



Strengthening
Med Safety in
Long-Term Care



Champion Home Launch Guide



October 2021

"It's a marathon, not a sprint!"



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Project Overview

Congratulations on being selected as one of the ten Champion Homes for the *Strengthening Medication Safety in Long-Term Care* Initiative¹! The Faculty at ISMP Canada is very excited to collaborate with you to enhance medication safety in your Home! We greatly appreciate the time commitment you are dedicating to the initiative and the opportunity to learn from each other.

Roadmap to Quality Improvement

Improving medication safety has many components, including the 4 key areas of this initiative. They are Measuring and Evaluating; Quality Improvement; Incident Analysis; and, Tools and Support. The overarching concept integrated throughout is Resident and Family Engagement.

Below are the ISMP Canada Faculty members who will be supporting you.



Resident and Family Engagement

Melissa Sheldrick is the Patient and Family Advisor at ISMP Canada. Melissa will be supporting staff in increasing the engagement of residents and families in their medication management. She will work with the team to develop strategies and best practices to involve residents and families in their care, and to be informed decision makers.



Measurement and Evaluating

Michael Hamilton is Medical Director at ISMP Canada and a Long-Term Care Physician. Michael will be leading the development of the LTC Medication Safety Indicators, guiding physician engagement strategies, and lending the physician/prescriber perspective to Faculty initiatives.



Measurement and Evaluating

Julie Greenall is the Senior Director of Projects and Consultations at ISMP Canada. She is responsible for ISMP Canada's Medication Safety Self-Assessment (MSSA) programs and led the update of the MSSA-LTC. She will be coaching teams on using their MSSA-LTC results for improvement.

¹ The Strengthening Medication Safety in LTC Initiative is funded by the Ontario Ministry of Long-Term Care. Views expressed are the views of ISMP Canada and do not necessarily reflect the views of the province.



Quality Improvement

Anurag Pandey is a Quality Improvement consultant with ISMP Canada and has been implementing Quality Improvement programs in healthcare and other sectors, for over twenty years. Anurag will be facilitating the Quality Improvement training and coaching activities during the initiative.



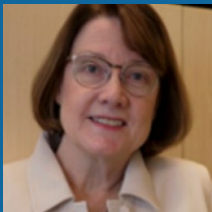
Tools and Support

Alice Watt is a senior medication safety specialist with ISMP Canada and practicing pharmacist. Alice is excited to be helping teams improve medication safety at transitions of care through the development of LTC tools and resources, providing coaching related to medication reconciliation activities during this initiative.



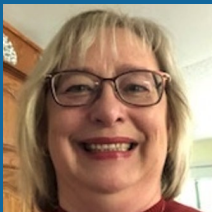
Tools and Support

Sylvia Hyland is the Vice President of Operations and Privacy Officer at ISMP Canada. Her professional experience includes clinical and leadership positions in several hospitals in Ontario. In her work for ISMP Canada, she has assisted with analyses of adverse medication events and has participated in focused reviews of medication use systems in healthcare. Sylvia provides expert advice and support to the Homes, including on the development and review of DRAFT Model Policies.



Incident Analysis

Carolyn Hoffman is the CEO of ISMP Canada and the Project Lead. She is a registered nurse, and her background includes senior leadership roles in the delivery and improvement of healthcare services. She is also a co-author of the Canadian Incident Analysis Framework. Carolyn will provide facilitation and advice to Homes as they advance their work in identifying, reporting, learning, and acting on medication errors.



Incident Analysis

Shirley Drever is the Project Manager for the Strengthening Medication Safety in LTC initiative and one of the facilitators for the Incident Analysis Workshops. She brings over 30 years of experience in the LTC sector working as a pharmacist in quality and clinical care initiatives. She supported the development and review of DRAFT Model Policies for this initiative. She has a passion for quality improvement to ensure the safety and quality of life of residents.



Getting Started - The first few weeks

The Launch Guide provides an introduction to the initiative and describes the general plan for the next year. If you have any questions or concerns as you review the content, please do not hesitate to reach out to us at LTC@ismpcanada.ca.

A Launch Webinar for the ten Champion Homes will be hosted by the ISMP Canada Faculty and is planned for October 20th, 2021 from noon to 1pm. Please plan on having your entire Working Group attend this meeting if possible. If this is not possible, it will be recorded for viewing by the end of October.

Going Forward – An Overview of the Plan for the Next Year

The Working Groups at each Champion Home are asked to engage in the following activities with the assistance of the ISMP Canada Faculty. **See the following sections for more details on each activity.**

- Launch the Champion Home Working Group.
- Complete a Resident and Family Engagement baseline assessment.
- Complete a MedRec Quality Audit baseline assessment.
- Review their MSSA-LTC results, and other local medication safety data, such as incident reports and trends.
- Meet with the ISMP Canada Faculty to discuss their findings.
- Identify two priority medication management improvement opportunities (projects).
- Collect baseline data on each opportunity and analyze the applicable processes.



