

Enhancing MedsCheck, improving outcomes

New workshop aimed at Best Possible Medication History a great success

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Studies have shown that medication reconciliation—through conducting a best possible medication history or BPMH—in hospitals can help prevent the incidence of medication discrepancies. In Ontario, community pharmacists have been offering *MedsCheck*, a medication review service, to patients since 2007. *MedsCheck* provides an opportunity for community practitioners to perform a BPMH which can catch medication discrepancies, potentially preventing adverse drug events.

In 2009, with the support of the Ontario Ministry of Health and Long-Term Care, ISMP Canada delivered 14 educational workshops entitled “Enhancing *MedsCheck*: Conducting a Best Possible Medication History and Resolving Medication Discrepancies” to 667 pharmacists, pharmacy technicians and students throughout various continuing education (CE) regions in Ontario. This workshop has been accredited with two CE units by the Ontario College of Pharmacists. The workshops were aimed to help prepare healthcare providers to conduct an efficient, accurate, and comprehensive BPMH during *MedsCheck* within their workplace. Further information on *MedsCheck*, medication review and creating the best possible medication history can also be found in the September/October 2007 and November/December 2007 issues of *Pharmacy Connection* (available at www.ocpinfo.com).

Feedback from the workshop shows that pharmacists are aware of the importance of conducting a BPMH to

MedsCheck

support seamless care across the different interfaces of healthcare.

Two suggestions were consistently brought up during the sessions:

1. Incorporating BPMH tools or *MedsCheck* documentation forms into the technology or dispensing system in community pharmacies. Participants said such a system would be helpful for communicating patient information and ensuring legible and up-to-date information being transferred properly at various points of care.
2. Introducing a standardized BPMH or *MedsCheck* documentation form. At a minimum, introducing such a form among health services organizations within the same neighbourhood would assist healthcare practitioners in transcribing information as patients move from one health care setting to another.

These education seminars would not have been possible without the support of OCP’s Continuing Competency Department and the commitment of the CE Regional Coordinators. Their dedication and efforts for taking the time to organize and coordinate these events were greatly appreciated. The authors would also like to acknowledge contributions to the workshop by Olavo Fernandes, BScPhm, ACPR, PharmD, FCSHP of the University Health Network, Roger Cheng, BScPhm, PharmD, Margaret Colquhoun, BScPhm, and Alice Watt, BSc (Pharm) of ISMP Canada. 