SHN MedRec National Teleconference

MedRec in the Home Care Setting: Sharing Ontario's Central Community Care and Access Centre's Success Story

Medication Management Support Services (MMSS)

Speakers:
Mary Burello-Cordovado
Lisa Sever

Reducing Harm | Improving Healthcare | Protecting Canadians

Medication Management Support Services (MMSS)

- The MMSS program has been recognized provincially and nationally.
- They were short-listed for the Ontario Ministry of Health's - Health Achieve, Patient Safety in Nov. 2010
- Won the Commitment to Care's Overall Patient Care Award in Nov. 2011.
- Central CCAC was also the 2010 Innovation Award finalist at the Innovations In Health Care Expo related to Medication Management Support Services and keeping seniors healthy and safe.

Mary Burello-Cordovado, RN, BSCN

Mary is an experienced Senior Manager with Central CCAC and has been the Project Manager for Medication Management Support Services since its inception in 2008.

She has successfully implemented this service and received the Individual Care Award with the Ontario CCAC's in June 2011 for implementing this program.

Lisa Sever RPh, ACPR, BSc Phm

Lisa graduated from the University of Toronto in 1992 and completed her residency at St. Joseph's Hospital, Hamilton, ON in 1993.

She has held positions at St. Joseph's and York Central Hospital focusing on the ambulatory care populations.

Her experience with the Dialysis population allowed her to witness the medication complications that arise when patients cross the continuum of care – home to hospital and back.

Lisa joined the Medication Management Support Services at a Kaizen event in August 2008 and immediately saw how pharmacists in the home care setting could benefit patient care. She joined the team as the Lead Pharmacist in December 2008.

Lisa won the OPA's Award of Merit for her role in MMSS in June 2011.

Medication Management Support Services (MMSS)

June 5, 2012

Presenters:
Mary Burello-Cordovado, Senior Manager, Client Services
Central Community Care Access Centre
Lisa Sever, MMSS Pharmacy Lead, York Central Hospital

Outstanding care – every person, every day

Objectives

- Background
- Opportunity for Improvement
- MMSS process / Meds Check process
- MMSS database
- Results and Benefits
- Next Steps

Central Community Care Access Centre (Central CCAC)

- One of 14 CCACs in Ontario
- Provincial agency funded by the Ministry of Health and Long-Term Care through the Central LHIN
- Provide in-home care to children and adults
- Determine eligibility and facilitate access to long-term care homes
- Approximately 23,000 clients on service every day
- 700 staff and 35 service provider agencies providing a range of services: nursing, physiotherapy, occupational therapy, Speech Language Pathology, Dietician, social work and personal support service

What is the problem?

- Clients returning home from hospital at risk for falls, ER visits and hospital readmits due to medication related adverse events
- No standardized approach to medication management
- Clients being asked for the same information by multiple care providers
- Information not shared between various care and service providers, e.g. Meds Check

The Need

- Required a standardized process for medication management in the community
- Sustainable process that generates quality data to track changes / improvements in clients' outcomes
- Accountable to the Central Local Health Integration Network (funders of the project)
- Develop an easy-to-use system
- Internally – align with organization's strategy to provide quality care = safety, science, service

Background

- MMSS established processes, with LEAN value-stream analysis, between June 2008 and December 2008
- Implemented in December 2008 with nurses
- Implemented in January 2009 with pharmacists
- Collaborative approach with partners:
  - York Central Hospital
  - Southlake Regional Health Centre
  - VHA Rehab Solutions
  - ISMP Canada

What is the Eligibility Criteria?

- Adults
- Taking three (3) or more prescription medications
- Have one (1) or more chronic diseases
- Valid OHIP; eligible for CCAC services
- Resident of Central CCAC
- One or more risks as identified in eligibility criteria (falls, frequent visits to ER/hospitalizations, uncontrolled pain)

Method

- CCAC Case Manager assesses client using RAI-CA or RAI-HC
- CCAC Case Manager determines that client would benefit from medication review
  - Outcomes from RAI-HC/RAI-CA
  - Client meets eligibility criteria
- Case Managers make referral based on criteria:
  - Meds Check (Community Pharmacist service) OR
  - Medication Management Support Services (CCAC service)

