System solutions for medication safety: building quality, reducing costs and improving safety

Friday 27th October 2017

Bruce Hunt Lecture Theatre
Royal Perth Hospital
Perth, Western Australia
Welcome to the 2017 medication safety symposium: *System solutions for medication safety: building quality, reducing costs and improving safety.*

Since 2005 the Western Australian Medication Safety Group (WAMSG) has held an annual symposium to showcase local research, innovation and improvements in medicines safety. This year the symposium involves several Western Australian Therapeutic Advisory Group (WATAG) subcommittees and covers a wider range of medicines use and safety concerns including antimicrobials, psychotropic drugs and formulary issues.

I would like to acknowledge the Western Australian Committee for Antimicrobials (WACA), Western Australian Drug and Evaluation Panel (WADEP) and Western Australian Psychotropic Drugs Committee (WAPDC), who are heavily involved in this year’s symposium. Together with WAMSG, these committees seek to actively promote and improve medication safety practices across the Western Australian health system. To find out more about these committees visit [http://ww2.health.wa.gov.au/Health-for/Health-professionals/Safety-and-quality](http://ww2.health.wa.gov.au/Health-for/Health-professionals/Safety-and-quality) (Medication safety).

As healthcare becomes more complex, we must continue to focus on systems that improve safety, build quality and reduce costs to the healthcare system. The organising committee have put together a full program that explores what these systems-solutions look like and the challenges we face in attaining and sustaining them. As always, the symposium is of strong relevance to any health professional involved in any part of the medicines management cycle and responsible for the safe and quality use of medicines.

I wish you an enjoyable and stimulating day.

Neil Keen  
Chief Pharmacist, Chair of the WAMSG

**Organising committee**

Cale Padgett, Deirdre Criddle, Helen Lovitt, Kathy Irwin, Kerry Fitzsimons, Lesley Gregory, Linda Sinclair, Margaret England, Nick May, Peter Smart, Shirilee Kerrison, Sue Bascombe.

**Committees and chairs**

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<th>Dr Owen Robinson</th>
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<td>Infectious Disease Consultant</td>
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<td>Chair of the WACAG</td>
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<th>Dr Christopher Etherton-Beer</th>
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<td>Deputy Head of Department, Pharmacy</td>
<td>A/Professor &amp; Consultant Physician</td>
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<td>Chair of the WADEP</td>
<td>Geriatric Medicine</td>
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### Medication Management Symposium 2017: Program

**System solutions for medication safety: building quality, reducing costs and improving safety**

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## Biographies

### Ashleigh Lawrence
Pharmacist,  
Fiona Stanley Hospital  

Ashleigh is a pharmacist at Fiona Stanley Hospital. She is currently the Lead Continuing Education Coordinator for The Society of Hospital Pharmacists of Australia, WA Branch and is completing a Post Graduate Diploma of Clinical Pharmacy through the University of Queensland. Ashleigh is passionate about medication safety, pharmacy innovation and electronic medicines management.

### Breigh Ridley
Senior Pharmacist Lead – Critical Care,  
Intensive Care Unit,  
Fiona Stanley Hospital  

Breigh is the Senior Pharmacist Lead – Critical Care at Fiona Stanley Hospital. She was involved in the design, build and implementation of WA’s first dose error reduction software enabled smart infusion pumps and the Fiona Stanley Hospital intensive care unit’s electronic clinical information system, which includes an electronic prescribing and medication administration recording platform. In addition to her team lead role she continues to work as a clinical pharmacist in the Intensive Care Unit (ICU) and with the clinical information system and smart infusion pump teams to optimise electronic medication management at Fiona Stanley Hospital.

### Dr Deepan Krishnasivam
Medical administration registrar,  
Department of Health WA  

Deepan is currently a medical administration registrar working in the Safety and Quality Directorate at the WA Department of Health and also does some clinical work in the after-hours space. He has a strong interest in the management of the deteriorating patient. He is involved in advanced life support instruction as well as local hospital committees involved with acute resuscitation. In addition, he has an interest in innovation and administrative projects in the domain of safety and quality.

