

LACK OF TIMELY & SAFE ACCESS TO MEDICINES AT THE TE WHĀNAU Ā APANUI COMMUNITY HEALTH CENTRE.

PRIMARY CARE IMPROVEMENT FACILITATORS PROGRAMME 2019

KIRITAHANGA SAVAGE



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND
Kupu Taurangi Hauora o Aotearoa



IMPROVEMENT FACILITATOR



Ko Rangipoua te maunga
Ko Haparapara te awa
Ko Mataatua te waka
Ko Te Whanau A Apanui/Te Whakatohea, me nga iwi katoa o Mataatua waka
oku iwi

Kiritahanga

Savage



Nurse Akenehi Hei
On Duty in her Tent Hospital

Ko wai?.... No hea?...

Only Primary Healthcare providers east of Opotiki,

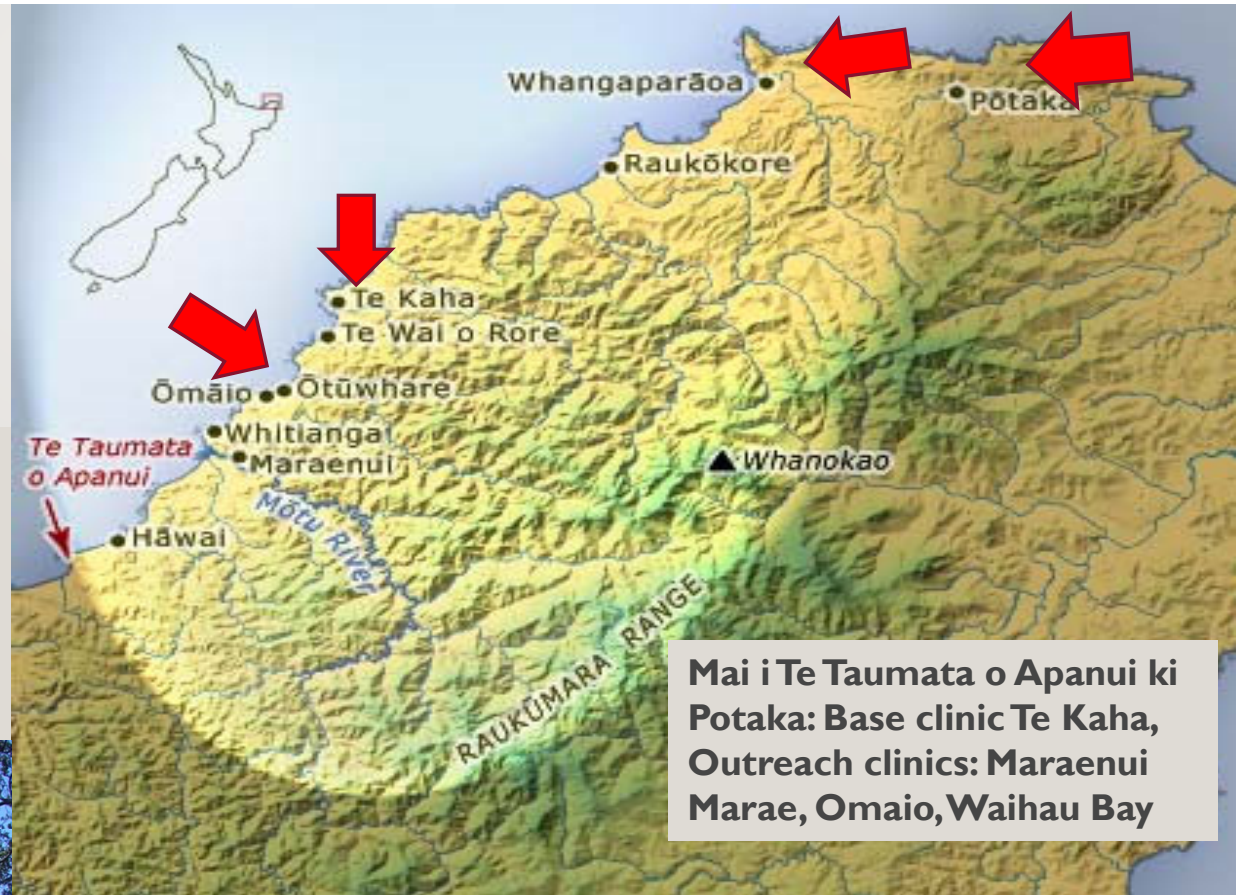
Registered Patient No's: ~1537

This figure can double over the summer holiday period

Staff:

1.5 FTE GP (2)
2.6 FTE Nurses (4)
2.0 FTE Admin staff (2)
0.6 AHA (1)

- Full GP and RN services provided
- 24 Hr PRIME Emergency services
- After hours On-call medical services



150km length of coastline. Helipads at Te Kaha and Waihou Bay. St Johns First Response





Travel Times by (winding/conditions weather dependant) Roads

Te Kaha – Opotiki: 1hr

Te Kaha – Whakatane ED: 2 hours

Te Kaha – Tauranga: 3 hours

Te Kaha – Hamilton: 4.5 hours



- Status of a special Area (one of only three in the country)
- Free to all registered residents within the rohe/area boundaries.
- Only Primary Health Care facility in the rohe/area.
- Funded and operated by BOPDHB
- Predominantly Maori population, 13 hapu/marae
- Three schools within Practice boundaries
- Cornerstone Accreditation renewed Jun 2019



IMPROVEMENT TEAM

- **Project team:**

- Kiritahanga Savage Facilitator
- Dr Emily Gill Sponsor
- Phillipa Callaghan Team Support
- Ripeka Te Haara Project Administrator
- Mariana Hudson Pharmacist
- Te Motu Savage I.T Support & Consumer Whanau Rep

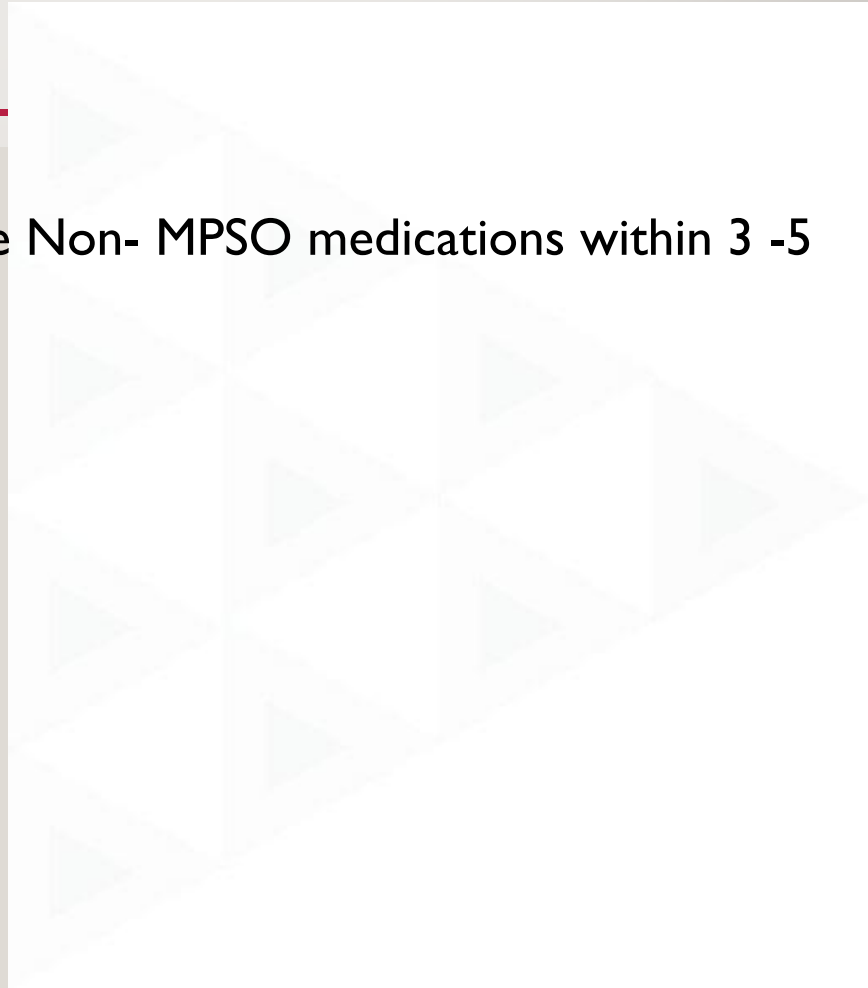
- Dr Rachel Thomson Team Support
- Dorothy Keir RN/Toma Walker RN
- Ebrahim Solomon Registrar
- Kahukura Webb AHA



PROBLEM STATEMENT

Where our TWAA patients do not receive Non- MPSO medications within 3 -5 days after the script has been generated.

