

EFFECTIVE GOVERNANCE FOR QUALITY AND PATIENT SAFETY



CASE STUDY

Medication Reconciliation in Primary Care

CASE STUDY OBJECTIVES

1. Engage in a patient/client story that reflects the very real complexities of primary care service delivery.
2. Reflect upon the issues, challenges and accountabilities within the case study from a governance perspective.
3. Identify and consider quality and safety, integration and access issues throughout the case.

CASE STUDY OBJECTIVES

4. Appreciate the challenges and complexity of board driven quality leadership in the relationship with the operational leadership team.
5. Apply concepts and tools from the Effective Governance for Quality and Patient Safety driver framework to a complex case study.

MRS. SMITH – CASE STUDY

- Mrs. Smith is 75 years young.
- Mrs. Smith's son advocates for his mother's health and well being.
- Mrs. Smith is a well known rostered patient and has been with the local primary care inter-professional team since its inception.
- Mrs. Smith's primary care physician is Dr. Haines. Dr. Wong is also a primary care physician with the inter-professional team.
- Mrs. Smith is being followed by the INR Clinic at the local hospital for her irregular heart beat.



MRS. SMITH – CASE STUDY

Dr. Haines received a faxed emergency room (ER) report on Wednesday January 16, 2013 advising that Mrs. Smith was admitted to hospital for a lower gastrointestinal bleed on Sunday January 13, 2013. The ER report indicates Mrs. Smith's INR on admission to hospital was 10.2 (normal range 1.0 – 2.0).

MRS. SMITH – CASE STUDY

Dr. Wong saw Mrs. Smith on Tuesday January 8th, 2013 @ 1930 in the primary care after hours clinic and at that time Dr. Wong diagnosed Mrs. Smith as having pneumonia.

Dr. Haines reviews Mrs. Smith's primary care electronic medical record (EMR) and noted that Dr. Wong prescribed azithromycin for Mrs. Smith on Tuesday January 8th, 2013.

MRS. SMITH – CASE STUDY

The ER report advises that Mrs. Smith was on warfarin.

But her primary care EMR does not list warfarin as an active medication for Mrs. Smith.

Dr. Haines made further inquiries and learned that Mrs. Smith was prescribed warfarin by cardiology on Wednesday, December 19, 2012. Cardiology referred Mrs. Smith to be monitored and followed by the local hospital's INR Clinic.

CASE STUDY DISCUSSIONS FOR GOVERNORS



QUESTIONS