increase of SafeRx[®] members 2. Invite PHC care teams within Northern Region DHBs to join SafeRx[®] 3. Distribute peer reviewed materials to SafeRx[®] members 4. Incorporate SafeRx[®] link and alerts into GP software systems 5. Upgrade www.saferx.co.nz website 6. Advertise SafeRx[®] to PHC teams
Why did you undertake these activities?	<ol style="list-style-type: none"> 1. Before more members could be invited to join SafeRx[®], we needed to manage the expected increase in numbers with a suitable database tool. 2. Our approach has been to personally invite new members to join SafeRx[®], rather than simply providing the materials to all PHC teams without offering the choice to join. 3. With the extended coverage of SafeRx[®], the quality of resources needed to be validated; all new materials are now peer reviewed. 4. As per the request of GPs, SafeRx[®] resources are accessible via some Practice Management System (PMS) software so they are available at point-of-care. 5. To effectively showcase SafeRx[®] resources, our website is being upgraded with improved navigation (extra request approved by HQSC in April 2012). 6. Effectively advertising SafeRx[®] to PHC teams will potentially increase awareness and uptake.

<p>What number of activities did you undertake?</p>	<p>In addition to the activities above, we visited selected PHOs in person to discuss how SafeRx® would be effectively implemented in their area.</p> <p>This was fundamental to the success of the expansion of SafeRx® and enabled us to forge relationships with PHOs outside of our district. This also enhanced relationships between the DHBs.</p> <p>We engaged with seven PHOs; this included a visit to Whangarei to meet with Manaia and Te Tai Tokerau PHOs in person.</p> <p>We have formed a relationship with the First Do No Harm group of the Regional Health Plan. They have been supportive of SafeRx®, featured our project on their website, and helped us to link with the Ministry of Health.</p>	
<p>What was your baseline position?</p>	<p>Prior to embarking on the Quality and Safety Challenge, we had implemented SafeRx® into the Waitemata district; 70% of GPs and community Pharmacists within WDHB had joined.</p> <p>Funding received from the HQSC has enabled us to extend SafeRx® into other districts and work across the four Regional DHBs.</p>	
<p>What were your key deliverables and milestone date?</p>	<p>Deliverable</p>	<p>Milestone date</p>
	<p>Develop and organise database</p>	<p>March 2012</p>
	<p>Incorporate new members onto database</p>	<p>April 2012</p>
	<p>Distribute materials using new database tool</p>	<p>April 2012</p>
	<p>Incorporate links into software</p>	<p>June 2012</p>
<p>What were your key outcomes from this project?</p>	<p>1. Increase in number of SafeRx® members on database</p> <p>2. Increase in number of visits to www.saferx.co.nz</p>	
<p>Measurement and evaluation activities conducted</p>	<p>Activity</p>	<p>Date completed</p>
	<p>Increase in number of SafeRx® members on database</p>	<p>From April 2012 onwards</p>
	<p>Increase in number of visits to www.saferx.co.nz</p>	<p>From March 2012 onwards</p>
<p>What difference did you make?</p>	<p>Difference we saw</p>	<p>When we saw the difference</p>
	<p>Increase in number of SafeRx® members on database from 400 prior to expansion, to 680 end of June 2012</p>	<p>From April 2012 onwards (After the first invitations to join had been distributed)</p>
	<p>Increase in number of visits to www.saferx.co.nz (Average unique visits prior to expansion 100 per month; increased to 305 per month by June 2012).</p>	<p>From March 2012 onwards (After SafeRx® was actively promoted to PHC teams)</p>