### Dominic Goodwin
Project Co-ordinator,  
Statewide Medicines Formulary,  
Department of Health WA  

Dominic is a pharmacist with extensive experience in both community and hospital settings, having been a co-owner in a retail pharmacy as well as a manager in the United Kingdom hospital sector. Dominic has considerable clinical pharmacy experience in primary and tertiary care. Dominic strongly believes that health professionals should receive the best support possible in their roles looking after patients in the health system.

### Jeanie Misko
Medicines Information Senior Pharmacist,  
Fiona Stanley Hospital  

Jeanie is the Medicines Information Senior Pharmacist at Fiona Stanley Hospital. Since entering hospital pharmacy in 2006, she has developed an interest in medicines information, clinical informatics, pharmacoeconomics and haematology/oncology. She was recently awarded a grant from the Society of Hospital Pharmacists of Australia to study pharmacoeconomics at a postgraduate level. Her role at Fiona Stanley Hospital involves maintenance and improvements of the smart infusion pump dataset to best match the hospital’s evolving needs.

### Karen Watt
Antimicrobial Stewardship Clinical Pharmacist,  
St John of God Subiaco Hospital  

Karen is an Antimicrobial Stewardship Clinical Pharmacist at St John of God Subiaco Hospital. She has been at St John of God Subiaco for the last 15 years in a range of different roles and prior to that worked in hospital and community pharmacy in England.

### Katie Jodrell
Antimicrobial Stewardship Clinical Pharmacist,  
St John of God Subiaco Hospital  

Katie is an Antimicrobial Stewardship Clinical Pharmacists at St John of God Subiaco and works closely with the infectious diseases physicians providing pharmacist support in an outpatient clinic. Prior to her current role, Katie worked in several hospitals in England and in community pharmacy in Perth. Katie also does home medication reviews, reviews pharmacy texts and is just embarking on a new role at the WA Poisons Information Centre.
<table>
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<tr>
<td>Dr Matthew Anstey</td>
<td>Sir Charles Gairdner Hospital</td>
<td>Matthew is a specialist Emergency and Intensive Care physician and currently works as an intensivist and co-director of research at Sir Charles Gairdner Hospital Intensive Care Unit. Dr Anstey attained a Masters of Public Health in health policy from Harvard School of Public Health and he was the 2012-13 Australian Harkness Fellow in Health Policy based at Kaiser Permanente, California. He is the chair of the advisory board of Choosing Wisely Australia.</td>
</tr>
<tr>
<td>Michael Petrovski</td>
<td>Senior Pharmacist, King Edward Memorial Hospital</td>
<td>Michael is the Operational Supervisor Pharmacist at King Edward Memorial Hospital. He graduated at Curtin University in 2008 with a Bachelor of Pharmacy and attained a Master in Business Administration in 2015 from UWA. He is the current chairperson of the WA iPharmacy Business User Group committee, and member of the SHPA Paediatric and neonatal Leadership Committee. He is passionate about medication safety, and plays an active role in the hospital Medication Safety Review Group and Drug and Therapeutic Committee. His special interest is neonatology and the use of technology in improving medication management.</td>
</tr>
<tr>
<td>Michelle Stirling</td>
<td>Clinical Nurse, Armadale Health Service</td>
<td>Michelle is a Clinical Nurse working in Infection Prevention and Management at Armadale Health Service. Michelle has an interest in data visualisation and has participated in a number of “Health Hacks” and “Gov Hacks”.</td>
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<tr>
<td>Nabeelah Mukadam</td>
<td>Senior Pharmacist, King Edward Memorial Hospital</td>
<td>Nabeelah has been working at King Edward Memorial Hospital since completing her pharmacy internship and has continued working as a senior pharmacist over the past 6 years. Her clinical experience within a specialised area of women and newborn healthcare has developed over-time and she is currently one of the lead pharmacists delivering the state-wide Obstetric Medicines Information Service.</td>
</tr>
<tr>
<td>Dr Nathan Gibson</td>
<td>Chief Psychiatrist, Office of the Chief Psychiatrist</td>
<td>Dr Nathan Gibson is the Chief Psychiatrist of Western Australia. A medical graduate of the University of Queensland, he trained in Psychiatry in Tasmania, Scotland and Western Australia. The Chief Psychiatrist is an independent statutory officer who has responsibilities, powers and duties prescribed by the Mental Health Act 2014. Central to those duties is the responsibility for care of patients within defined mental health services, and the monitoring of standards of psychiatric care throughout the State of WA.</td>
</tr>
<tr>
<td>Nick May</td>
<td>Staff Development Educator, Royal Perth Hospital</td>
<td>Nick is a highly experienced Staff Development Educator at Royal Perth Hospital. He is an active member of Western Australian Medication Safety Group and is passionate about medication safety.</td>
</tr>
<tr>
<td>Maddaleine Hunt</td>
<td>Intern Pharmacist, Fiona Stanley Hospital</td>
<td>Maddaleine completed her undergraduate pharmacy degree at Curtin University of Technology in 2016, and is currently completing her pre-registration internship at Fiona Stanley Hospital.</td>
</tr>
<tr>
<td>Susan Benson</td>
<td>Microbiologist, PathWest Laboratory Medicine, Fiona Stanley, Royal Perth Hospitals</td>
<td>Sue is a clinical microbiologist and infectious diseases physician who has had roles in clinical care, diagnostic microbiology and teaching. She is currently clinical lead for the SMART Sepsis initiative which is driving systems change to improve the diagnosis and management of patients with infection. One of her key interests is the role health informatics to improve quality of care</td>
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Dr Yulia Zyrianova
Psychiatrist, Child and Adolescent Mental Health Service

