The Stepping Stones to Med Rec Success

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London Health Sciences Centre (LHSC)
- Multi-site acute care teaching hospital in London, Ontario
- Over 900 beds
- 15,000 staff
- Regional academic programs including renal, cancer, neonatology and pediatrics, transplant, emergency, medicine, surgery, cardiology, CNS, mental health

Sharing Our Success @ LHSC
- Successful Corporate Implementation of Medication Reconciliation at Admission, Transfer, Post-op and Discharge achieved by June 2012
- Acknowledged by ISMP to have achieved “All Star” Status for Medication Reconciliation
  Cross Country MedRec Check-up
“It’s very important that you find something that you care about, that you have a deep passion for, because you’re going to have to devote a lot of your life to it.”

– George Lucas

**COMMITMENT**

- Lessons learned from three failed previous attempts
- A number of factors prevented successful adoption including:
  - No formal policy, procedures
  - Not an Required Organization Practice for Accreditation
  - Pharmacy owned the process...no Multidisciplinary Focus
  - No Corporate Wide Sponsors
  - Lack of Physician Engagement
Commitment

• New CEO: October 2010
• New Director of Pharmacy: Spring 2011
• Interdisciplinary Champions Appointed
• Support from other Influential Leaders

Commitment

‘Key Messages’ shared with all...

• Medication Reconciliation is **not an option** and will be done on every inpatient at LHSC
• It is an interdisciplinary process including physicians, nurses, pharmacists
• It is a combined paper/electronic process
• It is a Required Organizational Practice for Accreditation Canada

It is Mandatory!!

CHALLENGES

"Life is not a dress rehearsal. Stop practicing what you’re going to do and just go do it. In one bold stroke you can transform today".

– Marilyn Grey
Challenges

- No additional funding to support process
- Lack of engagement
- Pervasive perception that med rec involves more work and no benefit
- "Why do this on paper when it would be so much easier to do this electronic?"
- Education of all involved in process
- Evaluation

Challenges

“It’s not so much that we’re afraid of change or so in love with the old ways, but it’s that place in between that we fear . . . . It’s like being between trapezes. It’s Linus when his blanket is in the dryer. There’s nothing to hold on to”.
- Marilyn Ferguson

Challenges

- “Admission, Transfer AND Discharge???”
- Challenging Patient Populations
  - Surgery
  - Areas with existing pre-printed (paper) orders
  - Mental Health
  - Transfer from one hospital to the other (within LHSC)
  - Obstetrics
“If everyone is moving forward together, then success takes care of itself.”

- Henry Ford

COLLABORATION

Collaboration

Medication Reconciliation
Steering Committee

Board of Directors
MAC

Medication Reconciliation
Project Team

DTC
Drug & Therapeutics Committee

Unit Working Teams

Medication Reconciliation
Project Structure

Collaboration

Project Team Members:
- Project Leader
- Project Manager
- Pharmacy Leadership
- Pharmacists
- Pharmacy Student
- Physicians and Residents
- Nursing Leadership
- Nursing Educators
- Frontline Nurses
- Clinical Informatics
- Decision Support
- Medical Affairs
- Risk Management
- Forms Management
- Communications
Collaboration

Unit Specific Working Teams

- Consisted of Unit Leadership, Nursing Educators, Frontline Nursing Staff, Physicians, Unit Clerks, Pharmacists
- Met with members of the Project Team to learn about new forms and new process
- Project Team provided Units with various standardized educational materials
- Discussed how Med Rec would be implemented in their clinical area with current resources

Audience Poll #1

Please take the next 30 seconds to respond to the following poll question (found on the right hand side of your screen).

FORMS...
“The real art of conversation is not only to say the right thing at the right place but to leave unsaid the wrong thing at the tempting moment”.

- Dorothy Nevill
Conversations

Implementation Phases vs. Pilot Areas
Entire Hospital vs. Key Areas
Clear Communication for Implementation Phases:
- Phase 1 (Oct 2011): Sub Acute Medicine Unit/Palliative Care at Victoria Hospital
- Phase 2 (Nov 28, 2011): Orthopaedics Surgery at University Hospital
- Phase 3a (Feb 29, 2012): All of University Hospital
- Phase 3b (May 30, 2012): All of Victoria Hospital

Conversations

Crucial Conversations®

Timing is everything...

Educational sessions
- Medical Leaders, Staff Physicians, Residents, Students
- Pharmacists, Pharmacy Technicians
- Nurses, Unit Clerks
- Quality & Patient Safety Council

Conversations

Various communication strategies were used
- E-casts, articles, weekly tips via email, newsletters
- Kickoff sessions at each hospital prior to implementation
- Visible, active support during implementation by project team members
- Risk Management Involvement (AEMS)
- Support via email, phone, pager
- Follow-up with unit leadership and staff post-implementation
- Wrap up meetings post-implementation at both hospitals
"Success is not final, failure is not fatal: it is the courage to continue that counts."
- Winston Churchill

**COURAGE**

**Courage**
- Courage to ask the question “Why will this not work on your unit/with your patient(s)?”
- To be able to respond appropriately
  - May have to say “No…we are doing it this way”
  - Resist the urge to allow customization of forms/process unless absolutely necessary
  - “Don’t give up”
  - Being truthful and manage expectations
    - “Med rec will add work to your day…but it’s about patient safety and we will be electronic in less than 2 years”

**Summary of the Stepping Stones to Med Rec Success at LHSC**
- Commitment
- Challenges
- Collaboration
- Conversations
- Courage
"Learn from yesterday, live for today, hope for tomorrow. The important thing is not to stop questioning." - Albert Einstein

WHERE ARE WE AT TODAY?

LHSC Med Rec Sustainability Team

• Involves a subset of Members from the Corporate Project Team and Steering Committee
• Meet regularly to discuss issues/concerns
• Creation of mandatory online training (iLEARN modules)
• Dissemination of stats to clinical areas and staff
• Preparing for conversion to electronic platform

Audience Poll #2

Please take the next 30 seconds to respond to the following poll question (found on the right hand side of your screen)

What does evaluation of MedRec in your institution consist of?
Feedback thus far...

• One area in chart to look for most accurate BPMH; plan for home medications on admission is clearly documented.

• ICU transfers are not so complex now.

• “Just print off the form and check the boxes…it’s so easy”

• “…the residents will all agree that med rec went from tedious and annoying to extremely beneficial and time-saving…”

Feedback thus far...

• CCAC case managers have commented
  • the discharge forms are a “huge improvement”
  • patient care has been “greatly streamlined”
  • have seen an elimination of redundant communication, confusion and adverse events

• Elimination of illegible handwriting of medications and signatures….need we say more!

Feedback thus far...

• Health Records Data Abstraction
  • Coding every Patient chart according to predefined criteria*
  • Will “code” a Med Rec form as
    • Complete
    • Partially Complete
    • Missing Form
    • Not Applicable
    • Blank

*Caveat: Revision to criteria was made in July – August 2012 (post-implementation)
Additional Evaluation

- Outcome Evaluation
  - Retrospective chart review
  - Pharmacy Student Involvement
  - Comparison of medication discrepancies at discharge pre-implementation to post-implementation

Audience Poll #3

Please take the next 30 seconds to respond to the following poll question (found on the right hand side of your screen).

Has your institution successfully implemented MedRec in ambulatory care/outpatient areas?

Thank You!

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QUESTIONS???
Kindly take a few minutes to reply to the poll!