How long did the patient have to wait?
How long did it take?
Why did it take 5 days?
Was the script sent late?
Did you collect the medication?
Was it sent out to depot?
Concerns with transport? Forgot?
Lost Rx? Pharmacy not receiving Rx?
Courier?



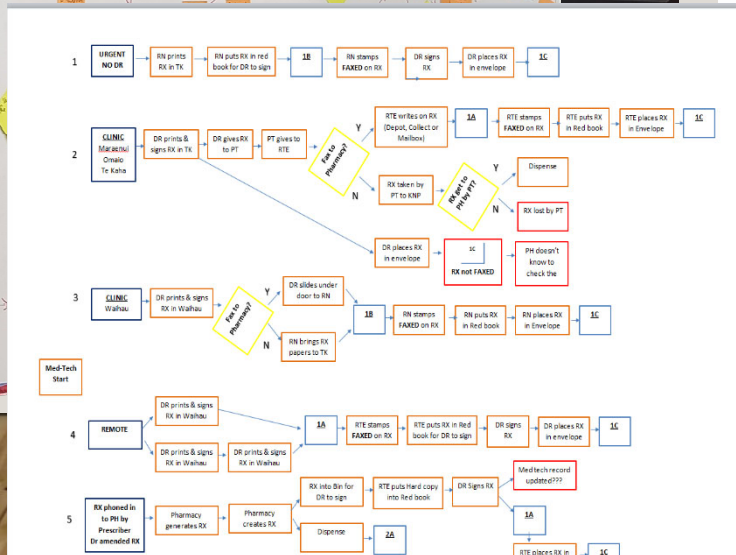
AIM STATEMENT

To ensure that >90% of our patients at Te Kaha Medical Centre who are prescribed non-MPSO medicine receive their medication within 48 hours of it being prescribed by Mar 2020, (in keeping with expectations for prescriptions generated in Opotiki).

TOOLS USED



- Affinity Chart
- Driver Diagram
- Fish Bone
- Process Mapping



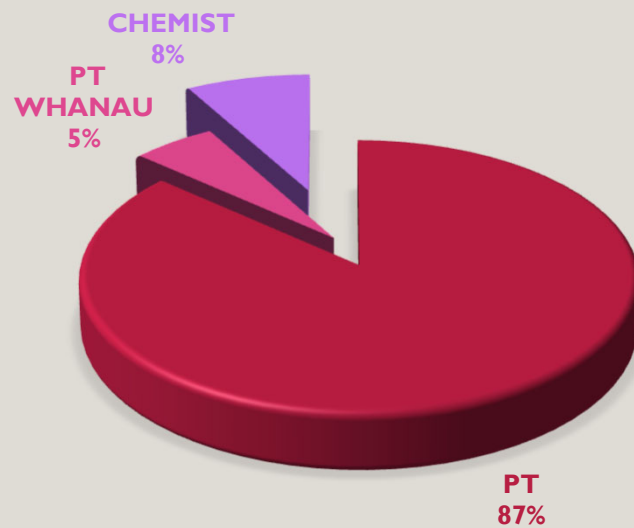
TEAM FEEDBACK ON USE OF TOOLS TO INFORM/LEAD/DESIGN CHANGE...

- Made me realise the complexity of the process, had not appreciated so many others input having an effect on outcome – GP
- Helpful in unpacking the complexities of a seemingly simple process – RN/GP
- Infinity helped focus our aim – GP
- Process Mapping, we could start making plans to “Do something” – RN/GP/Admin

