

ISMP CANADA ANNUAL REPORT

This annual report details the accomplishments achieved in the National Medication Reconciliation Strategy and Safer Healthcare Now! from April 2013 to March 2014

Brenda Carthy, Marg Colquhoun, Jennifer Turple, Alice Watt

March 31, 2014

*MEDREC
FROM THE
BOARDROOM
TO THE
BEDSIDE*



The Institute for Safe Medication Practices Canada (ISMP Canada) is an independent national not-for-profit agency committed to the advancement of medication safety in all health care settings. ISMP Canada works collaboratively with the health care community, regulatory agencies and policy makers, provincial, national, and international patient safety organizations, the pharmaceutical industry, and the public to promote safe medication practices.

ISMP Canada's mandate includes reviewing, and analyzing medication incident and near-miss reports, identifying contributing factors and causes, making recommendations for the prevention of harmful medication incidents, and facilitating quality improvement initiatives. One of ISMP Canada's core competencies is identifying root causes of medication incidents which leads to identification of system safeguards and solutions for prevention of (or mitigation of harm from) medication incidents. This work is done in collaboration with key stakeholders to maximize the dissemination and translation of knowledge into practice.

ISMP Canada also facilitates the implementation of medication reconciliation in acute care, long-term care, primary care and in the home care settings. ISMP Canada works with stakeholders across the continuum of care and also leads an international collaborative project in order to share learning at the global level.

Incorporation Date: July 17, 2000

Incorporation Number: 378855-5

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Key Results for Period April 2013 – March 2014

The Institute for Safe Medication Practices Canada (ISMP Canada) is committed to the advancement of medication safety in all healthcare settings. ISMP Canada values the partnership with CPSI in co-leading the National Medication Reconciliation Strategy which continues to realize progress. This combined effort of ISMP Canada and CPSI supports Canadian healthcare facilities to implement Medication Reconciliation (MedRec) in acute, long term and home care settings through *Safer Healthcare Now!* and continues to support the development and implementation of recommendations from the February 2011 summit through the National MedRec Strategy.


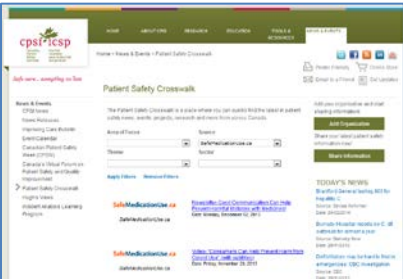
Between April 2013 and March 2014, a number of key deliverables in all sectors were accomplished. ISMP Canada in partnership with CPSI is pleased to present the following results for the contract deliverables.



A Engagement/Awareness

Deliverable	Progress	Key Results
<p>1. Feature the national work of MedRec at a broad range of conferences and forums to support knowledge mobilization to healthcare practitioners and senior leaders across Canada.</p>	<p>In addition to our nine (9) national MedRec webinars, the following presentations and posters were delivered as part of the National MedRec Strategy and <i>Safer Healthcare Now!</i> in collaboration with CPSI and ISMP Canada.</p> <ul style="list-style-type: none"> • June 10 & 11, 2013 - 2013 National Health Leadership Conference, Niagara Falls, ON – Poster Presentation: <i>“Medication Reconciliation: Unwavering Leadership Makes the Impossible Possible!”</i> - Marg Colquhoun and Marie Owen • June 19, 2013 – Accreditation Canada Acute Care / Ambulatory Care Sector Webinar Participated in a presentation to educate sites - Marg Colquhoun and Jennifer Turple • June 20, 2013 – Accreditation Canada Long Term Care Sector Webinar Participated in a presentation to educate sites - Marg Colquhoun • June 27, 2013 – Accreditation Canada Home Care Sector Webinar Participated in a presentation to educate sites - Marg Colquhoun • September 11, 2013 - Safety at Home Invitational Workshop, Niagara-on-the-Lake, ON, Presentation – Marie Owen • January 15 - 16, 2014 – The Puzzle Gets Bigger! A National Picture of Medication Reconciliation. Vancouver, BC, Presentation – Marg Colquhoun 	<p>National Health Leadership Conference Poster See Appendix A</p> <p>Continued to increase awareness of the importance of MedRec and the roles of healthcare leadership, practitioners and the consumer</p> <p>BC to trial the use of MedRec Quality Audit Tool in Long- term care sites initially – potential all healthcare province-wide.</p> <p>See ‘Leveraging Complementary ISMP Canada Activities’</p>

Deliverable	Progress	Key Results
<p>2. Broaden the spread of MedRec across the healthcare system by creating a staged approach to introducing this work into the Primary Care setting. For 13/14 fiscal year this will include an environmental scan of current activities and recommendations to integrate across this sector of the system.</p>	<p>This deliverable, funded by a CIHR grant, has been postponed to 2014 due to maternity leave by the project lead.</p> <p>See 'Leveraging Complementary ISMP Canada Activities' for related activities.</p>	<p>Deferred to 2014</p>
<p>3. Develop tools and strategies to assist in public and consumer awareness of and engagement in the medication reconciliation process</p>	<p>October 26 – 27, 2013, Zoomer Show, Toronto, ON – CPSI and ISMP Canada shared a booth to reach out to consumers about roles of our organizations and to encourage people to keep a list of their medications.</p> <p>February 11, 2014, Partnering with our patients MedRec webinar shared the experiences of Healthcare organizations Public and Consumer Engagement Strategies for MedRec.</p> <p>A Consumer awareness webpage was developed for the CARP website to reach their consumer population.</p> <p>Medications Can Be Confusing - Avoid harm by keeping a list of all your medications and sharing it with your healthcare professionals. This poster is part of the Canadian Patient Safety Week Poster Campaign and ISMP Canada reviewed and supported the CPSI Communication Team.</p> <p>ISMP Canada provided feedback for the USING YOUR MEDICATIONS SAFELY Medications can help keep you healthy, but only when you take them properly Infographics developed for Canadian Home Care Association. This was included in the Winter 2013 Caregivers Solutions magazine, with a target of caregivers of seniors.</p> <p>See also section below “Leveraging Complementary ISMP Canada Activities” which describes how many SafeMedicationUse.ca bulletins translate knowledge to consumers on safe medication practices (including concepts relevant to MedRec)</p>	<p>37,500 in attendance, large increase in consumers carrying a list of their medications over the last year</p> <p>Awaiting publication on website.</p> <div data-bbox="1680 922 1911 1117" data-label="Image"> </div> <div data-bbox="1680 1161 1911 1421" data-label="Image"> </div>

Deliverable	Progress	Key Results
<p>4. Facilitate the publication of an article(s) to illustrate and communicate the success of MedRec in Canada to include National MedRec Strategy, High 5's and SHN.</p>	<p>CPSI and ISMP Canada commissioned a communications specialist to develop an article about MedRec in Canada. This article has been submitted and accepted by Longwoods for publication. Medication Reconciliation: The Priority That Isn't was published in Healthcare Quarterly in October 2013.</p> <p>Health Council of Canada invited ISMP Canada and CPSI to submit an abstract for the National MedRec Strategy. All submissions criteria included innovative health care practices and programs at the local, regional and/or provincial/territorial level, which have resulted in better integration of health care services.</p> <p>Longwoods summarized the key findings of the joint report titled <i>Medication Reconciliation in Canada: Raising the Bar</i> and profiles innovative approaches and tools for healthcare organizations across Canada. The article, titled Medication Reconciliation: A Prescription for Safer Care, was published in the Healthcare Quarterly in October 2013.</p>	<div data-bbox="1696 261 1898 532"> </div> <p data-bbox="1564 553 2026 586">Published Healthcare Quarterly, 2013</p> <div data-bbox="1713 625 1890 880"> </div> <p data-bbox="1564 885 2026 1023">Abstract accepted and posted on the Health Council of Canada's website (to be moved to Accreditation Canada website in 2014).</p> <div data-bbox="1703 1068 1877 1308"> </div> <p data-bbox="1564 1317 2026 1349">Published Healthcare Quarterly, 2013</p>