Criteria for Meds Check

- Patient does not understand medication regimen
- Physical limitations with taking medication
- Medicine cabinet clean up
- May benefit from increased medication adherence via provision of medication schedule, compliance package or dosette setup
- Concern regarding interactions of medications with prescription, over the counter (OTC) or natural products
- Requiring updated medication listing 3 months prior to admission to Long Term Care

Criteria for MMSS

- Community pharmacy unable to provide Meds Check
- Transitioning from hospital to home
- Concern re: taking high alert medications
- Client's active unresolved medication management issues
- Cognitive limitations
- Pain (uncontrolled)
- History of falling possibly related to medication
- Symptoms of adverse drug events
- Service may offset the need for hospital admission and/or ED visit

Meds Check Method

- Case Manager confirms community pharmacy of choice with client/caregiver
  - Contacts community pharmacy to inform of request
  - Completes and faxes Meds Check referral form
  - Waits for medication list from community pharmacy
- Timeframe requested: 14 days

Meds Check referral form

To be Completed by Central CCAC

REASON FOR REFERRAL

MedsCheck
MedsCheck at Home

Specify limitation:

physical
cognitive
accessibility
safety
knowledge
storage and organization

Other: _____

MEDICAL INFORMATION
Main Concern(s)

_____

_____

_____

Medical History – Medications Script attached

Client is pending admission to LTC home

_____

_____

_____

Meds Check referral form cont'd

- **The above named client / Substitute Decision Maker has consented to proceed with a MedsCheck referral.**
- **Please complete MedsCheck within 14 days and fax back this form and a MedsCheck list to Central CCAC at the number provided below.**

Please indicate the outcome below:
☐MedsCheck completed. Medication list is attached. Issues resolved.

☐MedsCheck completed. Medication list and issues are attached. Issues need further investigation to resolve. Please refer to MMSS*.

To be Completed by Community Pharmacist:

Family Physician (please print clearly):

Case Manager: Phone #: ( )

Pharmacy Name and Fax#:

Pharmacist Name (please print):_____ Date:_____

Pharmacist Signature:_____

MMSS Method

- Case Manager sends MMSS referral based on criteria
  - Client Health Related Information System (CHRIS) set up with pharmacy consultation
  - Sends referral via Health Partner Gateway (secure method of transmitting Personal Health Information electronically)
- Authorize 2 visits over a 60-day period
- 70% of referrals require 2 visits
- 30% of referrals require 1 visit only

What is the opportunity?

- MMSS implemented to support clients in the community and those returning home from hospital who are at risk for falls, ER visits and hospital readmits due to medication adverse events
- Phase 1: paper capture - variation in data quality depending upon the provider; helped to refine the data capture
- Phase 2: Identify how to capture, share, and report via a secure, web-based database

MMSS Database

- Secure, web-based, automated solution for Central CCAC's Medication Management Support Services (MMSS) application
  - Process improvement – ability to exchange secure information
  - Reduction in workload for CCAC staff
  - Better Accessibility and Transparency of MMSS information
  - Broader range of information available to Central CCAC
  - Improved Data Quality

Active Clients | Medication Inventory | Page

Medication Inventory | **Assessment Summary** | **Physician's Letter** | **Medication Schedule** | **Pharmacy Reporting Tool**

Home

Information

Name: [redacted] BRN: [redacted] Client-ID#: [redacted]

Address: [redacted] Telephone: [redacted]

Edit

*Allergies

Information Source List: ☐ Client ☐ Family/Caregiver ☐ RX Vials ☐ Blister Pack ☐ Physician Prescription ☐ Doctors Sample ☐ Other:

Estimated Height: ft in Estimated Weight: lbs

Actual Height: ft in Actual Weight: lbs

*Physician 1 [redacted] Pharmacy #1

*Phone Number Phone Number

Physician 2 (if applicable) Pharmacy #2 (if applicable)

Phone Number Phone Number

Completed By	Agency	Business Phone #	*Date
Sever Lisa	YCH	(905) 751-4979	25/05/2010

epancy - **0**: No Discrepancy **1**:Med not currently prescribed **2**:Dose different **3**:Frequency different **4**:Route different **5**:Client no longer taking med **6**:OTC-frequency required **7**:Others]

[No records exists. Please click 'Add Row' for adding records.]