Yulia is a consultant child and adolescent psychiatrist at Princess Margaret Hospital, senior lecturer at the University of Western Australia, the chair of Child and Adolescent Mental Health’s Medication Safety Committee and an active member of the WA Psychotropic Drug Committee. She is an active researcher with several key original publications in the area of childhood onset neuro-disabilities and a chapter in the new Oxford Textbook of Neuropsychiatry and. She is currently carrying out research on compassion fatigue in frontline mental health professionals.

Co-authors Biographies

Jane Mamas
Data Analyst, Business Intelligence and Performance Team, Sir Charles Gairdner Hospital

Jane is from the North Metropolitan Health Service Business Information and Performance Team. She has a special interest in data analysis and the use of data in service delivery improvement. Her experience in Pharmacy and her skillset in data analysis has helped Jane in her recent work with Tableau™ and data display to assist the North Metropolitan health Service with data interpretations.

Ken Tam
Senior Pharmacist, Electronic Medicines Management, Fiona Stanley Hospital

Ken is the Senior Pharmacist, Electronic Medicines Management at Fiona Stanley Hospital. For the past three years he has led the implementation of pharmacy robots, automated drug cabinets, electronic drug safes, anaesthesia workstations and medication workstations on wheels at Fiona Stanley Hospital. He has also led the redesign of clinical and non-clinical workflows to integrate the new technology platform into existing hospital processes to improve patient safety, efficiency and governance throughout the medication management system.

Sally Rajendran
Clinical Services Coordinator, St John of God Subiaco Hospital

Sally is the Clinical Pharmacy Services Coordinator at St John of God Subiaco Hospital and clinical a pharmacist in the Coronary Care Unit.

Sarah Lewis
Pharmacist, King Edward Memorial Hospital

Sarah Lewis is an early career pharmacist at King Edward Memorial Hospital in Perth WA. She has a keen interest in obstetric and neonatal medicine.

Simone Tempone
Program Officer, Department of Health

Simone is a program officer in the Healthcare Associated Infection Unit, Communicable Disease Control Directorate in the Department of Health.