Deliverable	Progress	Key Results
<p>5. Continue to work with CPSI Communications team to facilitate marketing and communication about the work of MedRec and the National Strategy.</p>	<p>There is ongoing collaboration with CPSI’s communications team to promote and advertise MedRec webinars.</p> <p>Canadian MedRec Quality Audit Month. Worked collaboratively with CPSI staff including communications and Patient Safety Metrics to develop and market effective communications about the October MedRec Quality Audit Month.</p> <p>Participated in the review of materials for Canadian Patient Safety Week’s Medications Can Be Confusing campaign. (see Deliverable #3)</p> <p>Ongoing posting of SafeMedicationUse.ca newsletters and alerts to CPSI’s Patient Safety Crosswalk, including many consumer focused newsletters with content relevant to MedRec (See “Leveraging Complementary ISMP Canada Activities” below for more information)</p>	<p>Website, Twitter, eNewsletters</p>  
<p>6. Support public awareness campaigns, using social media to spread the message, as funding permits.</p>	<p>Whenever possible, ISMP Canada tweets for upcoming MedRec webinars/events and publications, as possible, under the Twitter handle “@SafeMedUse”. To increase our reach ISMP Canada uses the same hash tags as CPSI (e.g. #ptsafety, #medsafety, #medrec)</p> <p>The Medication Reconciliation Network Facebook page which is aimed at healthcare providers is updated regularly to ensure the most up-to-date information is available.</p>	<p>875 Twitter Followers (as of March 2014)</p> <p>159 Facebook likes (as of March 2014)</p>

Deliverable	Progress	Key Results
<p>7. Support the planning for a meeting of key National partners to advance the MedRec agenda pending sponsorship support.</p>	<p>Sponsorship was not received for a national event however; two successful provincial events were exceptionally well received. CPSI and ISMP Canada staff partnered and participated in both provincial conferences.</p> <ul style="list-style-type: none"> • Ontario: Advancing Medication Reconciliation to Reduce Readmissions, Improve Quality and Safety, and Support Health Links – March 2014 and • British Columbia: Optimizing Medications Time to Bring the Pieces Together -January 2014 <ul style="list-style-type: none"> ○ The Puzzle Gets Bigger! A National Picture of Medication Reconciliation. Vancouver, BC, Presentation – Marg Colquhoun 	<p>Recommendations include;</p> <ul style="list-style-type: none"> • follow-up with provincial use of Admission MedRec Quality Audit Tool, • commitment to further leadership communication at Ontario LHINs
<p>8. Develop and implement strategies to engage healthcare leaders and physicians in the work of MedRec, beginning with an Ontario CEO webinar</p>	<p>ISMP Canada was in attendance, presented, and manned a booth or poster at some Canadian leadership and physician conferences to spread the word about MedRec and their role (see Deliverable 1 and Leveraging Complementary ISMP Canada Activities). This morphed into the senior leadership medication reconciliation and roundtable discussion with the Ontario Hospital Association on March 7, 2014 Dr. Jeffrey Schnipper invited as a keynote speaker with specific messages for senior leaders.</p> <p>Two 2013-2014 webinars focused on Physicians and Leadership:</p> <ul style="list-style-type: none"> • Got Med Wreck? Targeted Repairs from the Multi-Center Medication Reconciliation Quality Improvement Study (MARQUIS), • MedRec - A Panel Discussion with Physicians <p>CPSI and ISMP Canada worked with Accreditation Canada to develop ROPs to make Medication Reconciliation a strategic priority within organizations. The leadership standards reflect an expectation that organizations must have a strategic priority to partner with clients to collect accurate and complete information about client medications and utilize this information during transitions of care. Between 2014 and 2017 MedRec should be implemented fully in ONE service and by 2018 must be implemented in ALL services. These ROPS come into effect in 2014 for all on-site surveys.</p>	 <p>National Health Leadership Conference Poster See Appendix A</p> <p>The Ontario CEO webinar has been replaced by the March 7, 2014 conference and roundtable in Toronto</p> 

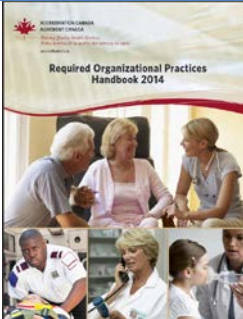
B. Drivers

Deliverable	Progress	Key Results
<p>1. <i>Develop and execute a renewal strategy for the National MedRec faculty to support the ongoing efforts of teams and organizations in implementing MedRec across the Canadian healthcare system</i></p>	<p>ISMP Canada and CPSI reviewed the current national MedRec Faculty membership and it was determined that future focus is dependent on SHN renewal plan.</p>	<p>Deferred to 2014 pending CPSI's renewal of SHN as a flagship program.</p>
<p>2. <i>Support the development of a plan to seek funding for the ongoing spread and sustainability of MedRec as a national driver for patient safety in Canada.</i></p>	<p>This was based on availability of funding and since there were no additional funds received, efforts were put into the previously mentioned article, conferences, virtual forum, etc.</p>	<p>Efforts diverted to other deliverables particularly responding to questions.</p>

C. Education and Training


Deliverable	Progress	Key Results
<p>1. Assist in planning and supporting Medication Reconciliation and Medication Safety as a key theme for Canada's Patient Safety Week 2013.</p>	<p>October 30, 2013 – CPSW Medication Safety Day. A Team from ISMP Canada worked collaboratively with CPSI to create an agenda for the day, locate effective speakers, create the CPSW Medication Safety Page, create communications and market the National MedRec Quality Audit Month including conducting two webinars, creation of the MedRec Audit Tool Workbook and Canadian MedRec Quality Audit Month One Pager.</p> <p>ISMP Canada MedRec staff worked with CPSI communications team on the following media release, posters, websites, marketing releases related to CPSW.</p> <ul style="list-style-type: none"> • Medications Can Be Confusing news release to encourage patients to keep a list of medications to share with healthcare providers. • Canadian Patient Safety Week 2013 Poster Campaign, worked with CPSI Communications Team to create posters to increase awareness of medication safety issues. <p>Additional ISMP Canada staff members also presented and conducted the 'French' session based on other funding.</p> <ul style="list-style-type: none"> • Engaging Consumers in Medication Safety: Results of three years of consumer error reporting program and planned plain language labeling project, Lynn Riley • Barcoding Project and Resource Guide, Ian Sheppard • The Coroner's and Medical Examiner's Project: Old problems and new findings, Dr. Michael Hamilton • Overview of Medication Safety Initiatives (en français), Lynn Riley 	<p>Promoted via ISMP Canada safety bulletin mailings, MedRec eNewsletter, placed on ISMP Canada website and Facebook.</p> <p><i>Funding received from Health Canada CMIRPS Program for Lynn Riley, Ian Sheppard's participation and from Ontario MOHLTC's Medication Safety Support Service (MSSS) for Dr. Michael Hamilton's participation</i></p>

