

NATIONAL MEDICATION RECONCILIATION STRATEGY AND SAFER HEALTHCARE NOW! ISMP CANADA ANNUAL REPORT

Key Results for Period April 2012 – March 2013

This annual report details the accomplishments achieved in the National Medication Reconciliation Strategy and *Safer Healthcare Now!* from April 2012 to March 2013

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March 28, 2013



National Medication Reconciliation Strategy and *Safer Healthcare Now!* ISMP Canada Annual Report

Key Results for Period April 2012 – March 2013

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 2012 and March 2013, 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.

1. Engagement/Awareness

1.1 Explore opportunities to feature the national work of MedRec at a broad range of conferences and forums to support knowledge transfer to healthcare practitioners and senior leaders across Canada. This work will be based upon funding support and speaker availability. CPSI and ISMP Canada to create presentations for a variety of target audiences.

Abstracts were submitted to various conferences with the anticipation of having Marg Colquhoun and/or Marie Owen discuss MedRec at a ‘high level’ to increase awareness and knowledge. Submissions were sent to the following:

Conference and Date	Result
National Symposium of Integrated care, Health Council of Canada, October 10, 2012	Abstract accepted
	Declined acceptance due to funding requirements
2013 National Health Leadership Conference, June 5 -7, 2013, Niagara Falls, ON	Accepted as a poster abstract presenter
	Poster will be created and Marg Colquhoun will attend

1.2 Identify sponsorship opportunities for (CPSI and ISMP Canada) display booths focusing on MedRec at key conferences and forums.

CPSI and ISMP Canada jointly attended a number of display booths during the 2012-2013 fiscal year to increase awareness and provide education about MedRec. Due to financial restraints the booth/conferences attended were limited. ISMP Canada and CPSI worked together to determine the ones with the most return on investment. The following details the shows attended.

1.2.1 The Zoomer Show - October 27 & 28, 2012.

The *Zoomer Show* is Canada's largest consumer expo for men and women over the age of 45. This target audience is perfect for MedRec as consumers over the age of 45 are most likely to be on medications. Over 25,000 consumers attended October 2012 Zoomer show in Toronto. Our booth, *Your Role in Medication Safety* goal was to promote the consumers role in medication safety including MedRec.

Many attendees were
'very thankful' for the
work we are doing.

- Educated consumer as to the importance of keeping an up-to-date list of their medications and making sure all healthcare workers within their circle of care are informed.
- Promoted a number of 'consumer' related products from both CPSI and ISMP Canada including the iPhone My MedRec app; Knowledge is the Best Medicine; SafeMedicationUse.ca; Patients for Patient Safety; Ask, Talk, Listen.
- Consumers thanked us again and again and were very appreciative of our work to enhance patient safety in Canada's healthcare system.



1.2.2 Family Medicine Forum November 15 – 17, 2012

The Family Medicine Forum, hosted by the College of Family Physicians of Canada and the Ontario College of Family Physicians (OCFP) is attended by over 4,500 family physicians, family medicine teachers and researchers, residents, medical students, nurses, nurse practitioners and other health care professionals. ISMP Canada and CPSI shared a booth at this session to promote medication reconciliation and

medication/patient safety initiatives. Attending this conference proved very beneficial as we:

- Obtained contact information from medical schools across Canada. These schools will be contacted about including MedRec in their curriculum.
- Discussed MedRec with a number of family physicians who want to be involved.
- Discussed the importance of reminding their patients to keep an up-to-date list with them at all times.



1.2.3 Professional Practice Conference (PPC), February 3-5, 2013

ISMP Canada and CPSI shared a booth at the annual Canadian Society of Hospital Pharmacists' Annual Professional Practice Conference (PPC) held in Toronto in February 2013. There was a strong emphasis on medication reconciliation and our work and handouts were well received.

1.2.4 LTC Applied Research Education Day, February 13, 2013

At the recent LTC Applied Research Education Day held in Toronto, ISMP Canada hosted a booth to educate long term care facilities about medication safety. MedRec was one of the major topics discussed. The Long Term Care GSK, MedRec consensus statement, My MedRec app, and Knowledge is the Best Medicine website were displayed. There continues to be high interest in LTC MedRec.



1.2.5 Manitoba Institute for Patient Safety Community Information Centre, March 6, 2013

MIPS held an information session for community members to make them aware of medication safety issues and illustrate how they can get involved. Jennifer Turple did a presentation about the consumers' role in MedRec and the importance of keeping an up-to-date list of their medications. ISMP Canada and CPSI also had a table to display and discuss patient related material. The National MedRec Strategy, MyMedRec app, knowledgeisthebestmedicine.ca and safemedicationuse.ca were promoted in the ISMP Canada section.

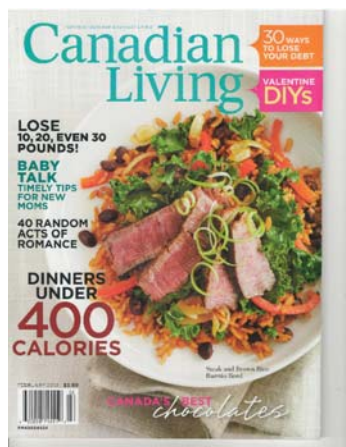


1.3 Support the Knowledge Is the Best Medicine launch with testing as part of SHN/National MedRec Strategy.

ISMP Canada, with funding from RX&D created [Knowledge is the Best Medicine \(KiBM\)](#) website and an [iPhone app](#) that allows users to keep track of their medications, doctors and community pharmacy contact information as well as a number of illness-related parameters including blood pressure and cholesterol readings.