Stephanie Teoh
Supervisor Pharmacist (Clinical), King Edward Memorial Hospital

Stephanie is the Clinical Supervisor Pharmacist at King Edward Memorial Hospital. She is a Curtin University masters graduate and has worked in hospital pharmacy for the past 12 years. During this time, Stephanie has worked in obstetrics and neonatology, medication safety and the obstetric medicine information services unit coordinating breast milk research (transfer of medication into breast milk and the effect on the breastfed infant). She has a special interest in medication safety and safe use of medicines in obstetrics patients.

Yan Ghee Peng
Senior Pharmacist, Fiona Stanley Hospital

Yan is the Senior Pharmacist (Team Lead – Surgical) at Fiona Stanley Hospital. He is responsible for pharmacy services to surgical wards and procedural areas. This includes providing support to pharmacists working in the surgical team, answering queries from clinicians in procedural areas and attending the weekly Acute Pain Service round.
Aims
To create a working group to undertake a clinical review and update of paediatric and neonatal profiles of dose error reduction software (DERS) in a smart infusion pump system and measure the impact on compliance and satisfaction.

Methods
An electronic survey assessing clinicians' satisfaction and thoughts on the current profiles and the DERS in general was distributed via email to nursing and medical clinicians for three weeks pre and post review. SurveyMonkey was used to collect responses and tabulate data. DERS compliance was measured using vendor supplied Continuous Quality Improvement Software.

Results
A working group comprised of 14 pharmacists, nurses and doctors from paediatric and neonatal areas with vendor representation created with varied engagement, resulting in changes to 82 drugs, predominantly to realign with updated practice recommendations. Over the survey period, compliance with DERS increased from 64.95% to 88.75% across paediatrics, from 63.33% to 98.64% in neonates and from 77.3% to 90.9% across the hospital. Ninety eight staff responded across both surveys. Most (65.63%) clinicians felt the changes had a positive impact on patient and clinician safety. Improvements were seen in clinician satisfaction (39.68% pre-review vs 54.84% post-review) and clinical needs being met by DERS for drugs (73.77% vs 93.94%) and fluids (58.73% vs 90%). Increased awareness of the process of managing DERS has been demonstrated by more frequent and timely communication from these areas to pharmacy. Limitations identified include lack of notification of updates to external guidelines and poor engagement in some areas.

Conclusion
A review group to improve paediatric and neonatal DERS profiles was successful in improving compliance and meeting end user needs in a quaternary hospital. Based on this, evolution into an annual hospital-wide quality initiative is planned. Wide engagement of clinicians and availability of appropriate staff to participate in DERS reviews is crucial.
From Data-Vault to Dashboard: using business intelligence tools to improve medication safety culture

Authors: Michael Petrovski, Stephanie Teoh and Jane Mamas

Presenter: Michael Petrovski

Background
Medication related problems (MRPs) are attributable to 230,000 Australian hospital admissions per year, with an associated cost of AUS$1.2 billion, with 35-50% of hospital admissions due to MRPs considered preventable. There is a significant role for pharmacy services to perform organisation-wide analysis of area specific errors in order to minimise the impact of such MRPs, using local data.

Aim
Development of an interactive dashboard to enable comprehensive analysis of medication errors to embed organisational culture change in the management of medication errors.

Method
Benchmarking of peer hospitals within the state was undertaken to determine methods of analysis, data capture techniques and report development to improve understanding of the information reported to organisations. Stakeholder consultation occurred with senior and junior clinical staff to determine the information considered important to raise awareness about MRP.

Results
Consultation of reporting requirements developed key themes in report requirements including:
   - Medication type
   - Error type
   - Severity of error
   - Trend analysis of number of incidents
   - Customisation of report coverage (ward to health service level)

- The Health Service Business Intelligence Unit was engaged to develop the report.
- User testing occurred to ensure it met stakeholder specifications and was subsequently approved for use by Hospital Executive.
- Promotional strategies were implemented following its approval to embed organisational awareness on the dashboard which is accessible by all health service staff.
- The medicine incident analysis is incorporated in all clinical directorate and departmental meetings. The improved ability to analysis the information has promoted increase discussion-time in clinical areas, which has resulted in service delivery projects.