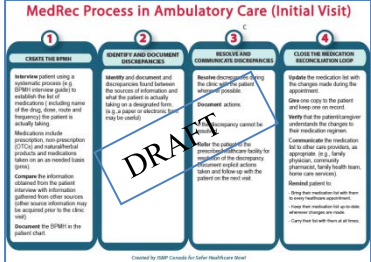

Deliverable	Progress	Key Results																				
<p>2. Hold nine (9) national webinars this year to advance medication reconciliation across the continuum.</p>	<p>A total of 9 national MedRec webinars highlighting the success of Canadian teams and organizations and introducing new tools and resources were conducted. Topics included:</p> <table border="1" data-bbox="625 375 1549 1003"> <thead> <tr> <th>Date</th> <th>Topic</th> </tr> </thead> <tbody> <tr> <td>8-Apr-13</td> <td>MedRec - A Panel Discussion with Physicians</td> </tr> <tr> <td>18-Jun-13</td> <td>A Novel Tool to Assess the Quality of Admission MedRec Processes</td> </tr> <tr> <td>10-Sep-13</td> <td>Improving Efficiencies in Medication Reconciliation - The McGill Story</td> </tr> <tr> <td>1-Oct-13</td> <td>National MedRec Quality Audit Month</td> </tr> <tr> <td>12-Nov-13</td> <td>Moving from Paper to Electronic MedRec</td> </tr> <tr> <td>10-Dec-13</td> <td>Canadian MedRec Quality Audit Month: Results and Future Direction</td> </tr> <tr> <td>14-Jan-14</td> <td>Got Med Wreck? Targeted Repairs from the Multi-Center Medication Reconciliation Quality Improvement Study (MARQUIS)</td> </tr> <tr> <td>11-Feb-14</td> <td>Partnering With Our Patients and Clients: Engaging Patients in MedRec</td> </tr> <tr> <td>25-Mar-14</td> <td>MedRec in Home Care</td> </tr> </tbody> </table>	Date	Topic	8-Apr-13	MedRec - A Panel Discussion with Physicians	18-Jun-13	A Novel Tool to Assess the Quality of Admission MedRec Processes	10-Sep-13	Improving Efficiencies in Medication Reconciliation - The McGill Story	1-Oct-13	National MedRec Quality Audit Month	12-Nov-13	Moving from Paper to Electronic MedRec	10-Dec-13	Canadian MedRec Quality Audit Month: Results and Future Direction	14-Jan-14	Got Med Wreck? Targeted Repairs from the Multi-Center Medication Reconciliation Quality Improvement Study (MARQUIS)	11-Feb-14	Partnering With Our Patients and Clients: Engaging Patients in MedRec	25-Mar-14	MedRec in Home Care	<p>Average of 261 attendees per session (Apr – Dec)</p> <p>1,574 lines open (Apr – Feb)</p> <p>2,349 attendees (Apr - Feb)</p> <p>Reach has increased to include international, government officials, academics, accrediting bodies (national and international), IT consultants, national IT strategic investors, and regulatory bodies.</p> <p>December 2013 CMPA article ‘Medication management, quality healthcare’ referenced the SHN Primary Care webinar</p> <p>See Appendix D for full details.</p>
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<p>3. Continue to support Canadian MedRec teams by responding to questions from SHN teams and organizations across the country as they implement and sustain medication reconciliation; planning, attending and speaking at conferences, workshops held by SHN and other Canadian associations</p>	<p>ISMP Canada receives approximately 100 support requests (via email, phone and CoP) per month. Each response takes an average of 30 minutes (10 minutes to 2 hours) and often results in additional calls and/or site visits.</p> <p>Involved in the planning, recruitment of speakers, and delivery of the:</p> <ul style="list-style-type: none"> • BC Patient Safety and Quality Council conference ‘Optimizing Medications – Time to Bring the Pieces Together’ • Ontario Hospital Association conference and roundtable ‘Advancing Medication Reconciliation to Reduce Readmissions, Improve Quality and Safety’, <p>See ‘Leveraging Complementary ISMP Canada Activities’ for more information.</p>	<p>Teams rely on SHN information, leadership, direction and connections (mentoring) Questions help to determine deliverables for next fiscal, webinar topics.</p>																				

Deliverable	Progress	Key Results
<p>4. Based on available funding, continue to work with Accreditation Canada to:</p> <ul style="list-style-type: none"> Support teams and organization in the implementation of revised RoP's for MedRec Support the education of surveyors with respect to RoP's for MedRec 	<p>Worked with Accreditation Canada to develop new and revise existing ROPs and Test of Compliance related to MedRec. The new expectations were identified in January 2013. ISMP Canada staff provides subject matter expertise to answer questions from the field about these new expectations. In late 2013, ISMP Canada provided feedback as Emergency Department and Day Surgery MedRec expectations were discussed. ISMP Canada continuously promotes the most current ROPs, Tests of Compliance, etc. as related to MedRec. This includes promotion via social media, MedRec eNewsletters, webinars, etc. The 2014 ROPs and Test of Compliance have included new revisions.</p> <p>Medication Reconciliation Specialist helped develop the August 2013 training for surveyors. CPSI and ISMP Canada also reviewed the three MedRec Accreditation Canada Surveyor Tools and provided feedback. These tools are based heavily on the content of the Getting Started Kits and the Canadian MedRec Quality Audit Tool. Required additional funding to achieve.</p>	 <p>MedRec Surveyor Tool for:</p> <ul style="list-style-type: none"> Acute Care Ambulatory Care Home and Community Care

D. Tools and Resources

Deliverable	Progress	Key Results
<p>1. Continue to provide overall support to teams across the country through CPSI and ISMP Canada websites to sustain and increase medication reconciliation across Canada and upload key resources including the latest research and publications on MedRec.</p>	<p>The SHN and ISMP Canada MedRec webpages continue to be a source of information for all things related to MedRec. The ISMP Canada website is now being used on an international level due to involvement in the WHO High 5s “Assuring medication accuracy at transitions in care” program. See Appendix C for more download details.</p> <p>Teams use SHN materials often and regularly. It is very rewarding that at this stage of the MedRec intervention there are so many downloads for the Getting Started Kits. The webinars are being “re” announced in order to bring to attention some of the older but still applicable webinars.</p>	<p>136,624 hits on ISMP Canada Website (Apr 13 – Feb 14)</p> <p>60,667 downloads for the MedRec in Acute Care GSK (Apr 13 – Feb 14)</p> <p>16,997 downloads for webinar related material (Apr 13 – Feb 14). Webinar section includes direct links to SHN for recording and handouts.</p> <p>This is in addition to CPSI/SHN and CoP downloads.</p>

Deliverable	Progress	Key Results
<p>2. Continue to support Canada Health Infoway in the <i>ImagineNation Outcomes Challenge</i> launched in September 2011 to demonstrate how technology can help advance MedRec.</p>	<p>In April 2013, ISMP Canada staff acted as judges for the ImagineNation Outcomes Challenge. This included reviewing, commenting on and ranking the submissions to assist in determining the winners.</p>	<p>Links to winners and videos were posted on the MedRec CoP and Medication Reconciliation Facebook page</p>
<p>3. Continue to highlight and share the work of practice leaders in MedRec as well as successful adaptation of technical solutions for MedRec in the Cross Country MedRec Check-Up map and MedRec websites.</p>	<p>The Cross Country MedRec Check-Up Map is updated as new data becomes available.</p> <p>People who contact us about who is doing what, eg. Pharmacy technicians taking a BPMH, are referred to the map to identify practice leaders.</p>	<p>3,274 hits Cross Country MedRec Check-Up Map</p> <p>Healthcare organizations are honored and feel a sense of accomplishment to be placed on the map.</p>
<p>4. Finalize the development of a toolkit to safely move from a paper-based system to an electronic solution for medication reconciliation.</p>	<p>Canada Health Infoway funded researchers from the University of Victoria, in collaboration with AE Informatics Inc., to explore current MedRec practices in Canada and determined that only 8% of survey respondents had fully implemented eMedRec and 50 per cent are still using paper medication reconciliation processes. The others have hybrid systems. This work required substantial in-kind contribution from ISMP Canada and CPSI MedRec staff.</p> <p>The survey results formed the initial basis for the development of the Electronic MedRec Implementation Planning Kit to provide resources to support the Canadian health care organizations that are currently using combined pMedRec/eMedRec processes and those who are considering implementing eMedRec.</p> <p>The Toolkit (released in early 2014) includes a summary of existing practices in Canada with respect to the use of technology to support medication reconciliation, guidelines and recommendations for implementation.</p>	 <p>There is great interest in the field and the importance of this issue was emphasized in Dr. Jeffrey Schnipper's webinar (January 2014). In his study they noted an increase in ADEs after a technology implementation.</p> <p>Tools and resources will include helpful checklists for selection, implementation and evaluation.</p>