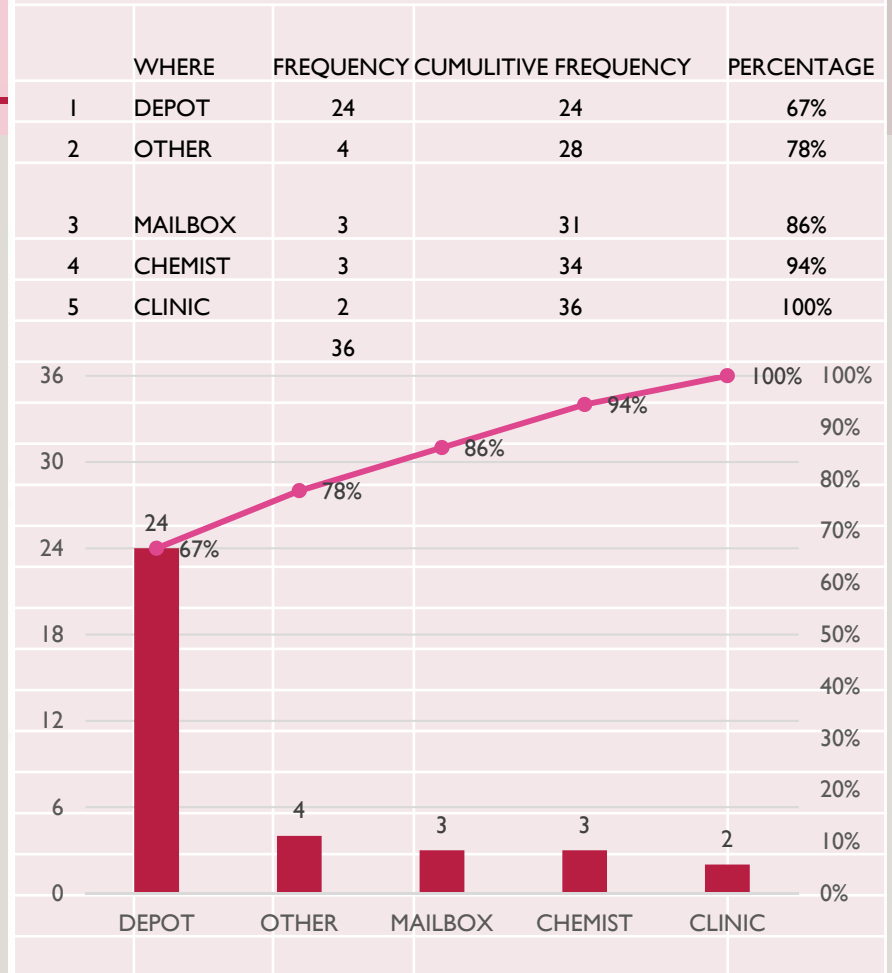


MEASURES FROM QUALITATIVE DATA

CONTACT MADE BY



MEDICATION COLLECTION POINTS



DRIVER DIAGRAM

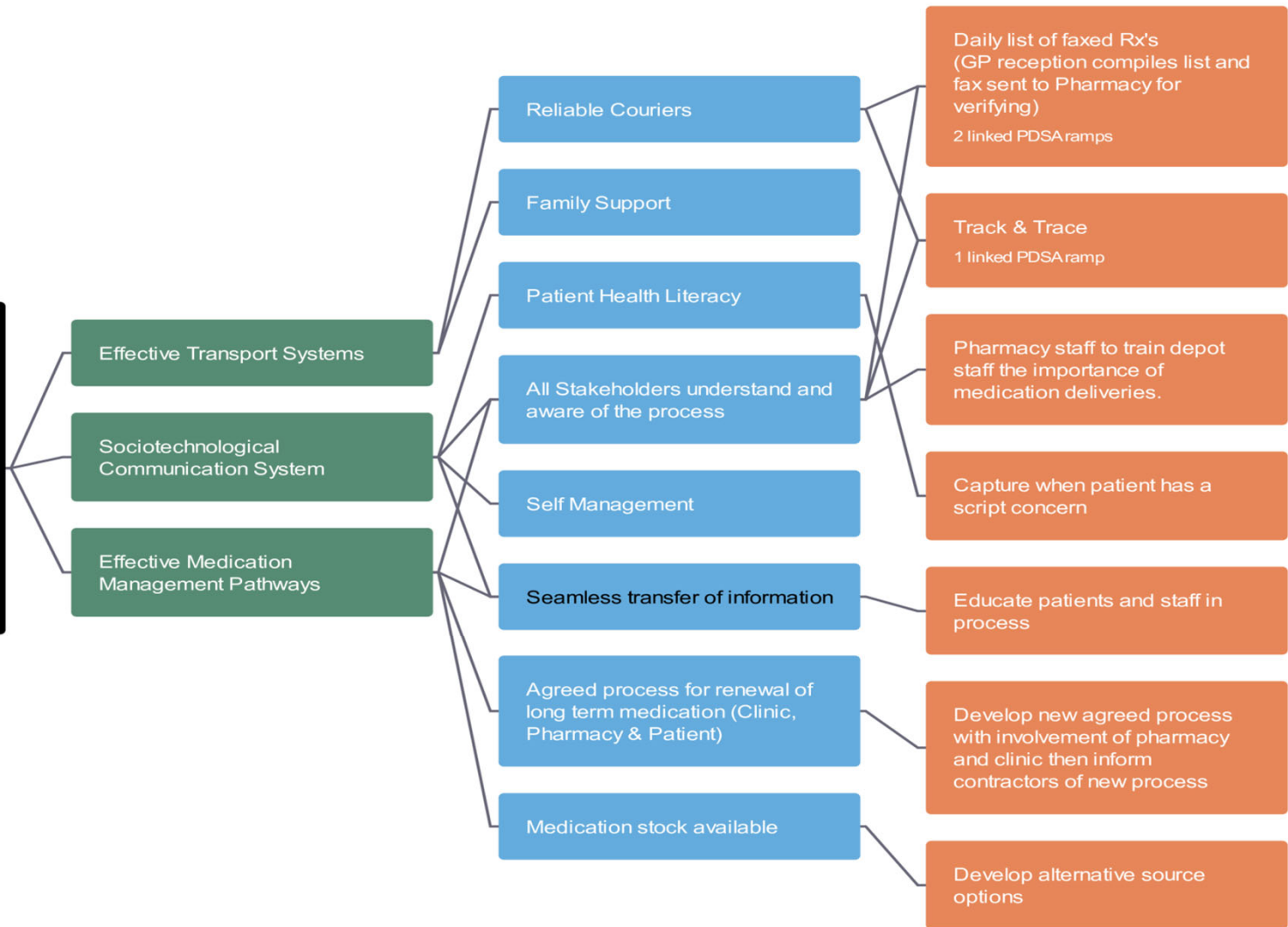
AIM

PRIMARY DRIVERS

SECONDARY DRIVERS

CHANGE IDEAS

To ensure that 95% of our patients at Te Kaha Medical Centre who are prescribed non-MPSO medicine receive their medication within 48 hours of