Conclusion
- Development of dashboards to increase awareness and discussion of MRPs is able to raise the profile of medication errors and assist in developing cultural change in the reporting, using readily available data.
- Use of local data and customisation of reports for each area assists in making reports relevant
Automated electronic to paper medication chart transcription at ICU discharge: safety, accuracy and staff satisfaction

Authors: Maddaleine Hunt, Teghan MacDonald and Breigh Ridley

Presenter: Maddaleine Hunt

Background
The electronic National Inpatient Medication Chart (eNIMC) was implemented in November 2016 to reduce transcription from electronic to paper medication charts upon discharge from the Fiona Stanley Hospital (FSH), Intensive Care Unit (ICU).

Aim
To evaluate the safety and accuracy of medication order transcription using the eNIMC in comparison to manual charting and to evaluate staff satisfaction.

Method
Data was collected retrospectively using a purpose built Microsoft Excel tool for all patients discharged from the ICU across two weeks in April 2017 and compared to data collected over two weeks in January 2016. Electronic prescriptions active at discharge were assessed for consistency of transcribed dose, frequency and ancillary information. Pharmacist reconciliation of printed eNIMCs was recorded prospectively at discharge. A satisfaction survey was distributed to ICU nursing, medical and pharmacist staff during the auditing period, with SurveyMonkey® used to collect responses and tabulate data.

Results
Eighty two patients were discharged during the post eNIMC audit, 81 had eNIMCs printed with a total of 1196 medications, compared to 91 patients in January 2016 with 1134 medications.

Improvements were seen following the eNIMC with a reduction in omission rate from 8.2% (n=93) to 0.3% (n=4) and an average discrepancy rate from 3.23 to 1.14 per discharge. Significant improvements were seen across most domains (p<0.05) with increases in consistency of dose (3.4%), frequency (15.3%), cease dates (18.8%), indications (47.0%), documentation of next scheduled doses (9.3%) and last administered dose for pro re nata (prn) medications (23.9%). Most discrepancies were associated with manual interventions. Most staff (n=29, 78.3%) reported satisfaction with the eNIMC and an average time saving of 8.4 minutes per discharge.

Conclusion
The eNIMC has improved the accuracy, safety and efficiency of medication charting on ICU discharge, with plans to expand the program to additional paper charts and share results at FSH’s Improve Conference.
Background
The implementation of 47 automated devices to the highly complex and dynamic theatre and procedural areas has had a significant impact on medication access for anesthetists, anesthetic technicians and nursing staff.

Aim
To integrate a pharmacist position into the theatre and procedural areas to provide staff with direct support and education, to improve medication usage, safety and governance, and to refine automation workflows and processes.

Method
A 6-month trial was piloted to assess the impact of including a pharmacist position in the theatre and procedural areas. The Automation Theatre Pharmacist’s scope of practice included education, governance, medication usage and safety, discrepancy management, and troubleshooting support.

Impact was assessed by key stakeholder feedback, retrospective audits and key performance indicators; including cost savings and the number of controlled drug discrepancies, education sessions and troubleshooting queries received.

Results
Over a 6-month period, the number of controlled drug discrepancies has decreased by 66% from an average of 30/week to 10/week. The quality of discrepancy resolution has significantly improved with all resolution reasons meeting legal requirements. The rationalisation of stock has reduced drug inventory holdings across theatre and procedural areas by $46,800. In addition, decommissioning of 6 underutilised devices has resulted in further savings of $18,500.