Deliverable	Progress	Key Results
<p>5. Develop a two page guiding document for MedRec in Primary care including ambulatory practice settings.</p>	<p>A draft version of MedRec in Ambulatory Care two-page summary has been developed and is awaiting review and approval.</p>	<p>New graphic to be included, pending approval.</p> 
<p>6. Re-launch existing tools and resources to make them available to the field and increase visibility and uptake.</p>	<p>To help promote/relaunch existing tools and resources, ISMP Canada began to use Industry Mailout to create MedRec eNewsletters. These eNewsletters are used to alert people about existing tools, resources and webinars that can help them on their MedRec journey.</p> <div data-bbox="835 787 1354 1416" style="border: 1px solid black; padding: 10px;">  <p>Additional References:</p> <ul style="list-style-type: none"> • Medication Reconciliation in Home Care Getting Started Kit (English) (Français) • Medication Reconciliation in Home Care Virtual Action Series • One-page Summary for medication reconciliation in Home Care Poster (PDF) (English) (Français) • Risk Points for Medication Reconciliation in Home Care Poster (PDF) (English) (Français) • The MedRec Process in Home Care Poster (PDF) (English) (Français) • Getting Started with Medication Reconciliation in Home Care Presentation (PDF) • Medication Reconciliation in HomeCare Pilot Project Report (PDF) • Scrapbook of Testimonials </div>	<p>Increase in uptake (measured) after each announcement.</p> <p>The Ontario Association for Community Care Access Centre's (OACCAC) policies refers to the MedRec in Home Care GSK which increased visibility of this kit.</p> <p>Alberta Health Services has modified SHN tools for use within their province.</p>

E. Measurement

Deliverable	Progress	Key Results
<p>1. CPSI and ISMP Canada will work with national partners towards the establishment of MedRec as a strategic priority in every region/site with a commitment to adequate resources for implementation and sustainability</p>	<p>Letters to call on provincial ministries of health, with their provincial and regional quality agencies, to embed medication reconciliation in their cross-sectorial quality strategies were sent in October 2013. Each letter was tailored specifically to the province to highlight current barriers and facilitators within and encourage participation.</p> <p>The March 7, 2014 Advancing Medication Reconciliation to Reduce Readmissions, Improve Quality and Safety, and Support Health Links conference and roundtable discussion will aim towards setting MedRec as a priority in Ontario.</p>	<p>Deputy Minister of Health for British Columbia responded indicating that there is a provincial commitment to MedRec and using the MedRec Quality Audit Tool. Possible trial in May 2014 for all LTC facilities across BC.</p> <p>Alberta Minister of Health, Fred Horn is favourable.</p> <p>On the agenda of the Atlantic provinces Deputy's meeting in 2014.</p>
<p>2. Lead and support the implementation of the MedRec Quality Audit Tool across Canada to collect data and generate reports using PS Metrics in multiple provinces.</p>	<p>Developed a National MedRec Quality Audit Tool in collaboration with CPSI, Patient Safety Metrics and ISMP Canada. The audit tool consists of several questions to assess the completion of specific tasks of the admission MedRec process, from patient charts. The purpose was to encourage acute care and long term care organizations to:</p> <ul style="list-style-type: none"> • Qualify and quantify how they are performing the basics tenets of the admission MedRec process, • Use the Canadian MedRec Audit data collection/audit tool to inform admission MedRec process improvements, • Use Patient Safety Metrics System to view and analyze collated results. 	<p>MedRec Quality Audit Tool - MANDATORY in Alberta</p> <p>Very strong interest by British Columbia Ministry of Health at the Optimizing Medications Conference in BC and preparing for a possible Audit Month for all of BC.</p> <p>Saskatchewan is considering making the MedRec Quality Audit Tool mandatory for the provinces.</p> <p>The MedRec Quality Audit Tool was presented to the Health Quality Ontario and Ontario Hospital Association in March 2014.</p>

Deliverable

Progress

Key Results

See Appendix E for Audit Tool example

The MedRec Quality Audit Tool was officially launched on October 1, 2013 with the [National MedRec Quality Audit Month](#). A webinar in [June 2013](#) encouraged organizations to be part of 'MedRec Audit Month' and the official launch webinar was held on [October 1, 2013](#). Communications, webpages, [MedRec Audit Tool Workbook](#) and [Canadian MedRec Quality Audit Month One Pager](#) were disseminated/ developed to promote and assist participants. The results, submitted to Patient Safety Metrics were presented on [December 10, 2013](#).

Results indicate:

- **55% (LTC)** and **29% (Acute Care)** met all 5 criteria for successful MedRec processes
- **74% (LTC)** and **60% (Acute Care)** used more than 1 source when creating BPMH
- **63% (LTC)** and **57% (Acute Care)** verified medication use with patient/caregiver
- **92% (LTC)** and **77% (Acute Care)** (n=1982) had **name, dose, strength, route, frequency** for each medication on the BPMH and Admission Orders
- **87% (LTC)** and **73% (Acute Care)** (n=2006) had medications listed on both the BPMH and Admission Order
- **84% (LTC)** and **64% (Acute Care)** admission orders included **Prescriber 'rational'** for 'held' and 'discontinued medications

2,340 Patient/Resident Charts audited

103 Sites participated

Only 55% of Long Term Care sites and 29% of Acute Care met all 5 criteria

Comments:

"Thank you so much for assisting us with the new tool for medication reconciliation. We are in the process of initiating the new tool in our auditing of MedRec on admissions and the definitions and instructions for completion appear to be very clear and concise."

"I love the audit tool", BC LTC

F. Sponsorship

Deliverable	Progress	Key Results
Continue to collaborate with CPSI to seek sponsorship opportunities for targeted initiatives that contribute to the National MedRec Strategy (e.g. seek sponsorship from Accreditation Canada for MedRec ROP support).	Some efforts were made to gather extra support	Accreditation Canada provided a small amount of additional funding which enabled ISMP Canada to help with the new ROPs.

International Use of Canadian Tools, Resources and Terminology


Tackling transitions in patient care: the process of medication reconciliation	<p>A 2013 Family Practice article by the Royal College of Surgeons in Ireland, Dublin Ireland</p>	<p>Medication Communications Failures Impact EVERYONE! poster referenced</p>
Impact of an Outpatient Pharmacist Intervention on Medication Discrepancies and Health Care Resource Utilization in Post hospitalization Care Transitions	<p>Study from Department of Family Medicine, University of North Carolina School of Medicine</p>	<p>Uses term Best Possible Medication Discharge List (BPMDDP)</p>
MARQUIS Medication Reconciliation Resource Centre Tools and Resources	<p>The Multi-Center Medication Reconciliation Quality Improvement Study (MARQUIS) uses number of terms initiated in the Canadian GSKs for MedRec. A Tri-Fold brochure talks specifically about the BPMH.</p>	<p>Uses the terms Best Possible Medication History (BPMH), Unintentional medication discrepancies</p>
High 5s Assuring medication accuracy at transitions in care	<p>The Standard Operation Protocol for Implementation (SOP) and Toolkit, developed by ISMP Canada for the High 5s “Assuring medication accuracy at transitions in care” program is based on the learnings, tolls and resources of the <i>Safer Healthcare Now!</i> MedRec in Acute Care GSK.</p>	<p>Uses terms BPMH, BPMDDP, unintentional discrepancies, etc.</p> <p>The WHO High 5s relies on Canadian webinars, tools, documents, etc. and will likely use the MedRec Quality Audit Tool.</p>




Leveraging Complementary ISMP Canada Activities

Due to additional funding sources, outside of CPSI direct funding and sponsorship, ISMP Canada was able to perform the following. Safer healthcare Now! and its numerous tools and resources were heavily promoted.