To help promote the iPhone [MyMedRec](#) app and [KiBM](#) website ISMP Canada send announcements to all SHN teams, a link was posted on the MedRec CoP and Facebook page. It has also been promoted at all conferences and booths attended by the CPSI/ISMP Canada MedRec team. Marketing strategies used have been very successful. The iPhone app:

- The current download for the app is now 7955 times (launched June 19, 2012),
- Was rated #1 on the iTunes store as the top free medical app in January 2013,
- Has a 4+ rating on the app store,
- was featured in Canadian Living as the app of the Month for February 2013.



APP OF THE MONTH

Keep your health-care record close at hand with MyMedRec, a free app for iPhones and iPads. The product of a collaborative project among seven Canadian health-care groups, including the Canadian Medical Association and the Canadian Pharmacists Association, this app helps you track your medication and immunization history (as well as those of your spouse and kids). It also sends you refill and dosage reminders, lets you email your record to your doctors and provides contact information for prescribers and pharmacies. Learn more at knowledgeisthebestmedicine.org.



1.4 Support the adaptation of tools and resources developed by SHN teams for use by families, clients and unregulated care providers in the community setting.

ISMP Canada reviewed and provided suggested revisions to the team from VON Canada working on this project. The tools are complete and ready for fall distribution in 2013.

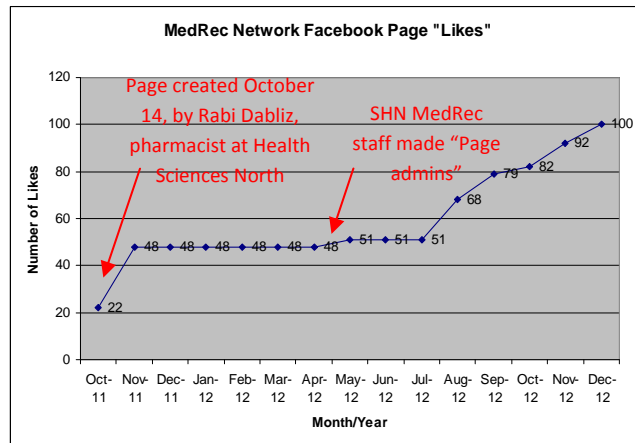
1.5 Support public awareness campaigns, using social media to spread the message, as funding permits.

1.5.1 ISMP Canada created a *Medication Reconciliation in Canada* Facebook page as a means to increase awareness of MedRec utilizing Social Media platforms. Facebook has limited availability in healthcare organizations however has seen increasing interest, even on an international level. Facebook is different than the CoP as items posted must be 'linked'



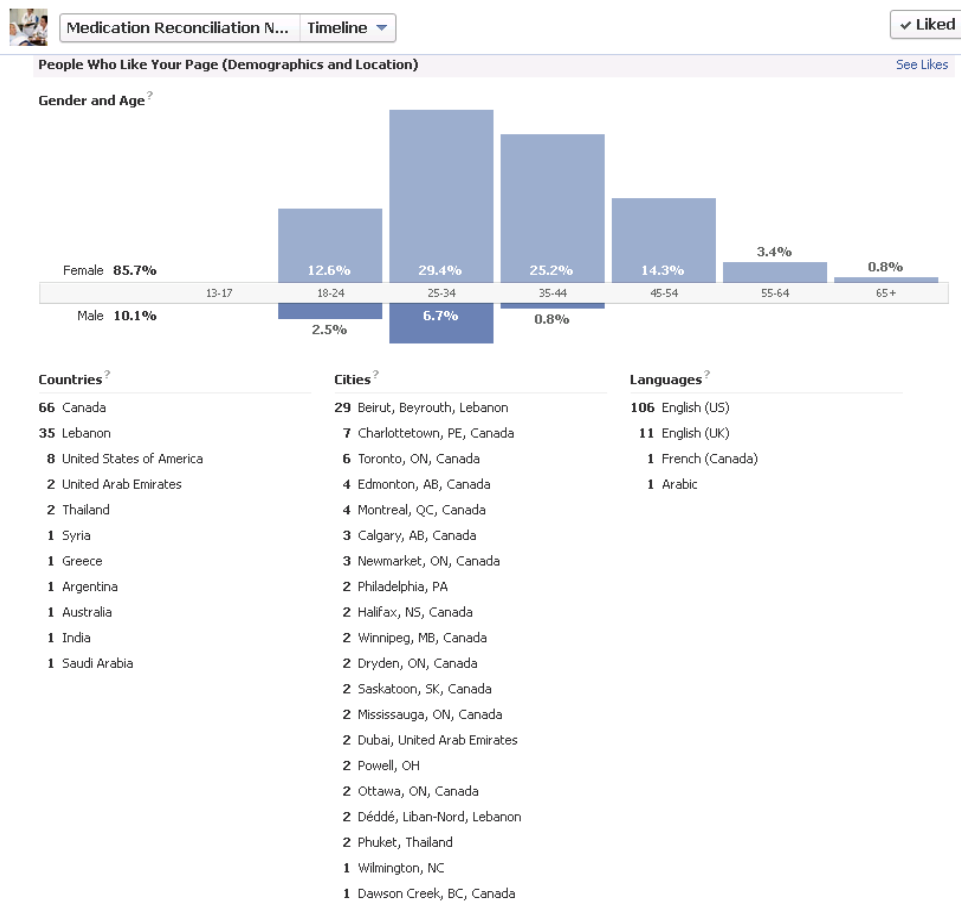
via the web. We have posted many items including promotions for Safer Healthcare Now! MedRec events and recently published MedRec related literature. There is a different pattern of those using our Facebook page accessing the new content within minutes of posting. Within 6 months the following has occurred:

- We have accrued 122 likes (as of March 28, 2013)
- The page has been ‘liked’ by Facebook users all over the world



As of December 24, 2012

Facebook Reach



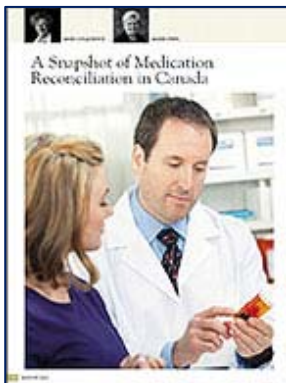
1.5.2 MedRec Communities of Practice (CoP). ISMP Canada staff continues to update the MedRec CoP with tools, forms, webinar updates, articles, etc. Despite our best efforts to draw people to the site the decline in hits has been discouraging. ISMP Canada staff has been working with CPSI to suggest modifications which may make it easier for users to find their way around the site. To date, most questions come via email and posting to the CoP is completed once permission has been received from those involved.

1.6 Facilitate the publication of an article(s) to demonstrate and communicate the success of MedRec in Canada (SHN, National Medication Reconciliation Strategy, WHO’s High 5s).

Two articles on MedRec to illustrate and articulate MedRec success in Canada were completed. A High 5s Contextual Survey was also conducted and includes Canada.



Medication Reconciliation in Canada: Raising the Bar, November 2012. Communicating effectively about medications is a critical component of delivering safe care. Without it, patients are at risk. By identifying and resolving medication discrepancies, the likelihood of adverse events occurring within health care organizations across the continuum of care will be reduced. In this report, four national health care organizations - Accreditation Canada, the Canadian Institute for Health Information, the Canadian Patient Safety Institute, and the Institute for Safe Medication Practices Canada - share information about medication reconciliation in Canada, thus painting a comprehensive picture of the situation.



A Snapshot of Medication Reconciliation in Canada, August 2012. An article about medication reconciliation in Canada was invited and submitted to the August 2012 Accreditation Canada Qmentum Quarterly.



The **HIGH 5s SOP for Medication Reconciliation Implementation Contextual Survey Report** is the result of a survey of the countries involved in the WHO High 5s SOP for MedRec. These countries include Australia, France, Germany and the Netherlands. At the request of the High 5s countries, Canada was also included.

The survey was conducted in March 2012 and included questions related to Accreditation Standards/National and Regional Medication Safety Policies, e-Health Records, Sectors of Implementation, Healthcare team members involved in taking a Best Possible Medication History (BPMH), Barriers and Facilitators of MedRec,

National Implementation Strategies, Clinical Significance and Publications and Research. As a result, a World MedRec map is being developed by ISMP Canada staff and will include Canada's Cross Country MedRec Check-Up Map.

Currently, **three new articles are in development** with assistance from external communications experts. Two will focus on the national system effort as it relates to medication reconciliation and the third will be a 1-2 page notification for consumers.

ISMP Canada continues to **support the efforts of CPSI communications and publications**. For example:



Learning from Judy's trauma **Communication key to avoiding medication incidents**



A creative approach for medication reconciliation



Medication Reconciliation: There to keep you safe

1.7 Continue to support the development of a comprehensive communication and marketing strategy to support the work of MedRec, as funding permits.

ISMP Canada and CPSI continue to promote MedRec wherever possible. As a result, we are starting to see buy in from our stakeholders.

1. Work continues with Dr. Chris Hayes to create an inventory of physician leaders across the country to support and advance the MedRec agenda in all jurisdictions especially amongst physician groups.
2. The Canadian Medication Protective Association (CMPA) recently engaged the concept of MedRec by creating a MedRec Information page on their website. The content includes Stages of the medication reconciliation process and where MedRec should be completed at each stage of the



patient's hospitalization, a case study and lessons learned, and medication reconciliation safeguards. Although CPSI, SHN or ISMP Canada is not referenced, the content used is based on the MedRec GSK for Acute Care.

2 Drivers

2.2 Work with MedRec Faculty to provide support for revisions, implementation and education about Accreditation Canada 2013 Required Organizational Practices.

The MedRec Faculty was involved in the review and suggested revisions of the Accreditation Canada 2013 ROPs. For more information see section 5.3

2.3 Work with CPSI Education Team to integrate MedRec as a component of the Governance Program as funding permits.

A case study was provided to the Ontario staff of CPSI to support the inclusion of medication reconciliation in the governance program.

3 Education and Training

3.1 Work with the CPSI Education Team to explore opportunities to integrate a MedRec module into the Patient Safety Education Program (PSEP) to ensure senior leaders and middle managers know and understand the concept of MedRec and their role in it as funding permits.

ISMP Canada clinical staff attended a PSEP conference to better understand the program for the purposes of the MedRec Module. The MedRec module is to be completed in 2013.

3.2 Plan and support a national MedRec Day during the CPSI Virtual Forum.

ISMP Canada worked alongside CPSI and the planning committee to develop the agenda and recruit speakers related to medication reconciliation for the CPSI Virtual Forum during patient safety week. ISMP Canada staff worked with Marie to develop her presentation titled: **Communicating Effectively about Medications: Medication Reconciliation.**

ISMP Canada was also part of the team which evaluated the videos submitted for the *Med Safety Goes Viral: 2012 Medication Safety Video Competition*. These videos have been shown in ISMP Canada MedRec presentations all over the world including Hong Kong in November 2012.