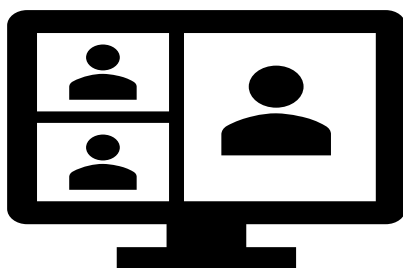
Going Forward – An Overview of the Plan for the Next Year (continued)

- Review relevant leading practices and Model Policies that will support the Home in brainstorming impactful improvement ideas. Each Champion Home will be asked to “test drive” at least two DRAFT Model Policies over the course of the year. This will help ISMP Canada to update and finalize the Model Policies.
- Participate in ISMP Canada education opportunities to build local capability and capacity for improvement.
- Implement and evaluate strategies to improve Resident & Family Engagement.
- Implement and evaluate strategies to improve reporting and learning.
- Use the Action Plan template found in Appendix A to track the sequence and timing of various activities to support developing, implementing and evaluating the two priority improvement projects.
- Time to test! The Plan-Do-Study-Act cycle will drive your activities over the next year.
- Participate in webinars with other Champion Homes to share learnings and obtain strategies to overcome barriers to improvement.
- Once the processes have been improved, embed them as the new standard practice at the Home.

At the end of the year, Champion Homes will be asked to complete an evaluation of the initiative and then celebrate the successes!

Meetings

An initial online meeting of the ISMP Canada Faculty with the Working Group at each Champion Home will occur at the beginning of the initiative. Regular webinars for all the Champion Homes will be provided to enable sharing and learning. This will include monthly “Office Calls” webinars to help the Homes address any questions or challenges as they arise.





Resident & Family Engagement



*How do we
define Family?*

***Family members
and other
significant
people as
identified
by the resident.***

Why involve residents and families in Medication Safety Improvement?

Residents and families have an important perspective to share and they are essential to developing effective improvement plans. Engaging residents and/or families promotes a culture of safety and trust and is important because there are health outcomes that are directly associated with enhanced resident and family engagement.

These include:

- higher resident satisfaction;
- better clinical outcomes;
- higher staff satisfaction.

"I would like to be on the committee that decides how they are going to reduce errors so that I can add the resident's voice..."

Devora – LTC resident



When working in a long-term care Home it is very important that there is a collaborative approach. Staff, administrators, prescribers, residents, and families should work together to reach these important outcomes.



Resident and Family Engagement Baseline Assessment and Activities

Timing	Activities	Details
First month	<p>Orientation of Residents and Families to the initiative</p> <p>Establish a clear snapshot of what resident/family engagement looks like in the Home, broadly, and as it relates to medication management</p> <p>CONSIDER Adapting the questions provided in Appendix D to gather information from a few Resident and Family members</p> <p>Melissa Sheldrick can be contacted for assistance.</p>	<p>Using the Resident and Family Engagement resources available on the ISMP Strengthening Medication Safety in LTC webpage, introduce the concepts via Resident Council and other communication avenues – newsletters, family meetings etc.</p> <p><u>Baseline Assessment</u> Review the responses to the Home's MSSA-LTC: Core Characteristic 1 questions 1.1. to 1.6 (Appendix B).</p> <p>Determine what engagement activities are underway and where they are on the IAP2 Spectrum (see Appendix C) – Options on the spectrum are Inform, Consult, Involve, Collaborate, Empower.</p> <p>Determine what other measurements will be used to complete the baseline assessment (see Measuring & Evaluating section).</p> <p>Identify residents/family members to participate in your Champion Home Working Group (WG) and define what role they will play.</p> <p>Provide an orientation to the residents/family members on the WG and provide access (if they are interested) to all initiative education modules and quality improvement opportunities.</p>
Within 3 months	<p>Determine how you will increase the engagement of residents and family in medication safety</p>	<p>Ensure the ideas of residents and family are integrated into the discussions and decisions of the Working Group.</p> <p>Develop, implement, and evaluate your strategies for increasing engagement.</p>
At twelve months	<p>Evaluate the engagement of residents and family members</p>	<p>As part of the final evaluation, repeat the activities in the baseline assessment (see above).</p>



Engagement Resources Online: <https://www.ismp-canada.org/LTC/resident-family.htm>



We need to help one another - keep an eye out for one another, care for one another, and be a part of each other's life. That's where we live, that's who we are – make it real, make it important, make sure we are all safe." Barry - LTC resident



Your Voice Matters PowerPoint and Video

Your Voice Matters: Residents and Families Have an Important Role in Medication Safety



Did you know that mistakes with medications happen sometimes?

You can be a part of the important decisions about your care.

You can play an important role in the medication safety team.



The Ontario Ministry of Long-Term Care (MLTC) is partnering with the Institute for Safe Medication Practices Canada (ISMP Canada) for 3 years to support long-term care homes in strengthening medication safety. This work will include addressing Justice Gillett's recommendations related to detecting potential medication incidents that would otherwise go unnoticed. The Strengthening Medication Safety in LTC Initiative is funded by the Ontario Ministry of Long-Term Care. Views expressed are the views of ISMP Canada and do not necessarily reflect those of the province.





Measuring & Evaluating

ISMP Canada will be collaboratively developing metrics and measures with the Champion Homes that can enable other Long-Term Care Homes, oversight organizations, and the Province to monitor the safety of medication management.

These indicators and measures should be viewed alongside other resident safety, medication safety, and/or utilization reporting obligations.

Measuring and Evaluating Medication Safety

All Homes in Ontario have free access to the updated MSSA-LTC and facilitation support to help Homes select and use key indicators to evaluate medication safety and monitor progress on improvements.

Why do we want to measure?

In simple terms, measurement allows us to know to what degree we are meeting our targets for safety and quality. We start at a baseline level of quality, perform an intervention or project, and gauge our new level of quality to understand the success of our project and capture learnings for our next attempts. Indicators are the items or elements of a process that we measure. Ideal indicators are valid (dependably measure what they are intended to measure) and reliable (reflect the level or degree of the measurement). They are monitored over time to help assess the safety and quality of care in the Home.

