Mental Health and Patient Safety: The Beginning of Our Journey

Medication Safety Panel Discussion

OHA Conference in partnership with CPSI
Marriott Eaton Centre, Toronto
September 19, 2008

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Institute for Safe Medication Practices Canada
ISMP Canada

Independent, not-for-profit, national organization

Purpose: To identify risks in medication use systems, recommend optimal system safeguards and advance safe medication practices.
Presentation Outline

- National and provincial medication reconciliation/medication review programs
- National and provincial initiatives for reporting adverse events
ISMP Canada’s Role in Medication Reconciliation

- Lead medication reconciliation implementation intervention for Safer Healthcare Now! Campaign
- Prepared Getting Started Kits and tools to support teams across the country
  - Acute care
  - Long Term Care
- Co-lead for Homecare pilot project
### Safer Healthcare Now!

#### Enrollment by Intervention

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Number of Teams</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deploy Rapid Response Teams</td>
<td>56</td>
</tr>
<tr>
<td>Improve Care for Acute Myocardial Infarction</td>
<td>121</td>
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<tr>
<td>Prevent Adverse Drug Events through Medication Reconciliation</td>
<td>333</td>
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<tr>
<td>Prevent Central Line-Associated Bloodstream Infection</td>
<td>92</td>
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<tr>
<td>Prevent Surgical Site Infection</td>
<td>175</td>
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<tr>
<td>Prevent Ventilator-Associated Pneumonia</td>
<td>117</td>
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<tr>
<td>Antibiotic Resistant Organisms (AROs)/ MRSA</td>
<td>18</td>
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<tr>
<td>MedRec (Long Term Care)</td>
<td>49</td>
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<tr>
<td>Venous Thromboembolism</td>
<td>10</td>
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<tr>
<td>National Collaborative on Falls in Long-Term Care</td>
<td>33</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>1004</strong>*</td>
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*Total at July 29, 2008*
Reach of Medication Reconciliation

- Accreditation Canada requirements

- WHO Action on Patient Safety - High 5s
  - 5 common problem areas in patient care and proposed solutions
    - Assuring medication accuracy at transitions in care
  - Supported by six countries: Canada, Germany, the Netherlands, New Zealand, the United Kingdom, and the United States

- Inclusion in University curricula
MedsCheck

PERSONAL MEDICATION RECORD

Whenever you see a doctor, including your primary care physician and any specialists, review and update this medication list.

After any hospitalization, check with your doctor or pharmacist to review this medication list.

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Name of Medication</th>
<th>Strength</th>
<th>How to take this medication</th>
<th>Purpose</th>
<th>Comment</th>
<th>Prescribed By</th>
</tr>
</thead>
<tbody>
<tr>
<td>dd/mm/yyyy</td>
<td>Brand &amp; Generic Name</td>
<td>Quantity</td>
<td>Route</td>
<td>Frequency</td>
<td>Food</td>
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</table>

Allergies: No known allergies ☐

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<tr>
<th>Product</th>
<th>Reaction</th>
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Pharmacist Signature

Patient Signature

Ontario
Ontario MedsCheck Program
Ministry of Health and Long-Term Care

• Funded by MOHLTC

• One-on-one 30 minute appointment with the community pharmacist
  • Reviews all the patient’s medications
  • Helps patients better understand their medication therapy and ensure that medications are taken as prescribed.
Who is eligible for a MedsCheck?

- **All** Ontarians are eligible
- Provided they are taking 3 or more medications for a chronic condition.
- Community Pharmacist is reimbursed for their professional services.
Linking
*MedsCheck to MedRec*
Pilot Project 2008

- 10 hospital sites
- Pre-admission surgical clinic - elective patients
- Requesting a *MedsCheck* from patients prior to the pre-admission clinic appointment.
- Gather the Best Possible Medication History (BPMH) in hospital
  - Using MedsCheck as the primary source of information
- Measure the value and impact of the *MedsCheck* program to MedRec in hospital
June 2008

Dear Surgeons, Anaesthesiologists, Obstetricians and Receptionists,

Re: MedsCheck and Hospital Medication Reconciliation

(Inset hospital name), in collaboration with ISMP Canada and supported by the Ministry of Health and Long-Term Care, is introducing a new process to facilitate medication ordering for surgical admissions.

MedsCheck is a provincially funded initiative, which allows a patient to have their medications reviewed by their community pharmacist and also receive a complete list of their current prescription and over-the-counter medications. As the community pharmacist is well positioned to provide patients with this information, a new recommendation is for pre-operative elective patients to try to arrange a MedsCheck appointment with their community pharmacist 1-2 weeks prior to their pre-admission clinic appointment. The MedsCheck information will be included in the pre-admission clinic process for obtaining the patient’s medication history.

Please include the enclosed revised patient information leaflets when providing your patients with the pre-admission information packages.

We need your help to remind patients to try to arrange a MedsCheck appointment.

- Time: 1-2 weeks prior to their pre-admission appointment.
- Who: Pre-elective surgical patients with an Ontario Health card on 3 or more medications for a chronic condition.
- Where: Patient’s community pharmacy.

Thank you for your support in improving the medication information available during transitions in care.

Sincerely,

Director of Pharmacy
Linking

*MedsCheck to MedRec*

Coordinate MedsCheck and medication reconciliation in Ontario to:

- Integrate initiatives
- Contribute to seamless transfer of accurate information
- Contribute to the success of MedsCheck
- Save time in admission medication reconciliation
Canadian Medication Incident Reporting and Prevention System

- Canadian Institute for Health Information
- Health Canada
- ISMP Canada responsibilities include interdisciplinary analysis that considers practice concerns, clinical significance, systems issues, and potential preventive measures.

- Individual Practitioner Reporting Program
  (https://www.ismp-canada.org/err_report.htm)
Ontario Medication Incident Database

- Capturing medication incident reports from Ontario institutions and facilities since 2000
- 30,612 voluntarily reported medication incidents (as of April 30, 2008)
- 58 institutions and facilities
- 1169 medication incidents (3.81%) with an outcome of “Harm” or “Death”
Top 5 Medications Reported as Causing Harm or Death through medication error

<table>
<thead>
<tr>
<th>Medications</th>
<th>No. of Incidents</th>
<th>Percentage (n = 1169)</th>
</tr>
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<tbody>
<tr>
<td>Insulin</td>
<td>115</td>
<td>9.84</td>
</tr>
<tr>
<td>Morphine</td>
<td>103</td>
<td>8.81</td>
</tr>
<tr>
<td>Hydromorphone</td>
<td>89</td>
<td>7.61</td>
</tr>
<tr>
<td>Heparin</td>
<td>55</td>
<td>4.70</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>46</td>
<td>3.93</td>
</tr>
</tbody>
</table>
Ontario Medication Incident Database

Psychotherapeutic Medications - AHFS Category: Antidepressants and Antipsychotics

Sample of reports (n=42) with an outcome of “Harm” (n=39) or “Death” (n=3)
Example findings of interest:

<table>
<thead>
<tr>
<th>Type of Incident</th>
<th>Reported Contributing Factors</th>
</tr>
</thead>
</table>
| Incorrect medication      | • Look-alike/ sound-alike medication names  
   ➢ Luvox and lovenox  
   ➢ Carbamazepine and chlorpromazine  
   ➢ Apodoxy and Apodoxepin |
| Incorrect patient         | • Pre-pouring medications                                                                     |
| Overdose                  | • Drug-drug interactions  
   • Drug-disease interactions  
   • Adverse drug effects can mimic illness                                                   |
| Other                     | • Complex orders due to cross-tapering;  
   • PRN orders requiring subjective assessments                                              |