Add Row

☐ Completed

Print | Save | < Back | Next >

Local intranet

Inbox - Microsoft Outl... | MMSS: IT Support for ... | OACCAC conference s... | Medication Inventory... | Microsoft PowerPoint ...

Medication Management Support System (MMSS) - Medication Inventory

Name [redacted] **DOB** 27/01/1954 **BRN** [redacted] **Client ID** [redacted]

Address [redacted] **Telephone** [redacted]

Allergies

Information Source List Client,

Estimated Height ft in **Actual Height** ft in **Estimated Weight** lbs **Actual Weight** lbs

Physician1		**Pharmacy #1**	
Phone Number		**Phone Number**	
Physician2		**Pharmacy #2**	
Phone Number		**Phone Number**	

Discrepancy - **0**:No Discrepancy **1**:Med not currently prescribed **2**:Dose different **3**:Frequency different **4**:Route different **5**:Client no longer taking med **6**:OTC-dose & frequency required **7**:Others

*Beers = Inappropriate for Elderly

* Medication Name & Strength * Instructions * Indication	AM	Mid AM	Lunch	Mid PM	PM	Bedtime	PRN	RX / OTC	Prescriber	Disc	*Beers	Nurse/ Pharmacist Comments
Ramipril 5mg capsule **Take** (for								RX		0		
Verapamil **Take** (for								RX		0		
Morphine **Take** (for								RX		0		
Dimenhydrinate (Gravol) 50mg tablet **Take** (for								RX		0		
Lorazepam 2mg tablet **Take** (for								RX		0		
Diazepam 5mg tablet **Take** (for								RX		0		
Acetaminophen 500mg tablet **Take** (for								RX		0		

Completed By: Nguyen, Thuan	Agency: YCH	Business Phone #: (905) 506-0675	Date: 10/05/2010

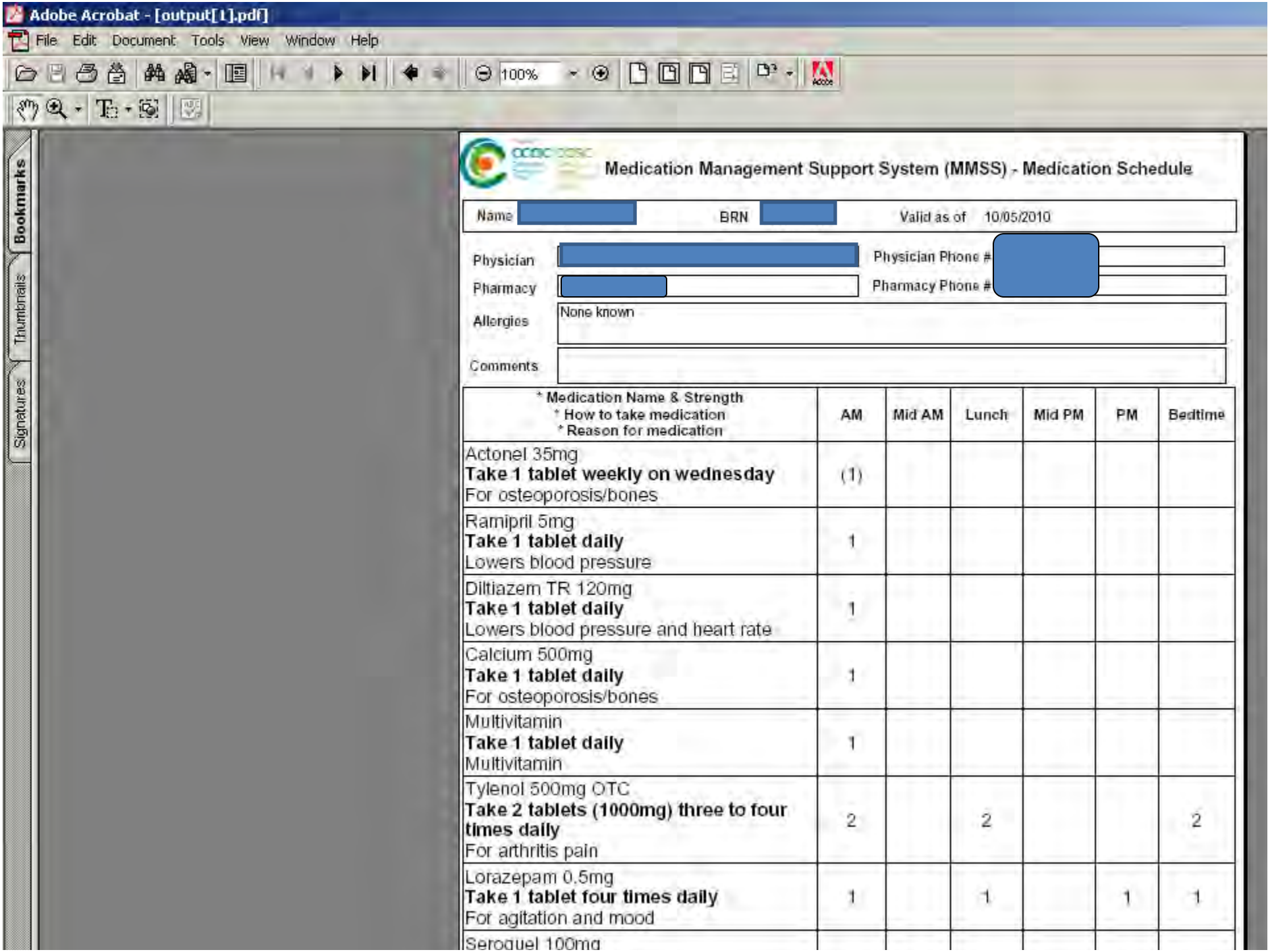
Medication Management Support System (MMSS) - Assessment Summary

