Institute for Safe Medication Practices Canada
Institut pour la sécurité des médicaments aux patients du Canada

Canadian Patient Safety Institute
Institut canadien pour la sécurité des patients

safer healthcare now!

REDESIGNING THE TRANSITION EXPERIENCE: COORDINATING PATIENT FOCUSED MEDREC ACROSS ALL SECTORS

Today's facilitator

Kim Streitenberger

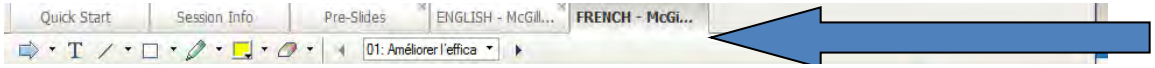
Project Lead, ISMP Canada

Welcome to our francophone attendees

Bienvenue à nos participants francophones

Hélène Riverin
Conseillère en sécurité et en amélioration
Safety Improvement Advisor

Pour nos participants francophones..



Pour accéder aux diapositives français:

-Cliquez sur l'onglet "FRENCH"

OU

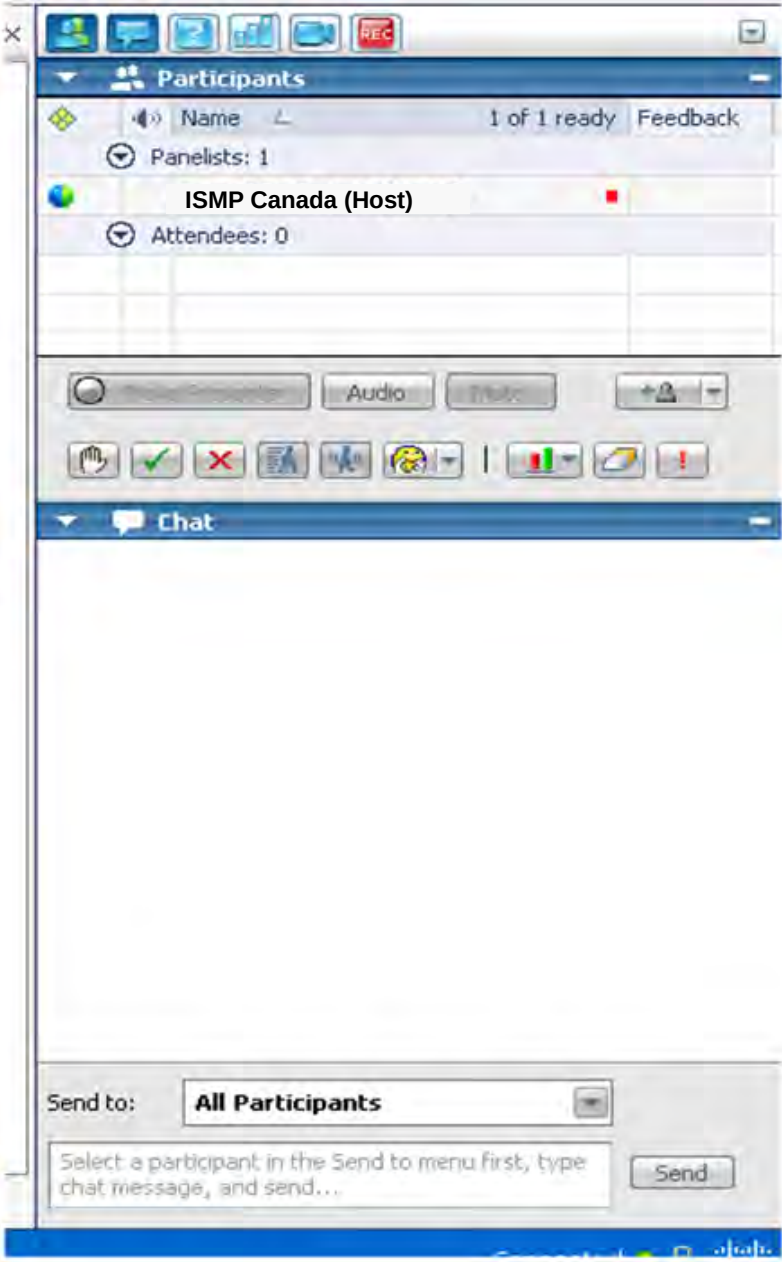
-Envoyer un courriel à helene.riverin@csssvc.qc.ca

Suivre la boîte «Chat» pour les commentaires du conférencière traduit en français

Audio access only

- WebEx does not support Windows XP
- If you have Windows XP
  - Slides are available under “Medication Reconciliation” on the ISMP Canada website
  - Q&A – email questions to medrec@ismp-canada.org

2. Type your question in the chat box



Mark your calendar!

October 2016 is MedRec Quality Audit Month

More details to follow

Stay on after this call

MedRec Open Mike

- **Need help with MedRec?**…stay on the line and join the discussion
- Meet and connect with others in MedRec
- Submit your questions to medrec@ismp-canada.org or ask them live

Objectives

By the end of this webinar you will:

1. Understand how building a coordinated cross sectoral team impacts the patient experience during transitions.
2. Learn how hospital, case managers, nursing home and pharmacy came together to change the Medication Reconciliation process resulting in reduced polypharmacy and hospital visits due to medication adverse effects.
3. Recognize the impact of BOOMR (BARRIE COORDINATED CROSS SECTORAL MEDICATION RECONCILIATION) on system efficiencies, inter professional communication and resident, family and staff satisfaction.
4. Learn about a new tool designed for patients to help engage them and their health care providers in a conversation about their medications.

