

# Improving Patient Safety in Primary Care From Haggis to Pavlova

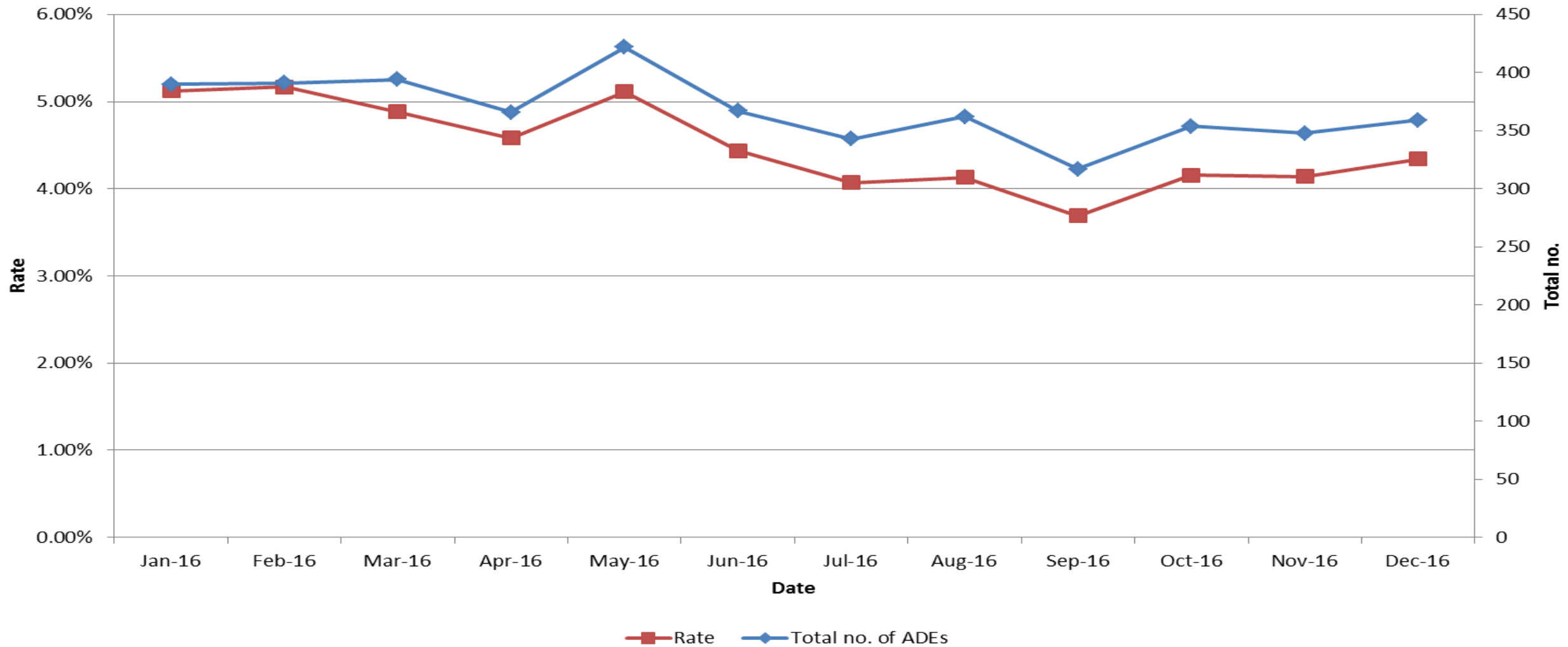
**Neil Houston**

**Vikas Sethi**

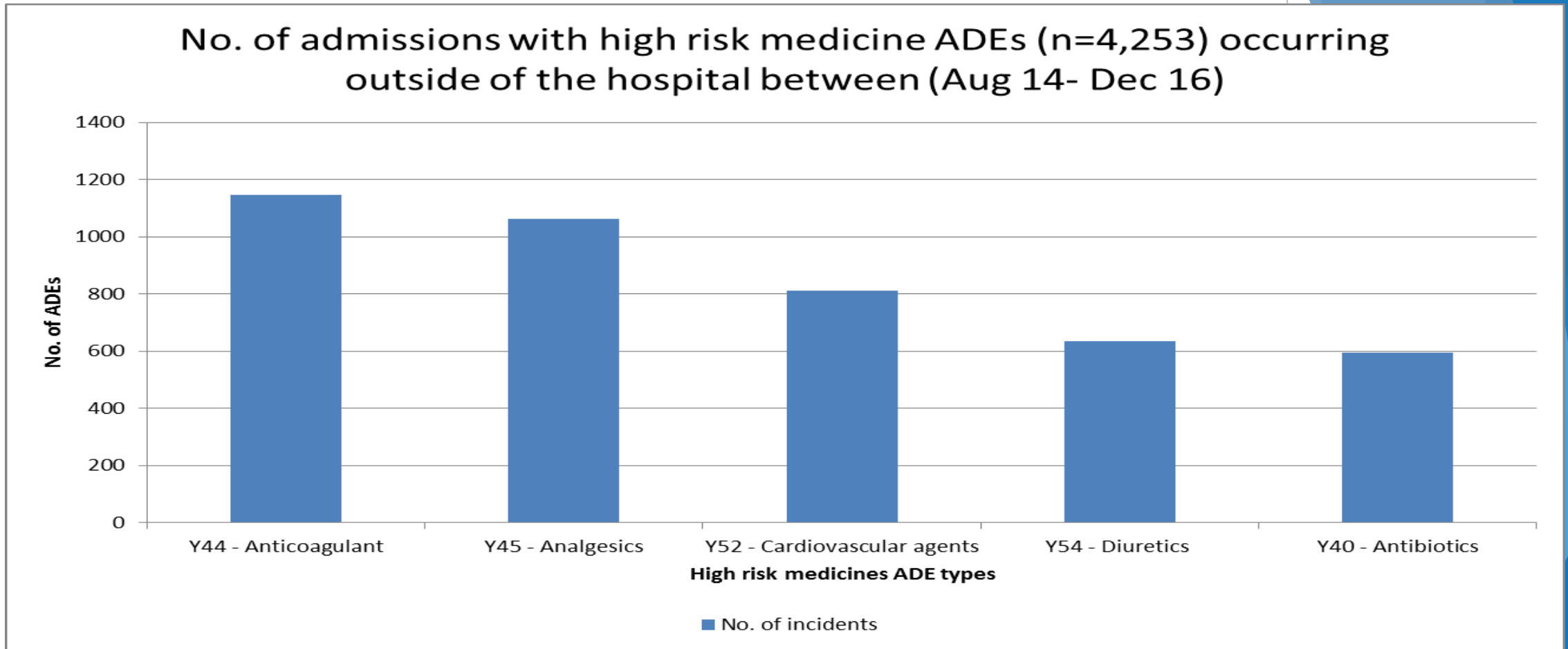
# Why Bother

- ▶ 6.5% all admission related to Adverse Drug Reactions
- ▶ 4% bed capacity
- ▶ Which drugs ?
  
- ▶ Medication Reconciliation
- ▶ **67% Preventable**

## Total number and rate of admissions with an Adverse Drug Event occurring outside of hospital (n=4,413 ADEs)



# Drugs Causing Admissions



# HQSC -A window on the Quality of NZ Healthcare

## April 2017

8 % of primary care patients in New Zealand report being given the wrong drug or dose in the last 12 months, with nearly half of them having to seek help for the medication error

# Test Results

- ▶ Practices do not track requests for tests
- ▶ Lack protocols on how to inform patients of results.
- ▶ MPS 84% of practices had risks associated with test results.
- ▶ The Health and Disability Commission Cases

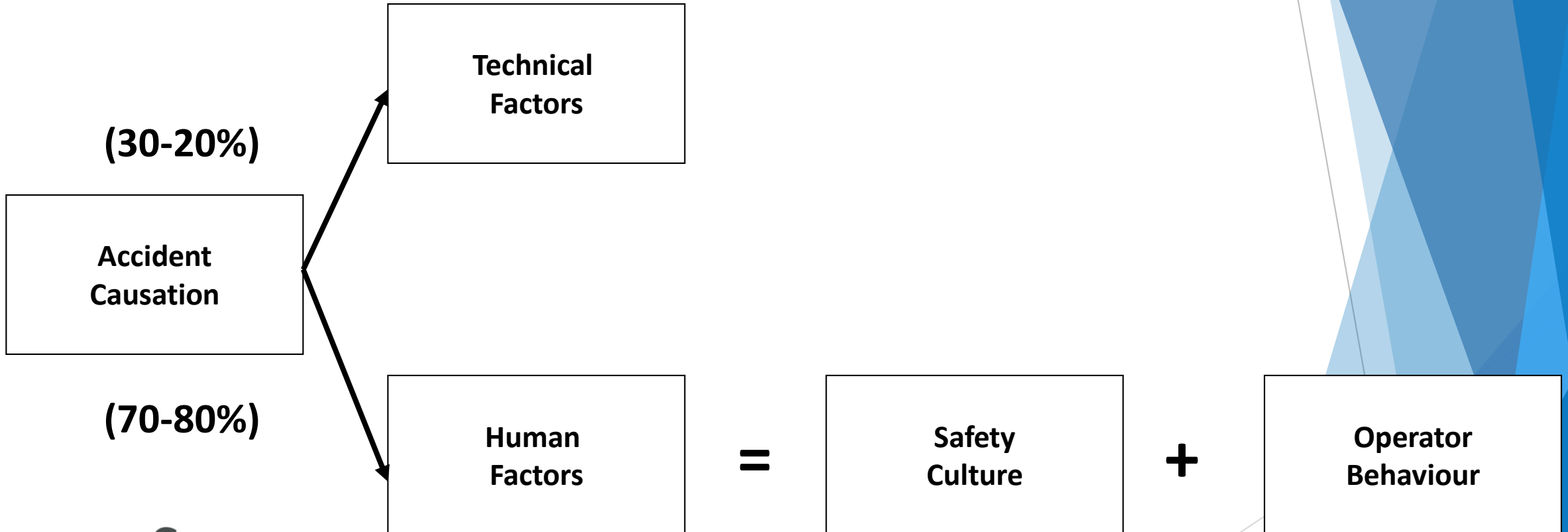


**DANGER!**



**RISK OF  
WORKLOAD  
AVALANCHE**

# Adverse Event Causation





# Human Factors

Is a discipline which concerns understanding and improving the “fit” between people and their working environment to ensure a safer productive and efficient workplace

The following factors make us more prone to making mistakes?

