

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



HEALTH SYSTEMS INNOVATION AND IMPROVEMENT

IMPROVEMENT FACILITATOR



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

Kiritahanga



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 (3)
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



Mai i Te Taumata o Apanui ki Potaka: Base clinic Te Kaha, Outreach clinics: Maraenui Marae, Omaio, Waihou Bay

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



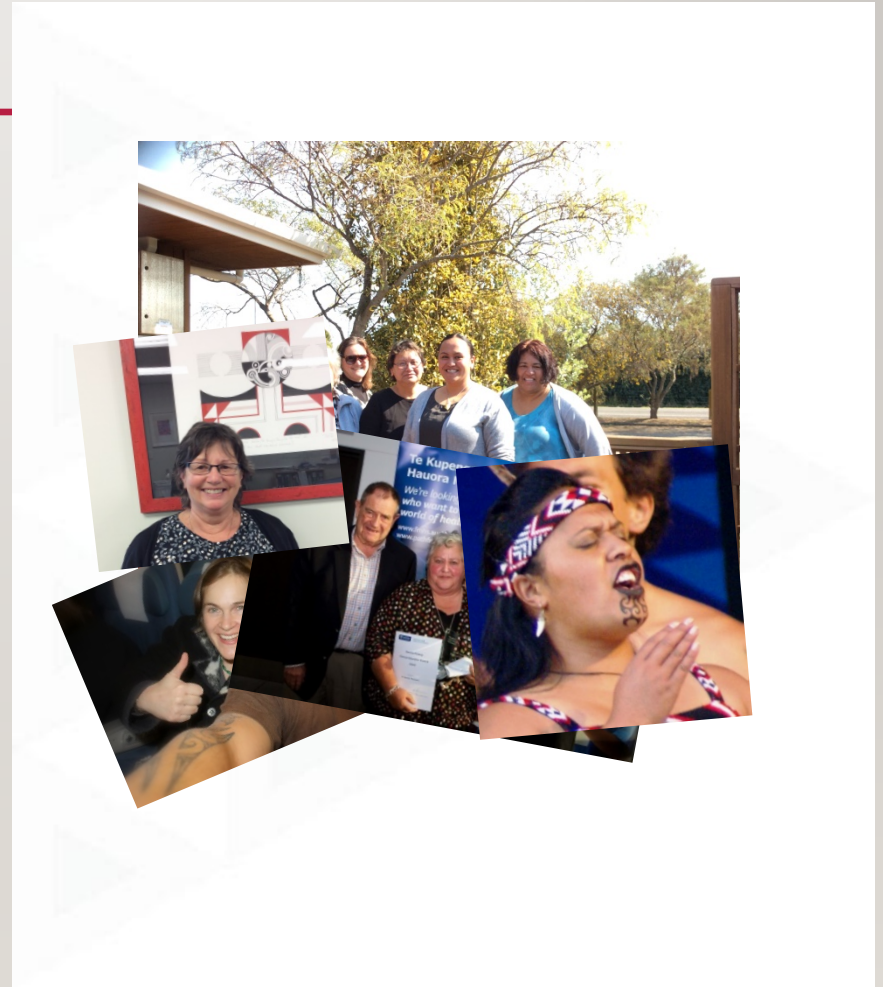
- Status of a special Area (one of only three in the country)
- Free to all registered residents within the rohe/area boundaries.
- Only Primary Health Care facility in the rohe/area.
- Funded and operated by BOPDHB
- Predominantly Maori population, 13 hapu/marae
- Three schools within Practice boundaries
- 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
- Dr Ebrahim Soloman Registrar
- Dr Kaea Matenga Registrar
- Kahukura Webb AHA



PROBLEM STATEMENT

Where our Waihou Bay 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?

Issues include:

- **Steps from generation, faxing, receipt of, processing of and delivery of scripts can vary greatly 3-5 days.**
- **Script generated via GP appointment/pt Phone requested script, specialist/hosp generated script**
- **Follow-up by staff/patients with Pharmacy if script process.**
- **Follow up with Pharmacy where medications delivered to Approved depot/clinic (controlled/refrigerated meds) or patient letter boxes or patient organised pickups**

AIM STATEMENT

To ensure that >90% of our patients at Waihau Bay Outreach clinic who are prescribed non-MPSO medicine have equitable access to and receive their medication within 48 hours of it being prescribed by Mar 2020, (in keeping with expectations for prescriptions generated in Opotiki).

