

How to mend a broken chart: Improving medication prescribing compliance via AAA+ educational intervention

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Introduction

Greenslopes Private Hospital (GPH) identified the need to improve compliance in critical areas of medication prescribing during the 2022 National Standard Medication Chart audit. This audit detailed concerning rates of compliance, specifically in the areas of VTE risk assessment (11%); complete patient identification (16%) and drug indication (24%).

These gaps were considered to be modifiable through targeted education, and formalised processes. In the absence of a digitised solution and force functions, a tool was developed as a clinical adjunct to support comprehensive clinical activity and improve patient safety outcomes.

AAA+ was developed as an education tool to help build a process driven approach to safe prescribing and remind doctors of critical steps.

Framework



2 workshops, 3 clinical vignettes separated by 5 weeks



Workshop 1:

- Clinical vignette (Case 1)
- 15 minutes targeted education using AAA+ tool
- Clinical vignette (Case 2)

Workshop 2 Structure (5 weeks interval)

- Clinical vignette (Case 3 - increased in complexity)



17 JMOs (10 PGY1s, 7 PGY2+)

Results



Improvement in compliance from 48% to 72% between Case 1 & 2 (24%)



11% sustained improvement noted in case 3 after 5-weeks in setting of increased complexity



100% of participants stated they felt their prescribing habits have become safer post education

Conclusion

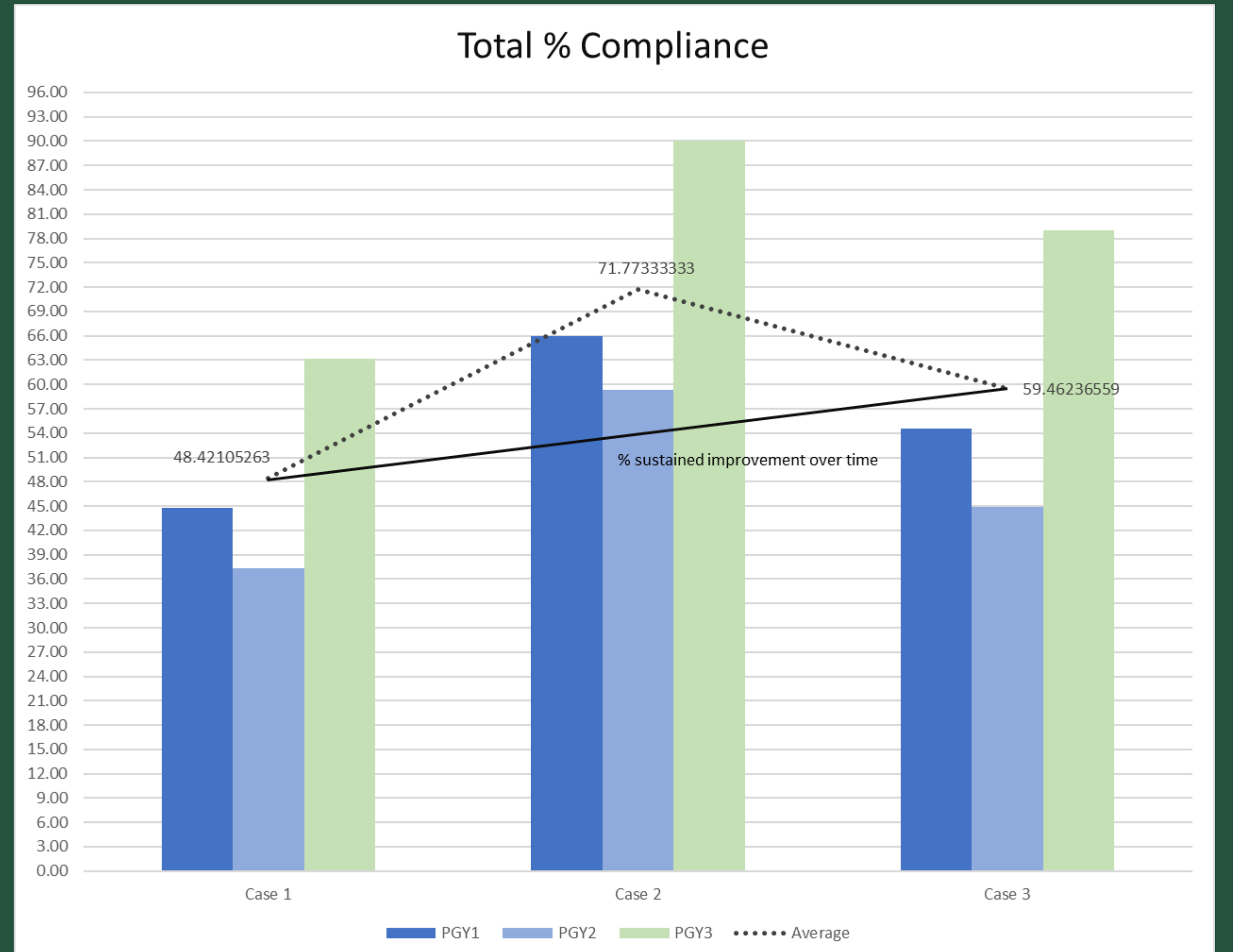
AAA+ is a solution designed to bridge the gap between the educational requirements set by National Safety and Quality Health Service (NSQHS) standards and the practical learning experiences provided within hospital settings.