- ▶ Stress \*
- ▶ Fatigue
- ▶ Time pressure
- ▶ Poor design / interface \*
- ▶ Quality & quantity of Information\*
- ▶ Fragmentation\*
- ▶ Unfamiliarity\*

**:: This is a NPSA High Risk Process    Caution!**

You have selected  
**Metho**

**Add Drugs**

Problem Titles: NOT LINKED    Authorised By: DR. A MCELHINNEY

Name:    Pack Description:    Pack Size:    Price:   

Dosage:   

Day/Qty:   

Rx Type:   

Duration:    Rx Review:   

Re-Issues:   


Options ▾

Warnings & Status   Preparations   Drug De

**WARNINGS**

- ADVERSE REACTION TO AMIT
- ADVERSE REACTION TO PENI
- ALLERGY : AMITRIPTYLINE H
- ALLERGY : PENICILLIN V TABS 250MG
- PREVIOUS ADVERSE REACTION TO PENICILLINS - CROSS SENSITIVITY RISK
- EGG ALLERGY
- PEANUT ALLERGY
- PREVIOUS ADVERSE REACTION TO PEANUT

**Warnings**

 There are warnings in your current selection. Please check the warnings & status page carefully before continuing any further.

OK    Cancel

Clear   G/T Switch   BNF Data   Next   Issue & Print   Issue   Cancel

**:: This is a NPSA High Risk Process Caution!**

You have selected  
**Metho**

**Add Drugs**

Problem Titles: NOT LINKED Authorised By: DR A MCELHINNEY

Name: Dosage: Day/Qty: Rx Type: Duration: Re-Issues:

Options: Warnings & Status

**WARNINGS**

- ADVERSE
- ADVERSE
- ALLERGY
- ALLERGY
- PREVIOUS
- EGG ALLE
- PEANUT A

**Add Drugs**

Problem Titles: NOT LINKED Authorised By: DR A MCELHINNEY

Name: WARFARIN SODIUM TABLETS 500 MICROGRAMS  
Dosage: TAKE AS DIRECTED AS PER BLOOD RESULT AT 6PM  
Day/Qty: 28 TABLET  
Rx Type: ACUTE  
Duration: Rx Review: Main Review: 05/09/2013 ☐ Urgent  
Re-Issues:

Pack Description

Pack Size	Price
28 tablet	£1.76

Formulary : FORTH VALLEY V5 (56 DAY)

Options: Warnings & Status Preparations Drug Details

**WARNINGS**

- ♦ WARFARIN SODIUM INTERACTS WITH FLUOXETINE HYDROCHLORIDE  
ANTICOAGULANT EFFECT POSSIBLY ENHANCED
- ♦ WARFARIN SODIUM INTERACTS WITH METRONIDAZOLE  
ENHANCED ANTICOAGULANT EFFECT
- ♦ WARFARIN SODIUM INTERACTS WITH OMEPRAZOLE  
ANTICOAGULANT EFFECT POSSIBLY ENHANCED
- ♦ WARFARIN SODIUM INTERACTS WITH DICLOFENAC SODIUM  
ANTICOAGULANT EFFECT POSSIBLY ENHANCED
- ♦ WARFARIN SODIUM INTERACTS WITH CO-DYDRAMOL 10/500  
PROLONGED REGULAR USE OF PARACETAMOL POSSIBLY ENHANCES ANTICOAGULANT EFFECT
- ♦ WARFARIN SODIUM INTERACTS WITH PARACETAMOL  
PROLONGED REGULAR USE OF PARACETAMOL POSSIBLY ENHANCES ANTICOAGULANT EFFECT

Clear G/T Switch BNF Data Next Issue & Print Issue Cancel

**safety**  
IN PRACTICE

# But we are Human!

- ▶ Clinicians ignore alerts
- ▶ Critical drug interactions **88- 89% ignored**
- ▶ Allergy drug interactions **69 - 91% ignored**
- ▶ Selective set of alerts - 67% accepted

Payne et al 2002

Wengart et al 2003

Shah et al 2006



PRIMARY  
CARE

**safety**  
IN PRACTICE

# Staged Approach

Stage 1	GP Practices	Testing and development 2010-12- Programme launch March 2013
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Stage 2	Community Pharmacy	Proto-typing and testing 2014-16 National Launch 2017
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Stage 3	Dentistry	Exploratory work from 2015 onwards
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SCOTTISH  
PATIENT  
SAFETY  
PROGRAMME

PRIMARY  
CARE

## 3 Workstreams

### Safety Culture

- Trigger Tool Reviews
- Safety Climate Survey

### Safer Medicines

- Warfarin
- DMARDs
- NSAIDS
- Medication Reconciliation

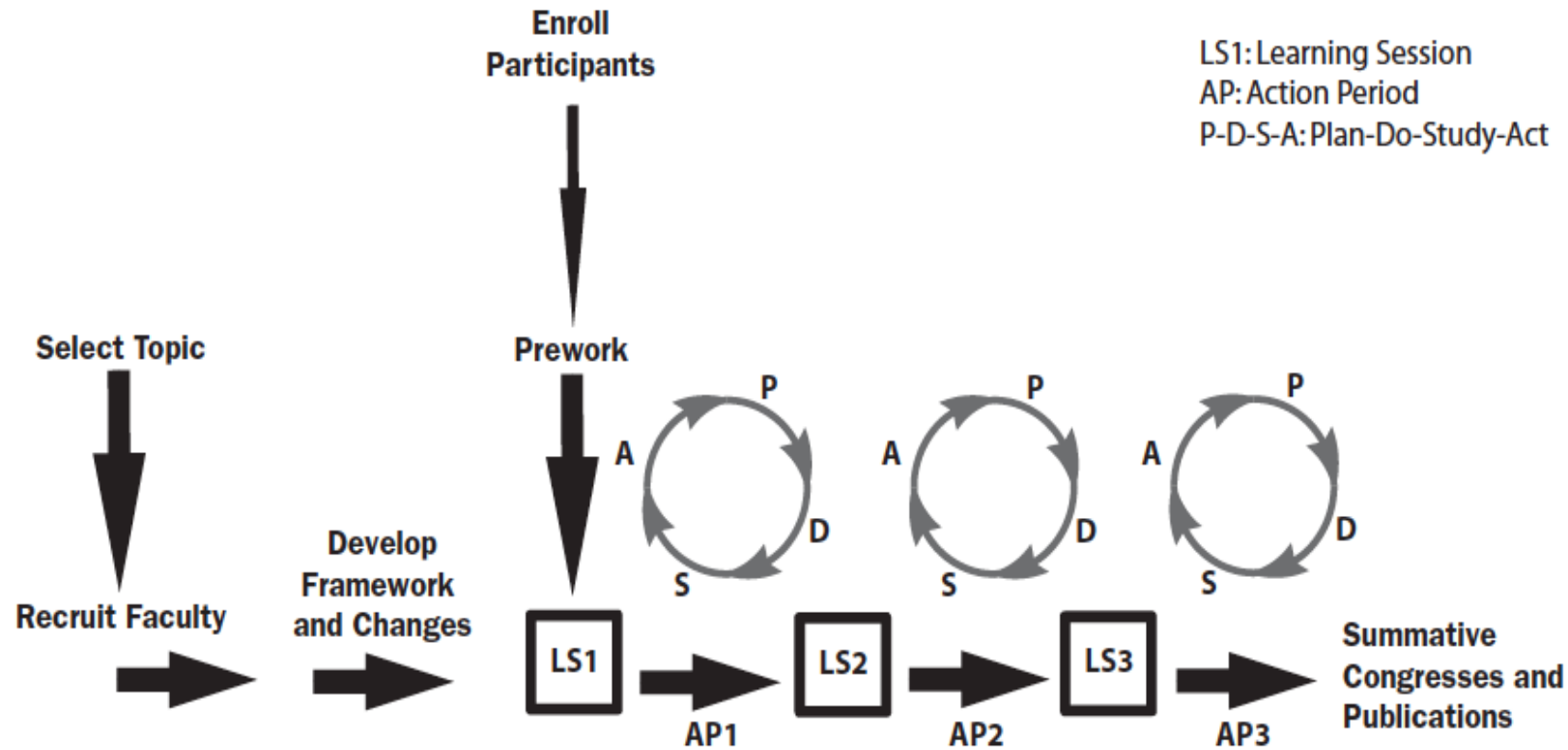
### Safety at the Interface

- Results Handling

SAFETY  
PRACTICE



# Our methods



IHI, Breakthrough Series Collaborative

***“In God we trust.  
All others bring data.”***

**W. E. Deming**



# What is a Care Bundle?

4 or 5 elements of care  
Across Patients Journey  
Creates teamwork  
Mix of easy and hard

All or nothing

Small frequent samples

# Warfarin Bundle

Is there evidence that the last **advice re warfarin dosing** given to patient followed current Guidance?