What problems occurred?	Problem	Anticipated Yes/No?
	Effective engagement with PHOs	<p>Yes.</p> <p>This was identified initially as a low risk, and increased to a medium risk (March 2012 Progress report).</p> <p>It was evident by March 2012 that it would take longer than expected to engage effectively with all PHOs in the three DHBs to ensure they are supportive of SafeRx[®] and would work with us to invite and encourage their PHC teams to join.</p> <p>This issue was eventually resolved through active engagement and discussion with key PHO staff.</p>
Are there any things you would do differently?	<p>Engage with PHOs immediately to form a relationship with the CEOs and Clinical Directors. Arrange to meet with each PHO in person to explain SafeRx[®] and how it would be of benefit to their PHC teams.</p> <p>With some PHOs, the time from initial contact to forming an agreement to distribute resources took several months. One PHO in particular, although satisfied with the quality of SafeRx[®] resources, did not initially wish for us to contact their GPs and invite them to join. Their main concern was with 'information fatigue'; they preferred that all communications were via their regular newsletters. Although SafeRx[®] was mentioned in their newsletter, this approach was not as effective as personally inviting individual GPs directly. At the end of June, they agreed to distribute personalised invitations on our behalf.</p>	
What are your recommendations out of this project for the longer term or for other health providers?	<ol style="list-style-type: none"> 1. Utilise an appropriate database tool which can create reports and manage membership data 2. Form a relationship with key stakeholders. Each PHO is unique; it is imperative to work with them individually 3. Personally invite individuals to join, so each can decide whether to receive materials or not ('non-invasive' approach) 4. Involve the entire PHC team ('all inclusive' approach so the same messages are disseminated across primary care) 5. Have a well functioning website which is monitored (absolute unique visits per month) 6. Include links to the website from other reputable sources (FDNH website, Primary Care newsletters, Practice Management System (PMS) software, New Zealand Formulary) 7. Approach relevant specialists in advance to review content and acknowledge their input 8. Be responsive and provide materials that are relevant to PHC teams. 	

<p>If you could extend this project or do more in the future, what would you like to do next?</p>	<p>During the course of the project, there have been many requests to extend SafeRx[®] further.</p> <p><u>Expand nationally</u></p> <p>The model used during this region-wide roll-out could be replicated into other areas, now that processes are in place (such as database tool, website upgrade) to facilitate expansion.</p> <p>To extend into other regions, the first step would be to meet with PHOs and DHB Pharmacy Portfolio Managers individually and work with them to invite their PHC teams.</p> <p>Ideally, each pharmacist would be invited individually (as for the approach with the GPs), rather than inviting each pharmacy. National groups could also be approached, for example the College of Pharmacists.</p> <p><u>Pharmacy software alerts</u></p> <p>There have been requests to incorporate SafeRx[®] alerts onto Pharmacy software systems (Toniq and LOTs). This would ensure the pharmacists have a similar tool available to them as the GPs (via MedTech and My Practice PMS).</p> <p><u>New Zealand Formulary</u></p> <p>SafeRx[®] will feature in the New Zealand Formulary (expected release July 2012); we plan to work closely with them in future to ensure new bulletins are linked from their e-book.</p> <p><u>Communications</u></p> <p>The Communications Department at the Ministry of Health has met with us to write a story for their website about SafeRx[®]. It is relationships like this that will help to increase awareness about SafeRx[®] and its contribution to the safe use of medicines.</p>
<p>What was your projected budget for this project?</p>	<p>\$80 000</p>
<p>What was your final spend on this project?</p>	<p>\$27,937.28</p> <p>As identified in Progress Report (March 2012), the availability of an appropriate database tool has negated the need to create our own tool which led to a significant underspend.</p> <p>The GP software company MedTech agreed to distribute the utility to the three additional DHBs at no extra cost, which was an unexpected bonus. Some of the surplus funds have been used to upgrade our website, improving navigation and our interface with users.</p>
<p>What are the tools, processes or materials that are available for others to use?</p>	<p>SafeRx[®] resources are all stored on www.saferx.co.nz</p> <p>The website upgrade was requested at the time of the Progress Report (March 2012). The 'Go-live' date is early July 2012.</p> <p>The alerts on the PMS software (MedTech 32 and My Practice) are available to users of those systems.</p>
<p>Please confirm that you have provided a final report for the Commission on your project, its outcomes and recommendations/learnings for the future</p>	<p>see Appendix 1 - Final report SafeRx[®]</p>