

## The Stepping Stones to Med Rec Success

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## London Health Sciences Centre (LHSC)

- Multi-site acute care teaching hospital in London, Ontario
- Over 900 beds
- 15, 000 staff
- Regional academic programs including renal, cancer, neonatology and pediatrics, transplant, emergency, medicine, surgery, cardiology, CNS, mental health

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## Sharing Our Success @ LHSC

- Successful Corporate Implementation of Medication Reconciliation at Admission, Transfer, Post-op and Discharge achieved by June 2012
- Acknowledged by ISMP to have achieved "All Star" Status for Medication Reconciliation

[Cross Country MedRec Check-up](#)

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## The Stepping Stones to Med Rec Success @ LHSC



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*"It's very important that you find something that you care about, that you have a deep passion for, because you're going to have to devote a lot of your life to it."*  
- George Lucas

## COMMITMENT

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## Commitment

- Lessons learned from three failed previous attempts
- A number of factors prevented successful adoption including:
  - No formal policy, procedures
  - Not an Required Organization Practice for Accreditation
  - Pharmacy owned the process...no Multidisciplinary Focus
  - No Corporate Wide Sponsors
  - Lack of Physician Engagement

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## Commitment

- New CEO: October 2010
- New Director of Pharmacy: Spring 2011
- Interdisciplinary Champions Appointed
- Support from other Influential Leaders

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## Commitment

### 'Key Messages' shared with all...

- Medication Reconciliation is **not an option** and will be done on every inpatient at LHSC
- It is an interdisciplinary process including physicians, nurses, pharmacists
- It is a combined paper/electronic process
- It is a Required Organizational Practice for Accreditation Canada



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*"Life is not a dress rehearsal. Stop practicing what you're going to do and just go do it. In one bold stroke you can transform today".*

- Marilyn Grey

## CHALLENGES

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## Challenges

- No additional funding to support process
- Lack of engagement
- Pervasive perception that med rec involves more work and no benefit
- “Why do this on paper when it would be so much easier to do this electronic?”
- Education of all involved in process
- Evaluation

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## Challenges

*“It’s not so much that we’re afraid of change or so in love with the old ways, but it’s that place in between that we fear . . . . It’s like being between trapezes. It’s Linus when his blanket is in the dryer. There’s nothing to hold on to”.*  
– Marilyn Ferguson

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## Challenges

- “Admission, Transfer **AND** Discharge???”
- Challenging Patient Populations
  - Surgery
    - Areas with existing pre-printed (paper) orders
  - Mental Health
    - Transfer from one hospital to the other (within LHSC)
  - Obstetrics

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*"If everyone is moving forward together, then success takes care of itself."*  
- Henry Ford

## COLLABORATION

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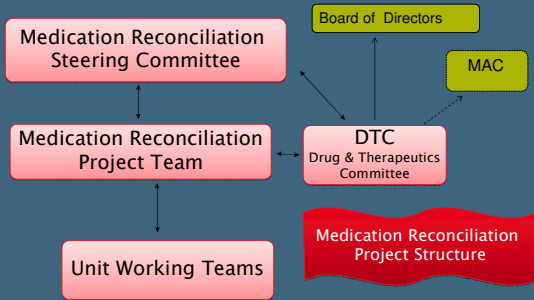
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## Collaboration



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## Collaboration

### Project Team Members:

- Project Leader
- Project Manager
- Pharmacy Leadership
- Pharmacists
- Pharmacy Student
- Physicians and Residents
- Nursing Leadership
- Nursing Educators
- Frontline Nurses
- Clinical Informatics
- Decision Support
- Medical Affairs
- Risk Management
- Forms Management
- Communications

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## Collaboration

### Unit Specific Working Teams

- Consisted of Unit Leadership, Nursing Educators, Frontline Nursing Staff, Physicians, Unit Clerks, Pharmacists
- Met with members of the Project Team to learn about new forms and new process
- Project Team provided Units with various standardized educational materials
- Discussed how Med Rec would be implemented in their clinical area with current resources

15 1/22/2013



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## Audience Poll #1

Please take the next 30 seconds to respond to the following poll question (found on the right hand side of your screen).

16 1/22/2013



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The image displays three screenshots of documents. The top-left screenshot shows a spreadsheet with columns for 'Unit', 'Nurse', 'Physician', and 'Pharmacist'. The top-right screenshot is a document titled 'BEST Practice & Implementation' with a table of 'Medication Reconciliation' data. The bottom-right screenshot is a form titled 'Medication Reconciliation' with fields for 'Patient Name', 'Room No.', 'Date of Birth', and 'Medication List'.

## FORMS...

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## Conversations

- Implementation Phases vs. Pilot Areas
- Entire Hospital vs. Key Areas
- Clear Communication for Implementation Phases:
  - Phase 1 (Oct 2011): Sub Acute Medicine Unit/Palliative Care at Victoria Hospital
  - Phase 2 (Nov 28, 2011): Orthopaedics Surgery at University Hospital
  - Phase 3a (Feb 29, 2012): All of University Hospital
  - Phase 3b (May 30, 2012): All of Victoria Hospital

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## Conversations

- Crucial Conversations®
- Timing is everything...
- Educational sessions
  - Medical Leaders, Staff Physicians, Residents, Students
  - Pharmacists, Pharmacy Technicians
  - Nurses, Unit Clerks
  - Quality & Patient Safety Council

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## Conversations

- Various communication strategies were used
  - E-casts, articles, weekly tips via email, newsletters
  - Kickoff sessions at each hospital prior to implementation
  - Visible, active support during implementation by project team members
  - Risk Management Involvement (AEMS)
  - Support via email, phone, pager
  - Follow-up with unit leadership and staff post-implementation
  - Wrap up meetings post-implementation at both hospitals