Please complete our poll

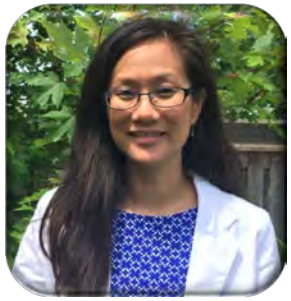
Today's speakers

Carla Beaton
RPh, BScPhm, CGP, FASCP,
Vice President of Clinical Innovations and Quality Improvement at Medical Pharmacies Group Limited

Michal Racki,
RPh, BScPhm
Clinical Pharmacist
MedRec Project Lead
Royal Victoria Regional Health Centre

Sheila Burton,
RN, MHA, GNC ©,
Resident Services Consultant with Sienna Senior Living in Ontario

Denis O'Donnell, RPh, BScPhm, ACPR, PharmD, Director of Clinical Research at Medical Pharmacies Group Limited



Alice Watt
Medication Safety Specialist, ISMP Canada

Pharmacy Group Experience

Improving & Driving Excellence Across Sectors

Carla Beaton, RPh, BScPhm, CGP, FASCP,

Vice President of Clinical Innovations and Quality Improvement at Medical Pharmacies Group Limited

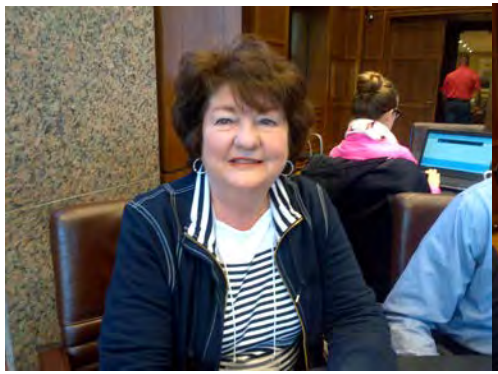
Improving & Driving Excellence Across Sectors

Redesigning the Transition Experience: Patient Focused MedRec Coordinating All Sectors

BOOMR : Barrie C**O**ordinated Cr**O**ss-Sectoral **M**edication **R**econciliation

IDEAS Applied Learning Project

www.ideasontario.ca




Sheila Burton- RN, MHS

Michal Racki- RPh

Denis O'Donnell- RPh, Pharm D, ACPR

Carla Beaton- RPh, CGP, FASCP

Sienna Senior Living

RVH Royal Victoria Regional Health Centre

Medical Pharmacies

IDEAS Applied Learning Project

www.ideasontario.ca

Learning Objectives

Improving & Driving Excellence Across Sectors

1. Describe how sectors including Acute care, Case managers (CCAC), LTC / Residential Care and Community pharmacy coordinated ISMP tools for improved quality MedRec.

2. Explain how specific quality improvement methods can be used to achieve system efficiencies and inter-professional communication.

3. Recognize the impact of BOOMR on resident, family and staff satisfaction.

Improving & Driving Excellence Across Sectors

BOOMR Project Overview

Barrie C**O**ordinated Cr**O**ss-Sectoral **M**edication **R**econciliation

OUR BOOMR PROJECT

Improving & Driving Excellence Across Sectors

- **Why?** To reduce preventable hospital readmissions due to medication related problems/complications from transitions of care

- **Why does it matter?** Hospital visits:
  - Cause distress to resident and family
  - Result in complications
    - delirium, falls, infection, polypharmacy
  - Are costly to the system

Evidence:

Patients vulnerable to harmful medication errors during transitions from hospital to LTC

ISMP 2013 Long Term Care Advise-ERR

Improving & Driving Excellence Across Sectors

Mary

- Fall / ankle fracture , 2 week wait for surgery
- 27 medications on file, 2 week stay in hospital
- 90 day stay in convalescent care
- Discharge on 27 medications
- *Something is wrong here*
- *We could do something about this*
- *And here's how…*

Evidence:

Patients vulnerable to harmful medication errors during transitions from hospital to LTC

ISMP 2013 Long Term Care Advise-ERR

LTC homes and Pharmacies are finding that late-day admissions have become the norm rather than the exception. He cites an unpublished study that found 80% of admissions occur between 12 noon and 8 pm.

Frank Grosso , CEO, American Society Consultant Pharmacists

THE CONSULTANT PHARMACIST DECEMBER 2015 VOL. 30, NO. 12, 692

Evidence: errors during transitions from hospital to LTC

Improving & Driving Excellence Across Sectors

TESS

- 99 y.o. CHF & BP ~ 90/50 since transfer 2 months ago
- Admitted on Amlodipine 20mg daily instead of hospital discharge order of "Amlodipine 5 mg po once daily" (transcription error)
- After med review, dose corrected to 5 mg daily and blood pressure returned to normal.
  - Resident feeling less dizziness and no nausea.
  - Prevented potential hospitalization or fall due to hypotension

Improving & Driving Excellence Across Sectors

Evidence: multiple sources of medication history will reveal important discrepancies

Helen

- Multiple transfers
- Many ER visits
- Incomplete records/sources:
  - COPD diagnosis not consistent on all sources and no medication for COPD
  - Glaucoma missed as a medical condition and no eye drops in 2 years

Evidence: interview with patient or family is essential

William

- Clarified his bag of white powder is Splenda because he has diabetes
- Discovered he had Tamiflu in hospital – not on any documents
- Hospital inventory stocked short acting version of his long acting drug – dose discrepancy later discovered when pharmacist viewed vial from home- dose “lost in translation” during transfer

Evidence: information in the right place at the right time is essential

Glenn

- No medications prior to hospital hip surgery
- Admission medications included Fragmin post op and pain medication prn
- After MedRec completed with inter-professional discussion “trio call”, hospital Rx for ASA discovered on another floor of LTC home for Glenn and the process had to be redone

Step 1: Coordinating a Cross Sectoral Team

Improving & Driving Excellence Across Sectors

- Obtain support from executive sponsors
- Align the stakeholders with the common goal
- “Kick off “ the BOOMR method holding a face to face meeting with all stakeholders to deliver “model of improvement” and begin positive relationships
  - i.e. patients, family, physicians, discharge planners, case managers, pharmacists, nurses, care coordinators, health authority representatives

BOOMR
"Model of Improvement"

Improving & Driving Excellence Across Sectors

1. What did we try to accomplish?
   - Avoid drug related problems to reduce hospital admissions and improve resident experience
2. Show evidence of the problem with a story
   - Mary's Story of 27 medications
3. What will change, how will you measure improvements?
   - Workflow efficiencies, communication, quality of medication reconciliation, patient satisfaction
   - Measure with a *modified* ISMP quality audit, satisfaction surveys, time studies