Is the target INR and duration of treatment clearly documented in the notes

Has patient been taking the advised dose since last blood test?

INR is taken within 7 days of planned repeat INR?\*

Face to face education recorded every 6 months?\*

Overall compliance out of 5

## Progress towards our aims

- **819 practices** across Scotland collected data and made improvement in high risk area - often 3 areas
- **924 practices** in Scotland completed the Safety Climate Survey for 3 years
- **740 practices** in Scotland completed case note reviews and made improvements

# Successes

- ▶ Better systems
- ▶ Teamwork
- ▶ Role development
- ▶ Improved culture
- ▶ Sharing and networking
- ▶ More efficient
- ▶ Less stress
- ▶ Improvement skills

# Warfarin Control

	Before	After
Mean Time in Therapeutic range (%)	66.25	69.10
% of INR tests >5 or <1.5	8.22	5.84

**NPT - Required for payment**

Blood sample -> Lab NOS ☐

Near-patient testing - enhanced services administration ☐

## Methotrexate Monitoring

### Prior to Treatment

FBC - Req ☐

Renal check req ☐

Urinalysis ☐

LFT Req ☐

Chest X-ray ☐

ESR ☐

### Weekly for 1st 6 weeks and after dosage change

Full Blood Count ☐

Liver Function Tests ☐

### Monthly (when stable)

FBC - Req ☐

LFT Req ☐

### 6 monthly (when stable) in addition to normal monthly bloods

U+E ☐

#### Patient asked about the following side effect

- ☐ Has shown no side effects from medication
- ☐ C/O: a rash
- ☐ Sore throat symptom
- ☐ Sore mouth
- ☐ Cough symptom NOS

**If any of these symptoms exist please advise GP**

### Checklist

#### **Methotrexate Leaflet for Patients**

Methotrexate Medication Leaflet Given to Patient ☐

Patient Takes Folic Acid ☐

### **Review of bloods prior to issuing prescription**

FBC Full blood count - FBC 03/12/2002

White blood count not found

Neutrophil count not found

Liver function test not found

Platelet count not found

ALT - blood level not found

Action needs taken if: WBC < 4    Neutrophils < 2    Platelets < 150    ALT > x2 normal upper limit (>60)

Full blood count normal ☐

Blood chemistry normal ☐

Full blood count abnormal ☐

Blood chemistry abnormal ☐

Action on abnormal results ☐

Pneumococcal vaccination given ☐

Influenza vaccination ☐

### **Methotrexate information for GP's**

Diary entry for Blood test due

SIPC Bundle Data

Previous Data



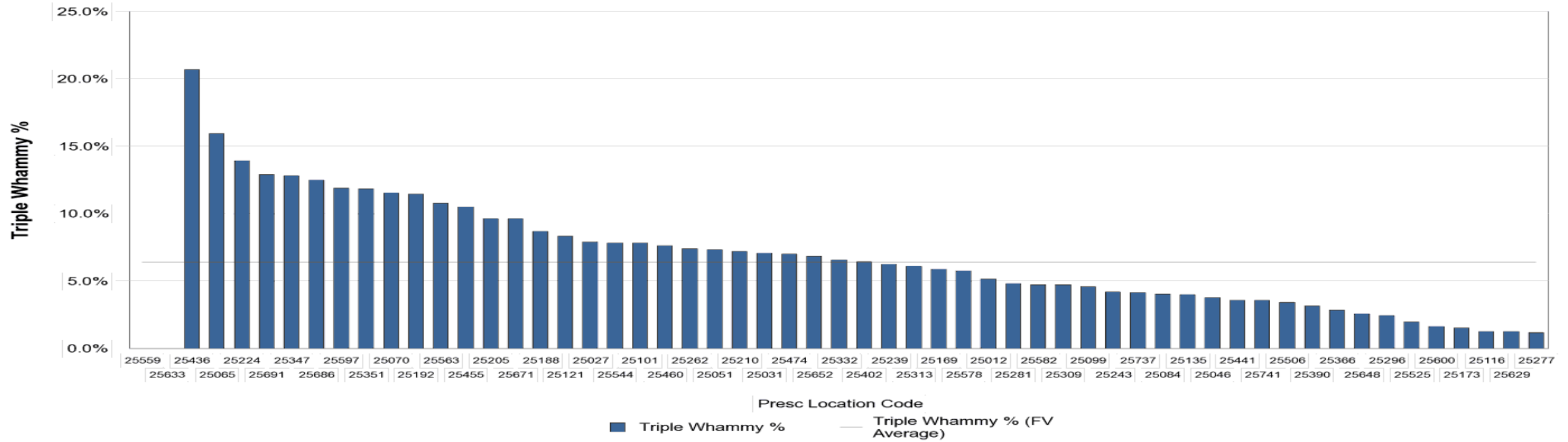
# NSAIDS - Reducing harm

- ▶ Searches
- ▶ Review patients
- ▶ Make changes
- ▶ Measure change

# *The Triple Whammy*

**NSAIDS + ACE/ARB + Diuretic**

*80% increased risk of hospitalisation due to acute kidney injury in first 30 days.*



## Results

- ▶ Patients age  $\geq 65$  years on triple whammy combination.

**Sustained 47% reduction**

- ▶ Patients age  $\geq 65$  years prescribed an NSAID without gastroprotection

**Sustained 52% reduction**

- ▶ Current anticoagulant user prescribed an NSAID without gastroprotection.

**Sustained 41% reduction**

# IT and Patient Safety

- ▶ Data to diagnose the problem
- ▶ Data to monitor improvement
- ▶ Part of the problem
- ▶ Part of the Solution

# Why Successful?

- ▶ Prioritised
- ▶ Right problem
- ▶ Right data collection
- ▶ A Method
- ▶ Infrastructure

# **Safety in Practice**

*is a*

# **Quality Improvement initiative**

*with a focus on*

# **Patient Safety**





# SiP Objectives

**Enhance** quality improvement capability within General Practice

**Augment** PHO capability in quality improvement methods and processes

**Prevent** and/or reduce patient harm by improving General Practice systems and processes

**Promote** a culture of safety within General Practice teams.

- ✓ In 2014/15 we saw 23 practices work to improve patient safety
- ✓ In 2015/16 we saw 32 practices work to improve patient safety
- ✓ In 2016/17 we had 40 enrolled practices
- ✓ In 2017/18 we have close to 80 practices
- ✓ 5 Urgent care Clinics
- ✓ 20 Community Pharmacies
- ✓ Data collected so far reflects that our objective of improving patient safety and quality of care is being met.

Approach so far has been to provide practices with quality improvement support and facilitation to assist with:-

- Up-skilling teams in improvement methodology
- Identification of current systems, processes and behaviours
- Data analysis
- Redesign of practice systems and processes
- PDSA testing of small change with the SiP care bundle audit tools.

# Trigger Tool

- ▶ 10-20% of errors are reported and of these 90-95% cause no harm to patients.
- ▶ The Trigger Tool is an effective way of:
  - Identifying incidents of harm
  - Identifying the degree and severity of harm
  - Selecting and testing changes to reduce harm over time.

Practices will look at 25 records for triggers.  
Triggers will prompt a further look for harm.  
Stop if reached 20 minutes or 5 incidents of harm  
Reflect on areas of improvement.

Step One: Planning and Preparation																									
Please complete:																									
Name of Reviewer:						Name of Practice																			
Date of Review						Profession																			
No. of Records Reviewed						Review Period (e.g. 3-months)																			
What Patient Group did you select records from?																									

Step Two: Review of Records																										
Please aim to review 25 records from the chosen patient group. Tick one box (✓) next to each trigger each time you find it in one of the records.																										
Trigger (A 'prompt' that may indicate a safety incident)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	Total
<a href="#">≥2 consultations in 7 days</a>																										
<a href="#">New diagnosis of Cancer within 3 months</a>																										
<a href="#">New allergy/adverse reaction add to PMS</a>																										
<a href="#">Cessation of Medication</a>																										
<a href="#">Reduction in Medication</a>																										
<a href="#">Out of Hours/A&amp;E attendance</a>																										
<a href="#">Hospital discharge</a>																										
<a href="#">Hb &lt;100</a>																										
<a href="#">eGFR &lt;35</a>																										
<a href="#">Death within review period</a>																										

# Safety Climate Survey

- ▶ Tool for involving all staff in the practice in a discussion around safety culture and systems
- ▶ Team discussion to look at what's going well and areas for improvement
- ▶ Important to avoid harm due to
  - failure of leadership
  - breakdown of communication / decision making
  - lack of assertiveness
  - lack of awareness