Activity	Activities	Key Results
Presentations and Webinars	April 11, 2013 - Medication Reconciliation Fundamentals . Presentation for OACCAC Rapid Response Nurses - Marg Colquhoun	Spread the work of SHN across various sectors – <i>Funded by Ontario Association of Community Care Access Centers (OACCAC)</i>
	May 5 & 6, 2013 – High 5s Steering Committee Meeting Washington D.C., presentation – Marg Colquhoun	Introduced the Canadian MedRec Quality Audit Tool – interested in utilizing or adapting it – <i>Funded by Joint Commission International (JCI)</i>
	September 13, 2013 - ‘ The Great Divide: Shepherding Patients and Their Medications Across Care Transitions ’, Primary Care Presentation at OHA – Dr. Michael Hamilton	MedRec for Primary Care Physician focus – <i>Funded by Ontario MOHLTC MSSS</i>
	October 18, 2013 - Medication Reconciliation in Home Care The Right Thing to Do . Webinar in conjunction with the Canadian Nurses Association – Marg Colquhoun	Reintroduced the MedRec in Home Care GSK – <i>Funded by Canadian Nurses Association (CNA)</i>
	October 23 – 25, 2013 High 5s Steering Committee Meeting Bordeaux, France, presentation – Marg Colquhoun	Highlighted the work of SHN including Audit Tool, ministry letters, High 5s Map – <i>Funded by JCI</i>
	January 27, 2014 - BPMH in Home Care . University of Toronto. Recorded presentation – Marg Colquhoun	Recording for orientation of new Rapid Response Nurses in Home Care – <i>Funded by OACCAC</i>
	February 3, 2014 Outstanding Issues in Medication Reconciliation , Satellite Symposium at PPC 2014 – Marg Colquhoun	927 downloads in 2 weeks - <i>Funded by Rogers Healthcare</i>

Activity	Activities	Key Results
<p>Broaden the reach across the care continuum</p>	<p>Dr. Michael Hamilton, <i>Consultant and Medication Safety Specialist</i> at ISMP Canada delivered 'The Great Divide: Shepherding Patients and Their Medications Across Care Transitions' presentation at the Primary Care Promoting Collaboration and Understanding conference on September 13, 2013. Dr. Hamilton gave the Primary Care audience a better understanding of medication reconciliation in primary care, highlighted the importance of effective communications about medications at transitions of care and discussed the supports and strategies for optimizing medication reconciliation in practice</p> <p>ISMP Canada also had a booth at the Health Quality Transformation conference in Toronto on November 21, 2013. ISMP Canada promoted MedRec and the Quality Audit Tool.</p>	<p>Increased awareness of MedRec for primary care practitioners in attendance - <i>Funded by Ontario MOHLTC MSSS</i></p> <p>1,500 attendees including a large number of Primary Care Physicians who are very interested MedRec for Primary Care - <i>Funded by Health Quality Ontario (HQO)</i></p>
<p><u>Medication Reconciliation: Doing It Because It Is The Right Thing To Do</u></p>	<p>ISMP Canada developed an eLearning module for healthcare practitioners working on MedRec in Acute Care. This is a Canadian Council Continuing Education In Pharmacy (CCCEP) accredited program and is offered via www.RxBriefcase.com. The material builds heavily on SHN materials.</p> <p>Email from Senior Account Director at RxBriefcase said <i>"I am pleased to let you know that the program that you worked with us on titled "Medication Reconciliation: Doing It Because It Is The Right Thing To Do" is being very well received by your peers, with 1500 participants since its launch in Sept 2013"</i>.</p> <p>As a result, Marg Colquhoun will deliver a presentation at the 2014 PPC conference in Toronto. Marg discussed MedRec in Canada, the National MedRec Quality Audit Tool, Paper to Electronic MedRec Toolkit, etc. Materials adapted and attributed to SHN.</p> <p><i>"I wanted to first say your talk at PPC completely inspired me and educated me in such a way I question how I was uniformed before."</i></p>	<p>1,500 individuals participants</p>  <p>In the top 5 of all RxBriefcase programs being used in January 2014.</p> <p>Marg Colquhoun presented at the 2014 PPC conference in Toronto. The response was excellent and presentation has been downloaded 927 times.</p> <p><i>Funded by Hospira</i></p>

Activity	Activities	Key Results
<p><u>MedRec Pharmacy Technicians: simply indispensable</u></p>	<p>ISMP Canada developed a CCCEP accredited program in Tech Talk to discuss the Pharmacy Technician’s role in taking a BPMH and being part of the MedRec team. Materials adapted and attributed to SHN.</p>	<div data-bbox="1625 248 1843 545" data-label="Image"> </div> <p>Funded by mdBriefcase</p>
<p>PSEP</p>	<p>ISMP Canada led the development of a MedRec focused module for the CPSI PSEP program in collaboration with CPSI and PSEP. This included materials in the trainers’ guide, all content text, all slides in adaptable format, teaching and implementation tips, hand-outs and resource materials.</p> <p><i>“On behalf of CPSI we wish to send you a heartfelt thank you for this amazing contribution to the PSEP-Curricula content. Your expertise, connectivity to the real applied issues in MedRec and your passion for medication safety has come through in the materials. We are most certain the module will be well used by trainers and clinicians in the field. Abbie Hain”</i></p>	<p>2014 release date not finalized - <i>Funded by the CPSI</i></p>

Activity	Activities	Key Results
ISMP Canada Bulletins	<p>ISMP Canada's SafeMedicationUse.ca bulletins talk to consumers about the importance of keeping a list of medications and their role in medication safety:</p> <ul style="list-style-type: none"> • Get Your Flu Shot - and Keep a Record! • An Important Question - Does this new medicine replace one of my current medicines? • Good Communication Can Help Prevent Harmful Mistakes with Medicines! • Reminder - Check Your Prescription! <p>Ontario Critical Incident Learning bulletins are a result of critical incidents involving medications reported to the Canadian Institute for Health Information National System for Incident Reporting (NSIR) and analyzed by ISMP Canada</p> <ul style="list-style-type: none"> • Quality Medication Reconciliation Processes Are Critical 	<p><i>Funded by Health Canada's CMIRPS program</i></p> <p><i>Funded by Ontario MOHLTC MSSS</i></p>
International Attendance at SHN MedRec Webinars	ISMP Canada continues to act as intervention lead for the SOP for MedRec in the High 5s Medication Reconciliation (MedRec).	All High 5s teams are invited to SHN MedRec webinars with, on average, 2 international countries, with multiple teams attend. Many listen to the recording after, due to time zones.
New International MedRec Check-Up map	<p>A contextual survey was conducted by ISMP Canada to document the progress of all teams involved in the WHO High 5s intervention. The results of this survey were included in the WHO report and initiated the development of the Cross High 5s MedRec Check-Up Map.</p> <p>ISMP Canada developed a Cross High 5s MedRec Check-Up Map for the WHO High 5s "Assuring medication accuracy at transitions in care" program. Canada's map was included in the High 5s map which has increased SHNs visibility on an international level.</p> <p>Canada's Cross MedRec Check-Up map is directly linked to in the High 5s map</p>	<p>Canada's work in MedRec was highlighted in both the Who High 5's contextual survey report and the Cross High 5s MedRec Check-Up Map.</p>  <p>3,036 hits Cross High 5s MedRec Check-Up Map - <i>Funded by JCI</i></p>