3.3 Continue to support the virtual actions series (VAS) MedRec. The *MedRec To Go! Creating a Reliable Discharge Process* VAS which runs from February 2012 to June 2012.

Goal: The goal of the series was to help teams either begin implementation of MedRec at discharge or build on their current discharge process.

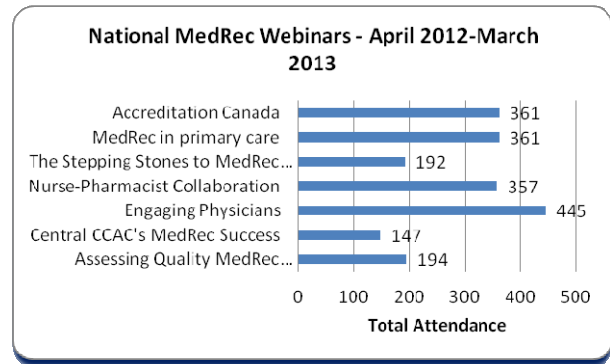
No of Teams: 28 teams representing organizations from all provinces and territories except for the Atlantic Provinces, Yukon and the Northwest Territories.

Speakers included: Canadian All-Star teams, well known Canadian researchers, and representatives from sites who have successfully implemented discharge MedRec.

Results: Based on preliminary poll results, the series and huddle sessions appeared to have been well received from the teams. Further evaluation is underway to ensure each team’s specific goals have been met. Reporting against defined measures was disappointing because many teams were either just learning about things to consider for future implementation, or were under-resourced for implementation.

3.4 Hold a minimum of 6 national webinars a year to advance medication reconciliation across the continuum.

The national MedRec webinars are still in high demand. Due to funding, we had to reduce the number of sessions to 7 down from 12. The graph below illustrates the attendance of our national webinars with a high of 445 people in September 2012 (Engaging Physicians in Medication Reconciliation). Note: The true numbers may be higher as the total attendance is based on number of lines + number of people in the room which is depended on those you replied to our poll. For more information about the national webinars, see Appendix A.



This capacity is so appreciated when your schedule does not enable you to attend at the time provided.

After every one to two webinars, we have been sending out an email “Did you miss our last webinar” to our MedRec distribution list giving those links to the call recording and handouts. This has proven to be very successful and we have received many thank you from MedRec teams.

3.5 Continue to support Canadian MedRec teams by planning, attending and speaking at conferences, workshops held by SHN and the Quebec campaign, ICU Collaborative and other Canadian associations.

ISMP Canada MedRec staff members were involved in the following:

- **Delirium and MedRec in the ICU Collaborative.** An ISMP Canada clinician attended many ICU collaborative calls and focused my efforts on the lone ICU team from Thunder Bay who were focused on MedRec (rather than delirium). She helped to coordinate the face to face meetings that took place in May 2012. Specifically, assisted in sourcing a local pharmacist speaker for the delirium session and coordinated a site visit for the team from Thunder Bay and an ICU Collaborative faculty member to a local hospital's ICU to witness first hand their successful ICU MedRec process. This clinician also attended many of the faculty calls that related specifically to the Delirium and MedRec collaborative. The ICU collaborative concluded in November 2012.
- **Atlantic Spread and Sustainability Facilitated Learning Series (2012-2014).** Jennifer Turple has been involved in this learning series and has presented MedRec information to the attendees on a regular basis. Jennifer Turple virtually attended many of the Wave 1 &

2 learning sessions and team calls. She also attended the face-to-face session in Dartmouth in October 2012. Whenever possible and needed she provided subject matter expertise to the participating teams by responding to questions and sharing knowledge (both on and offline). When invited to do so by the series organizers, she participated in the session evaluation and overall series planning.

- **Saskatchewan.** We have had several calls with Saskatchewan regarding measurement of quality in medication reconciliation. It is possible that this will result in a Saskatchewan meeting in 2013.
- **Winnipeg, MB, All Aboard the MedRec Train, March 6, 2013.** This conference of 120 was held in Winnipeg Manitoba and involved healthcare professionals from AB, SK and MB. Jennifer Turple introduced the new MedRec Audit Tool and Marg and Marie gave an update on the current status of the MedRec in Canada and the world. The three were also on the planning committee for this very successful day.
- **Hong Kong, November 2012.** ISMP Canada was invited to speak about MedRec in November 2012. Marg Colquhoun spoke about the Canadian experience in MedRec to approximately 250 clinicians over 3 days. This included visits to hospitals and providing feedback re their MedRec processes, in addition to a Keynote presentation.
- **Alberta Health Services, AB, December 6, 2012.** Marg Colquhoun was the key note speaker at this session in Edmonton for 125 Senior Leaders within AHS, Senior leaders within AB healthcare facilities and front-line staff.
- **Halifax, NS - National Health Leaders Conference, June 5, 2013.** Marg Colquhoun spoke at this conference about the Central CCAC MedRec process.
- **Geneva, Switzerland, May 15, 2013.** Marg Colquhoun spoke at the High 5s Steering Committee about the successes of MedRec in Canada and about the High 5s Contextual Survey which included input from Australia, France, Germany, the Netherlands and Canada.

3.6 Lead medication reconciliation alignment, support and coordination including acute care, long term care and home care in accordance with the SHN “Intervention Lead Roles and Responsibilities”. This includes participation at Education and Resource Committee, and other meetings.

As part of *Safer Healthcare Now!* ISMP Canada continues to support teams across Canada as they continue their journey to implement MedRec.