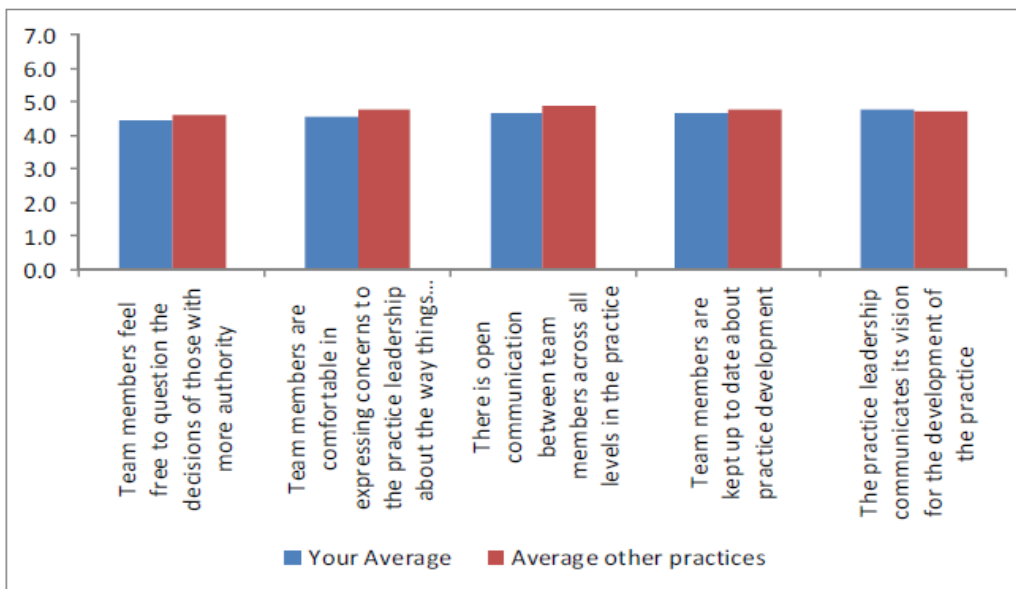
## Safety in Practice – Safety Climate Report

### Communication - All responses to date (n=190)

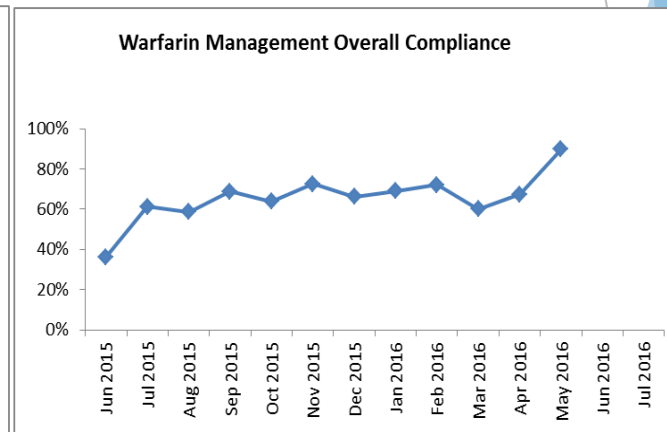
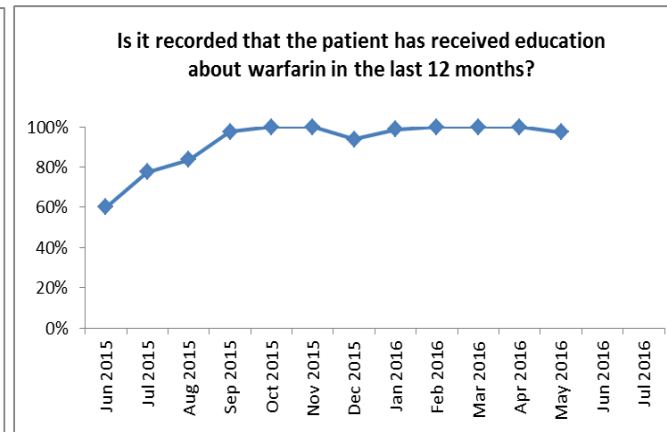
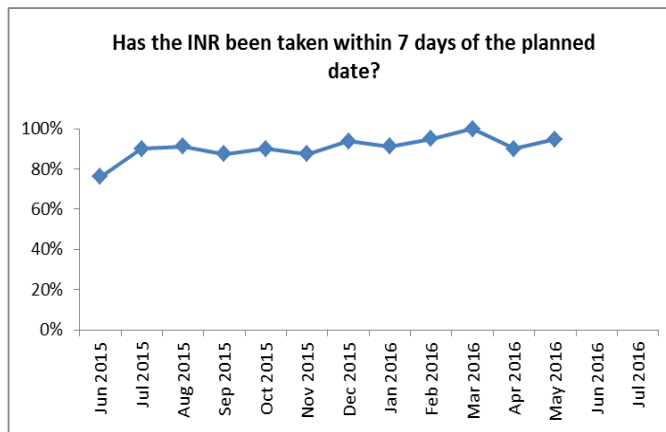
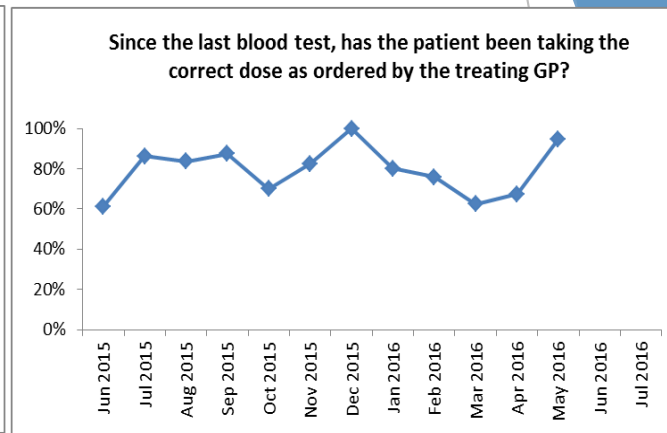
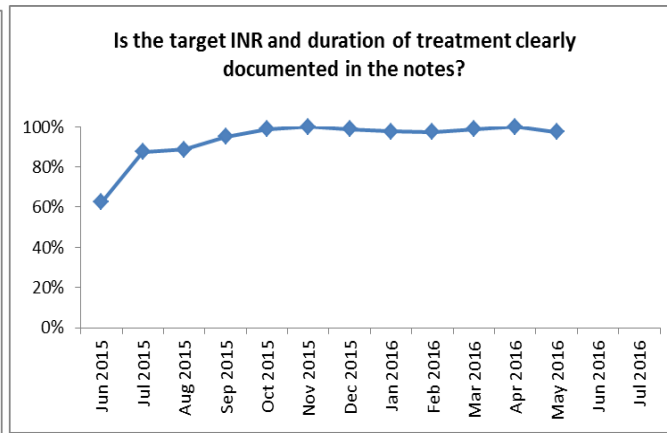
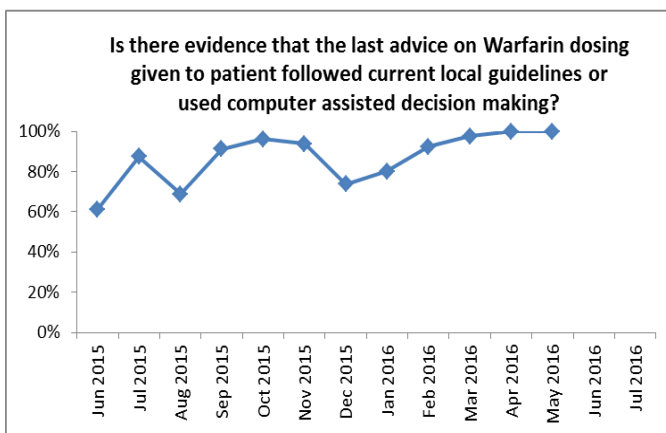
Summary	
Your Average <b>4.6</b>	Other Practices Average <b>4.8</b>

This factor covers: honest discussion between team members at all levels and freedom to challenge; understanding of practice developments and management decision managers, expressing their concerns, openness of communication at all levels, and whether staff are kept up to date with current developments and overall vision of leaders

Questions/Statement	Your Average	Average other practices
Team members feel free to question the decisions of those with more authority	4.4	4.6
Team members are comfortable in expressing concerns to the practice leadership about the way things are done in the practice	4.6	4.8
There is open communication between team members across all levels in the practice	4.6	4.9
Team members are kept up to date about practice development	4.6	4.8
The practice leadership communicates its vision for the development of the practice	4.8	4.7



# Warfarin Prescribing





# WARFARIN PATIENT INFORMATION

<p><b>Warfarin stops clots from being made or getting bigger</b></p> <div data-bbox="285 228 784 482"> <table border="1"> <tr> <td>Warfarin 1mg  Marevan</td> <td>Warfarin 3mg  Marevan</td> <td>Warfarin 5mg  Marevan</td> </tr> <tr> <td>Warfarin 1mg  Coumadin</td> <td>Warfarin 2mg  Coumadin</td> <td>Warfarin 5mg  Coumadin</td> </tr> </table> </div> <p><small>© Warfarin Patient Group, 2008 This is a clinical guideline only</small></p>	Warfarin 1mg  Marevan	Warfarin 3mg  Marevan	Warfarin 5mg  Marevan	Warfarin 1mg  Coumadin	Warfarin 2mg  Coumadin	Warfarin 5mg  Coumadin	<p><b>The right dose = the right INR</b></p> <p>Too high - may bleed</p> <div data-bbox="1057 221 1197 478"> </div> <p>Too low – won't work</p> <p><small>© Warfarin Patient Group, 2008 This is a clinical guideline only</small></p>	<p><b>Take your tablets at the same time every evening</b></p> <div data-bbox="1498 254 1745 425"> </div> <p>Your doctor or nurse will tell you how many tablets to take and when to go for your next blood test</p> <p><small>© Warfarin Patient Group, 2008 This is a clinical guideline only</small></p>
Warfarin 1mg  Marevan	Warfarin 3mg  Marevan	Warfarin 5mg  Marevan						
Warfarin 1mg  Coumadin	Warfarin 2mg  Coumadin	Warfarin 5mg  Coumadin						
<p><b>Call doctor or nurse if any of the following occurs:</b></p> <div data-bbox="285 685 496 849"> </div> <ul style="list-style-type: none"> <li>Any unusual bleeding or bruising</li> <li>Severe unexplained pain</li> <li>Fever, vomiting, diarrhoea, infection</li> </ul> <p><small>© Warfarin Patient Group, 2008 This is a clinical guideline only</small></p>	<p><b>Other medicines can affect warfarin: Ask your pharmacist or doctor about <u>all</u> your medicines</b></p> <div data-bbox="845 678 1345 882"> </div> <p><small>© Warfarin Patient Group, 2008 This is a clinical guideline only</small></p>	<p><b>Mix your green vegetables with other coloured vegetables*</b></p> <div data-bbox="1388 628 1885 885"> </div> <p><small>© Warfarin Patient Group, 2008 This is a clinical guideline only</small></p> <p><i>*This does not apply if you are on dialysis. You must consult with a dietician</i></p>						
<p>Take your warfarin at _____</p> <p>Have regular blood tests starting _____</p> <p>Phone your doctor for your INR results on the day of your blood test</p> <p>Take the recommended dose until your next blood test</p> <p><b>Other information/recommendations:</b></p>								