Activity	Activities	Key Results
<p>Infographics</p>	<p>As part of the High 5s MedRec Project Infographics are being created by graphic designers. These Infographics, once finalized will be available for use by Canadian teams.</p> <div data-bbox="529 386 1407 797"> <p>PROACTIVE medication reconciliation model at admission</p> <p>"BPMH" MEDICATION HISTORY 1 Create the BPMH</p> <p>"AMO" ADMISSION MEDICATION ORDERS 2 Using the BPMH, admission medication orders (AMOs) are written by the prescriber.</p> <p>3 Verify that the prescriber has assessed every medication on the BPMH, identifying and resolving any discrepancies with the prescriber, if any.</p> </div> <div data-bbox="529 836 1407 1187"> <p>Medication Reconciliation Occurs at Multiple Points in the Care Process</p> <p>Patient admission/intake</p> <p>Internal patient transfer procedures</p> <p>Initial patient assessment</p> <p>Communication of information among providers</p> <p>Medication ordering, preparation and dispensing</p> <p>Discharge planning</p> <p>Documentation of care</p> <p>Patient education and discharge instruction</p> </div>	<p>Key Results</p> <p>Draft format – to be released in 2014 - Funded by JCI</p> <p>New resource for SHN in 2014.</p>

Requests for New Tools and Resources

ISMP Canada continues to receive requests for new tools and resources. Quality Audit Tools for Ambulatory Care, Discharge, and Home Care are frequently requested.

“We are now looking to your expertise on med reconciliation on Transfer and Discharge. Prior to getting started, we thought that we would contact you to see if there are any references, policies or forms that have been generated by other facilities that you have found to be completed well that we could use as a starting point?”

I also wanted to check with you all to ensure that there are no new updates or changes coming with the present Medication Reconciliation process that is presently set out in the Getting Started Kit, particularly around Transfer/discharge. Are there any updates coming (i.e. like the new audit tool use for admitted clients)? Any information that you have on Medication Reconciliation on Transfer/Discharge would be of great assistance to us.”

“Is there also possibly of ISMPC or SHN resources for ambulatory MedRec- either a kit or a set of resources/ guides?”

Appendix A. Leadership Poster

Medication Reconciliation: Unwavering Leadership Makes the Impossible Possible!

Brenda Carthy, BA(CompSc)

Margaret Colquhoun, RPh, BScPhm, FCSHP

Marie Owen, RN, MScN

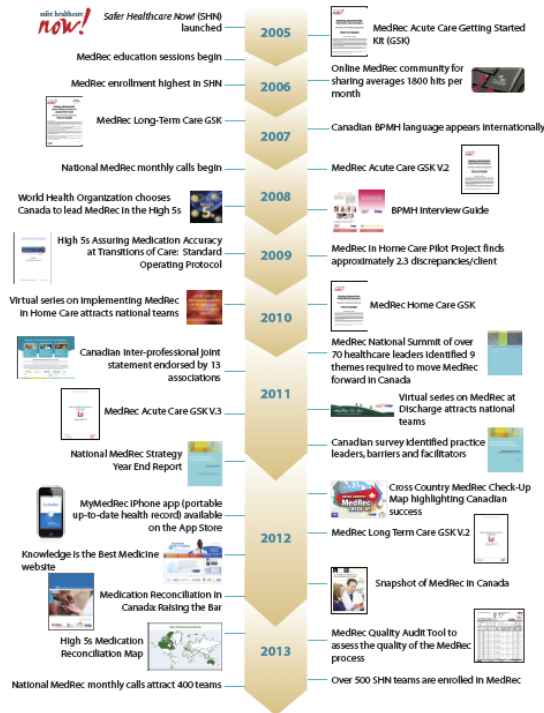
Jennifer Turple, BSc(Pharm), ACPR

Alice Watt, R.Ph., B.Sc.(Pharm.)

Timelines and Accomplishments

Successful Implementation Supports Provincial Quality Improvement Priorities

National Collaboration Now in its Ninth Year



Evidence

"MedRec failure resulted in a patient receiving a 10-fold greater dose of a sedating medication".
(Ontario Critical Incident Learning Group Canada Bulletin, 2013)

60% of admitted patients had at least 1 unintentional discrepancy and 18% were deemed clinically important. *(IPA, 2009)*

MedRec at admission led to a 43% reduction in actual ADEs caused by errors on admission. *(Buckner, 2011)*

The reported attributable cost of adverse events (ADEs) ranges from CAN \$4,028 to \$12,648. *(Buckner, 2012)*



Leadership

Ensure **MedRec** is embedded into day-to-day care and becomes the **new way of doing business**, through effective **change management**

Ensure **sufficient resources**

Create **accountability** for completion of **MedRec** including **reporting mechanisms for boards**

With strong leadership 100% implementation across all interfaces of care has been accomplished.
(London Health Sciences Centre)



Alignment

Medication Reconciliation supports Provincial Priorities, e.g. avoidable readmissions

"Hospitals can expect an absolute 2% reduction in readmission rates if they do medication reconciliation well." *(ICM Report, 2013)*

Accreditation Canada's Leadership standards

Reconciling medications during care transitions is #3 in a top 12 list of expert-backed practices. *(Align for Health Research Quality)*

Medication Reconciliation (MedRec) ensures that accurate and comprehensive medication information is communicated at transition points in care.

Outcomes

Measure to ensure accountability

Ensure **MedRec quality by auditing the process** - *SHN MedRec Admission Quality Assessment Audit Tool*

Analyze readmissions to identify where MedRec failures may have contributed

If you can't measure it, you can't manage it. *(Pruett)*

MedRec improves patient safety, potentially reduces healthcare costs and is an Accreditation Canada Required Organizational Practice (ROP).

Capacity

Allocate sufficient resources to:

- Adopt **Information Technology** systems that **support MedRec**
- Conduct **mandatory staff** and physician **education**
- Develop **system-wide framework** with clearly defined roles
- Engage **Consumers**