Targeted user education was provided to over 100 staff, helping improve staff adherence to mandatory legislation. New workflows, including the Emergency Drug Box and Single User Verification, have improved access to time critical medications and user accountability. The pharmacist role has been pivotal in the management of major inventory changes due to unforeseen stock shortages as well as troubleshooting hardware issues in high acuity situations. Informal feedback received has been positive with the position becoming permanent.

Conclusion
The creation of the Automation Theatre Pharmacist position has increased the governance of controlled medications, reduced stock wastage and improved communication between key stakeholders.
Antipsychotics and physical health-the clozapine resources

Presenter: Dr Nathan Gibson
Data analytics and antimicrobial stewardship: innovative solutions customised for WA Health

Authors: Michelle Stirling, Simone Tempone and Dr Susan Benson

Internationally, Australia has one of the best systems for countrywide analysis of hospital antimicrobial use (National Antimicrobial Utilisation Surveillance Program, NAUSP). While NAUSP is vital for national monitoring it is less than ideal for driving improvement at a local level. Ideally the information is required at a more granular level to identify variation and target specific issues within each healthcare facility.

A Perth metropolitan hospital undertook a project to solve this problem. Hospital pharmacy and occupancy data was analysed in Microsoft Excel using the definitions and methodology from NAUSP. The format was modified to allow ward level analysis, incorporated breakdown by intravenous or oral formulation, included key additional antibiotics such as metronidazole and clindamycin that are not currently included in the national program as well as emergency department antimicrobial use.

This first prototype was successful but had limited advanced functions and was labour intensive. A major breakthrough came about when the enthusiastic hospital team took the challenge to a hackathon (HealthHack Australia) in November 2015. At the event a group of six volunteers from diverse backgrounds worked over a period of 48 hours to develop the required analytics using Tableau™ business intelligence software. The reports produced were visually effective, allowing easy customisation and interactivity to encourage engagement with the information.

This project demonstrates that with advances in informatics skills, using generic data analytical software it is possible to create low cost tools to meet the requirements of data informed antimicrobial stewardship programs. This approach delivers not only more detailed and customised information but has the additional benefits of developing this expertise within WA health. This work has the potential for broader application to other medication quality and safety issues.
Patients who do not have a functioning spleen have a significantly increased risk of potentially life-threatening bacterial infections. The risk of overwhelming post-splenectomy infection can be reduced by half with appropriate education, vaccination and antibiotics. It is estimated that more than a quarter of patients who undergo splenectomy do not receive the appropriate vaccinations. Our systems were reviewed and appropriate changes made to improve our management of patients without a functioning spleen.

The Antimicrobial Stewardship (AMS) Clinical Pharmacist liaised with our Pre-Admissions Clinic so that when a patient is admitted for a splenectomy or has a previous history of splenectomy the nurse will email the AMS clinical pharmacists and the infection control nursing team. Patients admitted for a splenectomy are then added to the AMS round for review by an infectious diseases (ID) physician. Patients with a new or previous splenectomy or with documented hyposplenism have an infection control alert added to our patient administration system, which ensures that infection control are alerted when the patient is readmitted so they can be followed up.

Appropriate vaccines and prophylactic and emergency antibiotics are charted for the splenectomy patient during the AMS ward round. Pharmacy developed a “Splenectomy Kit”. This contains the required vaccines together with supply details of the emergency antibiotics for the dispensing pharmacist, information on the vaccine schedule from Spleen Australia, WA Health vaccination card, Medic Alert membership brochure, patient wallet card and patient information leaflet. Other strategies implemented include development of a local guideline and pharmacist education.

The AMS pharmacist then counsels the patient on how to manage the risk of infection post-splenectomy. As Western Australian patients are not eligible to register with Spleen Australia, these interventions have the potential to be life saving for our splenectomy patients and address a significant gap identified in their care.
Enhancing confidence for the neonatal care-giver administration of medicines

Authors: Sarah Lewis and Michael Petrovski

Presenter: Nabeelah Mukadam

Background
Provision of medication information on discharge is a core aspect of patient centred care and increases the patient knowledge and engagement in their medication management. Manufacturer provided consumer medicine information is often lacking information for use in neonatal patients and can be overwhelming for parents/guardians as the information is not relevant to the neonatal indication.