Name [redacted] **DOB** 01/01/1918 **BRN** [redacted] **Client ID** [redacted]

Address [redacted] **Telephone** [redacted]

PCNE Problem-**P1**:Adverse Reaction **P2**:Drug Choice Problem **P3**:Dosing Problem **P4**:Drug Use Problem **P5**:Interactions **P6**:Others **COM**:Compliance **LAB**:Laboratory

Medication Related Issues & Recommendations	Person To Resolve	PCNE Problem	Severity	Outcome Code	Reduce Falls	Improve Pain	Reduce ER Visit
Pt was hypertensive & tachycardic at home visit - BP sit: 180/93 HR 131 & BP stand: 222/177 HR 92 - Current antihypertensives: diltiazem CD 120mg daily + ramipril 5mg daily Suggest increase to diltiazem CD 240mg po daily for hypertension and tachycardia. I have advised family to purchase a BP monitor and F/U with MD ASAP. F/U called pt's DIL on May14th. She explained they saw MD who found BP to be normal and no BP meds changed. Would F/U at next appointment the following week	Prescriber	P3	4	0	N	N	N
Family explains pt has stroke hx, but is not taking anything for secondary stroke prophylaxis. Suggest start ASA 81mg po daily for secondary stroke prevention On F/U call with DIL, she explained MD is unsure why she is not on ASA but will F/U at next appointment. She explained she filled out my faxed MD letter and gave it to her to give to myself. F/U appt booked to retrieve document, but not performed as pt passed away	Prescriber	P2	3	0	N	N	N
Pt's family explains she has agitation, "calling out all day and all night". Currently taking Seroquel 100mg po qHS + lorazepam 0.5mg po QID without a cholinesterase inhibitor for dementia Suggest Aricept for advanced dementia, titrated to 10mg po qHS over 1 month On F/U call, DIL explained MD did not want to start Aricept because of possible side effects	Prescriber	P2	3	0	N	N	N
Pt c/o chest burning, using Zantac 150mg po prn (~few times weekly). Pt's son explains she was taking a once daily medication for this in the past, and is unsure why it was D/C. Suggest start rabeprazole 20mg po daily for heartburn Unclear if this was started/changed after MD visit	Prescriber	P2	2	0	N	N	N
Pt's daughter in law explains pt has osteoporosis, taking Actonel 35mg po weekly. She is using calcium 500mg po daily + vitamin D 400IU po daily.	Prescriber	P3	2	1	N	N	N



Medication Management Support System (MMSS) - Medication Schedule

Name [redacted] BRN [redacted] Valid as of 10/05/2010

Physician [redacted] Physician Phone # [redacted]