If different organizations use similar indicators, these can be compared as an opportunity to learn from each other and can be combined to provide an overview of many organizations.





Measuring and Evaluating Activities

Timing	Activities	Details
First Month	Complete MSSA-LTC, Version III	<p>Complete the MSSA-LTC (Version III) by the end of October as part of your Baseline Medication Safety Assessment.</p> <p>Analyze results to identify:</p> <ul style="list-style-type: none"> • Areas of strength • Areas for Improvement <p>Email LTC@ismpcanada.ca at anytime with questions. Discuss results with ISMP Canada Faculty.</p>
First 3 months	Obtain additional medication safety data	Obtain additional data to complete <i>Baseline Medication Safety Assessment</i> . See Indicator List on page 12 below.
First 3 months	Meet with ISMP Faculty	Submit a summary of your <i>Baseline Medication Safety Assessment</i> (through secure folder that will be provided) and set up a meeting with the ISMP Canada Faculty to discuss results and identify two priority medication management projects.
	Develop Action Plan (See Appendix A)	<p>Review relevant leading practices and Model Policies that will support the Home in brainstorming impactful improvement ideas</p> <p>Select indicators that support your priority med management projects and applicable objectives.</p>
Three months to 12 months	<p>Test Drive Model Policies</p> <p>Track Indicators</p>	<p>Select 2 Model Policies that support your priority objectives.</p> <p>Test and adapt these policies in your Home in support of reaching your priority medication management project objectives.</p> <p>Give feedback to ISMP Canada on DRAFT Model Policies.</p> <p>Track requested indicators and select optional indicators that allow measurement of priority objectives.</p>
	Complete final assessment in 1 year	Baseline Medication Safety Assessment will be repeated, and additional measures gathered.



The MSSA-LTC is designed to support the LTC sector to evaluate the safety of medication management systems through the following aspects.

- *Heightening awareness of the distinguishing characteristics of a safe medication system.*
- *Identifying vulnerabilities and opportunities for improvement related to medication system safety.*
- *Creating a baseline measurement of the current level of implementation of recommended strategies for medication safety.*
- *Monitoring progress over time through periodic repeated measurement.*

For information on completing the MSSA-LTC, see:

<https://www.ismp-canada.org/LTC/measuring-evaluating.htm>

[Questions: LTC@ismpcanada.ca](mailto:Questions:LTC@ismpcanada.ca)

Medication Safety Self-Assessment for Long-Term Care (MSSA-LTC) for Champion Homes

All Champion Homes are asked to complete the MSSA-LTC by the end of October 2021 (if not already submitted). Homes are asked to plan to repeat the assessment in one year (i.e., September 2022).

Baseline Assessment

Information is available at: [Long-Term Care | ISMP Canada \(ismp-canada.org\)](https://www.ismp-canada.org)

Medication Safety Self-Assessment Resources

- ✓ The MSSA-LTC
- ✓ A new User Guide, which includes the following sections:
 - Facilitator Guide, including a Facilitator Checklist
 - Interpretation of Results
 - Sharing Results
 - Understanding the Principles Supporting Resident Safety
- ✓ A webinar for new MSSA-LTC users: *Getting Started with Medication Safety Self-Assessment for Long-Term Care*.

How are Indicators different from the Medication Safety Self-Assessment for Long Term Care (MSSA-LTC)?

The MSSA-LTC provides a periodic review of considerable breadth and depth about the medication management system in the Home and is intended to be both an evaluation of the current performance and status of the system, as well as an indication of where to put effort into improvement. There is some reliance on judgement and consensus when completing the MSSA-LTC.

Although there is considerable overlap in purpose between the MSSA-LTC and the indicators presented below, the indicators are intended to be more specific, focused, and frequent measures of an issue or process of interest. As much as possible, indicators rely on objective data.

Both the MSSA-LTC and the indicators should be viewed as informing one another. Completion of the MSSA-LTC may highlight a particular vulnerability for which an indicator may be a suitable measure for monitoring as improvements are instituted. For example, a Home may score sub-optimally on the MSSA-LTC section related to medication reconciliation, for which the medication reconciliation indicator may be used to create a baseline measure and to monitor progress in addressing this need.



Indicator List *(for discussion with Champion Homes)*

All Champion Homes are asked to share their results with the ISMP Canada Faculty for the following indicators:

- Number of Medication Errors that alter a Resident's Health Status or Require Enhanced Resident Monitoring per resident per quarter
- Number of Resident transfers to Emergency Department per quarter
- Number of Reported Medication Incidents
 - per Resident per Quarter
 - by Category of Harm
- Number of Usages of Glucagon/or Number of Cases of Severe Unresponsive Hypoglycemia per resident per quarter
- One-time MedRec Quality Audit of 20 charts (see Appendix E), includes the indicator "Percentage of Residents admitted or readmitted to the Home that receive Medication Reconciliation within 48 hours of arrival"

Optional: Homes may find one or more of the following indicators will help inform their baseline assessment and/or improvement projects, in consultation with ISMP Canada Faculty

- Number of Adverse Medication Reactions per resident per quarter
- Number of Usages of Rescue Medication per resident per quarter
- Number of Emergency Box Medication dispenses per resident per quarter
- Number of Short-Term or Time-Limited Medications started per resident per quarter
- Percentage of Residents admitted or readmitted to the Home that receive Medication Reconciliation within 48 hours of arrival
- Number of Therapeutic Recommendations made by Clinical Pharmacists at Transfer of Care
- Number of Medication Reviews provided by Clinical Pharmacists per resident per year
- Number of reported medication incidents involving High-Alert medications per resident per quarter
- Percentage of Residents or Caregivers meaningfully engaged in aspects of medication management
- Percentage of Harm Reported Incidents resulting in the implementation of new prevention strategies (medium leverage or above)
- Patient Safety culture and Medication Safety culture survey results
- Number of missing or unaccounted for controlled or targeted substances per quarter



A focus on Medication Reconciliation

Medication reconciliation (MedRec) is a component of medication safety that can reduce communication and medication errors that have the potential to cause harm at transitions of care.