Aim
To develop concise and relevant patient information leaflets regarding the safe use and administration of medicines commonly dispensed to neonates on discharge in a tertiary women’s hospital.

Method
A review of local guidelines, neonatal references and some international consumer resources was conducted to identify the most relevant information that should be provided to parents/guardians.

Consultation with neonatologists, clinical nursing staff and consumers was used to develop and review the leaflets to ensure the information was appropriate and consumer friendly. The consultation suggested that the leaflets should focus on the indication and safe administration of medicines to neonatal patients in clear and concise language with pictures where appropriate.

Three medicines commonly prescribed on neonatal discharge were used for the pilot; ferrous sulfate, colecalciferol and trimethoprim/ sulfamethoxazole solutions.

Results
An organisational ratification process was undertaken, including independent consumer review (n=30) and achieved 100% benchmark for readability, consumer focus, and clarity of information. The leaflet has been uploaded on the hospital clinical guideline resources as well as now having routine inclusion as part of discharge medications and discharge materials.

Conclusion
The development of information leaflets for commonly prescribed neonatal medicines has improved the understanding and correct administration of medicines to neonates by their parents/guardians.

Follow up patient satisfaction audits are required to ensure the leaflets remain current and appropriate as well as investigations into the application of the leaflet concept to other medications provided to neonates on discharge.
The implementation of innovative practices towards safer management of acute agitation and arousal in children and adolescents leading to development of novel Paediatric Agitation and Arousal Protocol and Medication chart

Authors: Dr Yulia Zyrianova, Matt Moller and Kate Shepherd

Presenter: Dr Yulia Zyrianova

Background
The Australian Commission on Safety and Quality in Health Care recently circulated the 2017 University of South Australia Medication Safety in Mental Health Report. One of their recommendations was to introduce a decision support tool for use in the acute care setting as a mechanism to assist staff to make more consistent decision making regarding pro re nata (prn) medicines use. A growing need for such transforming care initiative was identified.

Method
In consultation with Princess Margaret Hospital (PMH) Medication Safety Review Group (MSRG) and WA Psychotropic Drug Committee (WAPDC), we devised a new pediatric agitation and arousal protocol and postulated that it represents an improved standardized measure in management of acute agitation and arousal in children and adolescents. This novel protocol incorporates the principles of holistic harm free care and introduces helpful decision support tool, takes into account medication reconciliation, helps to reduce multiple antipsychotic use and improves cardio-metabolic monitoring while regularly assessing levels of arousal and sedation. We also made a Drug Therapeutic Committee submission for intramuscular (IM) Lorazepam to be imported through the Special Access Scheme (SAS), as a safer pharmacological agent with a superior pharmacokinetic profile to Midazolam or Clonazepam in this setting. Lorazepam's preferred use is supported by recognized international practice and has been already adopted by some states in Australia (Queensland and New South Wales).

Conclusion
When a consultation process starts with a clear vision and strategy it must be communicated effectively to frontline staff. A new arousal medication chart was produced to guide the prescribing in a safe and evidence-based manner and to enforce scrutiny and accountability over ‘prn’ prescribing practices. The alignment between people/system/process made the desired change possible. Tapping into the knowledge of experienced staff and by consultation with specialists’ committees (PMH, MSRG and WAPDC) created the alignment focus in this project and helped to promote the new tools to a diverse range of health professionals and consumers.
13:15 Take 5
Presenter: Nick May

13:40 ‘Choosing Wisely’. What’s going on in WA?
Presenters: Dr Matthew Anstey
Medication safety - an after-hours perspective

Presenter: Dr Deepan Krishnasivam
Evaluation link https://tinyurl.com/ya5cx2zx
or
https://www.surveymonkey.com/r/2017MSS
The End