- ISMP Canada receives and responds to approximately 1000 questions a year from Canadian teams. These questions come in the form of CoP posts, emails, phone calls or sent to ISMP Canada’s info@ismp-canada.org.
- ISMP Canada has an active involvement with SHN MedRec related workshops and conferences being offered for SHN teams by assisting with agendas, speaker recommendations, giving presentations, acting as moderators/facilitators for sessions, etc.

- ISMP Canada conducted site visits and interviews to learn about barriers and facilitators associated with various topics related to MedRec as a means to gain increased knowledge. The knowledge learned is then spread to SHN teams via webinars, emails, discussion, etc.
- ISMP Canada attends all SHN related meetings/committees as scheduled.
- ISMP Canada continues to promote the great work of SHN teams by incorporating the work into the National MedRec Strategy and showcasing teams to the world via the WHO High 5s MedRec SOP. An international webinar was held on March 28, 2013 featuring Olavo Fernandes, a National MedRec Faculty member from Toronto. This webinar, attended by individuals from France, Germany, Australia and the United States of America talked about the recent MedRec research and published articles. Many of which were Canadian.

4 Tools and Resources

4.1 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.

ISMP Canada continues to contribute content to of the SHN MedRec web pages to include all new relevant information. This includes national webinar recordings and handouts, new tools and resources, new Getting Started Kits as applicable.

4.2 Continue to support Canada Health Infoway in the ImagineNation Outcomes Challenge launched in September 2011 to demonstrate how technology can help advance MedRec.

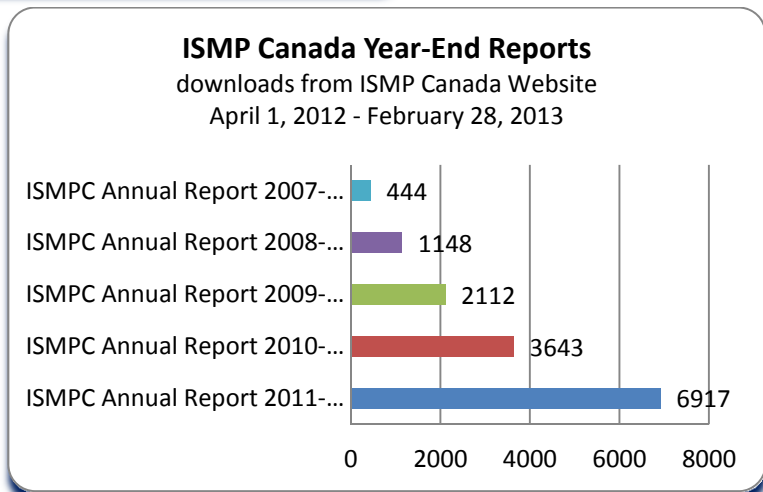
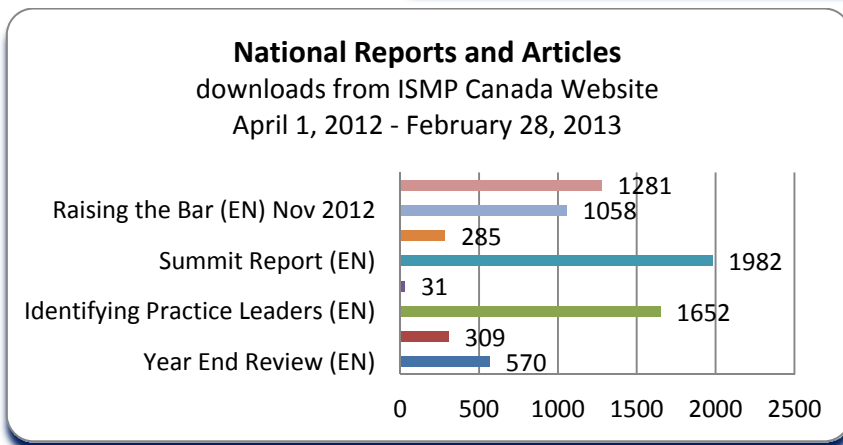
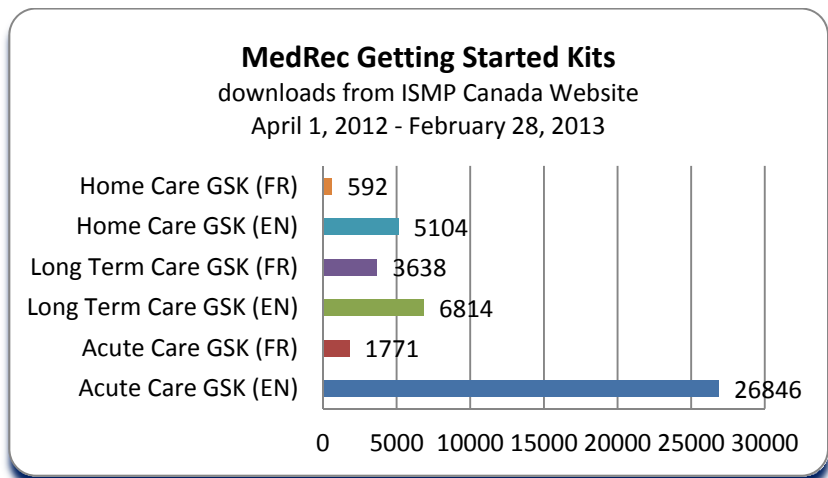
The ImagineNation Outcomes Challenge was launched to accelerate the use and spread of innovative solutions in health care information and communication technologies (ICT). Medication Reconciliation was one of four key areas with the potential to improve health care quality and the patient experience in Canada. ISMP Canada staff was involved in the ImagineNation Outcomes Challenge as judges for the medication reconciliation entries. This involved evaluating and ranking all entries according to the guidelines set by the challenge.