it being prescribed by Mar 2020 with the exception if prescription request is after 11.00am of a Friday that the patient can expect the non- MPSO medicine with 72 hours, (in keeping with expectations for prescriptions generated in Opotiki).



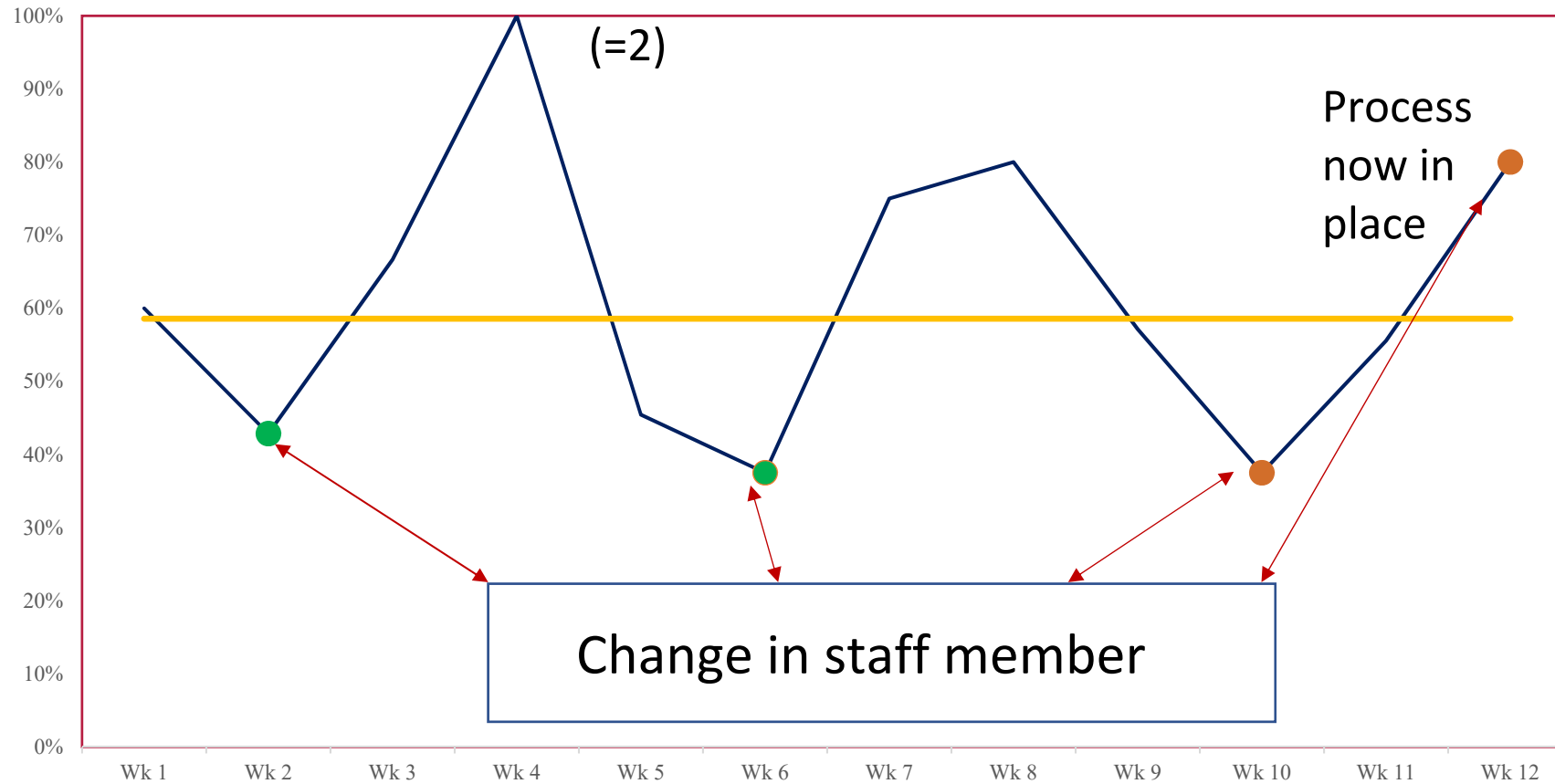
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HEALTH SYSTEM INNOVATION AND IMPROVEMENT