Data underscores the importance of targeted medication prescribing education and widespread tool dissemination as a valuable strategy for enhancing compliance and ensuring patient safety.

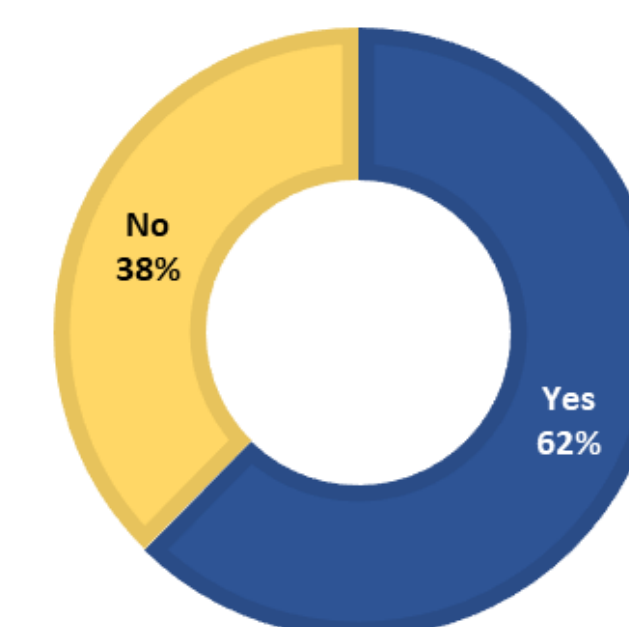
Initiatives

1. Develop the tool into a ward based clinical adjunct and reference tool (available at the bedside and charting stations).
2. Incorporate QR codes to reference resources for ease of use.
3. Implement educational sessions at shorter intervals over an extended period, aiming to enhance compliance rate with each successive workshop.
4. Develop cases with increasing complexity to challenge and drive clinical improvement.

Acronym	Actions & Considerations					
A	A ntibiotics <ul style="list-style-type: none"> - Targeted therapy: Broad vs Narrow - Duration of treatment - AMS/ ID involvement 					
	P otassium (& electrolytes) <ul style="list-style-type: none"> - Monitoring - <u>Review IV chart</u> 					
	I nulin <ul style="list-style-type: none"> - Short acting/ Long acting. - <u>Chart brand name</u> - Hypo awareness: Is the patient fasting? 					
	N arcotics (& other sedatives) <ul style="list-style-type: none"> - Reversal agent - <u>Q script</u> - Multiple drugs/ routes 					
	C hemotherapy (& immunosuppressants) <ul style="list-style-type: none"> - Awareness of complications - Monitoring 					
A	H eparin (& other anticoagulants) <ul style="list-style-type: none"> - Dose adjustments - <u>VTE risk assessment</u> 					
	A Administration <table border="1"> <tr> <td>1. Route</td> <td>4. Duration</td> </tr> <tr> <td>2. Dose</td> <td>5. Indication</td> </tr> <tr> <td>3. Frequency</td> <td>6. Sign & date</td> </tr> </table>	1. Route	4. Duration	2. Dose	5. Indication	3. Frequency
1. Route	4. Duration					
2. Dose	5. Indication					
3. Frequency	6. Sign & date					
A Allergies and Abbreviations <ul style="list-style-type: none"> Correct abbreviations used based on NSQHS guidelines Cross reference with medical records & ensure indications are clearly written 						
+ Plus, Review (Pharmacy Reconciliation)	<ul style="list-style-type: none"> Request pharmacy medication reconciliation Minimise discharge medication burden: discharge list provided with instructions. 					



UNSAFE PRESCRIBING PRACTICES WITNESSED POST INITIAL WORKSHOP



Participant feedback

"I make sure I write the correct dose and route on the chart"

"I double check patient allergies and Q-script before charting meds now"

"Tool has everything to chart properly, but the workshop holds more clinical utility"

References

1. National Inpatient Medication Chart (NIMC) - User Guide | Australian Commission on Safety and Quality in Health Care 2019, www.safetyandquality.gov.au.
2. Australian Commission on Safety and Quality in Health Care (2023). The NSQHS standards. [online] Australian Commission on Safety and Quality in Health Care. Available at: <https://www.safetyandquality.gov.au/standards/nsqhs-standards>.