

## Poster

### Implementation of a medication guideline to improve medication safety for patients

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<b>Clinical Practice Guideline</b>	In response to the Department of Human Services, Victoria (DHS) initiated implementation of a National Inpatient Medication Chart, Western Health utilised both national Australian Council for Safety and Quality in Health Care (ACSQHC) and international National Health Service, UK (NHS) guidelines to develop a comprehensive approach to improving medication safety.
<b>Stakeholders</b>	The project primarily included all Western Health (WH) medical, nursing, pharmacy and allied health staff, across all campuses. It also included Information Technology, Supply and Human Resource staff. The project was overseen by an inter-disciplinary steering group (SG) and managed by a project officer (PO).
<b>Evidence-practice gap</b>	The mandatory introduction of a new National Inpatient Medication Chart (NIMC) by June 1, 2006.
<b>Implementation strategies</b>	The inter-disciplinary SG met monthly and consisted of members of the Medication Safety Committee and experts in change management. The SG developed a framework for implementation based on the guidelines reviewed and preliminary audits of medication practices. A PO co-ordinated the project. Four areas, communication, supply, education and audit, were led by SG champions. Frequent meetings were scheduled to meet timelines and complete delegated tasks. A pre-implementation audit provided a baseline for education. Other methods used were reminders, decision prompts, telephone hotline, website, and FAQs distributed electronically. Follow-up audits, education and feedback are continuing to embed the changes into organisational structures.
<b>Data</b>	Monthly clinical indicators, routinely collected in a risk management program, were compared in pre- and post-implementation data. A pre- and post-implementation audit was conducted through review of medication charts across campuses. Key stakeholder interviews and focus groups provided further insight into the implementation barriers and facilitators.
<b>Results</b>	Pre- and post-implementation audits demonstrated areas for improvement in prescriptive and administrative practices. Post-implementation interviews and focus groups with key stakeholders highlighted process issues related to the NIMC, communication issues between disciplines, and ongoing practice improvement for clinicians. Review of risk management data showed variable rates of improvement in clinical indicators.
<b>Barriers</b>	No additional financial support for the implementation, WH provided all resources. Short six month timeline. Inter-disciplinary communication and engagement variable. Poor practices were not recognised as risk for patients.
<b>Enablers</b>	An assertive, resourceful PO, executive support for the project and an inter-disciplinary steering group that developed a framework and championed the project over and above their usual roles at WH.
<b>Resources</b>	A project officer supported by WH to manage the project, (she also had another role in the organisation) all other staff picked up the additional work over and above their usual roles.
<b>Key message</b>	Develop a multi-faceted strategy for implementation. Ensure inter-disciplinary support, power and authority to implement changes. Provide organisational resources to manage the project, develop the tools to implement. Promote sustainability through ongoing evaluation and feedback to clinicians around practice behaviours and patient outcomes.
<b>* Presenter Bio</b>	Dr Tracey Bucknall is Director of Nursing Research and Development at Western Health and an Associate Professor at the School of Nursing, University of Melbourne. Clinical decision-making, implementation of evidence-based practice, and pain management are her primary research and clinical interests. Her research has been published and presented both nationally and internationally on research implementation and clinical decision-making. She is an Associate Editor for <i>Worldviews on Evidence-based Nursing</i> . Past roles included Director Victorian Centre for Nursing Practice Research, NICS Pain Advisory Group member, and Measurement for Improvement Toolkit National Expert Advisory Group member.