Initial Assessment

HIGH INR Management

Documents / Guidelines

More

### Warfarin Checklist

Concurrent Systemic Diseases assessed ☐

Other Medication assessed ☐

Drug Interactions assessed + discussed ☐

Risk Factors + Warning Signs discussed ☐

Contraindications discussed ☐

Dietary Interactions discussed ☐

Woman of Child-bearing Age?

Current Contraception

Contraception discussed ☐

Warfarin + Pregnancy discussed ☐

Warfarin Infosheet given

### Basic Information

Warfarin Indication

Target Range

Date of Initiation

Duration of Tx (End Date)

Notification

Needs Housecalls for Bloods ☐

Date of Last Warfarin Education

### Routine INR Management

Previous INR Date

Previous INR

Prev dose of Warfarin

Routine INR Mgt ☐

Result Received on

Current INR

New dose of Warfarin  mg

Repeat INR Test in  days

Authorised by

GP's instructions

Update

Pat Informed by (staff code)

Remarks

## LOW INR (< 2):

Need to ask patient about possible causes of low INR before increasing the dose of Warfarin. How much have they been taking recently?

Document the amount taken in the patient notes.

CAUSE	DOSE OF WARFARIN		REPEAT INR TEST IN
Missed dose in last 5days	Same dose		3 days
Temporary Vitamin C in last 5days	Same dose		3 days
Temporary high Vitamin K foods in last 5days <ul style="list-style-type: none"><li>• Liver</li><li>• Broccoli</li><li>• Brussel sprouts</li><li>• Spinach</li><li>• Watercress</li><li>• Cabbage</li><li>• Coriander</li></ul>	Same dose		3 days
Inadequate dose to achieve target INR	< 1.5	increase by 20%	3 days
	1.5-1.9	increase by 10%	

## HIGH INR (> 3):

Consider wrong dose taken and interactions with medications and food. Ask the patient if they have recently had any of the following common causes of a high INR:

Wrong dose of tablets taken	Ginger
Alcohol	Grapefruit or grapefruit juice
Allopurinol	Ibuprofen
Arnica	Lansoprazole
Cefaclor	Liquorice
Co-trimoxazole	Metronidazole
Cranberry juice	Omeprazole
Erythromycin	Sulphonamides
Garlic	

INR	ACTION		REPEAT INR TEST IN
	Dose Warfarin	Vit K	
3.1-3.9	Same dose	Only if minor bleeding	3 days
4-5	Stop 1 day; reduce dose by 10-20%	Only if minor bleeding	3 days
>5	Stop & restart when INR <5; reduce dose by 20%	Give Vit K 1mg if INR not falling or high risk of serious bleeding	Daily
>8	Stop & restart when INR <5; reduce dose by 20%	Vit K 1mg if minor bleeding & consider hospital admission; Vit K 10mg if major bleeding & hospital admission	Daily

## **BLEEDING QUESTIONS:**

Bleeding can occur when the INR is between 2-3, but is more likely with higher INR's. Ask the patient about the following:

Red or brown urine

Red or black stools

Severe headache

Unusual weakness

Excessive menstrual bleeding

Prolonged bleeding from gums or nose

Dizziness, trouble breathing or chest pain

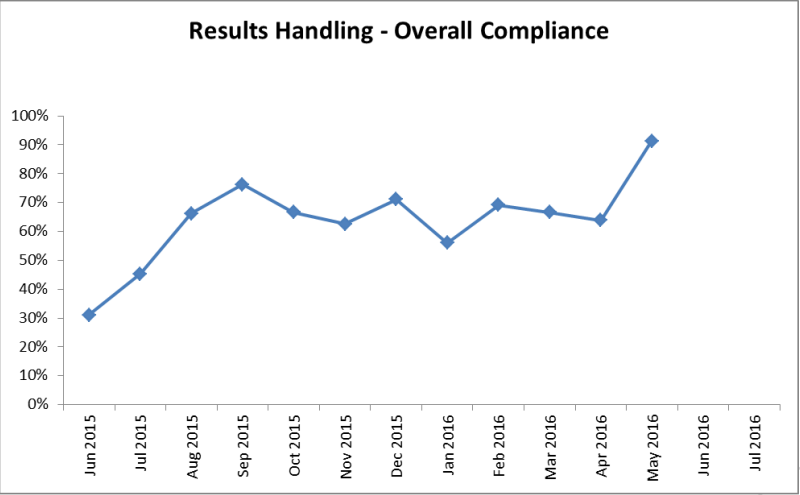
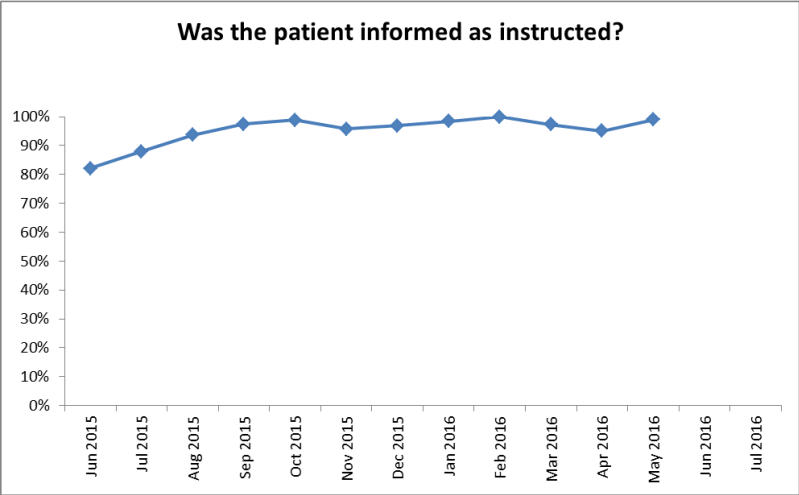
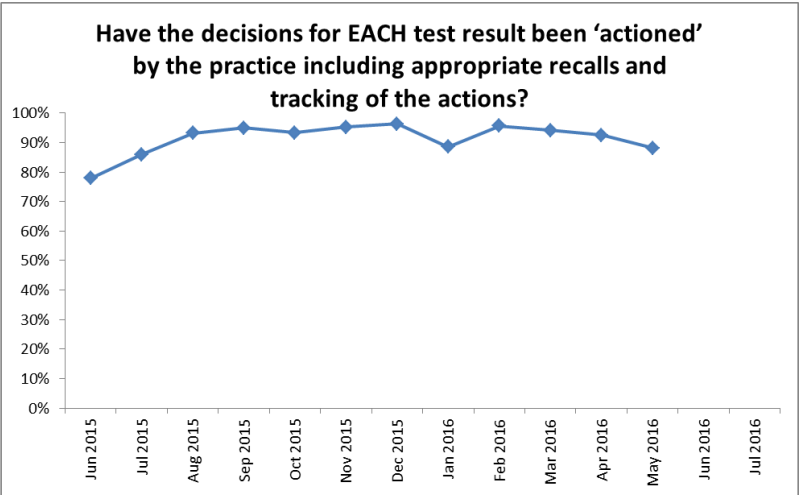
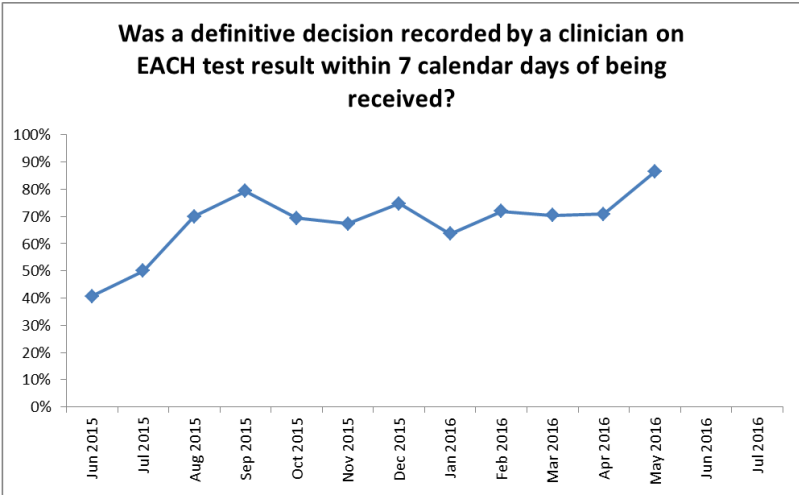
Unusual pain, swelling or bruising