Step 2: Change the Medication Reconciliation Process

Improving & Driving Excellence Across Sectors

- Innovation
  - Start MedRec process on bed acceptance day (48 hours ahead of admission)
- Highly adoptable improvements for BPMH
  - Hospital staff utilize discharge checklist to ensure nurse receives all essential information
  - Nurse to ”LEAN” the collection of RAI-HC information, include previous pharmacy history & MAR
  - Pharmacist interviews patient / family interview remotely
- Inter professional Collaboration
  - Trio Call = Collaboration of professionals (physician/nurse/ pharmacist) with one phone call

Step 3: State your AIM and Measure your results

Improving & Driving Excellence Across Sectors

Aim: by June 2015, improve quality of MedRec by 50%, avoid hospital visits due to medication and improve the patient experience during transition of care into the LTC home

Family of Measures: Outcome, Process, Balancing

Improving & Driving Excellence Across Sectors

Outcome measures - resident testimonials

- Percentage of resident/family satisfaction with medication increased from 57% to 83%

Family of Measures: Outcome, Process, Balancing

Improving & Driving Excellence Across Sectors

Resident/Family satisfaction

- ***Patient quote**: " I was pleasantly surprised…..the pharmacist already knew about my medications…. everything was already there".*
- ***Family quote** "Impressed to see the interest in mom's medications before we moved in so everything is ready when we get there".*

Family of Measures: Outcome, Process, Balancing

Improving & Driving Excellence Across Sectors

Clinician/Staff satisfaction

- ***Staff quote**: " saved me time when the admission is so organized ahead of time".*
- ***LTC Pharmacist quote**: "This method saves time waiting for information. We are not rushed, avoid mistakes and are able to discuss our clinical concerns directly with the nurse and physician… much better".*
- ***Physician quote**: "*It works so well, why did we not do it this way before?".

Family of Measures: Outcome, Process, Balancing

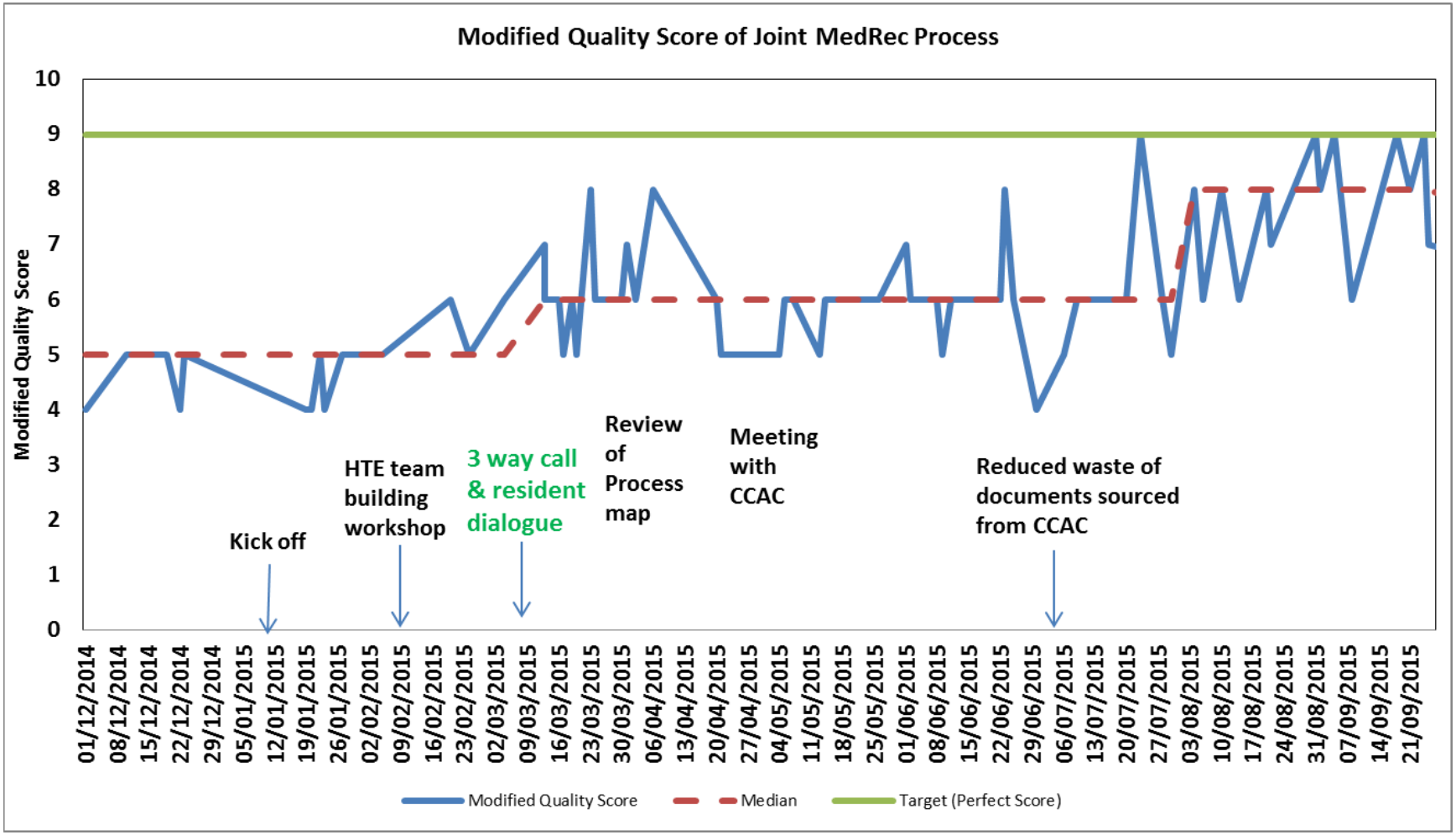
Improving & Driving Excellence Across Sectors