Pharmacy [redacted] Pharmacy Phone #

Allergies None known

Comments

* Medication Name & Strength * How to take medication * Reason for medication	AM	Mid AM	Lunch	Mid PM	PM	Bedtime
Actonel 35mg **Take 1 tablet weekly on wednesday** For osteoporosis/bones	(1)					
Ramipril 5mg **Take 1 tablet daily** Lowers blood pressure	1					
Diltiazem TR 120mg **Take 1 tablet daily** Lowers blood pressure and heart rate	1					
Calcium 500mg **Take 1 tablet daily** For osteoporosis/bones	1					
Multivitamin **Take 1 tablet daily** Multivitamin	1					
Tylenol 500mg OTC **Take 2 tablets (1000mg) three to four times daily** For arthritis pain	2		2			2
Lorazepam 0.5mg **Take 1 tablet four times daily** For agitation and mood	1		1		1	1
Seroquel 100mg						

w Window Help

100%

Medication Management Support System (MMSS)
PHARMACIST REPORTING TOOL
Number of visits to achieve goals: 2 in 30 days

Name [redacted] DOB 01/01/1918 BRN 600021567 Client ID 6016788
Address [redacted] Te[redacted]

Reason for Referral(i.e. adverse event, etc..): Client has hx including: osteoporosis, arthritis, dementia, CVA, H TN, glaucoma and cataracts. Family reports difficulty with gait, mobility d/t decreased strength.	CM Dist/Area: EM7

Pharmacist Assessment/Intervention:		Goals Met on Delivery	
FVD: 10/05/2010	LVD: 10/05/2010	Y/N	Comments
Pharmacist Assessment / Intervention:			
Assessment and complete Medication Inventory (include all over the counter medication).		Y	If no, why?
Determine if list of medications is consistent with list upon discharge from hospital or alternate setting (if appropriate).		Y	Number of discrepancies identified: 0 Comparator: Client Medication List
Assess pathophysiology, past medical history and consider (client's age, weight, lab results are available, vital signs and client preference).		Y	If no, why?
Assess and identify client's/caregiver's limitations to optimal medication usage and intervene as needed.		Y	Primary Limitation: None Comments: Family gives meds as prescribed
Assess the medication regimen to identify any medication-related problems		Y	Total number of MRP's: 5 Number of moderate/high risk MRP's5
Fax completed MMSS Assessment Summary and coordinates the interventions required to resolve the MRP's and discrepancies (Family MD, Community PHM, etc.)		Y	Number of MRP resolved: 1 MRP's totally resolved: 1 MRP's partially resolved: 0
Complete and review medication schedule.Pre:12 Post:12		Y	Number of discrepancies resolved: 0 If no, why?
Telephone consults with other health care professionals/clients		Y	MD:1 PHM:0 Service Provider:0 CCAC CM:0 Specialist:0 Client/Family:1
In person consults with other health care professionals/clients		N	MD:0 PHM:0 Service Provider:0 CCAC CM:0 Specialist:0 Client/Family:0
Follow-up Interventions with Client:			
Completed follow-up home visit with Client/Caregiver to review medication schedule: NC/Comments: Notified that pt had passed away. D/C			
Education was provided to: Other-N/A			
Education for: n/a			
Monitoring efficacy of drugs		N	
Monitoring adverse effects		N	

MMSS PHARMACY HOME VISIT

What can the client/caregiver expect?

First visit:

- The pharmacist completes a medication inventory
  - Best Possible Medication History (BPMH)
- Makes recommendations to client/caregiver or Case Manager
  - Preventive medicine is used and prescribed appropriately (e.g., Vitamin D, EC ASA)
  - Blister pack or dosette system, visual reminders
  - Increased PSW hours for reminders, OT assessment, referral to a community support agency
- Link with community pharmacy
- Summary completed identifying discrepancies and recommendations; pharmacist sends letter(s) to client's physicians

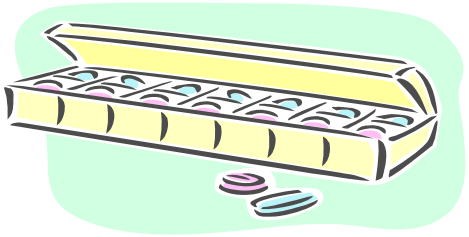
What can the client/caregiver expect?