www.ismp-canada.org/medrec

medrec@ismp-canada.org

June 2013

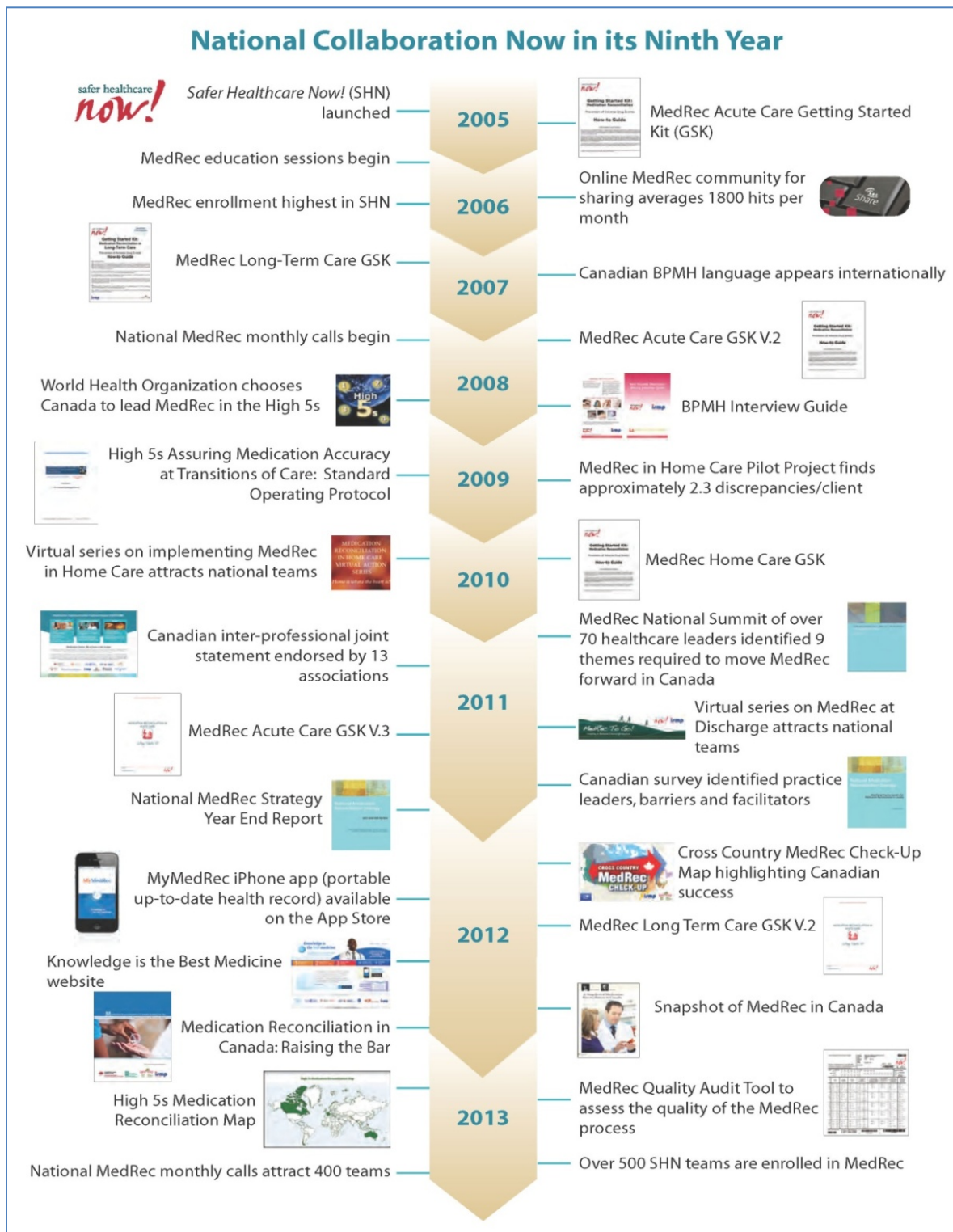


www.patientsafetyinstitute.ca



www.saferhealthcarenow.ca

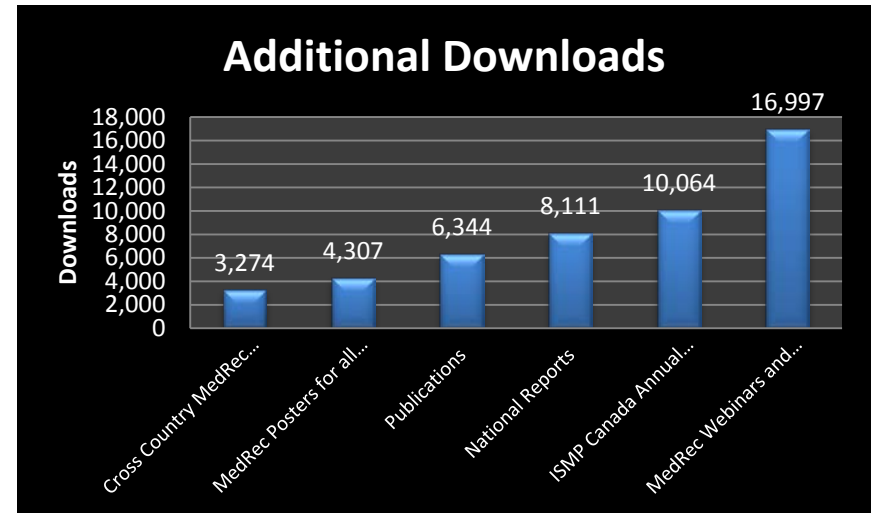
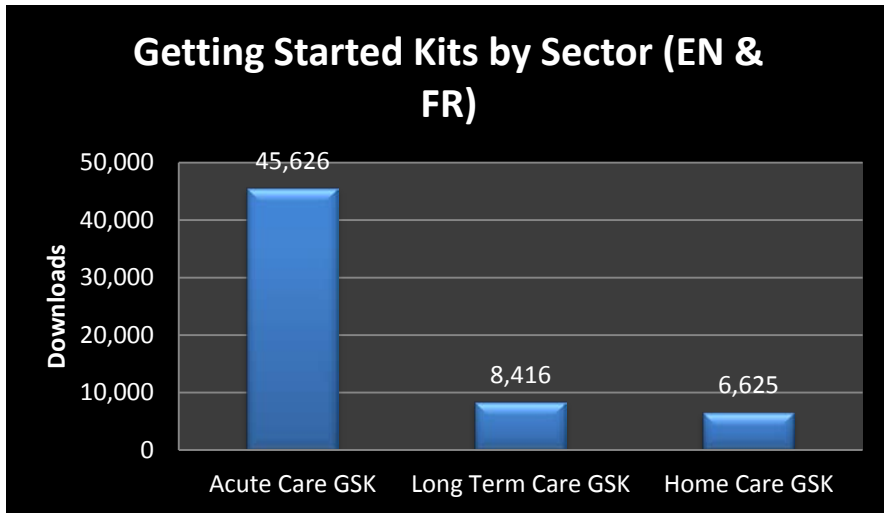
Appendix B. Timeline of MedRec in Canada



Appendix C. ISMP Canada website downloads

	Apr-Jun	Jul-Sep	Oct - Dec	Jan-Mar*	Total
MedRec Home Page	5,692	7007	5,525	4,833	23,057
Cross Country MedRec Check-Up Map	880	898	792	704	3,274
Cross High 5s MedRec Check-Up Map	262	1644	1,130	767	3,803
Acute Care GSK	15,621	13090	8,403	8,512	45,626
Long Term Care GSK	2,066	3324	1,671	1,355	8,416
Home Care GSK	3,651	756	1,264	954	6,625
MedRec Posters for all Sectors	1,048	1426	1,065	768	4,307
Publications	2,448	1590	1,657	649	6,344
National Reports	3,091	1580	1,773	1,667	8,111
ISMP Canada Annual Reports	3,399	2819	2,100	1,746	10,064
MedRec Webinars and Presentations	6,361	5182	1,331	4,123	16,997
YTD Total Downloads	44,519	39,316	26,711	26,078	136,624

* Data from April 1, 2013 - February 28, 2014



Appendix D. MedRec Webinars

Note – Total attendance is based on lines + poll responses. Actual attendance may be higher.