Key process measure(s) results

- 95% of the time MedRec process started prior to admission day
- Impact of LTC pharmacist driven MedRec
  - More medication discrepancies identified
  - More sources identified for BPMH
  - Resident / LTC pharmacist interview essential
  - “Trio call” – nurse, MD, offsite LTC pharmacist
- 0% hospital visits due to medication problems
- Modified ISMP Quality MedRec auditing – data shift after new intervention

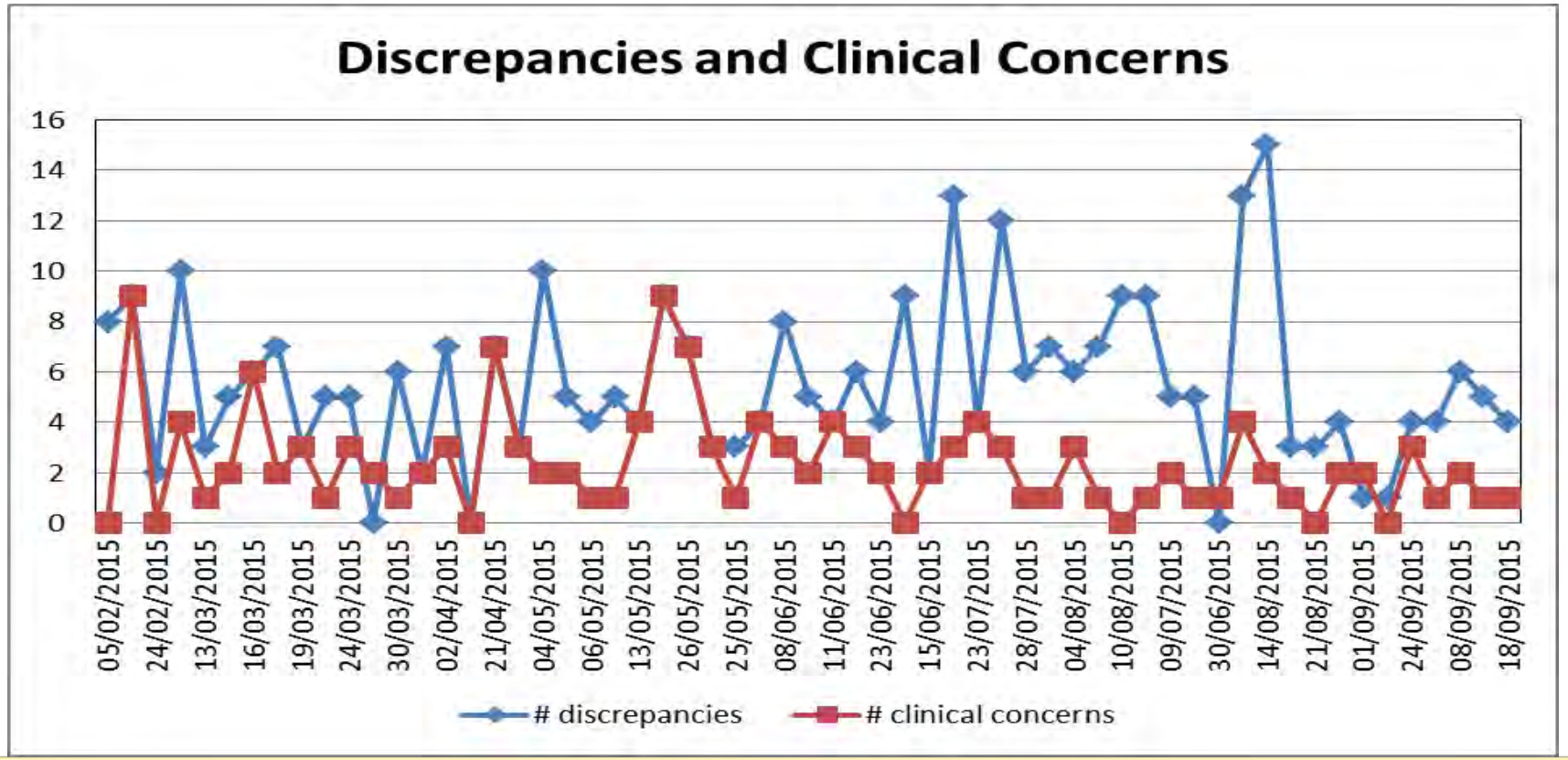
Results/Impact Process Measure

Improving & Driving Excellence Across Sectors



Discrepancies and Clinical Concerns

Improving & Driving Excellence Across Sectors



Pre-BOOMR: 'You don't know what you don't know'

BOOMR intervention: More discrepancies are being detected and clinical concerns are being resolved to avoid drug related problems leading to potential hospital visits

Results/Impact

Hospital Admissions from Woods Park Convalescent Care – zero due to medications

Improving & Driving Excellence Across Sectors

Month	Pre-BOOMR cohort		BOOMR cohort	
	New to CCP	ER visits/readmits	New to CCP	ER visits/readmits
Dec 2014	7	0	N/A	N/A
Jan 2015	6	1/0	N/A	N/A
Feb 2015	N/A	1/0	03	0/0
Mar 2015	N/A	0/1	11	2/0
April 2015	N/A	N/A	04	0/1
May 2015	N/A	N/A	08	0/0
June 2015	N/A	N/A	11	2/0
July 2015	N/A	N/A	07	2/1
August 2015	N/A	N/A	03	0/0

Results/Impact

Improving & Driving Excellence Across Sectors

- Clinical Outcomes
  - No hospital visits (ER or Admissions)
  - Reduction in polypharmacy - reduction in potential falls
- Patient Experience
  - More satisfied with knowledge about medication (57% to 83%)
  - More satisfied with the admission experience
- Efficiency, Productivity, Effectiveness
  - 5 - types of LEAN waste reduced - workflow more efficient and staff more productive (saved 1 hour of nursing, 30 min of MD time)
  - Effectiveness improved staff relationships
- Economic Analysis or Cost Effectiveness
  - Polypharmacy reduction with pharmacist intervention resulted in drug cost savings of $1000 per patient
  - Hospital admission charges avoided