Dark, purplish or mottled fingers or toes

Vomiting or coughing up blood

INDICATION	TARGET INR	DURATION
DVT or PE due to reversible risk factors	2-3	3 months
DVT or PE due to two unprovoked causes or cancer	2-3	Lifetime
Chronic AF	2-3	Lifetime
Mechanical aortic valve	2-3	Lifetime
Antiphospholipid syndrome without recurrent VTE	2-3	Lifetime
Mechanical mitral valve	2.5-3.5	Lifetime
Mechanical aortic or mitral valve with additional risk factors for VTE	2.5-3.5	Lifetime
Antiphospholipid syndrome with recurrent VTE	3.0-4.0	Lifetime

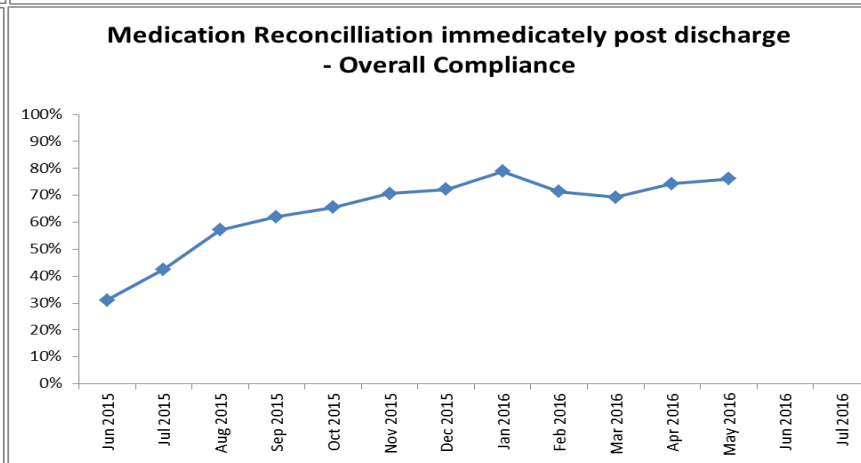
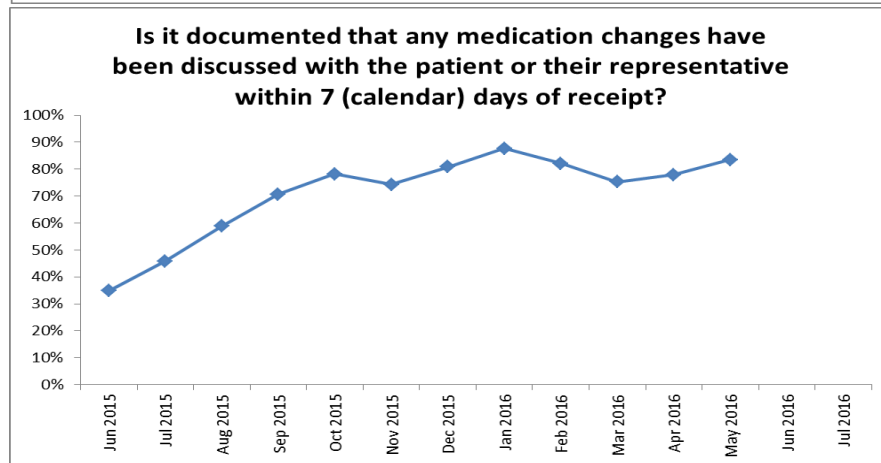
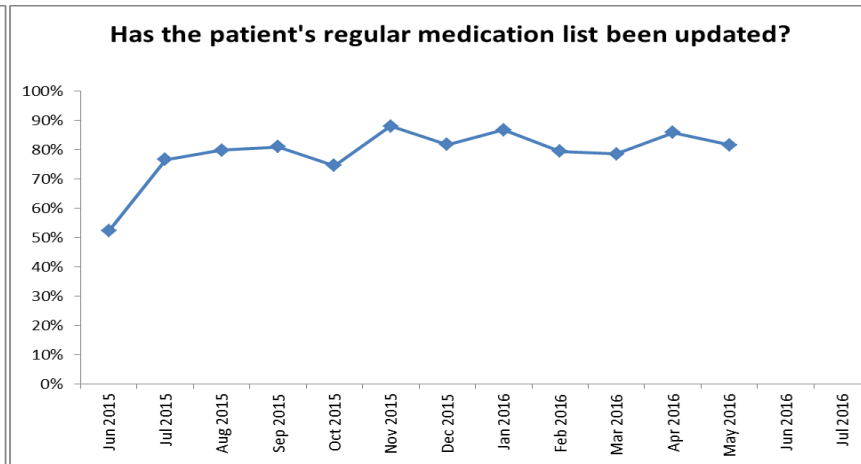
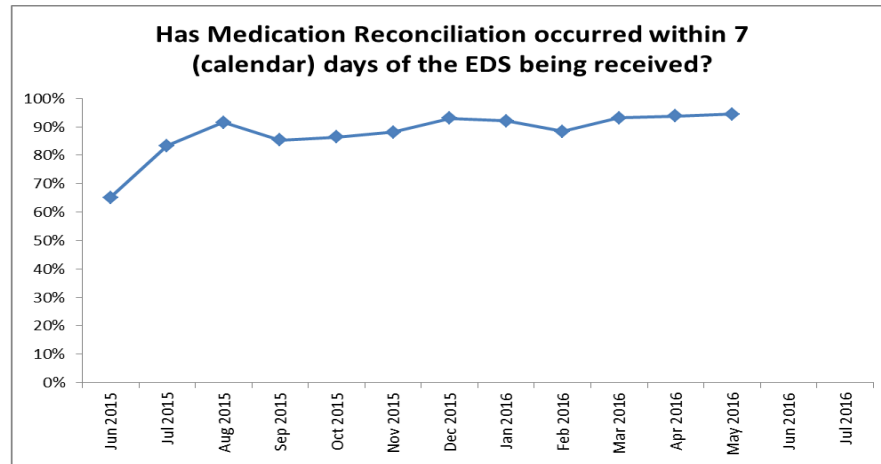
# Results Handling



Quick key Press spacebar after letters	Suggested comments for INBOX results
.a	acceptable - no action required
.ar	acceptable - repeat in (insert time frame for recall or message)
.disc	non-urgent - can discuss at next visit 3/12 visit
.ex	ordered and being followed up by external provider
.inr	INR result been actioned
.life	please discuss with patient appropriate lifestyle advice
.me	note - change in medications
.n	normal
.nad	no abnormality detected
.nar	no action required
.ni	no infection
.ot	?Otago patient - forward on and send back
.sf	sample forwarded to other lab for testing
.si	similar to previous - no current action required
.st	stable - continue to monitor (add in timeframe and by whom)
.stn	stable - no current action required
.tci	patient to make appt to come in and discuss - non urgent (2 weeks)
.tcu	patient to come in to see doctor URGENTLY (identify timeframe required)
.tr	transferred - send back and to new practice
.un	unmatched - send back

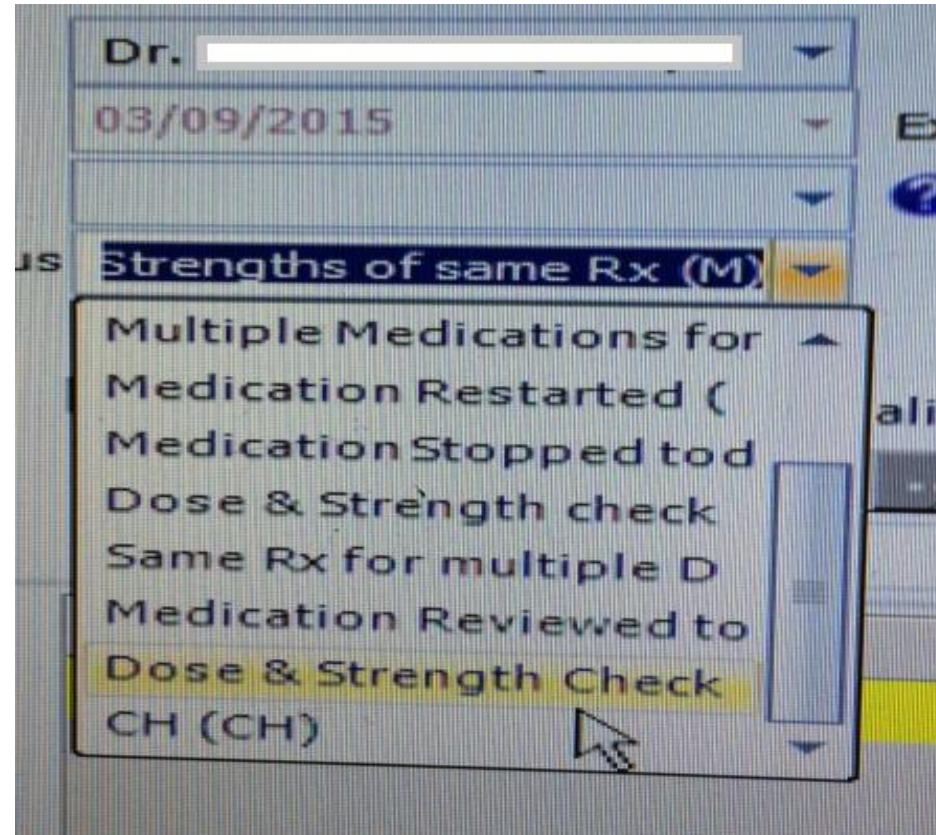
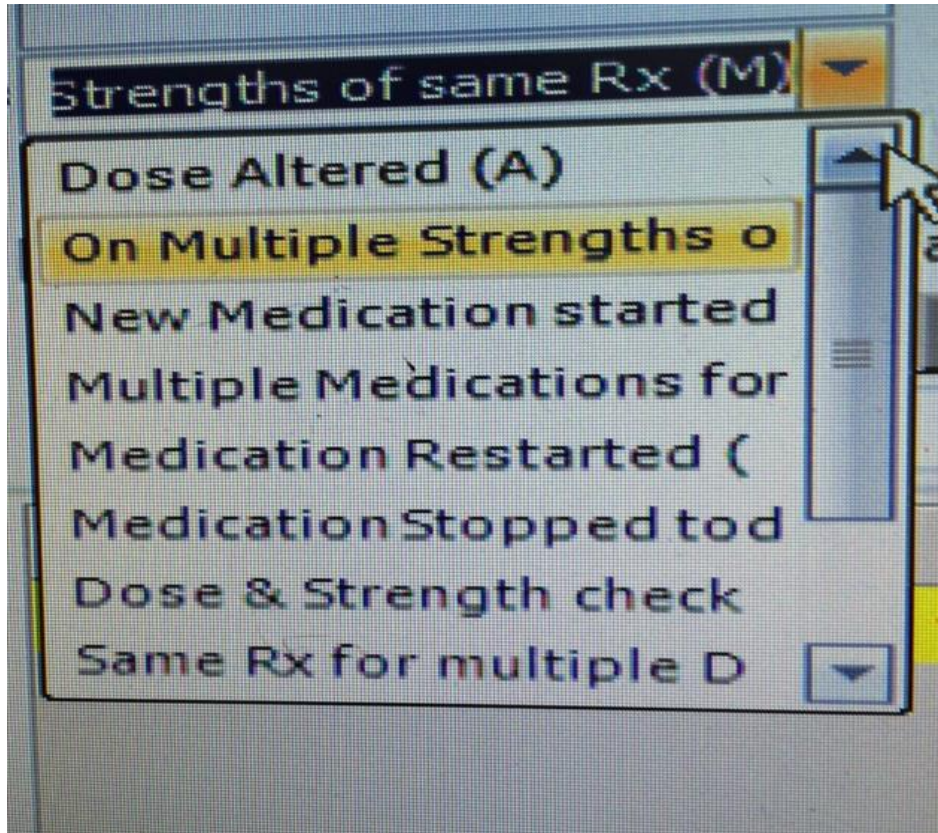