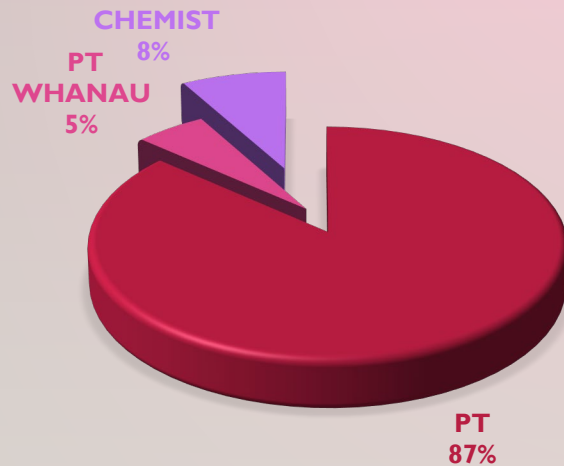
TEAM FEEDBACK ON USE OF TOOLS TO INFORM/LEAD/DESIGN CHANGE...

- 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
- Affinity helped focus our aim – GP
- Process Mapping, we could start making plans to “Do something” – RN/GP/Admin



MEASURES

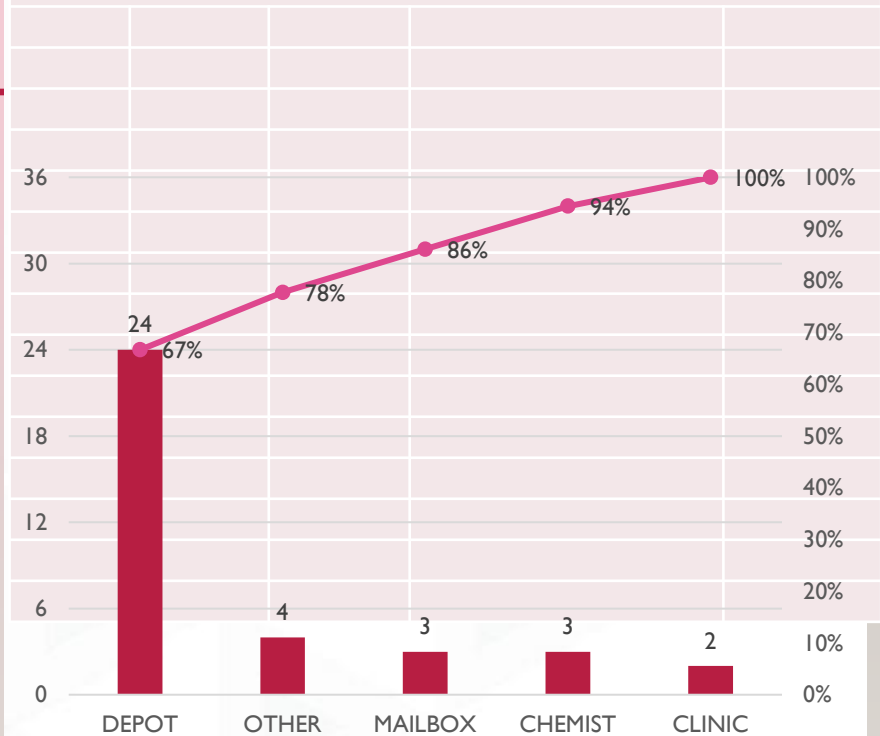
CONTACT/QUERIES RE MEDICATIONS/PRESSCRIPTIONS – RECEIVED FROM:



Prescription generated/sent/received?

Medications received?

MEDICATION COLLECTION POINTS



DRIVER DIAGRAM

AIM

PRIMARY DRIVERS

SECONDARY DRIVERS

CHANGE IDEAS

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).

Transport Systems

Sociotechnological Communication System

Medication Management Pathways

Reliable Couriers

Family Support

Patient Health Literacy

Stakeholders understanding process

Self Management

Seamless transfer of information

Agreed process for renewal of long term medication (Clinic, Pharmacy & Patient)

Medication stock available

Daily list of faxed Rx's (GP reception compiles list and fax sent to Pharmacy for verifying)
2 linked PDSA ramps

When urgent medication requested and no delivery available, pharmacy staff are able to identify TWAA whanau that may consider transporting medication to respected patients (excluding C.D's).