Learnings from BOOMR

Five types of waste reduced

Type of Waste	Brief Description	BOOMR waste reduction
defects	time spent doing something incorrectly – time to list mediation for transfer that is not useful for next health professional	HPG and hospital discharge sent directly to pharmacist – trio call to discuss
overproduction	Doing more than what is needed by the patient – more than one BPMH interview	Med history collected before dialogue with patient
waiting	Waiting for the next event to occur – waiting for resident information or a call to complete MedRec and process orders	Start med history collection 48 hrs ahead, consistent info communicated
over processing	Work not valued by patient or aligned with their needs – time spent on health profession calls back and forth and/or med incident analysis and reporting	time spent triaging medication at front end ELIMINATED MED ERRORS in project- NO HOSPITAL VISITS
human potential	Waste and loss due to not engaging patients/ residents or staff, listening to their concerns/ideas	Face to face meetings – engaged resident/staff to produce better discharge plan

ACUTE CARE EXPERIENCE

Improving & Driving Excellence Across Sectors

Michal Racki, B.Sc. Phm., Rph.,
B.Sc.
Clinical Pharmacist
MedRec Project Lead
Royal Victoria Regional Health Centre

Background Acute Care Experience

Improving & Driving Excellence Across Sectors

- MedRec at Admission,Transfer & Discharge implemented Oct 2014 in Surgery Program as project site
- BPMH completed prospectively hospital-wide by Pharmacy Technicians in the Emergency Department (ED) and Pre-surgery Intake Clinic; any BPMHs missed prior to arrival on the inpatient units were completed by Pharmacists retrospectively
- Nurses complete BPMH in the Pre-surgery Intake Clinic for non-complicated patients or patients on minimal medications

Background Acute Care Experience

Improving & Driving Excellence Across Sectors

- MedRec tracking built into the pharmacists' daily census reports & statistics built into order entry completed by pharmacists & pharmacy technicians
- Current State: BPMH is paper-based and completed manually; computer generated transfer report; computer generated discharge plan requiring manual additions.
- Discharge plan is faxed to community providers manually

Background Acute Care Experience

Improving & Driving Excellence Across Sectors

- Medi-Tech version 5.66 and RXM
- BPMH entered into RXM for reference
- Future state: fully electronic BPMH, discharge plan and auto-fax to providers/partners

Pivotal Moments in Acute Care Setting

Improving & Driving Excellence Across Sectors

- Go-Live Joint Meeting and follow-up meetings with front-line staff involved with the project
- Understanding the customers' needs; community partners, roles and responsibilities:
- Acceptance into the IDEAS program

Royal Victoria Regional Health Centre

Pivotal Moments in Acute Care Setting

Improving & Driving Excellence Across Sectors

- Intra-organizational process mapping followed by inter-organizational joint process mapping session
- Process review with mapping done with care coordinator of health authority when it was realized that they are a key stakeholder in the discharge process

- Project partners on site were able to discuss with front-line staff and management on the In-patient Surgery units

Royal Victoria Regional Health Centre

Pivotal Moments in Acute Care

Improving & Driving Excellence Across Sectors

- Leveraged knowledge with mutual relationships to identify and engage stakeholders through-out the project
- Shadowing processes leading to development of discharge checklist:
  - *"Walk in My Shoes"* type orientation
  - Was very eye-opening as there was a lot of misconception of work-flow,
  - roles & activities in the partner organizations

Royal Victoria Regional Health Centre

Potential Barriers and Lessons Learned in Acute Care

Improving & Driving Excellence Across Sectors

- Different perspectives and different pressures but ONE patient
- Undefined complexity and variables in all settings
- Baseline identification of MedRec and discharge process in acute care facility
- Change fatigue
- The ‘Blame Game’
- Do not fear limitations; be open to discovery and questions

Royal Victoria Regional Health Centre

Long Term Care Experience

Improving & Driving Excellence Across Sectors

Sheila Burton, RN, MHA, GNC ©,
Resident Services Consultant with Sienna Senior Living in Ontario

Cross Sectoral Team

Improving & Driving Excellence Across Sectors

Background LTC/Residential Experience

Improving & Driving Excellence Across Sectors

Previous Thinking:

- MedRec to be started after resident is admitted to LTC/ Residential home
- Lack of trust in information from other sources
- Resident and family had passive role in MedRec
- Lack of consultation with physicians and pharmacist
- Late admissions. Everyone in a crunch to get MedRec done

Pivotal Moments in LTC

Improving & Driving Excellence Across Sectors

Quality Improvement Tools

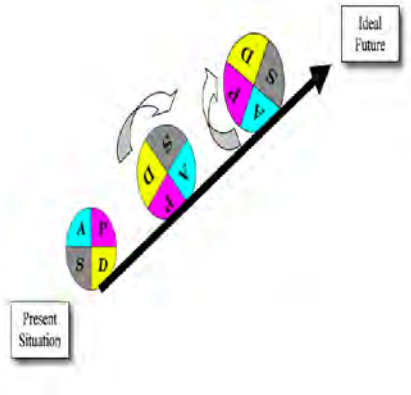
- Fishbone Diagram – cause and effect
- Process Map – all sectors individually completed current process, added change ideas and then we consolidated all the sectors and identified the patient centered process map

Pivotal Moments in LTC

Improving & Driving Excellence Across Sectors

PDSA Change Ideas

- PDSA#1 Initiate MedRec on bed acceptance day (48 hrs) before admission
- PDSA#2 Change quantity and quality of communicated parts of RAI-HC to LTC pharmacy
- PDSA#3 Initiate remote pharmacist/resident interview
- PDSA#4 Implement inter profession communications “Trio Call”



Pivotal Moments in LTC

Improving & Driving Excellence Across Sectors

- Direct care staff and physician involved from the beginning and during follow up
- Understanding the role change of LTC staff, resident/family, physician and pharmacists
- The efficient interprofessional communication and collaboration
- Having physician, pharmacist and nurse on same page with trio call for MedRec