Second visit:

- Incorporate physician response into medication plan
- Link with community pharmacy
- Provide education to client/caregiver
  - Administration techniques as appropriate
- Provide client/caregiver with medication schedule
- CCAC forwards copy of medication schedule to family physician and service providers

Assessing limitations – that lead to discrepancies or MRP's

- Physical
- Cognitive
- Accessibility
- Adherence
- Safety
- Knowledge
- Storage



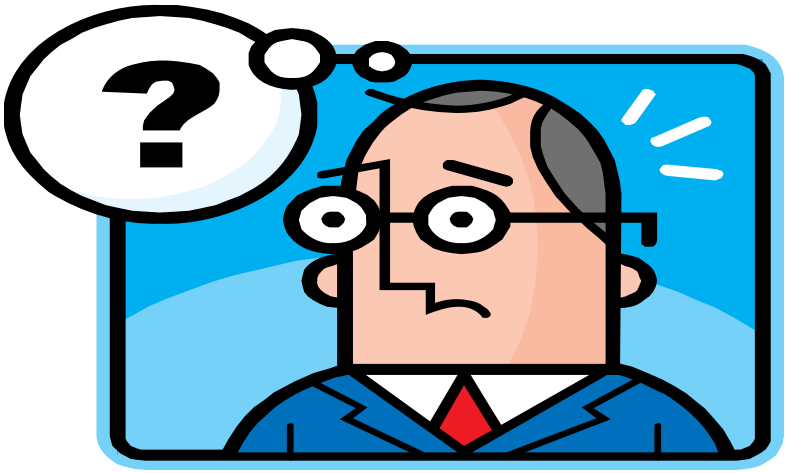
Role of Pharmacist

- Create an accurate inventory of all medications
  - Prescriptions, over-the-counter, herbal
  - Assess for safety, simplicity and correctness
- Compare current regimen with prescribed medications
- Identify any discrepancies or medication related problems
  - Bring to attention of prescribing physician
  - 90% response rate from physicians
- Resolve issues and follow-up to ensure client success

Benefits to Clients/Caregivers

- Better ways to organize and schedule medications
- Learn to take medications safely and avoid serious drug interactions
- Avoid visits to the hospital or Emergency Room caused by medication-related problems
- Better understanding of why they are taking their medications
- Improved health because medications are working better for them

Let’s consider these cases
What could possibly go wrong?



Communication glitches

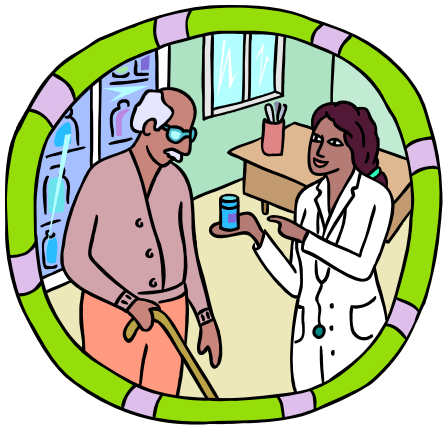
- Client B.W. – living at a retirement home, medication administered by nursing
- MMSS Pharmacist reviews Medication Administration Record and compares to hospital discharge Rx
- Notes three discrepancies - No Nitroglycerin spray, Aranesp or dutaseride

Finding / Resolution:

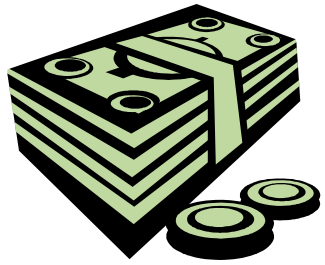
- Page 3 of the discharge Rx was lost in transmission
- Discrepancies resolved and client was able to receive these medications

Discharge instructions
"No one told me to change anything"

- Medication reviewed with son and client
- Client used to be independent with his medications but now requires assistance from son
- Client's main complaint is "dizzy a lot"
- Standing BP 97/59
- Client's medications:
  - Amlodipine 5 mg daily
  - Metoprolol 50 mg bid
  - HCTZ 25 mg daily
- Were these the discharge instructions?



Lack of Knowledge
Cost was an issue too!