Pharmacy staff to train depot staff the importance of medication deliveries.

To record daily printed scripts that are faxed to Pharmacy whether this be as a result from an appointment, patient request or pharmacy request.

Capture when patient has a script concern

Educate patients and staff in process

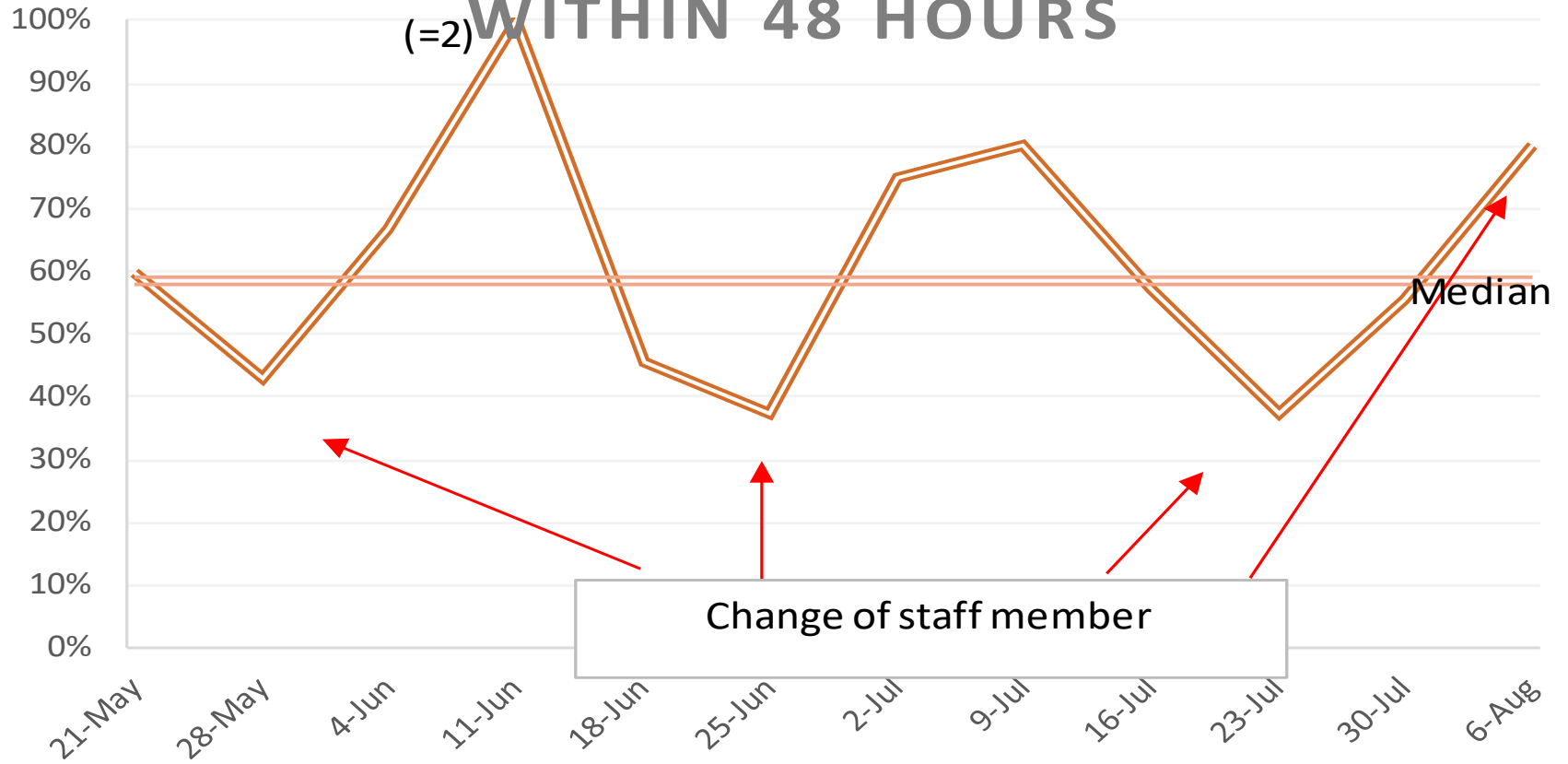
Policy in place and discussed with all stakeholders for consistency with script process

Develop new agreed process with involvement of pharmacy and clinic then inform contractors of new process

Develop alternative source options

Generated by 

% OF PATIENTS WHO GET RX'S WITHIN 48 HOURS



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PDSA RAMP

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 check off medications 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 Wāihau clinic only.