Potential Barriers in LTC

Improving & Driving Excellence Across Sectors

- Not the right time for the organization to change MedRec
- Not a priority to focus on MedRec
- Physician not included at the beginning
- Coordinating schedules for the trio call

Lessons Learned in LTC Community

Improving & Driving Excellence Across Sectors

- Start the process on bed acceptance day
- Need an established process for notifying the physician of when admission pending or expected
- Critical thinking and alignment allowed BOOMR method to become a process and not a task

Lessons Learned in LTC Community

Improving & Driving Excellence Across Sectors

- Be flexible in role changes within the health care professionals i.e. MedRec can be driven by the pharmacist remotely
- Have the will to discard traditional roles - Stay focused on the resident and not our disciplines

LTC Community Pharmacy Experience

Improving & Driving Excellence Across Sectors

Denis O'Donnell,

RPh, BScPhm, ACPR, PharmD,
Director of Clinical Research at Medical Pharmacies Group Limited

Background of MedRec in LTC Pharmacy

Improving & Driving Excellence Across Sectors

- Traditionally pharmacy received completed MedRec from nurses in LTC- often late in the day
- Original Med list sources not available
- Reasons for discontinuation or change of a drug not always explained
- Currently completed in paper version

Background of MedRec in LTC Pharmacy

Improving & Driving Excellence Across Sectors

- Pharmacist role is to process prescription (react) not reconcile discrepancies (proactive input)
- Pharmacy waiting for information and rushed at the end of day to complete dispensing, packaging, clinical check, delivery
- Portrait style BPMH and orders in one for MedRec

Pivotal Moments in LTC Pharmacy

Improving & Driving Excellence Across Sectors

- Before admission day, the pharmacist given the history of patient and medication information
- Pharmacist interviews the patient or family about the medication history
- Pharmacist has opportunity to focus on the resident directly and discover clinical concerns
- Trio call provides the pharmacist the opportunity to discuss medication concerns with nurse and physician

Lessons Learned and Barriers in LTC Pharmacy

Improving & Driving Excellence Across Sectors

- Struggle operationally to put the pharmacist at the beginning of the process
- Pharmacist role in MedRec requires dedicated time
- Dedicated time (eg. 2 hours) at the beginning resulted in less wasted time over the next day(s)- using the right expertise at the right time
- Pharmacists using multiple sources of medication history revealed more discrepancies allowing reduction of the probability of error

Overall Learning

Improving & Driving Excellence Across Sectors

Medication Reconciliation must:

- Be started before the resident arrives
- Be void of system waste (LEAN the process)
- Include patient and previous pharmacy as essential sources
- Is capable of being driven by the offsite LTC pharmacist
- Be inter-professional and include a collaborative clinical discussion (Trio call)
- Drive better clinical outcomes for resident satisfaction – “not be just a drug list”

Overall Learning

Improving & Driving Excellence Across Sectors

- BOOMR method drives better clinical outcomes and resident satisfaction – “not just a drug list”

- Achieving this system-wide change requires sectors and organizations to simultaneously prioritize Medication Reconciliation for quality improvement

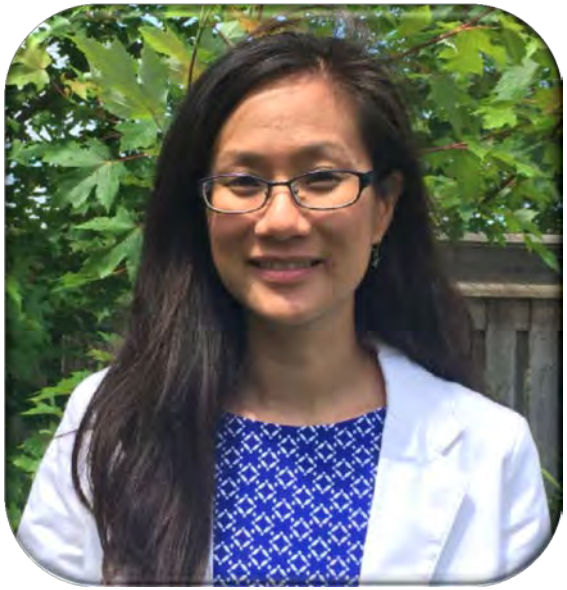
Overall Learning

Improving & Driving Excellence Across Sectors

- We need listen to each other and the patient/resident to realize improvement
- QI tools (i.e. PDSA, Fishbone diagram and Process Map) useful for momentum and clarity
- Crossing Sectors needs face to face interaction and teamwork (relationships are key!)
- The project needs a leader/“owner” to be the catalyst however the credit belongs to the team

ideas

Improving & Driving Excellence Across Sectors



Alice Watt, RPh, BScPhm
Medication Safety Specialist
Institute for Safe Medication Practices Canada (ISMP Canada)

"5 Questions to Ask About Your Medications"

Alice Watt
Medication Safety Specialist, ISMP Canada

“Poor communication at transitions can undo a lot of effort and compromise otherwise excellent care.”

Dr. M. Hamilton

SHN! November 2015 Teleconference Your discharge is someone’s admission

Background

- 2014 National Medication Safety Summit
  - Goal: Improving communication about medication among providers and patients and families at transitions of care
  - Action: Create and disseminate a national medication safety checklist for patients and families at transitions in care.