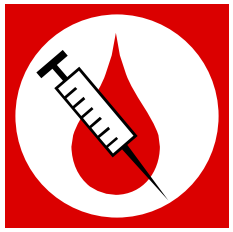
- Admitted for a GI bleed (diagnosed as duodenal ulcer)
- Computerized discharge prescription given to patient including a PPI (the main drug!)
- PPI not covered by provincial drug plan
- Client was unaware of **importance of medication,** so decided not to pick up prescription due of cost
- Community pharmacist unaware of why Rx had been prescribed – has many GI uses
- Client had NSAIDs in his home for arthritis pain (contraindicated in a fresh GI bleed)

New Care Provider – the wife

- Appointment made with client's wife – who reluctantly agrees to a pharmacist visit
- Hospital and community pharmacist reviewed medication schedule in detail with wife prior to client's discharge
- What did the MMSS pharmacist find?

Hospital orders not implemented once home

- Admission for nausea and vomiting, postural hypotension
- Many medications were adjusted in hospital
- Client was given a discharge medication schedule and new prescriptions
- Visiting pharmacist came 1 week after discharge and found patient had reverted to her pre-admission medication regimen!



Risky business
Lack of medication monitoring

- Discharged home on warfarin
- Unable to get to lab due to physical exhaustion / weakness
- Unaware of risks associated with too much or discontinuation of warfarin – stopped taking after 6 days
- In home INR testing had not been set-up at discharge
- Family MD was advised, accepted responsibility for dosage/monitoring – in home lab arranged until patient was able to go to outside lab

Until you look for medication problems…

You have no idea
what you are missing!!

Outcomes

Have we made a difference?

MMSS	Nurse Q1	Phar Q1	Phar Q2	Phar Q3	Phar Q4	TOTAL
Number of clients referred	47	355	397	551	613	1963
# Clients active	3	138	169	213	275	798
# Clients Discharged	34	271	314	395	479	1493
# Clients served	31	316	312	421	542	1622
# Visits provided	92	575	560	6612	880	2769
How many females	35	204	246	358	382	1225
How many males	12	151	151	193	231	738
# Clients refused	3	18	25	42	37	125
# Clients Deceased	0	2	2	5	7	16
# Hospital Hold/Cancelled	0	0	4	5	22	31
Average age	79	79	80	80	80	80

Information taken from MMSS Tracker

Indicator List 2011/12

MMSS	Target	Nurse Q1	Phar Q1	Phar Q2	Phar Q3	Phar Q4	TOTAL
Provide MMSS to Eligible clients at risk discharged from hospital or in the community	1700	47	355	397	551	613	1963
# Discrepancies and medication related problems resolved	70%	61	531	581	724	867	88%
Total # of visits completed by Pharmacist	1472	92	575	560	662	880	2769
Total # of clients requiring nursing post MMSS services	500	8	16	9	12	7	52
Total # of clients requiring OT post MMSS services	1000	4	6	3	3	6	22
Total # of clients requiring PSW post MMSS services	2000	6	8	3	7	6	30
Reduction in medication post MMSS	850	21	69	139	171	281	681
Delay from time of referral to time of service	14 days	13.15	9.03	7.98	12/7 for hosp. ref.	12.5	11
Delay from time of referral to time of service community	_	_	6	10	11	12	10
Delay from time of referral to time of service hospital	_	_	4	7	7	6	6
% of clients who reported a decrease in ED VISITS post medication management	15%	_	_	83%-48 Clients	78%-55 Clients	70%-27 Clients	
% of clients who reported a decrease in pain level post medication management	30%	_	_	35%-55 Clients	46%-71 Clients	55%-40 Clients	
% of clients who do have a reduction in falls	30%			79%-39	68%-63	56%-27	

Community & Hospital Referrals

MMSS	Nurse Q1	Phar Q1	Phar Q2	Phar Q3	Phar Q4	TOTAL
# Community referrals	46	180	202	345	302	1075
# Hospital referrals	1	175	195	206	311	888
# HomeFirst referrals	_	97	130	172	200	599

Information taken from MMSS Tracker

Discrepancies & MRP's

MMSS	Nurse Q1	Phar Q1	Phar Q2	Phar Q3	Phar Q4	TOTAL
Discrepancies Identified	61	531	581	724	867	2764
Discrepancies Resolved	55	473	483	589	683	2283
% of Discrepancies resolved	90.2%	89.1%	83.1%	81.4%	78.8%	83%
# of MRP's Identified	77	786	891	1046	1271	4071
# of MRP's Resolved	75	715	806	933	1172	3701
% of MRP's Resolved	97%	91%	90%	89%	92%	91%