4.3 Continue to highlight and share successful adaptation of technical solutions for MedRec in the Cross Country MedRec Check-Up map, leading practice report and MedRec website.

The **Cross Country MedRec Check-Up map** continues to be a success. Facilities who have been placed on the map as 'All-Stars' feel honored and often show the map to their Boards, and leaders as a way of showing that they are truly "All Stars" with respect to MedRec in Canada. The IT section also assists those who are switching from paper based to electronic by helping them to find facilities that have successfully implemented to make contact and learn from their experiences.

It has been an encouragement to the sites put forward and hopefully will stimulate a little friendly competition for other sites to see their name on the map...

ISMP Canada’s MedRec website continues to prove very successful. This website is updated on a regular basis and includes items/links to all MedRec related items including SHN materials, National Medication Reconciliation Strategy, national webinars, articles, tools and forms. Between April 1, 2012 and February 28, 2013, **all MedRec related GSKs were downloaded** a total of **46,475 times**. The **Acute Care MedRec GSK alone was downloaded 26,846 times**. The following graphics further illustrate the success of this website.



4.4 Support the development of a toolkit to safely move from a paper-based system to an electronic solution for medication reconciliation.

The Canadian Patient Safety Institute (CPSI), Institute for Safe Medication Practices Canada (ISMPC), research team led by Dr. Andre Kushniruk, Dr. Elizabeth Borycki and Dr. Alex Kuo. Dr. Alex Kuo is from the School of Health Information Science at the University of Victoria, Victoria, British Columbia. Dr. Kushniruk and Dr. Borycki are from the School of Health Information Science at the University of Victoria and AE Informatics Inc. The project is being funded by Canada Health Infoway to develop tools and resources to help support healthcare organizations across Canada to integrate MedRec into their overall efforts to implement a system wide electronic record.

To date the work accomplished on this project includes the development of a survey (<http://fluidsurveys.com/s/medrec-survey/http://fluidsurveys.com/s/medrec-survey/>) to investigate existing practices to describe the extent of electronic integration of MedRec processes. This survey has received ethics approval by the University of Victoria and will be disseminated in early March 2013 to MedRec teams in acute care, long term care and ambulatory care clinics across the country. From the survey, telephone interviews and site visits will be conducted. These interviews and visits will be integral to this initiative to inform our work. We hope that the institution's successes and journey towards electronic MedRec is a real-world example that will be beneficial to teams who are at the beginning stages of this dynamic and complex process and will help to identify the *factors that support and impede successful migration* of pMedRec to eMedRec across admission and discharge, to and from a variety of health care settings (e.g. hospital to community, long-term care).

Concurrently to the work on the survey has been the development of a practical eMedRec Toolkit. There has been extensive work completed on the toolkit and the goal will be to:

- outline how to move **pMedRec** processes **to eMedRec** processes.
- help organizations to anticipate challenges, describe change management techniques unique to implementation of eMedRec.
- describe and develop **templates for key organizational workflow processes**.
- provide **templates for eMedRec documentation** that will support **successful transition** to eMedRec both within and between organizations.
- outline how to **migrate pMedRec to eMedRec** for those organizations **embarking on EHR implementation**.

The project including the toolkit and results of the survey, interviews and site visits are on track to be completed by May 31, 2013.

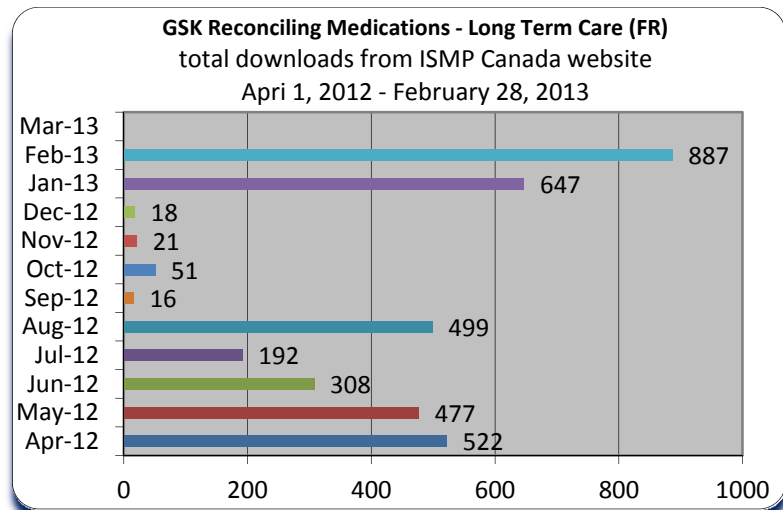
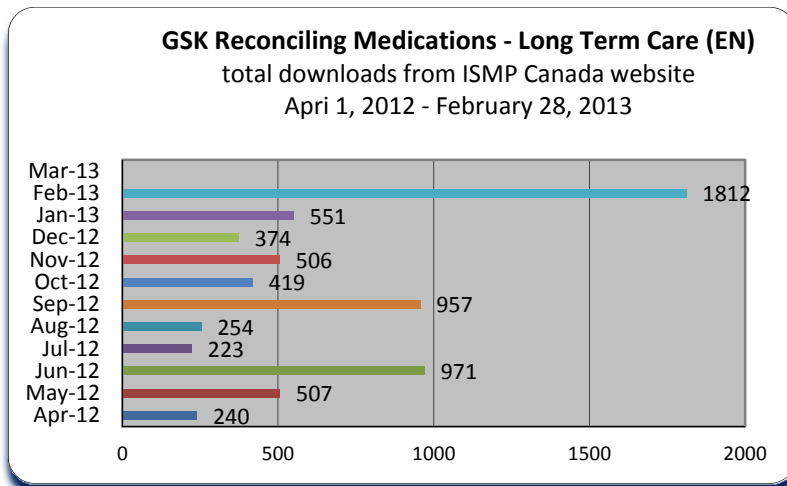
4.5 Continue to provide timely and effective support to teams in their efforts to implement MedRec at all transitions of care and sectors of the system as determined by available funding.