Project Co-Leads

ISMP CANADA

cpsi icsp
Canadian Patient Safety Institute
Institut canadien pour la sécurité des patients

PATIENTS FOR PATIENT SAFETY CANADA | PATIENTS POUR LA SÉCURITÉ DES PATIENTS DU CANADA

Canadian Society of Hospital Pharmacists
Société canadienne des pharmaciens d'hôpitaux

CANADIAN PHARMACISTS ASSOCIATION | ASSOCIATION DES PHARMACIENS DU CANADA

Working Group

- Donna Herold (Patients For Patient Safety)
- Linda Hughes (Patients For Patient Safety)
- Mike Cass (CPSI)
- Lisa Sever (ISMP Canada)
- Kim Streitenberger (ISMP Canada)
- Alice Watt (ISMP Canada)

Advisory Panel

- Provided advice and guidance to working group
- Included representatives from:
  - Patients for Patient Safety Canada
  - University Health Network
  - Canadian Society Hospital Pharmacists
  - Canadian Pharmacists Association
  - Neighborhood Pharmacy Association of Canada
  - ISMP Canada
  - CPSI

Collaborative Process

- Completed environmental scan
- Working group developed draft checklist
- Feedback obtained from patients, clinicians, advisory panel and external stakeholder groups
  - Electronic survey
  - Email
- Checklist revised based on feedback received

Survey Result Highlights

- December 17–Jan 5, 2016
- Electronic survey sent out to patients and healthcare providers
- 307 responses!
- 52 consumers and 255 healthcare providers.
- Responses were thoughtful and eye-opening

5 QUESTIONS TO ASK ABOUT YOUR MEDICATIONS

when you see your doctor, nurse, or pharmacist.

1. CHANGES?

Have any medications been added, stopped or changed, and why?

2. CONTINUE?

What medications do I need to keep taking, and why?

3. PROPER USE?

How do I take my medications, and for how long?

4. MONITOR?

How will I know if my medication is working, and what side effects do I watch for?

5. FOLLOW-UP?

Do I need any tests and when do I book my next visit?

Keep your medication record up to date.

Remember to include:

- ✓ drug allergies
- ✓ vitamins and minerals
- ✓ herbal/natural products
- ✓ all medications including non-prescription products

Ask your doctor, nurse or pharmacist to review all your medications to see if any can be stopped or reduced.

ismp

cpsi icsp

Canadian Society of Hospital Pharmacists / Société canadienne de pharmacie hospitalière

Canadian Pharmacists Association / Association des pharmaciens du Canada

SafeMedicationUse.ca

It's about starting a conversation

- "...initiates 2 way communication and encourages everyone to be more involved with their personal health care – take more accountability and responsibility"

- “I love the poster because it is also a cue to the healthcare provider to ask if I have any questions about my medications”
- “We need to advocate for patients to take responsibility for knowing about the drugs they take. I like the message”

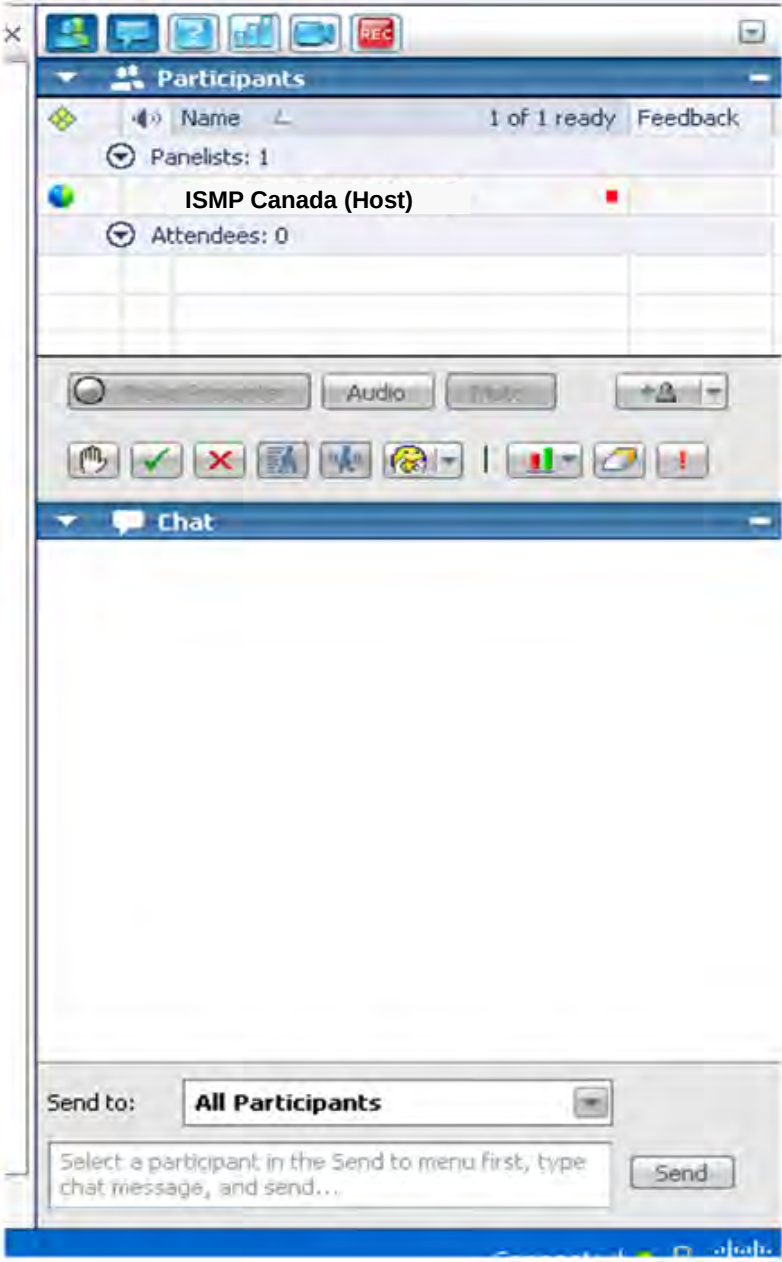
How can it be used

- Patients
  - Bring it to every appointment
- Healthcare providers
  - Guide their discussion

Communication and Dissemination Plan

- National webinar
- Social media e.g. MedRec Facebook page, Twitter
- Disseminate to key stakeholder organizations
- Post on websites
- safemedicationuse.ca bulletin
- Word of mouth

2. Type your question in the chat box



Stay on after this call

MedRec Open Mike

- **Need help with MedRec?**…stay on the line and join the discussion.

