



How safe is medication use in long term care facilities/nursing homes

By David U

The Institute of Medicine (IOM) stunning report in 1999 reported that close to 98,000 Americans die of medical errors each year and provided a “wake-up call” for the United States. Similarly, a Canadian study by Drs. Baker and Norton released in 2004 identified that upwards of 24,000 preventable deaths occurred in the year 2000 in Canada. In addition, the researchers identified that 24% of all preventable events were fluid or medication related. Canada, like many other countries, has made patient safety a priority for the health-care system. However, many studies on patient safety so far have focused on issues in acute care settings and less attention is paid to other segments such as long term or continuing care, nursing homes and ambulatory care. Needless to say, this does not mean that a problem does not exist in these non-acute care facilities. On the contrary, medication related problems do exist in these settings and are slowly and steadily coming to the forefront.

On April 10, 2005, CBC published a shocking report that estimated “as many as 3,300 seniors die every year due to adverse drug reactions”. This was based on CBCs’ analysis of extracted information from Health Canada’s adverse drug reaction database. The same report cited “seniors account for 44 percent or of all reported adverse drug reactions suspected



of causing deaths”. On May 11, 2005, a further update by CBC News referenced a report released by the Alberta Auditor General Fred Dunn: “his inspection of 25 of Alberta’s 179 long-term care facilities points to a number of problems. Only seven of the 25 homes fully met standards for providing and managing medications....We found facilities are not meeting standards for providing medications to residents”. Recently, the Health Quality Council of Saskatchewan also released a

report on ‘Drug management in LTC’. The report highlighted “More than one in four Saskatchewan seniors in long-term care were dispensed potentially avoidable, high-risk drugs.” The Council cited that 28 percent of seniors in long term care facilities were administered at least one drug that was not recommended when compared to an internationally accepted list of drugs for which there are known safer alternatives. This concern was also echoed by a recent research on

drug problems from two major long-term care facilities. One of the Canadian authors in this research, Paula Rochon, a senior scientist and gerontologist at Baycrest Hospital in Toronto indicated that “Our findings reinforce the need for a special focus on the ordering and monitoring stages of pharmaceutical care for preventing adverse drug events in the long-term care setting. Patients taking antipsychotic agents, anticoagulants, diuretics, and antiepileptics are at increased risk.”

A Health Canada’s database captures adverse drug reaction (ADR) primarily caused by side effects from medications. Although many of these medication-related problems in long-term care and nursing homes originate from adverse reactions and the use of high-risk medications, medication errors are also part of the problem. ISMP Canada has started receiving reports from practitioners working in long-term care and nursing homes that involve medication errors. These include seniors receiving wrong medications or wrong doses of the medication. Other issues that compound this problem include the fact that these patients/clients are at a greater risk for harm to occur due to their advanced age and a decreased ability to recover, multiple medical issues, and the use of multiple medications. A review and analysis of some of these errors in long term care has also demonstrated that they are rooted with system-based issues. Communication issue, environmental and staff shortages are some of the key underlying factors.

The Ontario Ministry of Health and Long-Term Care has engaged ISMP Canada to begin working with long term care facilities in an effort to enhance medication system safety. The medication safety team with the guidance of the advisory group has identified a number of priorities to be addressed over the next few years including enhancing systems for high risk medications such as narcotics, insulin and warfarin. In addition, a comprehensive list of safe practices for long-term care facilities in a form of a self-assessment is also being developed by ISMP Canada. This medication safety self-assessment tool will provide a mechanism for facilities and practitioners to assess their medication systems and to identify gaps in an effort to prioritize improvement efforts. Input from a number of provinces will be sought to ensure the tool can be used by facilities across Canada. Further patients transferring from one care facility to another is often a vulnerable point in the health care system. ISMP Canada is also leading a project on medication reconciliation for patients being transferred between acute care hospitals and long term care facilities/home. ISMP Canada encourages practitioners in long term care facilities to report medication errors and hazardous situations that can be shared and learned by others. Reports can be submitted to the ISMP Canada’s web site: www.ismp-canada.org.

David U is President and CEO, ISMP Canada.

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