MedRec requires a systematic and comprehensive review of all the medications a resident is taking to ensure that medications being added, changed or discontinued are carefully evaluated. It is an essential component of medication management and will inform and enable prescribers to make the most appropriate prescribing decisions for the resident.

The Best Possible Medication History (also known as the BPMH) is the resident's medication use story. It is the cornerstone to MedRec when done accurately and reliably. Partnering with residents and families to understand the resident's actual medication use is a prerequisite to safe medication management.

MedRec Activities

Timing	Activities	Details
First 3 months	Establish the baseline percentage of residents with MedRec completed – How many are we doing?	Champion Homes are asked to obtain the: <i>Percentage of Residents admitted or readmitted to the Home that receive Medication Reconciliation within 48 hours of arrival</i> at baseline (part of MedRec Quality Audit) and then quarterly if MedRec is one of the Home's priority improvement projects.
	Establish the baseline status of the quality of MedRec being completed – How well are we doing it?	Champion Homes are asked to obtain a baseline Quality MedRec audit (see Appendix E) retrospectively on the previous 20 residents admitted/re-admitted within the last 6 months (if there are less than 20 residents admitted/readmitted in this time period, proceed with the reduced number for the audit and do not extend past the 6 -month timeline). The Quality audit will help identify possible areas of improvement.
3 to 12 months	For Homes that identify MedRec as a priority med safety project, review and improve the MedRec Process	Champion Homes who are focusing on MedRec as their priority medication safety project are asked to review the e-learning modules entitled " <u>Process mapping – an introduction</u> " and Passing the Baton: Medication Safety at Transitions of Care and together with their Working Group, map and improve their current MedRec process.
At twelve months	For Homes that identify MedRec as a priority med safety project, evaluate the progress and outcomes related to MedRec.	Repeat MedRec Quality Audit and obtain final indicator results.



Quality Improvement

QI Coaching

Each Champion Home will receive coaching from ISMP Canada Faculty through webinars and phone calls, including facilitation of process mapping and other appropriate tools (Incident Analysis, etc.) as well as support during the planning and testing of improvements.

Coaching on QI tools is only a part of an overall QI system. It's really about aligning everyone (residents/families, staff, leaders, physicians and pharmacists) to first really understand what currently happens and then to make a few critical changes that will help achieve better outcomes.

A few key questions form the basis of the QI system:

- *Can we agree on a clear definition of the problem?*
- *Can we really understand the data and the barriers to better quality?*
- *Can we agree on what happens today and what needs to happen for better outcomes?*
- *Can we agree on a few critical changes that have the biggest chance of achieving our objectives?*
- *Can we sustain the changes into the future?*

Questions: LTC@ismpcanda.ca

Quality Improvement Education and Coaching for Champion Homes

E-learning:

Every member of the Working Group at each of the Champion Homes should complete the eight online QI modules in the first few months of the initiative. Each of the modules is approximately 15-30 minutes in length. The links to the QI modules are found in the E-Learning section of the Quality Improvement page of the LTC Initiative webpage. [Long-Term Care | ISMP Canada \(ismp-canada.org\)](https://ismp-canada.org)

Advanced Workshops:

Three advanced workshops will be available to the Champion Homes starting in November 2021. Each of the workshops are two hours long and will be facilitated by ISMP Canada Faculty. The Working Groups have the option to register for these workshops as a team or could register individually as part of regularly scheduled workshops. It is recommended that the teams complete the workshops before implementing the applicable activity locally, described in the QI Activities section below.

The links to the workshops are found in the Quality Improvement page of the LTC Initiative webpage, [Long-Term Care | ISMP Canada \(ismp-canada.org\)](https://ismp-canada.org)





Quality Improvement Activities

Timing	Activities	Details
0-3 months	<p>Complete online QI Learning Modules and meet with ISMP Faculty to discuss Baseline Medication Safety Assessment and QI capacity locally (as per above).</p> <p>Select 2 priority medication management improvement projects along with their outcome, process and counterbalancing indicators.</p> <p>Begin to complete Action Plan for priority improvement projects (Appendix A)</p>	<ul style="list-style-type: none"> • Completion of 8 QI E-learning modules (accessed at https://www.ismp-canada.org/LTC/quality-improvement.htm) • Meet with Faculty to discuss <i>Baseline Medication Safety Assessment</i> (MSSA-LTC, other indicators, and MedRec Quality Audit) as well 2 potential priority medication management/safety projects, including potential problem and goal statements • Design ongoing Data Collection and Measurement System, including a reporting and learning system (if not already in place) • Schedule Process Mapping sessions (LTC@ismpcanada.ca)
3-9 months	Advanced Training (workshops), Process Mapping and other appropriate tools to identify and advance the most critical opportunities for improvement	<ul style="list-style-type: none"> • Complete education/facilitation workshop in Process Mapping • Finish Current State Process Map(s) by direct observation • Regularly discuss the project work with ISMP Canada Faculty
	Advanced education/facilitation on planning and conducting Tests of Change (Plan-Do-Study-Act cycles), implementing the changes, and evaluating the results	<p>Team completes education/facilitation for Planning and Conducting PDSA cycles (2nd advanced workshop)</p> <ul style="list-style-type: none"> • Implement 2-5 tests of change • Evaluate changes and pick changes that will be rolled out to entire site • Meet with ISMP Canada Faculty to discuss evaluation results and tests of change
9-12 months	Create and implement a plan to spread and sustain the improvements	<p>Home completes the advanced workshop on Sustaining Improvements (3rd advanced workshop) and creates the final new process map for priority areas of improvement. Home provides education for staff impacted by changes.</p> <p>Home celebrates successes locally and with the other 9 Champion Homes!</p>



