

# Piloting an Education Package to Support Nursing & Midwifery Staff in Medication Reconciliation Processes

Kate Roper<sup>1</sup>, Selina Boughton<sup>1</sup>, Nina Muscillo<sup>1</sup>, Dr Harvey Lander<sup>1</sup>

1. Clinical Excellence Commission, Sydney

Email: [cec-medicationsafety@health.nsw.gov.au](mailto:cec-medicationsafety@health.nsw.gov.au)

## Background

Medication reconciliation (med rec) is a multidisciplinary process. Training for nurses and midwives had been identified as a need across New South Wales (NSW) to improve the rates of med rec.

In 2016, an education package was developed to support nursing and midwifery staff in undertaking med rec processes.

## Aim

To assess the impact and effectiveness of an education package to support nursing and midwifery staff in medication reconciliation processes.

## Method

An education package developed by a state-wide multidisciplinary working party was piloted across five NSW health facilities for 3 months. The package utilised adult learning principles through face-to-face workshops and included role plays, group activities and discussions. There were also a number of supporting learning materials provided to pilot sites to assist in facilitating the workshops (Fig. 1).

Evaluation of the package included:

- pre- and post- workshop participant surveys to measure any self-reported change in knowledge and skill (Fig. 2)
- baseline and 3 month post- workshop Admission Med Rec Audits to measure any change in rates of medication reconciliation on admission (Fig. 3).

The pilot lead at each site was contacted regularly throughout the pilot period to provide ongoing support.



Figure 1: Workshop and supporting learning materials



Figure 2: Participant surveys



Figure 3: Admission Med Rec Audit Tool and User Guide

## Results

Combined data from all pilot sites demonstrated improvement in both knowledge and skill amongst participants, and in rates of medication reconciliation on admission over the 3 month pilot period.

Prior to the workshops, the majority of participants (63%) rated their knowledge level of medication reconciliation processes as novice compared with the majority (92%) after the workshops identifying as intermediate or expert (Fig. 4). There was a 54% increase in participants having confidence in being able to take a best possible medication history (BPMH) after attending the workshops (Fig. 5).

Medication reconciliation on admission rates increased over the 3 month period, with a 23% increase in the number of patients who had evidence of reconciliation on admission (Fig. 6).

Figure 4: Level of knowledge regarding med rec processes

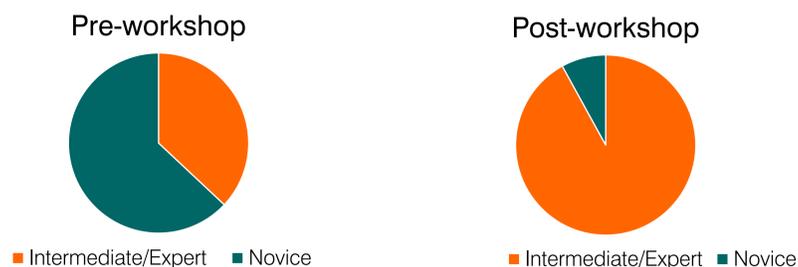
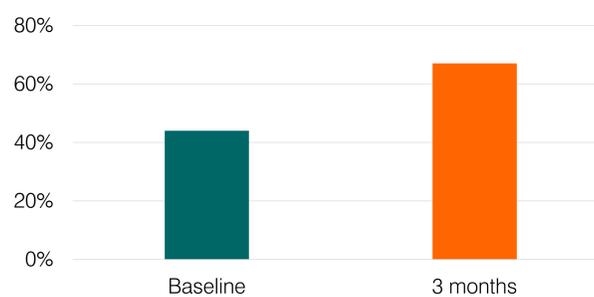


Figure 5: Skills to take a BPMH



Figure 6: Evidence of reconciliation on admission



## Conclusion

The education package was successful in improving knowledge and skill amongst nursing and midwifery staff in medication reconciliation processes, medication reconciliation on admission rates also improved.

Participants from the pilot sites reported that policy development, organisational leadership, local pharmacy and medical staff involvement were crucial to their improvements.