MEASURES

% of patients who get Rx's within 72 hours



PDSA

PDSA Title: Request & receive medication

Time: April/May/June 2019

Change ideas: To record all requests/queries regarding patient medications by using a chit to gather information by all stakeholders, e.g. the Patient, GP, Hospital, Pharmacy, RN's and Administration Team to identify issues that may be holding up the receipt of medications for patients.

Prediction: Issues affecting timely access will be identified. That we will be able to identify and address issues appropriately. We will be better informed of the time frames for patients receiving medications and eliminate obstacles delaying patient receiving medication.

Result:

- 1: All existing staff actively record medication request on a chit. This has identified that there are so many variations why a patient may not necessarily get their prescriptions filled within a 48 hour timeframe.
- 2: Patients reliant on clinical staff to follow up where their medication are and are not taking the initiative to ring the depot or pharmacy themselves prior to contacting clinic staff.
- 3: To encourage patients' to become more independent with chasing up their own medication.

Act: We have adapted this PDSA cycle by changing the chit (at a full staff meeting) to gather prescription requests so that the information captured is more succinct.

PDSA Ramp Title: Request & receive medication Part 2

Change Ideas: To adapt chit so that more simplified for all staff including the clinicians to record all medication request/queries to prevent further delays in patients receiving their medication.

Prediction: We will be able to target specific issues affecting receipt of prescriptions to pharmacy and medications to patients. The data collected will give us more specific targeted information regarding script issues.

Result:

- 1: Staff inconsistencies with data collection and no set process to follow.
- 2: Lots of information gathered for data collating.

Act: Abandon chit collection process.

PDSA

PDSA Title: Pharmacy List

Time: Daily since May 2019, ongoing

Change idea: Create a new form to list every medication request with patient's name to record this and the form be sent through to the pharmacy where the pharmacy can also check who and how many patients have requested a script.

Prediction: This will help track the prescription is sent through to the Pharmacy. That Pharmacy can reconcile medications scripts received via fax with list. There are less patient enquiries with missing medications.

Result: 1: Worked well where all stakeholders give scripts to be recorded on the "Pharmacy List".
2: There is now a need to add more information to form to categorise the types of medication request; e.g. is the medication request a prescription as a result from the patient appointment, phone request, pharmacy follow-up, misplaced script (not sent? not received?), forgotten script or hospital prescription?