Our main focus is to support teams across Canada in their efforts to implement MedRec at all transitions of care. This has been accomplished by:

- Conducting national webinars on topics of interest. Topics include issues and speakers related to all transitions of care where possible.
- Offering the national MedRec to Go! Creating a reliable MedRec process at Discharge Virtual Action Series to teams across Canada.
- Work with VON Canada to create MedRec related material for Personal Support Workers and others working in the clients’ home.
- Released new GSK for MedRec in Long Term Care which is well received by LTC homes across Canada.
- Involvement in the planning and presentation regional workshops, collaborative and conferences related to MedRec.
- MedRec is promoted at all booths and conferences attended including those related to Pharmacy, LTC, Family Physicians, Nursing.

4.6 Re-launch the revised MedRec in Long Term Care Getting Started Kit.

The revised versions of the **MedRec in Long Term Care Getting Started Kit (English and French)** were released in March 2012. Downloads of this GSK has increased significantly. The English GSK was **downloaded** a total of **9142** times from April 1, 2012 to February 28, 2013 and the French GSK was downloaded **4124** times from the ISMP Canada MedRec webpage.



5 Measurement

5.1 CPSI and ISMP Canada will work with national partners towards the implementation and evaluation of the National Medication Reconciliation Strategy.

A way to measure the success of the National MedRec Strategy is by its **increased reach across the country**. Since the National Summit and the Consensus Statement, more organizations are introducing/supporting MedRec. This comes in the form of MedRec related presentations/posters at conferences and information on their websites. Below are a few examples of our reach.

Canadian Association of Schools of Nursing



Canadian Medication Protective Association



54,602 downloads of the various MedRec GSKs (English and French) indicates the continuing relevance, utilization and importance of these Getting Started Kits for MedRec.

The **continued interest and attendance at our national webinars** provides one measure of the importance of MedRec to Canadian teams. These webinars, which have been conducted since 2005, continue to see high enrollment.

Enrollment in the MedRec initiative also continues to remain the highest of all interventions. Acute Care MedRec is 347, LTC MedRec is 178, and HC MedRec is 39. See Appendix C for detailed graphics.

The **Quality Audit tool is expected to drive up reporting and provide a snapshot of the quality of medication reconciliation in Canada in 2013.**

5.2 Review and revise, as applicable, the current SHN measures. Develop and evaluate tools used in the collection of these measures as required. The particular focus for 2012 is quality measures, processes for collection and reporting, testing with PS Metrics in multiple provinces.

***Safer Healthcare Now!* Admission MedRec Quality Assessment Audit Tool**

With input from teams across Canada, the central measurement team and CPSI staff, ISMP Canada contributed significantly to the development of a MedRec Quality Audit Tool. This tool was developed to allow organizations to:

1. qualify and quantify how well they are performing the *basics tenets* of the admission MedRec process
2. identify specific processes/steps in need of improvement(s)

The Quality Audit Tool was designed:

- to be used with a retrospective chart review process (i.e. time point after admission MedRec has occurred)
- to collect patient level data that can then be “rolled up” to unit level or organization level data
- for usability with all types of admission MedRec models (in Acute Care and Long Term Care)
- for ease of data collection/collation-through the use of an optical marker recognition (OMR) tool
- for use in Acute Care and Long Term Care

Contact Name and Phone Number (include area code): _____

Intervention: SNH MedRec: Admission Quality Assessment Audit Tool
 Organization: 160 Mile District General Hospital
 Unit: East Wing
 Patient Sample: Hip Fracture Surgery
 Age Group: 40 years of age or over
 Patient Type: In Patient

FAX Form in FINE Resolution to 1-877-685-9850
 For information: 416-946-3303 or metro@saferhealthcarenow.ca
 Access your data at <http://shn.med.utoronto.ca/metrics>

Printed On: 2012-12-16

Sample Includes:
 ALL DIMENSIONS
 SUBSET OF ALL DIMENSIONS

#	A. Admit via	B. MedRec Pathway	C. SNH > 1 source	D. Actual med are verified by PC/Physician Source	E. Each med has drug name, dose, strength, PK, PK/TK, frequency, SNH and Admission Orders	F. Every med in SNH is in Admission Orders # Med. Group or	G. Physician has documented rationale for 'hold' and 'discontinuation' of meds	H. Discrepancy communicated, resolved and documented
1	<input type="checkbox"/> DIRECT <input type="checkbox"/> PRE-ADM <input type="checkbox"/> OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO MEDS <input type="checkbox"/> UNCLEAR	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO MEDS <input type="checkbox"/> UNCLEAR	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> UNABLE TO PROCEED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> UNABLE TO PROCEED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> UNABLE TO PROCEED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> UNABLE TO PROCEED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> UNABLE TO PROCEED
2	<input type="checkbox"/> DIRECT <input type="checkbox"/> PRE-ADM <input type="checkbox"/> OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO MEDS <input type="checkbox"/> UNCLEAR	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO MEDS <input type="checkbox"/> UNCLEAR	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> UNABLE TO PROCEED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> UNABLE TO PROCEED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> UNABLE TO PROCEED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> UNABLE TO PROCEED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> UNABLE TO PROCEED
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4	<input type="checkbox"/> DIRECT <input type="checkbox"/> PRE-ADM <input type="checkbox"/> OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO MEDS <input type="checkbox"/> UNCLEAR	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO MEDS <input type="checkbox"/> UNCLEAR	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> UNABLE TO PROCEED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> UNABLE TO PROCEED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> UNABLE TO PROCEED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> UNABLE TO PROCEED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> UNABLE TO PROCEED
5	<input type="checkbox"/> DIRECT <input type="checkbox"/> PRE-ADM <input type="checkbox"/> OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO MEDS <input type="checkbox"/> UNCLEAR	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO MEDS <input type="checkbox"/> UNCLEAR	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> UNABLE TO PROCEED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> UNABLE TO PROCEED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> UNABLE TO PROCEED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> UNABLE TO PROCEED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> UNABLE TO PROCEED