Incident Analysis

An Integrated Approach to Improvement

All Champion Home activities will integrate and inform each other on the journey to strengthening medication safety.

Reporting, Learning, and Improving Following a Medication Incident

- Education on identifying, analyzing, and taking action on medication incidents
- Facilitation support to help Homes analyze an incident, develop strategies, and enhance safety

Provincial Sharing and Learning

Champion Homes are asked to confidentially share their key incident analysis learnings provincially with ISMP Canada.

Lessons learned can then be disseminated to the sector so that other Homes can determine if their residents are at risk of being harmed by the same or similar type of medication incident.

Why is Incident Analysis Essential for Improving Medication Safety?

There are many ways that medication issues or incidents can occur in the delivery of long-term care services. Each Home needs a standardized way to:

- Identify and internally report when something related to a resident and medications may have gone wrong;
- Gather information and learn what happened as well as why;
- Develop effective actions for improvement; and,
- Monitor the medication management process and outcomes to ensure residents are safe from preventable harm related to medications.

All of these actions rely on a just and trusting culture within the Home for all staff, prescribers, and residents/families that are engaged in this work. Regular sharing and learning through a communication board, newsletter, etc., facilitates this process and demonstrates the commitment of the organization.

Incident Analysis Activities

Timing	Activities	Details
First 3 months	Team Lead and interested WG members to meet with ISMP Incident Analysis Faculty (Carolyn and Shirley)	Discuss local medication incident reporting and learning processes
	Team Lead and interested WG members to participate in one live virtual interactive Incident Analysis for Long-Term Care Workshop	Pick one of the following workshop dates: October 28th / November 29th
	Champion Home Incident Analysis ISMP Canada Faculty available to provide facilitation & coaching	Each Champion Home asked to share at least two de-identified incident reports and analysis findings with ISMP Canada by the end of December 2021 (submitted through secure folder)
Three to 12 months	Home develops strategies to advance local and provincial reporting and learning processes	Monitor selected indicators Access ISMP Canada facilitation
	Provide feedback on Model Policy for Incident Reporting and Learning	Provide feedback on Model Policy to ISMP Canada Faculty



Champion Home Activities Checklist (high level summary of key activities)		
Timeline	Objectives and Activities	Target Date
First & second Months	General Orientation: <ol style="list-style-type: none"> Review the Launch Guide. Visit the ISMP Canada website at https://www.ismp-canada.org/LTC/ to review related sources. Complete the Profile page provided as an email attachment with this launch guide and submit to LTC@ismpcanada.ca by October 15th. Plan to attend Launch Webinar with ISMP Faculty October 20th from noon to 1pm. 	Champion Home to insert target Completion Date
	Resident and Family Engagement <ol style="list-style-type: none"> Orientation of Residents and Families to the initiative. Obtain and document a clear snapshot (baseline assessment) of what resident/family engagement looks like in the home, broadly, and as it relates to medication management (see Appendices B, C & D). Begin to discuss strategies for increasing Resident and Family Engagement and how improvement will be measured. 	
	Measurement and Evaluating Obtain and document <i>baseline medication safety assessment</i> : <ol style="list-style-type: none"> Complete MSSA – LTC version III by end of October Obtain and document requested and optional indicator results Obtain and document MedRec Quality Audit (Form & Excel Spreadsheet will be provided). 	
Up to 3 months since launch	Resident and Family Develop and document plan to increase the participation of residents and caregivers <ul style="list-style-type: none"> Use SMART (Specific, Measurable, Attainable, Relevant, Time-bound) objectives to ensure the ideas of residents and family members of the WG are documented and included in the Resident & Family engagement plan. Determine what indicators will be used over the next 12 months. Begin to implement and evaluate strategies. 	



Champion Home Activities Checklist (high level summary of key activities)

Timeline	Objectives and Activities	Target Date
Up to 3 months since launch	Measurement and Evaluating Meet with ISMP Canada Faculty to discuss baseline medication safety assessment and begin development of Action Plans for two projects (See Appendix A) . Review relevant leading practices and Model Policies that will support the Home in brainstorming impactful improvement ideas. <ul style="list-style-type: none">• Begin to identify indicators that support your priority medication safety improvement projects.• Begin to identify Draft Model Policies that can be tested in the Home.	
	Quality Improvement Develop and implement plan to increase QI knowledge and after discussion with ISMP Canada Faculty, select 2 projects along with their outcome, process, and counterbalancing indicators. <ul style="list-style-type: none">• Completion of 8 QI E-learning modules (ISMP Canada website).• Meet with Faculty to discuss <i>baseline medication safety assessment</i> and potential priority medication management improvement projects (as noted above).• Begin to develop priority medication safety improvement project plans, including selecting additional project related indicators.• Design/enhance Data Collection and Measurement system.• Schedule Process Mapping sessions (first advanced workshop).	



