

Te Rā Haumarū Tūrōro | Aotearoa Patient Safety Day 2022

Rationale for using the 'three Ps' for medicines at transitions of care

The focus of the Health Quality & Safety Commission's activity for Te Rā Haumarū Tūrōro o Aotearoa | Aotearoa Patient Safety Day 2022 on 17 November is on medicines at transitions of care, which ties in with the World Health Organization's theme for World Patient Safety Day this year: medication without harm. We have three simple key messages to support our focus, which we are calling 'the three Ps'. Our rationale for choosing 'the three Ps' is outlined below.

When transitioning patient care, remember 'the three Ps' for medicines: **provide, patient and practicalities**. Check that the following has been considered.

Provide a complete list of medicines, including indications for the medicines and any changes made.

- A complete list of medicine enables the health care service to make appropriate decisions and not duplicate or omit any treatments.
- The patient and whānau, and their primary health care team, need to understand any changes to medicines (new and ceased) because of a hospital admission.
- The indication is the reason for using that medicine. It is important to communicate this to reduce the risk of incorrect medicines, doses or duration. Examples of these are:
 - cyclophosphamide prescribed instead of cyclizine for nausea
 - felodipine prescribed instead of famotidine for reflux.

Patient and whānau understand their medicines and any changes.

- This is part of Aotearoa New Zealand law in the Code of Health and Disability Services Consumers' Rights.
- Patients and their whānau are best placed to pick up discrepancies in their medicines when they understand those medicines, which can help reduce medication errors. This example from the Health and Disability Commissioner talks about when a patient was not restarted on anticoagulants as planned: www.hdc.org.nz/decisions/search-decisions/2019/16hdc00984/.
- Discussion with patients and whānau highlights any issues they have with their medicines, so an informed choice has been made. An example is the prescription of sodium valproate for women or people of child-bearing potential and the teratogenic risks, released by the Health and Disability Commissioner: www.hdc.org.nz/decisions/search-decisions/2019/16hdc00984/.
- The need for patients to clearly understand their medicines is a recurring theme in the adult primary care patient experience survey: www.hqsc.govt.nz/our-data/patient-experience/survey-results/.

Practicalities of accessing the medicines considered before discharge.

- Can the patient effectively self-administer all their medicines? For example, do they have difficulty swallowing or giving injections, or do they face other challenges?

- Have you considered the time of the day? Is a pharmacy open late Friday afternoon or on a long weekend?
- Is this a funded medicine? If not, can the patient pay for it?
- Can the patient access transportation to get to the pharmacy? Or how will the medicines get to the patient?
- Is a blister pack or other dispensing aid needed? If so, is there enough time for a blister pack to be made before the pharmacy closes?
- Does the pharmacy have to make the medicine? For example, a suspension or special cream?
- When was the last dose and when is the next dose due? Does the patient know and will they be able to get their medicines in time for the next dose?

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