Act: Adapt form and continue with recording prescription request and consider asking pharmacy staff to send response when receiving "Pharmacy List" form. Aim to continue to work with pharmacy and ask if they are able to reconcile script request/queries.

PDSA Ramp Title: Pharmacy List Part 2

Change Idea: Add to form the types of medication prescription request as this being a result of a patient appointment or; phone request, pharmacy follow-up, misplaced script, forgotten script and hospital prescription. The project facilitator will arrange to meet with Pharmacy to discuss how to reconcile the Pharmacy List with medication delivery. (Offer advice where "Pharmacy List" can be checked when Pharmacy staff is placing medication for delivery to the designated depot, mailbox or clinic.

Prediction: That all medication request/queries are received by patients.

Result: An effective process where patient enquiries are recorded. This process view is too wide to measure effectively for this Quality Improvement Project.

Act: Adapt this PDSA cycle to target the scope for Waihou clinic only.

PDSA RAMP CONTINUES...

PDSA Ramp Title: Pharmacy List Part 3

Change Idea: Waihau clinic "Pharmacy List", captured from patient consult with GP every Tuesday. Originally Waihau RN, to follow-up contact with patient in regards to medication received within 48 hours, now a part of AHA role (with the exception of Controlled Drugs and insulin, these are delivered via RN when RN clinics are scheduled).

Prediction: Waihau patients have less issue with not receiving their medication within 48 hours.

Result: Process is working very little to no issues in regards to Waihau patient receiving medication within 48 hours.

Act: 1: Adapt to add a policy around prescription to pharmacy, medication to patient. 2: That new/locum staff orientation within Clinic GPdocs website. 3: Existing staff aware of process at Waihau clinic. 4: Once this routine is well established in Waihau clinic to implement process over whole practice.

PDSA Ramp Title: Pharmacy List Part 4

Change Idea: Meet as full staff to review current policy and adapt to include our QI project aim and ensure new and locum staff as part of the induction process.

Prediction: Patients and all stakeholders happy 😊... patients medicated.

Result: Haere tonu... Adopt...

STAKEHOLDER COMMUNICATION PLAN

Stakeholder	Motivation/values	Action/message	Strategy	Responsibility	Reflection
R Thomson	Autonomy, value,	We are going to do this as a team	Better the team	Kiri to bring team together	
E Gill	Shares and enthusiastic with beneficial change to improve an outcome for patients	To keep communication open through regular update at staff meetings	To continue with positive reinforcements through communicating with staff	Self & Kiri	
R Te Haara	Likes to do a good job, put into format and likes to be organised	To develop & implement accurate data collating forms and communicate with GP/Pt & Pharmacy	You are adding value by supporting all stakeholders	Self & staff	
M Hudson	The care of the individual to better their health & well-being	Receive & dispense Rx to pt. Reconciles Rx's with list provided from Clinic	Rv /record & list complete Rx	Self, clinic admin (Ripeka) & Pharmacy staff	
K Savage	To deliver a service that eliminates more than 2-3 staff members actioning a script request	Process data complied and keep up with measures	Rv Rx requests over 1/52. Use PDSA cycles/ramps to stay on track	Self/Admin & all staff	
P Callaghan	To help see the project succeed	Keep open communication with Facilitator	Work with Facilitator and all stakeholders	Self & Kiri	
TM Savage	Supports the project to help resolve ongoing concerns with patient medication	Categorise and collates data	Work with project facilitator	Self & Kiri	

KEY SUCCESSES

- Workshop with Stakeholders
- Link in with members away from Te Kaha/Life QI link
- Continual data collection
- Sharing of data with all stakeholders during full clinic staff meetings
- Engaging with team and getting feedback
- Project issues discussions with Facilitator/Sponsor then to team
- Availability of Ko Awatea & Whakakotahi teams

BARRIERS

- Unfamiliar with Life QI Program and how to navigate around this
- With a High Performance Clinic Team it is difficult finding time to link with stakeholders to further develop the project.
- Finding time to have online catch-ups with Ko Awatea & Whakakotahi teams solely due to work and personal commitments

LESSONS LEARNED

“If you can’t measure it,
it is harder to improve on it”

“Not everything that can be measured
is helpful... and not everything that
can be... will be...”



- Whole team/Full stakeholder input
Makes for more positive end result
for all!

Nā tö rourou, nā taku rourou..... ka ea!

- Adapt... Adopt... define...refine....

Why stop here....?

