The Medication Management Team: An innovative service enhancing medication management and improving patient care

NSW GOVERNMENT Health
South Eastern Sydney Local Health District

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Local data suggests 73% of patients have at least one clinically significant error on their initial medication chart.

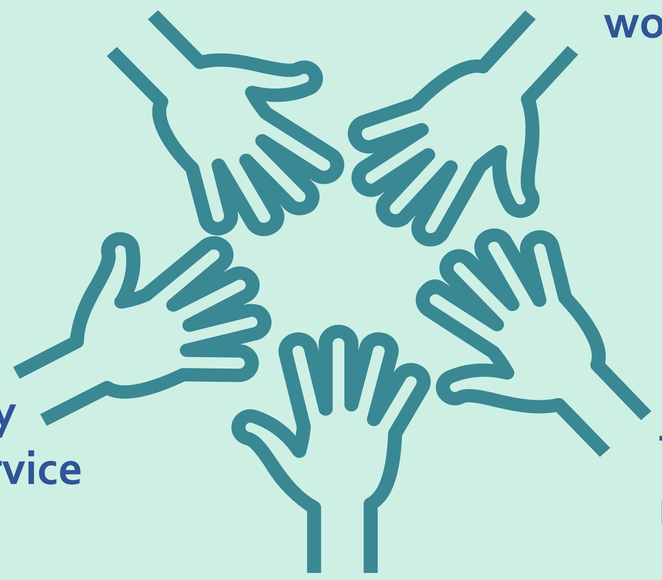
One third of medication errors have the potential to cause patient harm if they are not intercepted.

Errors can be prevented through documentation of a Best Possible Medication History (BPMH) and completion of Medication Reconciliation (Med Rec) as early as possible in the episode of care. Rates of BPMH and Med Rec within our district sites were low and disparate. Models of care required evaluation to optimise service provision and improve patient outcomes.

We aimed to implement an innovative model of care that reduces the risk of medication related harm through optimised delivery of BPMH and Med Rec activities to admitted patients.

Flexible model of care adapted to each site

MMT pharmacists cross trained to work district wide



Seven-day clinical service

Targeting high risk patients

Standardised district documentation & reporting

The Medication Management Team (MMT) was established in August 2022. Key activities include:

- Completion of BPMH and Med Rec based on patient needs in collaboration with all clinicians. The initial focus was on sites with lower baseline BPMH and Med Rec rates. The service has now expanded to all five sites in the district.
- Developing a framework for district monitoring and reporting on medication management activities.
- Contributing to and supporting site and district-based quality improvement projects in medication management.
- Promotion of and education on medication management activities.

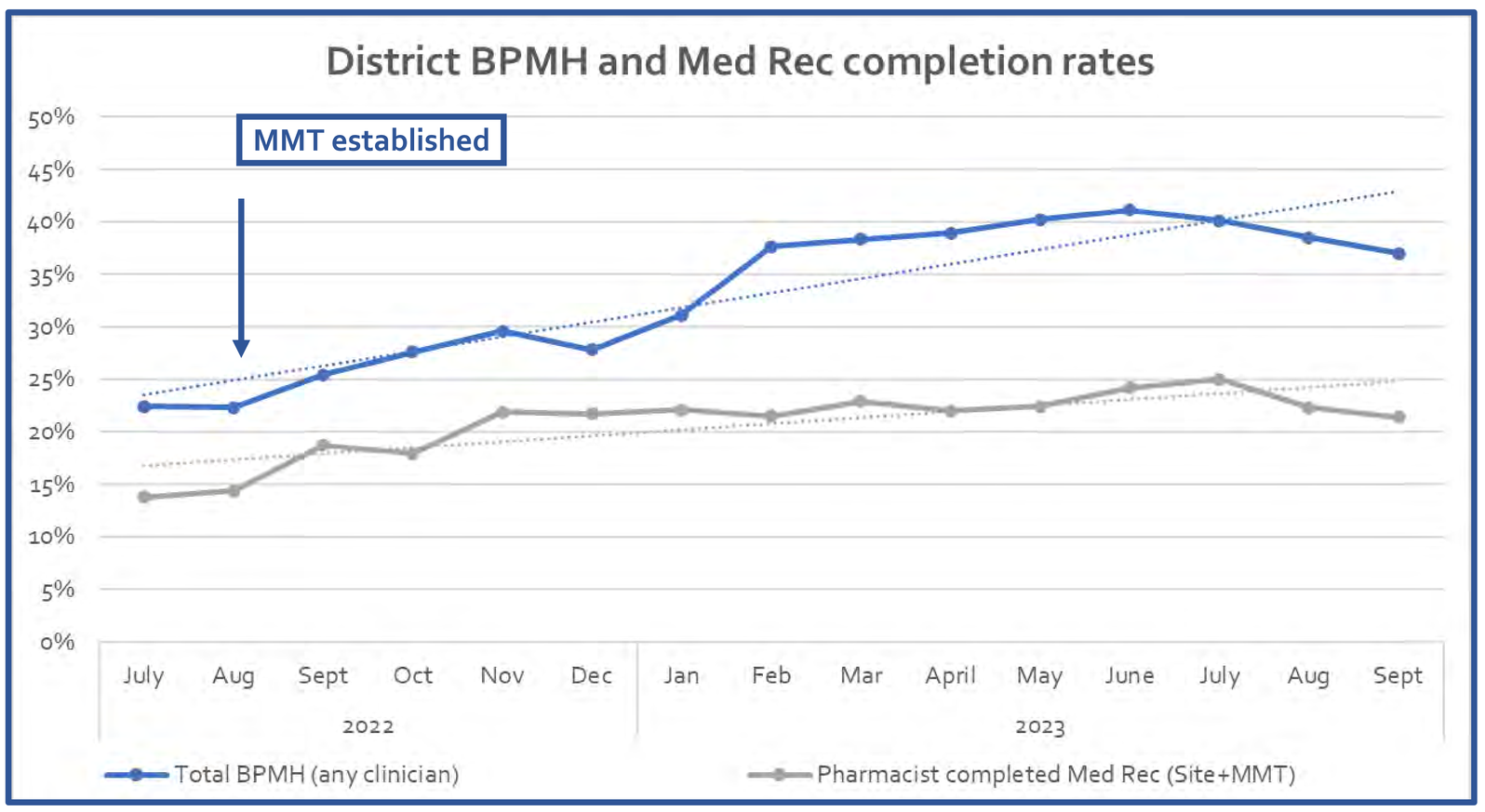
61% Patients seen by the MMT that were older than 75 years of age.

72% Patients seen by the MMT taking more than 5 regular medications on admission (9 on average).

59% Patients seen by the MMT taking a high-risk medication.

Over the past year, our district has seen a sustained increase in BPMH completion rates with the introduction of the MMT service. Pharmacist completed admission reconciliation district wide can now be measured and reported, with ongoing improvements in rates demonstrated.

The MMT are capturing patients at increased risk of medication related harm. The MMT have documented an average of 2.7 clinical interventions per patient reviewed with around one in three intervention (31%) of moderate or greater severity.



Where to from here?

The MMT represents an agile model of care that targets high risk patients for service delivery and has increased overall rates of BPMH and Med Rec completion. Further work is being done to create a robust framework for maximising medication management activities district wide. Projects include the incorporation of a live risk stratification score into our electronic medical record system and the implementation of a standardised, electronic pharmacy referral service at each site for medical staff to refer high-risk patients.

MM2023 Feedback or Questions