Champion Home Activities Checklist (high level summary of key activities)		
Timeline	Objectives and Activities	Target Date
Up to 3 months since launch	Incident Analysis Review incident reporting data, as part of <i>baseline medication safety assessment</i> . Meet with applicable ISMP Canada Faculty to discuss local reporting and learning processes. Develop and begin to implement plan to enhance local reporting and learning processes. Team Lead and interested Working Group members attend incident analysis workshop (live, virtual offered Oct 28th or Nov 29th).	
3-9 months since launch (Jan-June 2022)	Quality Improvement Complete advanced education/facilitation in Process Mapping (first advanced workshop) and use other appropriate tools to identify priority areas to intervene. <ul style="list-style-type: none">• Build the Current State Process Map by direct observation.• Identify a few critical interventions for improvement as part of the project plans. Complete advanced education/facilitation on planning and conducting Tests of Change (second advanced workshop), implementing the changes, and evaluating the results. Begin to implement 2-5 tests of change for each priority medication management improvement project. Begin to evaluate the changes. Regular discussions with ISMP Canada Faculty to discuss tests of change and evaluation data.	



Champion Home Activities Checklist (high level summary of key activities)		
Timeline	Objectives and Activities	Target Date
6-9 months since launch (Apr-June 2022)	Quality Improvement Continue tests of change for each priority medication management improvement project and evaluate the impact.	
	Schedule advanced workshop on Sustaining Improvements (third advanced workshop).	
Throughout the initiative	Measurement and Evaluating Test Drive Model Policies <ul style="list-style-type: none"> o Select 2 Model Policies that support your priority medication management improvement projects or can otherwise support the home in improving medication safety. o Test drive the selected DRAFT Model Policies. o Give feedback to ISMP Canada Faculty on the DRAFT Model Policies. Indicators (to be discussed with Champion Homes) <ul style="list-style-type: none"> • Obtain and monitor requested indicators and select optional indicators that help enable priority medication safety improvement projects. 	
9-12 months since launch (Jul-Sep 2022)	Quality Improvement <ul style="list-style-type: none"> • Creates the final and approved new process map for changes made. • Complete education for staff impacted by changes • Create audit and control plans to sustain the changes 	
	Resident and Family <ul style="list-style-type: none"> • Repeat the initial snapshot (baseline assessment) and document the progress made in the engagement of residents and family. • Develop a plan to sustain and continuously improve specific strategies. 	



Champion Home Activities Checklist (high level summary of key activities)		
Timeline	Objectives and Activities	Target Date
9-12 months since launch (Jul-Sep 2022)	Incident Analysis <ul style="list-style-type: none"> Repeat baseline assessment and evaluate progress made in improving the local incident reporting and learning system Collaborate with ISMP Canada to develop and implement a provincial medication incident analysis and learning process 	
	Celebrate Successes! <ul style="list-style-type: none"> Champion Homes invited to present at a group webinar on the implementation, evaluation, and sustainability of their priority project plans for medication safety improvement. Share Lessons Learned! <ul style="list-style-type: none"> Champion Homes invited to present at a provincial Medication Safety Improvement Webinars to share lessons learned. 	





Appendix A:

Action Plan and Activity Summary for <u>Two</u> Prioritized Areas of Improvement														
Prioritized Area of Improvement #1 (Use SMART Objective- Specific, Measurable, Achievable, Relevant, Time-bound) <i>(Write SMART objective here, assign level from Hierarchy of Effectiveness², and assign accountability)</i>														
Activity	Start	End	Oct 2021	Nov	Dec	Jan 2022	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
1. Collect baseline data on process														
2. Map the process...														
3. ...														
4. ...														
Prioritized Area of Improvement #2 <i>(Write SMART objective here, assign level from Hierarchy of Effectiveness, and assign accountability).</i>														
1.														
2.														
3.														
4.														
Legend for Action/Progress Chart														
			Plan	On-track	Delayed	Complete								

² https://www.ismp-canada.org/download/ocil/ISMPCONCIL2013-4_EffectiveRecommendations.pdf



Appendix B:

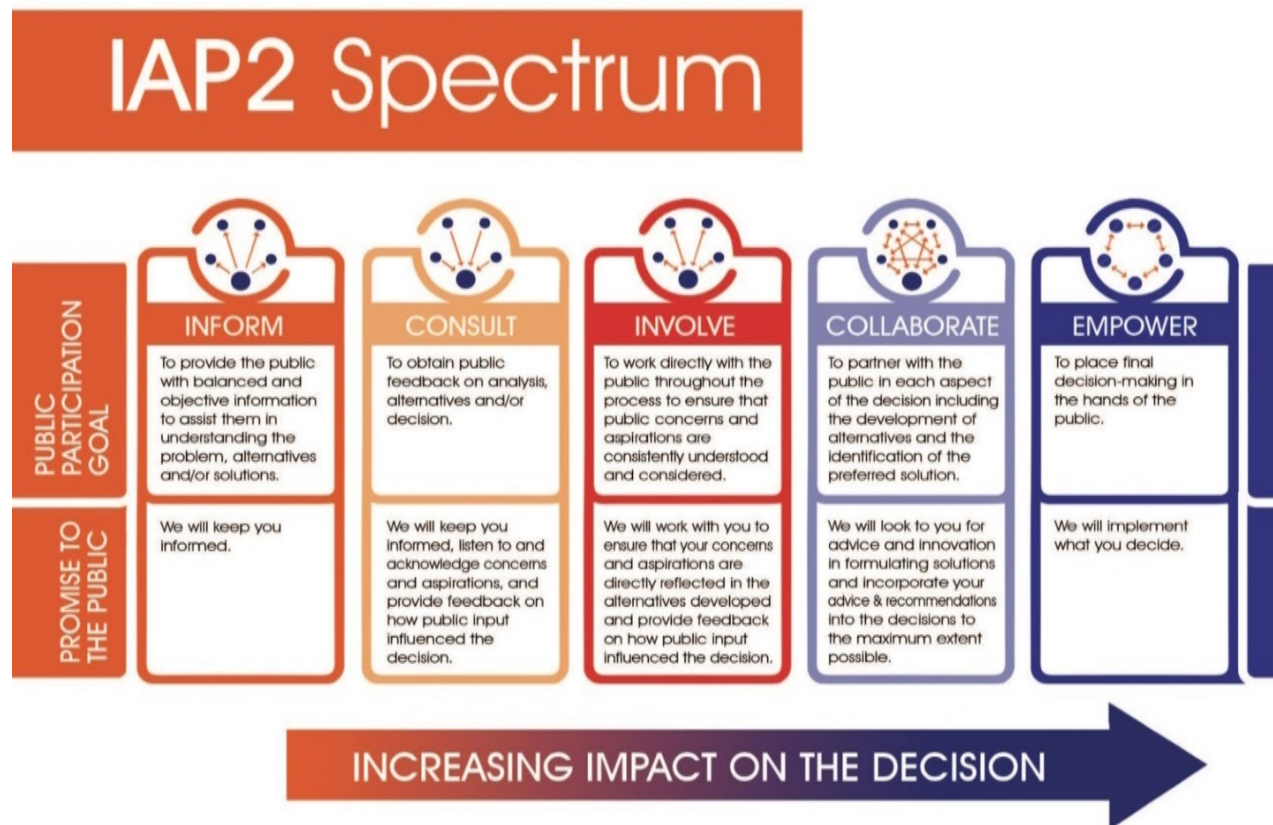
MSSA-LTC Questions on Resident/Family Engagement

Core characteristic 1: *Residents or their substitute decision makers are included as active partners in their care through education about their prescribed medications and ways to prevent harm associated with medication use.*

- | | |
|-----|--|
| 1.1 | The medication safety committee includes resident/family caregiver representatives. |
| 1.2 | During care conferences and other interactions with residents/family caregivers, prescribers and other members of the health care team discuss health priorities (i.e., What matters to you?) and encourage active participation in shared decision-making about medication therapy (for example, using resources such as 5 Questions to Ask About Your Medications). |
| 1.3 | Residents and family caregivers are given the opportunity to learn about their medications and how they can help to prevent errors (e.g., if able, provide their name when asked during medication administration). |
| 1.4 | When a new medication is prescribed, a practitioner (e.g., prescriber, nurse, consultant pharmacist) informs the resident or family caregiver of the name and dose of the medication, the general purpose for use, expected outcomes and important side effects and obtains informed consent. |
| 1.5 | All harmful or potentially harmful medication incidents that reach a resident are fully disclosed to the resident and/or family caregivers in a timely manner. FAQ |
| 1.6 | When a resident experiences a medication incident, the resident and/or their family caregivers are given an opportunity to share their perspective as part of the information gathering step of an incident analysis and are invited to provide input into possible preventive actions. |



Appendix C:



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The International Association for Public Participation (IAP2) has developed a spectrum for public participation based on a set of core values and is guided by a code of ethics. On the spectrum, there are participation goals and promises to the public. Using the Spectrum as a guide, your team should read the chart and determine, based on current data, where your community (residents and families) falls, broadly, within the home. Then, determine their decision-making impact in their medication management. Is there a difference between the level of engagement of participation on activity and menu planning committees, for example, and resident and caregiver involvement in medication management systems?



Appendix D:

Potential Questions for Resident and Family regarding Medication Management

(These draft questions were developed by the ISMP Faculty and have not yet been tested in the LTC setting).

1. How involved are you in decisions about your medications? Select all that apply?
 - A. Not at all.
 - B. My doctor asks if I have any questions at the end of the visit.
 - C. When I ask a question or have a comment/concern, I feel my doctor or nurse listens.
 - D. My doctor, nurse, and pharmacist ask me how the medications make me feel and if there are any problems to report.
 - E. My doctor works with me to understand what's important to me and I'm involved in setting goals for my medication management.

2. Are you involved as much as you want to be in decisions about your medications?
 - A. I am involved as much as I want to be.
 - B. I'd like to know more about my medications.
 - C. I'd like to know more and be more involved in decisions about my medications.
 - D. I want to be involved less and let others make medication decisions for me.

3. On a scale of 1 – 5, how sure do you feel that the medication management system in your home is safe?
 1. Not sure at all.
 2. A bit unsure.
 3. Somewhat sure.
 4. I feel safe most of the time.
 5. I am sure that the medication management system is safe.

4. When you raise a concern about your medication to any staff, what happens?
 1. No one does anything.
 2. Someone acknowledges they have received the concern.
 3. Staff ask me questions about my concern.
 4. Staff tell me what they will do to resolve my concern.
 5. Staff ask for my ideas about how to resolve my concern.
 6. I am not sure.

