# **Quality Improvement Project: Medication Safety in Ambulatory Care**

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# Background

- Medication Reconciliation (Med Rec) is a Required Organizational Practice by Accreditation Canada.
- General Internal Medicine (GIM) Ambulatory Care Clinics' patient care is highly dependent on med management.
- GIM patients take many medications and have many comorbidities so are at risk for medication errors.

# Partnership with Patients for Safety and Quality

- Nurses obtain the Best Possible Medication History (BPMH) in the Med Rec process.
- Patients are asked to keep an up-to date list of all their medications (Medlist) and to share their updated list every time they see their healthcare providers.
- Patients are told that this is so they can receive the best care possible and prevent a dangerous medication situation.

# What's on **Your** MedList? Your entire health care team - need a complete medication list: even those gummy vitamins.

Patients are given the messages:

> "Safe Medication starts with you"

> "Know your medications"

# **Opportunity to Increase Med Safety**

- > GIM clinic nurses find many patients don't have good Medlists or don't know the medical conditions their medications are treating
- > AHS Med Rec training asks healthcare workers to encourage patients to maintain and share their Medlists at their appointments and to know their medications.
- > No formal process to support patients Med lists or medication knowledge was in place in the GIM Ambulatory Clinic.

### **Goal of Study**

To improve patient medication safety interventions in the GIM Ambulatory clinic by increasing the incidence of the GIM clinic nurses providing support for patients to know their medications, keep track of their medications and communicate their medications to healthcare providers.

# **Methods: Plan-Do-Study-Act**

#### Plan

- > Discuss the problem and possible solutions with GIM clinic nurses
- > Create a checklist to assess patient medication knowledge (name, dose, frequency and the reason they take the medication) and what interventions or resources were provided to patients.

### Do

Nurses provide resource folder and discuss good medication management with patients.

**Folder contents: AHS Medication resources** 

"Keeping track of your medications"

"If it's on the list it won't be missed"

> Link to internet medication resources at:

Healthlink or the patient's pharmacist,

Chronic conditions in Sample Group of 25

patients studied

> List of non internet resources: PADIS,

www.myhealth.alberta.ca & www.AHS.ca

**Medication List Template** 

nurse or doctor

The study included a sample of 25 patients in February 2016.

# **Patient Medlists** 60% 50% 40% 30% 20%

10%

Results (Study)

- ✓ Nurses were able to provide interventions (medication safety discussion and printed resource folder) to 80% of patients who did not have
- discussions between patients and nurses occurred at the point of obtaining BPMH.

# an accurate Medlist. Medication safety

# Conclusion

GIM clinic nurses are able to provide recommended support and resources to patients for safer medication management and communication.

# Alberta Health . HQCA & Covernant Health

# **Patient Profile**

**Average:** 5.48 chronic conditions

Average: 6.28 prescription medications

# **Future Directions (Act)**

- Patient feedback about the interventions should be obtained.
- Clinic process plan to continue the interventions is in place.
- **❖** To sustain results the
- **❖** A longer term (6-12 months) QI project to obtain outcome measures of medication safety.

- checklist could be added to clinic documentation.

# Acknowledgements

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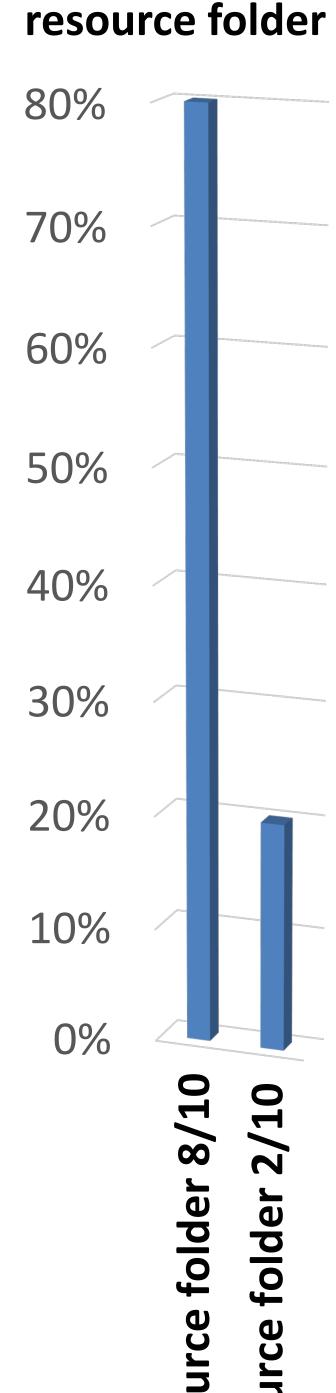
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**Patients** 

without

accurate

Medlists who

accepted