# Medication Reconciliation

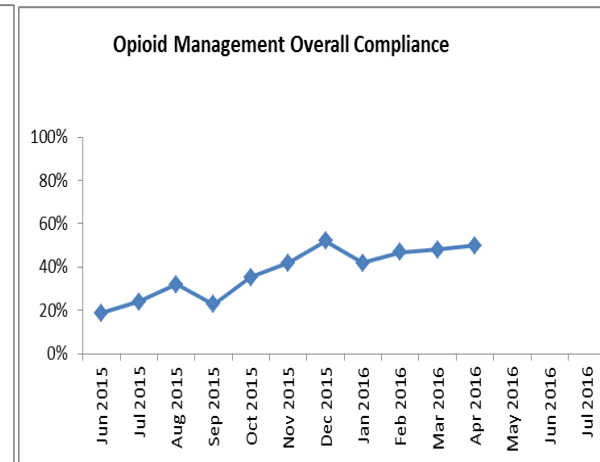
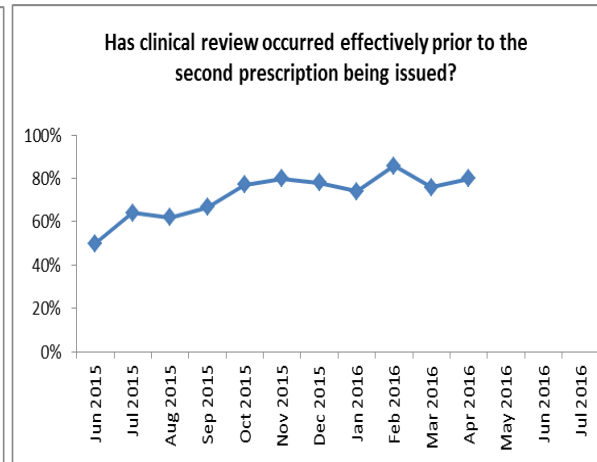
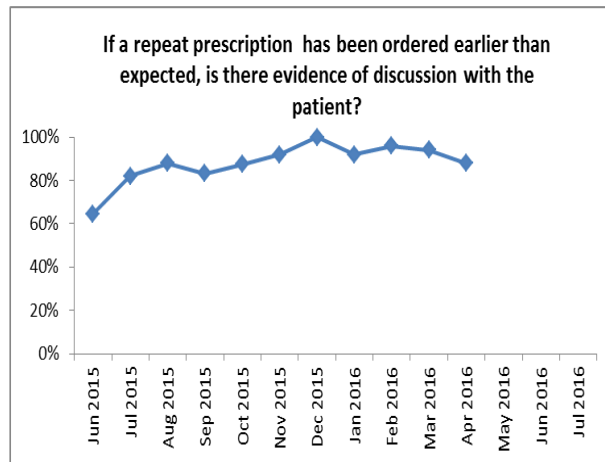
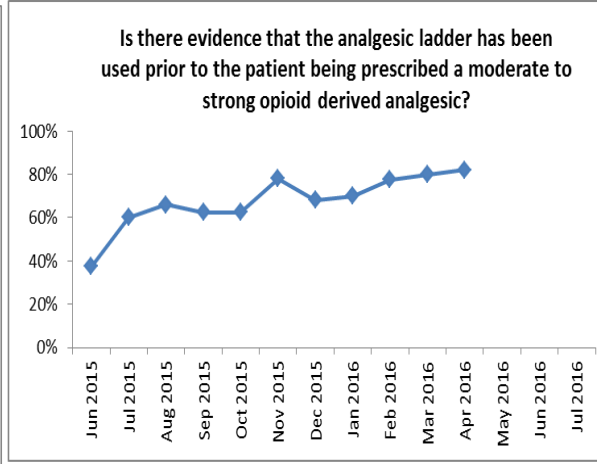
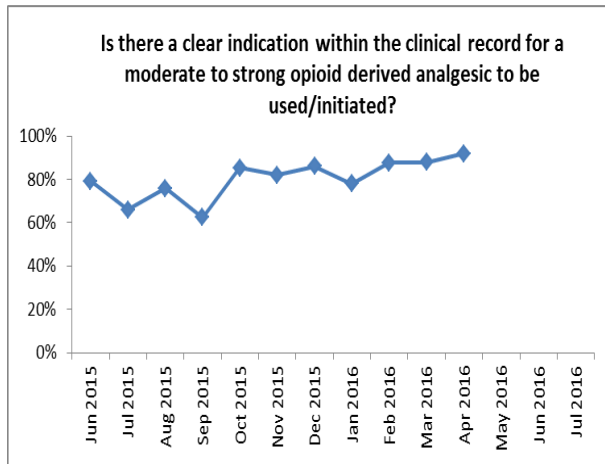




# Medication Reconciliation



# Opioid Prescribing



# Opioid Prescribing

New Screening Entry

Main | Chart | Audit

Main

Provider: Sam Eaves (SFE)

Date: 27 Jun 2017

Code: Opioid Prescribing (OP)

Outcome / Note

Outcome:

Note:

Recall

Recall In:

Provider: Sam Eaves (SFE)

Note:

☐ Do Not Upload to MMH

☐ Confidential

OPIOID CHECKLIST:

☐ Name of Opioid:

☐ Opioid Indication:

☐ Analgesic Ladder?:

☐ Adjuvant Therapy?:

☐ Drug Seeker?:

☐ Concurrent disease:

☐ Othr Meds Assessed:

☐ BASIC INFO:

☐ Analgesia discusd?:

☐ Side/E Constipatn:

☐ Side/E Nausea:

☐ Side/E Disorientn:

☐ Dose Appropriate:

Self Mgmt: ☐

Acute: ☐

FOLLOW UP RX: ☐

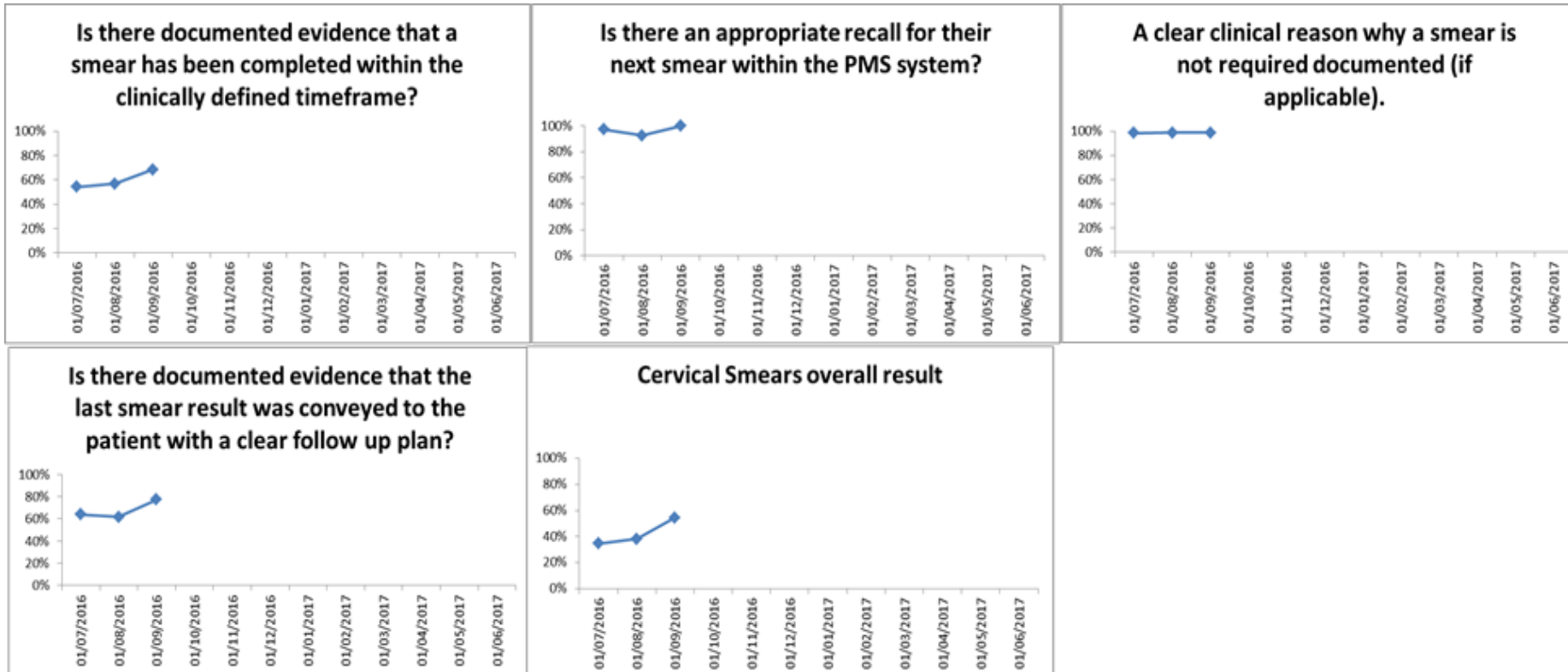
Prev Script Date:

Follow up was due:

Patient ManagingOK: ☐

OK Cancel Help

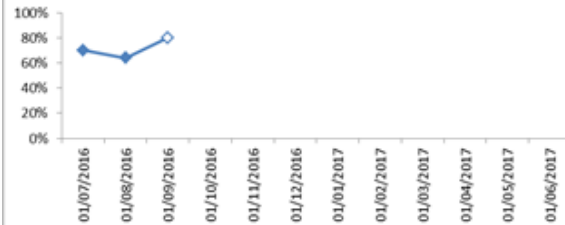
# Cervical Smears



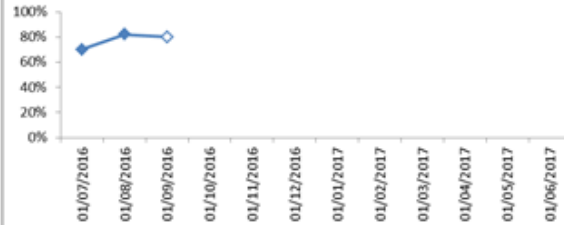


# COPD

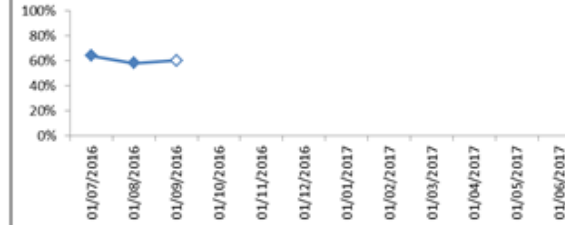
**Is there an up to date smoking history recorded yearly in non-smokers and at every visit in smokers.?**



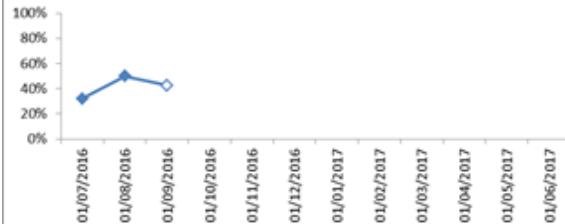
**Has smoking cessation advice offered at every opportunity in the last year documented for all smokers?**



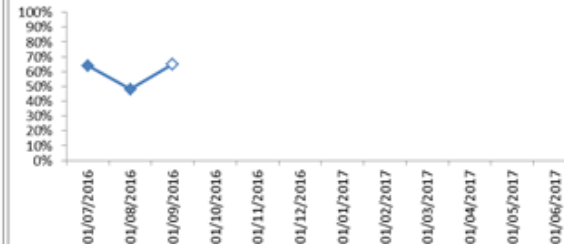
**Is there documented spirometry and chest x-ray for all patients with diagnosed COPD?**



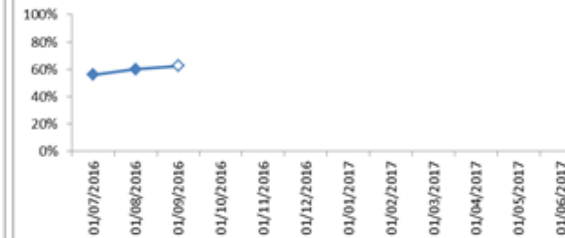
**Has the patient's ability to use an inhaler device has been assessed by a nurse or doctor in the past 6 months?**



**Is there documented evidence of advice on physical activity including pulmonary rehabilitation and Self Management Education where appropriate?**



**Is there documentation of Pneumococcal vaccination status and annual influenza vaccinations with appropriate recalls?**



**COPD management Overall**

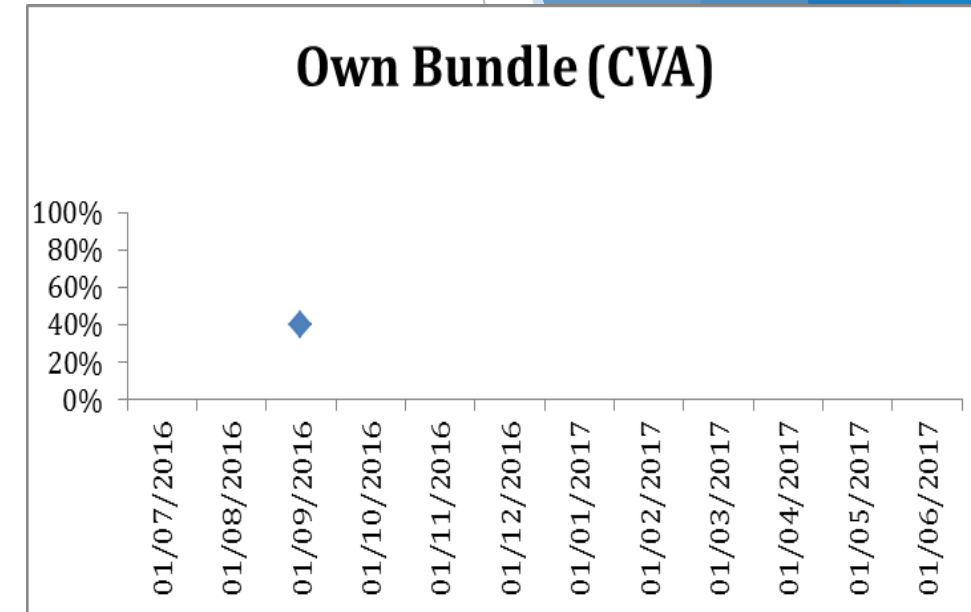


**safety**  
IN PRACTICE

☐ Parked

# Own Bundle - CVDRA

- ▶ If the patient is eligible for a CVDRA recall to be in place, is there a recall?
- ▶ Was the most recent recall acted upon/lab forms given?
- ▶ If lab tests were completed, was a CVDRA completed?
- ▶ Was a clinical decision made as a result of the CVDRA?
- ▶ Have the required actions been completed/significant risk factors addressed?
- ▶ Has documented smoking cessation advice been offered at every opportunity in the last year for all smokers?





# Safety-in-Practice audits

## Safety in Practice

Patients over 65 prescribed NSAID in the past 4 months and not prescribed a gastro intestinal protective medicine in the past 4 months

Scribble

0



Patients with CKD3, 4 or 5 and prescribed NSAID in the past 3 months

Scribble

104



-



Patients with CKD3, 4 or 5, prescribed ACE Inhibitor, loop diuretic and also prescribed NSAID in the past 3 months

Scribble

8



-



NSAID in patient with history of heart failure

Scribble

16



-



safe

IN PRACTICE



# Patient contact services



SMS

Bulk text messages  
(personalised)

*146 of maximum 160*

Hi [name] Next time you visit your Dr we will review your prescription medications. They may or may not change. Regular reviews ensure best care✓

Send

Bulk ePost letters  
(Personalised)



ePost

Dear Lorna

As part of your ongoing care, we undertake regular medication reviews to ensure you are on the right medications for you and your current health needs.

The next time you visit your Doctor, we will undertake a review of the medications you are currently taking. Your regular prescription may change, or may stay the same.

Regular reviews just ensure you get the best care possible.

We look forward to seeing you at your next visit.

The medical team

## National numbers

### 3.2 Million Patients

Patients over 65 prescribed NSAID and not prescribed a GI protective medicine in the past 4 months - **147,122**

Patients with CKD and prescribed NSAID in the past 3 months **26,550**

Triple Whammy in the past 3 months **3,710**

*“The key question to keep asking is,  
Are you spending your time on the right things?  
Because time is all you have.”*

~ Randy Pausch ~

”  
OkyDay.com

# Thank you!!

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