PDSA RAMP CONTINUES...

PDSA Ramp Title: Pharmacy List Part 3

Change Idea: Waihou clinic "Pharmacy List", captured from patient consult with GP every Tuesday. Originally Waihou 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: Waihou patients have less issue with not receiving their medication within 48 hours.

Result: Process is working very little to no issues in regards to Waihou 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 Waihou clinic. 4: Once this routine is well established in Waihou 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.

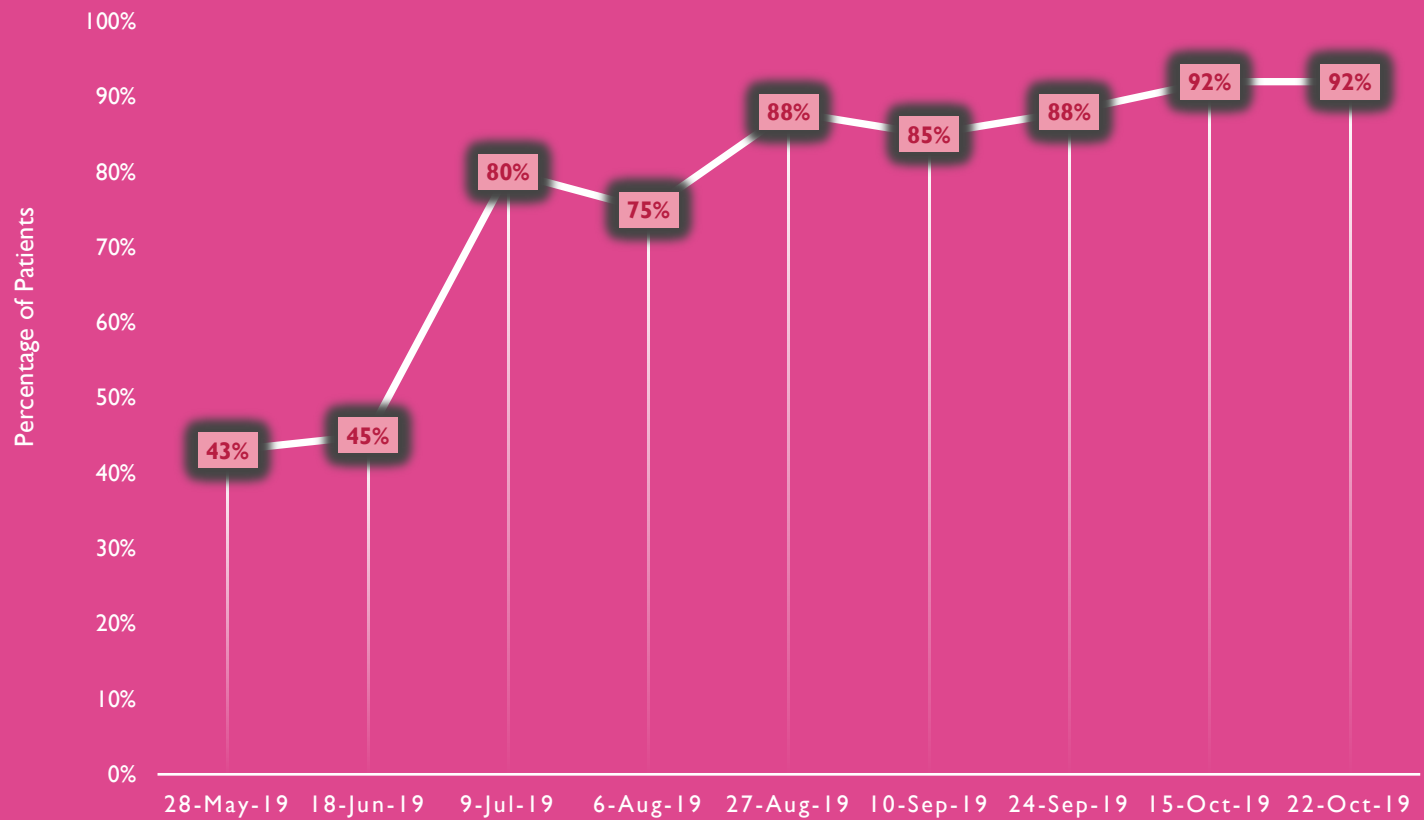
Result: Haere tonu...