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*"Success is not final, failure is not fatal: it is the courage to continue that counts".*  
- Winston Churchill

## COURAGE

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## Courage

- Courage to ask the question "Why will this not work on your unit/with your patient(s)?"
- To be able to respond appropriately
  - May have to say "No...we are doing it this way"
- Resist the urge to allow customization of forms/process unless absolutely necessary
- "Don't give up"
- Being truthful and manage expectations
  - "Med rec will add work to your day...but it's about patient safety and we will be electronic in less than 2 years"

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## Summary of the Stepping Stones to Med Rec Success at LHSC

- Commitment
- Challenges
- Collaboration
- Conversations
- Courage

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*"Learn from yesterday, live for today, hope for tomorrow.  
The important thing is not to stop questioning."  
-Albert Einstein*

## WHERE ARE WE AT TODAY?

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## LHSC Med Rec Sustainability Team

- Involves a subset of Members from the Corporate Project Team and Steering Committee
- Meet regularly to discuss issues/concerns
- Creation of mandatory online training (iLEARN modules)
- Dissemination of stats to clinical areas and staff
- Preparing for conversion to electronic platform

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## Audience Poll #2

Please take the next 30 seconds to respond to the following poll question (found on the right hand side of your screen)

**What does evaluation of MedRec in your institution consist of?**

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## Feedback thus far...

- One area in chart to look for most accurate BPMH; plan for home medications on admission is clearly documented
- ICU transfers are not so complex now
- “Just print off the form and check the boxes...it’s so easy”
- “...the residents will all agree that med rec went from tedious and annoying to extremely beneficial and time-saving...”

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## Feedback thus far...

- CCAC case managers have commented
  - the discharge forms are a “huge improvement”
  - patient care has been “greatly streamlined”
  - have seen an elimination of redundant communication, confusion and adverse events
- Elimination of illegible handwriting of medications and signatures....need we say more!

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## Our Unique Evaluation

- Health Records Data Abstraction
  - Coding every Patient chart according to predefined criteria\*
  - Will “code” a Med Rec form as
    - Complete
    - Partially Complete
    - Missing Form
    - Not Applicable
    - Blank

\*Caveat: Revision to criteria was made in July – August 2012 (post-implementation)

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### Admission Data – University Hospital




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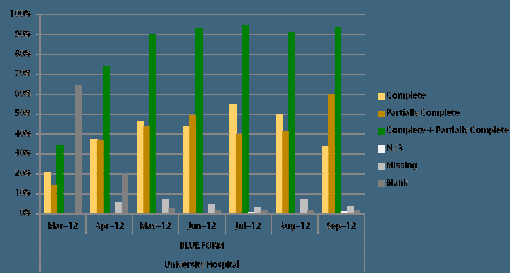
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### Verification of BPMH Data – University Hospital




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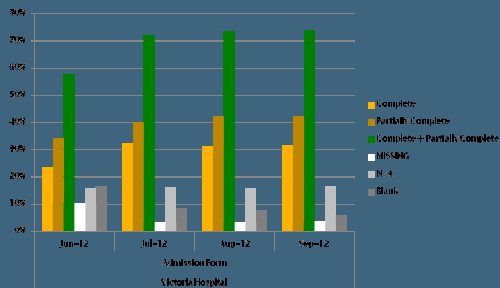
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### Admission Data – Victoria Hospital




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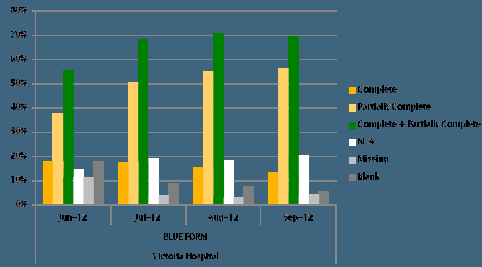
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## Verification of BPMH Data – Victoria Hospital



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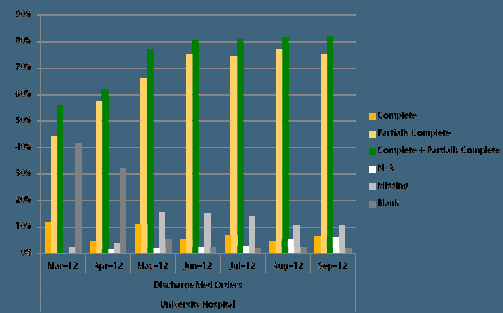
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## Discharge Data – University Hospital



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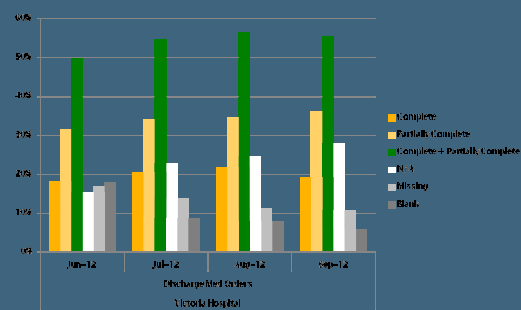
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## Discharge Data – Victoria Hospital



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## Additional Evaluation

- Outcome Evaluation
  - Retrospective chart review
  - Pharmacy Student Involvement
  - Comparison of medication discrepancies at discharge pre-implementation to post-implementation

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## Audience Poll #3

Please take the next 30 seconds to respond to the following poll question (found on the right hand side of your screen).

**Has your institution successfully implemented MedRec in ambulatory care/outpatient areas?**

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**QUESTIONS???**

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Kindly take a few minutes  
to reply to the poll!

Reducing Harm | Improving Healthcare | Protecting Canadians  
**ismp** safer healthcare *now!*  
[www.saferhealthcarenow.ca](http://www.saferhealthcarenow.ca)

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