Month	Title (plus link)	Speakers	Objectives	# of lines	# in Room	Total
8-Apr-13	MedRec - A Panel Discussion with Physicians	Dr. Robin Walker, Dr. Hilary Adams, Dr. Clint Torok-Both	<ol style="list-style-type: none"> 1. Strategies to engage physicians in medication reconciliation 2. The benefits of medication reconciliation from The perspective of physicians 3. Physician roles in The medication reconciliation process 	209	134	343
18-Jun-13	A Novel Tool to Assess the Quality of Admission MedRec Processes	Jennifer Turple, Alexandru Titeu	<ol style="list-style-type: none"> 1. To briefly describe the need for improved quality of admission MedRec processes. 2. To introduce the use of a tool which allow teams to collect patient level data on specific admission MedRec quality determinants (for acute care and long-term care based MedRec). 3. To demonstrate how this data can be easily submitted and analyzed through the Patient Safety Metrics system. 	294	133	427
10-Sep-13	Improving Efficiencies in Medication Reconciliation - The McGill Story	Dr. Robyn Tamblyn	<ol style="list-style-type: none"> 1. Discuss the challenges in improving medication reconciliation 2. Describe what has been learned from IT 3. Describe the assets to enable more efficient IT in medication reconciliation in Canada Identifying challenges in medication reconciliation and assets to enable more efficient medication reconciliation in Canada is a priority. 	220	56	276

Month	Title (plus link)	Speakers	Objectives	# of lines	# in Room	Total
1-Oct-13	National MedRec Quality Audit Month	Jennifer Turple, Alexandru Titeu	<ol style="list-style-type: none"> 1. Brief review of the MedRec quality audit tool 2. Share the experience of two organizations who have used the audit tool 3. Describe the Canadian MedRec Quality Audit Month 4. Respond to Questions 	193	66	259
12-Nov-13	Moving from Paper to Electronic MedRec	Dr. Andre Kushniruk Dr. Elizabeth Borycki	<ol style="list-style-type: none"> 1. Discuss the results of the pan-Canadian survey of existing practices with respect to the use of technology to support MedRec 2. Describe the steps and considerations for transitioning to electronic MedRec (eMedRec) 3. Identify factors that support and impede successful migration of paper MedRec to eMedRec. 4. Discuss the lessons learned from research and other organizations. 5. Introduce the toolkit to support healthcare providers in making a safe and effective transition from paper MedRec to eMedRec. 	180	143	323
10-Dec-13	Canadian MedRec Quality Audit Month: Results and Future Direction	Marg Colquhoun Virginia Flintoft Alex Titeu	<ol style="list-style-type: none"> 1. Review the results of the Canadian MedRec Audit Month 2. Discuss lessons learned from the audit month – strengths and areas for improvement 3. Suggest future value of audits and audit tools for your organization 4. Gather ideas about how to improve the quality of MedRec at admission 	103	37*	140
14-Jan 14	Got Med Wreck? Targeted Repairs from the Multi-Center Medication Reconciliation Quality Improvement Study (MARQUIS)	Dr. Jeffrey Schnipper	<ol style="list-style-type: none"> 1. Provide an overview of the MARQUIS toolkit components, informed by medication reconciliation best practices, designed to help hospitals improve the quality of their medication reconciliation processes 	168	132	300

Month	Title (plus link)	Speakers	Objectives	# of lines	# in Room	Total
			<ol style="list-style-type: none"> 2. Preview the preliminary results of the MARQUIS study in order to understand the effects of a mentored quality improvement intervention on medication reconciliation errors 3. Discuss lessons learned from study sites that have implemented the MARQUIS program and how they might be applied to Canadian hospitals, including an exploration of barriers to implementation and how to overcome them 4. Make the case for provinces, health systems, and hospitals to invest in medication reconciliation quality improvement efforts, and why physicians need to play a major role in these efforts. 			
11-Feb-14	<u>Partnering with our patients - Engaging patients, families and caregivers in MedRec to achieve the best and safest care</u>	Saskatchewan Sunrise Health Region's Champion Your Health Team, Ontario North Bay Regional Health Centre, Alberta Health Services Provincial MedRec Team	<ol style="list-style-type: none"> 1. Successful strategies and approaches to engage patients and caregivers in MedRec 2. How teams effectively dialogue with patients and their caregivers on the benefits of having an accurate medication list 3. The development of paper and electronic tools and resources created for patients and their caregivers to create and maintain their medication lists. 	207	74	281

Appendix E. Canadian MedRec Quality Audit Tool (example)

Contact Name and Phone Number (include area code):

Intervention: MedRec-Acute - Medication Reconciliation in Acute Care
 Organization: 100 ABC Hospital
 In/Out: In Patient
 Adult/Paeds: Adult Age Group:
 Program: Medicine
 Service: General Medicine
 Unit/Site: Intensive Care Unit (ICU)
 Procedure/Diagnostic Group:
 Patient Sample: Demo 1
 Point Of Transfer: Admission

FAX Form in FINE Resolution NO COVER PAGE to 1-877-846-5153
 For information: 416-946-3103 or metrics@saferhealthcarenow.ca
 Access your data at https://shn.med.utoronto.ca/metrics

Printed On: 2013-11-29

safer healthcare now!

YEAR: 201 MONTH: JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC DAY: 0 1 2 3 4 5 6 7 8 9

Sample Includes:
 ALL ADMISSIONS
 SUBSET OF ALL ADMISSIONS

Pt #	A. Admit via	B. MedRec Performed	C. BPMH >1 source	D. Actual Med use verified by Pt/Caregiver source	E. Each med has drug name, dose, strength, route, frequency on BPMH and Admission Orders	F. Every med in BPMH is accounted for in Admission Orders	G. Prescriber has documented rationale for 'Holds' and 'Discontinued' meds	H. Discrepancy communicated, resolved, and documented
1 <input type="checkbox"/> VOID	<input type="checkbox"/> EMERG <input type="checkbox"/> PRE-ADM <input type="checkbox"/> DIRECT <input type="checkbox"/> OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO MEDS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNCLEAR	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNCLEAR <input type="checkbox"/> UNABLE TO PERFORM	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES, N/A <input type="checkbox"/> NO <input type="checkbox"/> UNCLEAR	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNCLEAR
2 <input type="checkbox"/> VOID	<input type="checkbox"/> EMERG <input type="checkbox"/> PRE-ADM <input type="checkbox"/> DIRECT <input type="checkbox"/> OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO MEDS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNCLEAR	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNCLEAR <input type="checkbox"/> UNABLE TO PERFORM	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES, N/A <input type="checkbox"/> NO <input type="checkbox"/> UNCLEAR	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNCLEAR
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4 <input type="checkbox"/> VOID	<input type="checkbox"/> EMERG <input type="checkbox"/> PRE-ADM <input type="checkbox"/> DIRECT <input type="checkbox"/> OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO MEDS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNCLEAR	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNCLEAR <input type="checkbox"/> UNABLE TO PERFORM	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES, N/A <input type="checkbox"/> NO <input type="checkbox"/> UNCLEAR	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNCLEAR
5 <input type="checkbox"/> VOID	<input type="checkbox"/> EMERG <input type="checkbox"/> PRE-ADM <input type="checkbox"/> DIRECT <input type="checkbox"/> OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO MEDS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNCLEAR	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNCLEAR <input type="checkbox"/> UNABLE TO PERFORM	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES, N/A <input type="checkbox"/> NO <input type="checkbox"/> UNCLEAR	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNCLEAR

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 1-877-846-5153 97452000582 2048-660049

Appendix F. Financial Statement

ISMP CANADA	
CPSI - Safer Healthcare Now! Medication Reconciliation - April 1, 2013 to February 28, 2014	
Core Funding	
CPSI	150,000
Additional Funding	
PSEP Module	20,000
Accreditation Canada	4,000
	<hr/>
Total funding for period April 1, 2013 to March 31, 2014	174,000
Expenditures	
Personnel Costs	
MedRec Lead	58,910
MedRec Specialist	47,890
MedRec Specialist	20,044
MedRec Consultant	1,473
Project Coordinator	29,603
IT Support	4,353
Admin Support	304
Communication	501
Conference Expenses	1,774
Travel Expenses	1,941
	<hr/>
Total actual costs for period April 1, 2013 to February 28, 2014	166,792
	<hr/>
Committed expenditures before March 31, 2014	7,208
Remaining funding at March 31, 2014	0



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