A D O P T !

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	Time constraints/work commitments affected progress with Team but definite improvement
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	Emily & Kiri	Forward motion, improved access equity for our patients! Simpler the steps/process the better the outcome.
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	Emily & staff	Identified, adapted, abandoned, improved Adopted, Improvement!
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	Emily, clinic admin (Ripeka) & Pharmacy staff	Would like to have seen project through to completion
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	Emily/Admin & all staff	What a roller coaster ride! Up, down, back, forward, upside down... Light at the end of the tunnel!
P Callaghan	To help see the project succeed	Keep open communication with Facilitator	Work with Facilitator and all stakeholders	Emily & Kiri	Seen great growth in individuals and across team good start keep going!
TM Savage	Supports the project to help	Categorise and collate	Work with project	Emily & Kiri	Has been very positive for

MEDICATION RECEIVED CHANGE IDEA



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

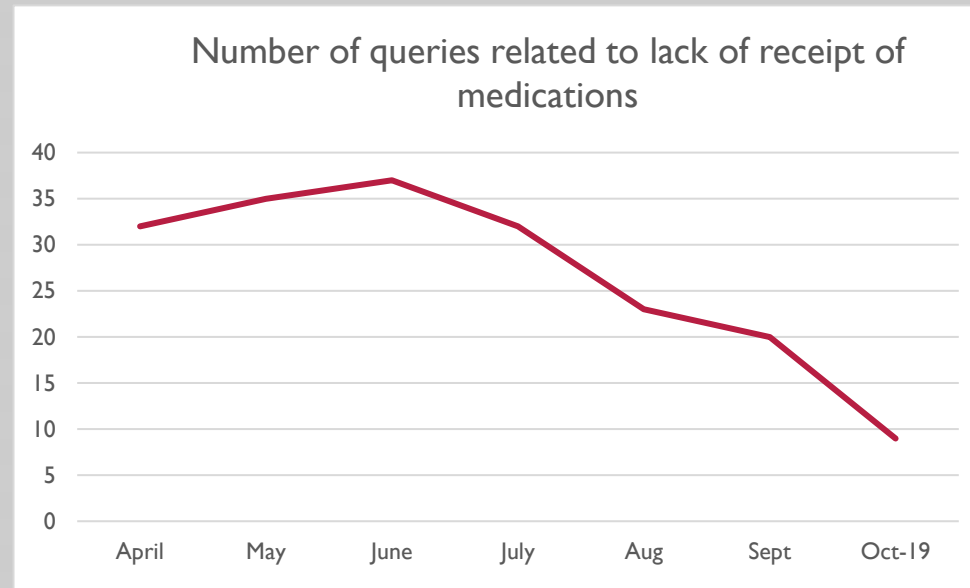
Medication query requests from stakeholders handled by stakeholders

Its like night and day! Happier patients, happier clinicians, happier Pharmacy staff!! - RN

**The change makes an ordinary day extraordinary!
Admin**

Smoother processes enable all stakeholders to get what they need, when they need it. – Pharmacy staff member

**No. of incident occurrences dropped markedly-
from at least 3-4 per day to maybe 1-2 per week
Admin.**



INEQUITY.....

A MATTER OF HEALTH AND
WELLBEING AND EQUAL ACCESS
FOR ALL.....



Maori vs Non-Maori-

Are prescribing levels of some medications lower for some population groups?

Is there assumption that some population groups will not take their meds

Levels of health literacy hinder optimal holistic wellbeing

Rural vs Urban

Ready access to medications:

Transport/fuel/funds – to get to depot/clinic/to pay for delivery to mailbox

East BOP vs West BOP

Number of Pharmacies accessible to Practice patients- 1 hour plus travel time.

Community Pharmacist contracted allocation insufficient/Pharmacy staffing to fulfil contract

KEY SUCCESSSES

- 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



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 tō rourou, nā taku rourou..... ka ea!

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

He aha ai, ka tu...
Haere tonu!