- Submit your questions to medrec@ismp-canada.org or ask them live

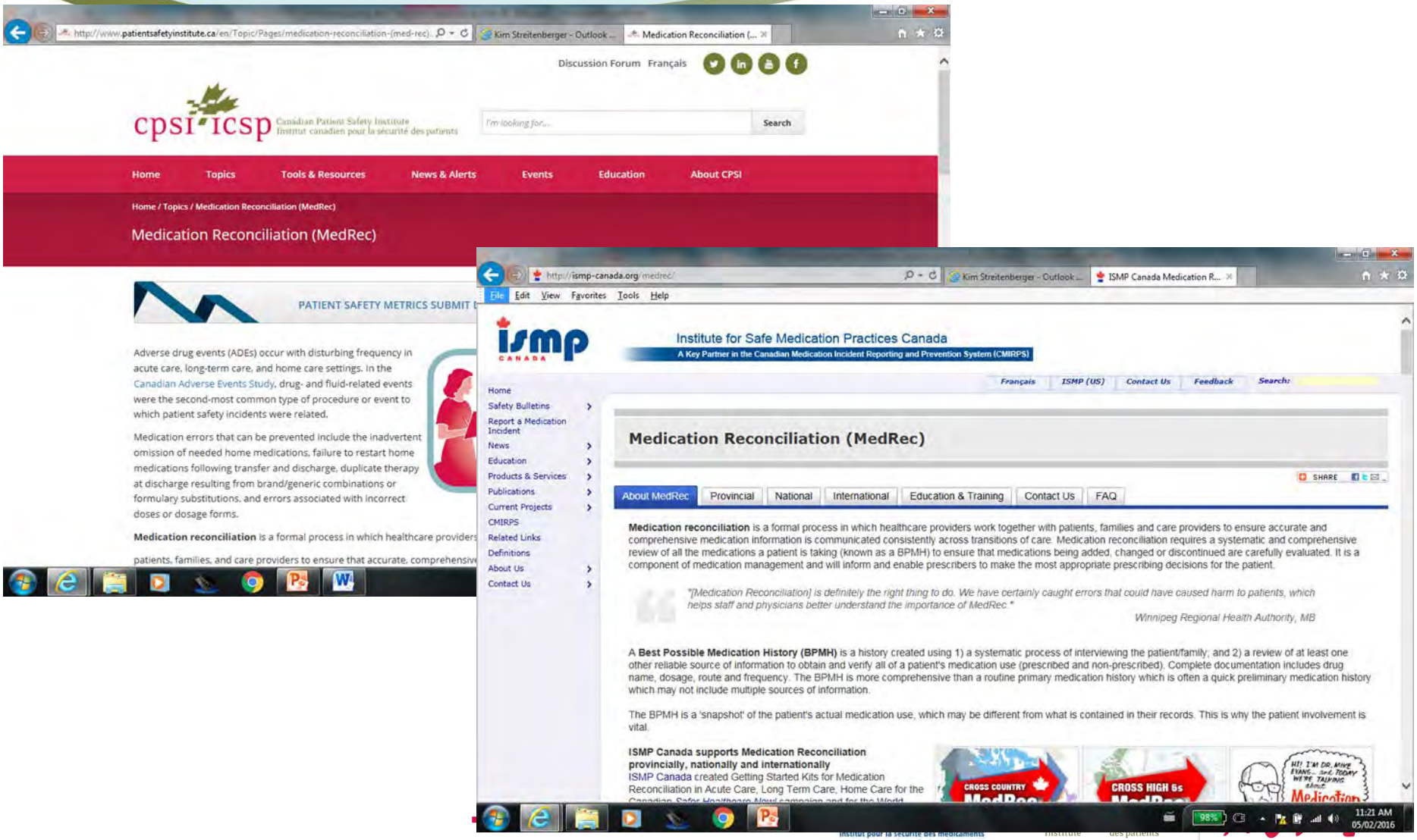
Closing remarks

Mike Cass

Patient Safety Improvement Lead, CPSI

Please complete our poll

Tools and resources



We are here to help!

- **For MedRec Content (MedRec Intervention Lead)**
  Institute for Safe Medication Practices Canada (ISMP Canada)
  medrec@ismp-canada.org

- **CPSI Patient Safety Intervention Lead**
  Mike Cass MCass@cpsi-icsp.ca

MedRec Open Mike

What is Open Mike?

Your opportunity to:

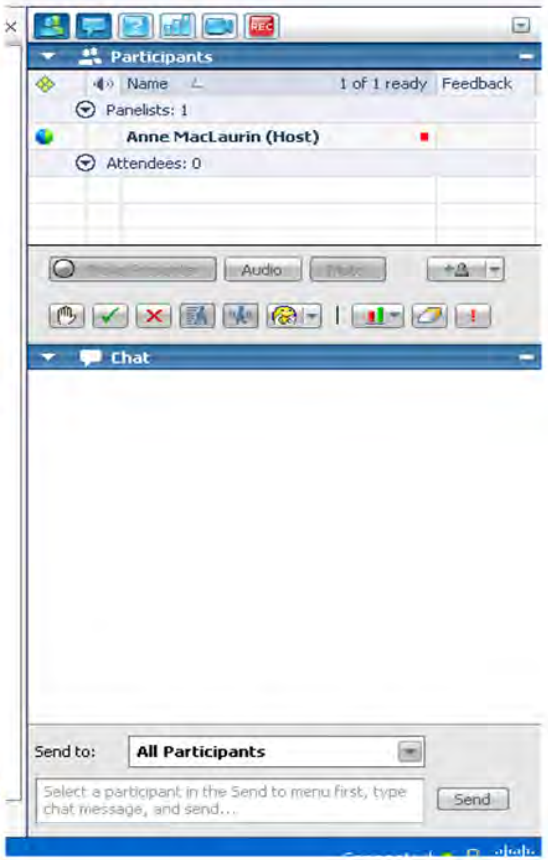
- Ask MedRec related questions to the ISMP Canada MedRec Team
- Pose questions to teams on the line to get their input
- Share stories and tools/resources
- Exchange ideas about are doing and what you have learned

How to ask questions

Questions

1. Raise your hand. If you have a phone icon by your name we will un-mute your phone and you can ask your question

2. Type your question in the chat box



Lets start the discussion!