Information taken from MMSS Database

Pre & Post Medications

MMSS	Nurse Q1	Phar Q1	Phar Q2	Phar Q3	Phar Q4	Total
How many pre medication	934	3976	3905	5292	6426	20533
How many post medication	913	3907	3766	5121	6145	19852
Difference of Pre and Post	21	69	139	171	281	681

Information taken from MMSS Database

Follow up services required

MMSS	Nurse Q1	Phar Q1	Phar Q2	Phar Q3	Phar Q4	TOTAL
F/U - Nursing	8	16	9	12	7	52
F/U - PSW	6	8	3	7	6	30
F/U - OT	4	6	3	3	6	22
F/U - PT	1	4	4	6	4	19
F/U - Physician	5	10	8	19	18	60
F/U - Pharmacist	3	4	1	4	8	20
F/U - Others	5	18	12	10	9	54

Information taken from MMSS database

Average wait time

MMSS	Nurse Q1	Phar Q1	Phar Q2	Phar Q3	Phar Q4	TOTAL
Average wait time Community/Hospital (days)	13.5	9.03	7.98	12	12.5	11
Average wait time Community (days)	–	6	10	11	12	10
Average wait time Hospital (days)	–	4	7	7	7	6

Information taken from MMSS tracker

Self-Reported Survey Results

214 Respondents

- 81% of clients report they had a decrease in the number of times they visited an Emergency Room
- 73% of clients report they have had a decrease in falls
- 43% of clients report they have had a decrease in pain
- 96% of clients rated their ability to self-manage as good or excellent
- 98% of clients rate the MMSS service as good or excellent

Annual Cost Savings

Projected annual cost savings to Ontario Drug Benefit program		$ Per Client
2009-10	$35,350.00	$101.87
2010-11	$86,177.00	$102.11
2011 -12	$108,911.00	$77.00
Total	$230,438.00	$88.00

Results

- 83% of discrepancies identified were resolved
- 91% of medication-related problems were resolved
- Reduction of one medication per client, on average
- Savings of approx. $88 on average, realized by the Ontario Drug Benefit program, per client, per year (either through reducing the amount of medication, or identifying a less expensive or alternate version of the prescribed medication)

Home First Clients Discharged from Hospital

Success Stories

- Caregiver was given a handwritten list with new medications only
- Caregiver assumed this list was complete and did not resume previous meds
- Pharmacist had to clarify if the old meds need to be restarted (e.g. ASA for a fresh stroke)
- Educate caregiver that previous meds need to be administered as well

- 50-year-old male requiring total care
- Spouse checks blood sugar many times during the day
- MMSS pharmacist identified that spouse purchased own test strips; Rx was not received to allow billing under ODB
- MMSS pharmacist obtained Rx for test strips to be covered under ODB and provided necessary education re: blood sugar monitoring to alleviate spouse's anxiety

- Patient discharged from Hospital and no oral meds sent home
- MMSS pharmacist contacted hospital and obtained a Rx with necessary meds
- Client was discharged on April 3; Home visit was on April 9 (within 7 days timeframe) and order received on April 10

- Client taking 7-8 medications and ½ of the medication regimen had a discrepancy
- Client taking wrong dose; blood pressure was low and fluctuated when sitting and standing
- Daughter not aware that medications changed on discharge
- MMSS pharmacist called GP on discharge and referral made to CCAC for nurse to administer medication and check blood pressure
- Caregiver received a more simplified medication regimen and associated education

Next Steps

- ImagineNation Challenge
  - Central CCAC engaged in expanding medication reconciliation electronically via the MMSS database
    - Community pharmacy
    - Rapid Response Nurses
    - Contracted Nursing Providers within Central CCAC
    - Engage other CCACs interested in MMSS database

- www.imagineNationchallenge.ca

Discussion & Questions

mary.burello@central.ccac-ont.ca
lisa.sever@central.ccac-ont.ca

Upcoming MedRec National Webinars

1200-1300 ET

Sept 1, 2012:
Nov 13, 2012:
} Accreditation Canada, speaker Greg Kennedy
Date to be confirmed

January 8, 2013: topic to be determined

March 5, 2013: topic to be determined

We encourage you to report medication incidents

Practitioner Reporting

https://www.ismp-canada.org/err_report.htm

Consumer Reporting

www.safemedicationuse.ca/