5. How much do you know about your medications?
 1. I don't know anything about what medications I am taking.
 2. I recognize the colour/shape of some of them.
 3. I know what conditions I take medication for.
 4. I know some of the names but can recognize and remember what they look like.
 5. I know what medications I am taking, what they are for and how they should work



APPENDIX E:

MedRec Quality Audit

Long-Term Care Medication Reconciliation Quality Audit Tool

Purpose of the Audit Tool

The tool is designed for use in Long-Term Care and was developed to allow organizations to assess the quality of their medication reconciliation (MedRec) practices. The results of the quality audit can then be used to determine potential areas for process improvement(s).

Data Collection Methodology

- Retrospective (past admissions and readmissions) chart review to collect data.
- **A Word version tool for collecting the audit information (Data Collection Form) will be provided to all Champion Homes with an Excel Spreadsheet to compile the results (MedRec LTC Audit Results).**
- All Champion Homes are asked to audit each of the charts for the most recent 20 residents that were admitted/readmitted in the past 6 months.
 - If there are less than 20 residents admitted/readmitted in this time period, proceed with the reduced number for the audit and do not extend past the 6 -month historical timeline.

Audit Process - Question by Question Explanation

Question A. Where was the resident admitted/readmitted from?

Identify the admission route (Admit Via) for each resident chart audited. The information provided in this column of the Data Collection Form, along with the data from the remainder of the tool, will allow organizations to identify if there are specific resident flow routes that may require process improvements.

Admit Via Options for Selection:

- Acute: The resident was admitted/readmitted from an Acute Care facility (e.g. hospital).
- Home: The resident was admitted from their home excluding another long-term care home.
- Res Care: The resident was admitted from another long-term care home.
- Other: The resident was not admitted via Acute, Home or Res Care.

Question B. Was MedRec performed within 48 hours of admission/readmission?

- Fill in “YES”, if MedRec was performed within 48 hours.
- Fill in “NO”, if MedRec was not performed within 48 hours.
- Fill in “NO MEDS”, if the resident had no medications prescribed prior to admission.
 - Select “No Meds”, stop audit, and proceed to the next resident chart.



Long-Term Care Medication Reconciliation Quality Audit Tool (continued)

Question C. Was BPMH obtained with more than 1 source of information?

- The Best Possible Medication History (BPMH) is most accurate when developed based on information obtained from more than one source. See [‘Sources of Information Resource to Use’](#) infographic for the possible sources of information.
- Fill in “YES” if the BPMH has been developed based on information obtained from more than one source.
- Fill in “NO” if more than one source is not documented in the resident chart (i.e. only one source recorded).
- Fill in “UNCLEAR” if the chart documentation does not allow the auditor to respond confidently “yes/no” (i.e. no sources recorded).

Question D. Was actual medication use verified?

- Fill in “YES” if there has been verification of medication use through resident or caregiver interview OR if sources include a medication administration record (MAR).
- Fill in “NO” if there has not been verification through an interview or MAR.
- Fill in “UNCLEAR” if the chart documentation does not allow you to respond confidently “yes/no”.
- Fill in “UNABLE TO PERFORM” if the interview was not possible due to resident specific factors (e.g. non-verbal resident, unable to contact a substitute decision maker).

Question E. Does the BPMH and Admission Orders specify drug name, dose, strength, route, and frequency for each medication?

- Fill in “YES” if all applicable medication order components are provided in the BPMH and Admission Orders.
- Fill in “NO” if there are missing components in the BPMH or Admission Orders.
 - Note: In situations where the auditor identifies a medication listed without a specified route or strength AND the medication is only available by a particular route (i.e. by mouth/p.o), at the discretion of the auditor/organization they may wish to indicate a “yes” response.

Question F. Is every medication in the BPMH accounted for in the Admission Orders?

- Fill in “YES” if there are NO unaccounted for differences between the BPMH (as collected) and the admission orders.
- Fill in “NO” if there are outstanding unaccounted for differences between the BPMH (as collected) and the admission orders.



Long-Term Care Medication Reconciliation Quality Audit Tool (continued)

Question G. Has the prescriber documented rationale for 'Holds' and 'Discontinued' meds?

- Fill in "YES" / "N/A" if all BPMH medications that have been discontinued or held in the admission orders include documentation on a rationale for this action OR if there are no BPMH medications that were discontinued or held on admission.
- Fill in "NO" if there are any BPMH medications that are discontinued or held in the admission orders that lack an accompanying rationale for this action.
- Fill in "UNCLEAR" if the chart documentation does not allow you to respond confidently "yes/no".

Question H. Have all discrepancies been communicated, resolved, and documented?

- Fill in "YES / N/A" if there were no discrepancies identified between the BPMH and the admission orders.
- Fill in "YES / N/A" if adequate evidence (documentation such as progress note or prescriber order) is identified to support the resolution of any identified differences between the BPMH and the Admission Orders.
- Fill in "NO" if there are outstanding identified differences that do not appear to have been resolved.
- Fill in "Unclear" if the chart documentation does not allow you to respond confidently "yes/no".

Adapted with permission from from SHN! Medication Reconciliation Quality Audit Tool - Acute Care, Long-Term Care and Rehab Instructions and Legend for Completing the MedRec Quality Audit Form. Accessed:

https://www.patientsafetyinstitute.ca/en/toolsResources/psm/Documents/Packages/MedRec/MedRec-LTC_Quality-Audit_Instructions.pdf