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ISMP Canada’s specific role was in the development of the components of the tool itself. These components or “quality criteria” were created based on our familiarity with the Admission MedRec process and drew heavily on previously published information found in our Acute Care/LTC Getting Started Kits. These “quality criteria” were then disseminated to a sample of teams from across the country for their review and comment. This step took considerable time, due in part to the complexities and heterogeneity of the admission MedRec process.

The components of the tool were then further revised based on new learning of the limitations and functionality associated with the OMR technology and the interface to the patient safety metrics system. A user guide was developed to accompany the tool to ensure the appropriate and intended application of the tool. We contributed to the discussion on data “outputs” from PS Metrics (e.g. the “scoring” of quality)

The OMR version of the tool was finalized in March and a “soft launch” of the tool took place at the *All Aboard the MedRec Train* workshop in Winnipeg. ISMP Canada facilitated a final round of testing of the newly created OMR tool (and its link to PS Metrics) with another sample of end-users. Teams from across Canada were asked to pilot the final tool and two webinars were held on March 14 and 21st to instruct the pilot teams on how to use the tool and enter data into the PSM system.

Finally, in early fiscal 2013-2014, we will facilitate a formal launch of the tool which will occur following a final review of the tool to incorporate feedback from the end users on the usability and relevance of tool itself, the accompanying user guide and the usability of the data outputs (e.g. Patient Safety metric’s run charts and reports).

See Appendix B for a larger view of the Quality Audit Tool.

New Discharge MedRec Measures

In association with the MedRec to Go! Discharge Series, Jennifer Turple and Kim Stelmachovich developed measures to assess discharge MedRec processes. These measures were not publicly marketed as we had hoped to receive feedback from the action series teams on the

value and usefulness of these measures before launching broadly. Due to a variety of factors previously described this assessment was not feasible. Descriptions of these measures and associated patient level data collection sheets were made available on the Community of Practice. We also coordinated the entry of these new measures in to the Patient Safety metrics system. The new measures are:

- Percentage of Patients with At Least One Discrepancy at Discharge
- Percentage of Patients for Whom a BPMDP was sent to ALL relevant care providers
- Percentage of Patients who received a Medication Calendar at Discharge.

5.3 Continue to work with Accreditation Canada to:

- o **Provide content expertise and feedback from the field on the ROP's related to medication reconciliation. The extent of this work will be contingent upon available funding.**

Provided significant subject matter expertise to Accreditation Canada as they made substantial revisions to the MedRec-related Required Organizational Practices. We provided guidance on the Accreditation Canada's revised expectations for MedRec across acute care, long term care, home care and ambulatory sectors which will carry through to accreditation cycles into 2022. Furthermore, ISMP Canada provided abundant feedback on the wording of the ROPs, the guidelines and the tests for compliance. We facilitated this work by engaging many front line providers, many of whom have representation on the SHN MedRec Faculty. We assisted in the development of a draft tool to be used by surveyors when assessing compliance with MedRec related ROPs.

- o **Work with national partners, such as Accreditation Canada and the Canadian Institute for Healthcare Information (CIHI) to create a summary report on the outcomes of the work of MedRec for healthcare organizations across Canada.**

Four national organizations including Accreditation Canada, the Canadian Institute for Health Information, the Canadian Patient Safety Institute, and the Institute for Safe Medication Practices Canada partnered to develop a summary report on MedRec in Canada. The **Medication Reconciliation in Canada: Raising the Bar** report was released in November 2012.



6 Demonstration of Implementation in Community and Primary Care

6.1 If appropriate funding support is received from Health Quality Ontario, we will plan and facilitate a targeted strategy to reduce avoidable readmissions, emergency department visits, falls, and medication costs and increase patient satisfaction by implementing a medication management system in the home care and primary care sectors. Results will be published.

This deliverable was unattainable due to lack of funding.

7 Sponsorship

Sponsorship was received from Accreditation Canada and Canada Health Infoway to support the National Medication Reconciliation Strategy. A more vigorous campaign continues to be required with assistance from the CPSI Communications Team.

8 Additional Accomplishments

8.1 ISMP Canada and CPSI partnered to develop a continuing education lesson for Tech Talk/Pharmacy Practice magazine. It will be issued June 2013.

TECH TALK - MedRec Tech - Simply Indispensible!

"Medication reconciliation is a formal process in which healthcare providers work together with patients, families and care providers to ensure accurate and comprehensive medication information is communicated consistently across transitions of care. [i] With comprehensive training, using a process that is consistent, reliable and reproducible, pharmacy technicians have become trusted experts in obtaining a best possible medication history (BPMH) and an integral part of the care team. This lesson will describe the fundamentals of the MedRec process and the role of the regulated pharmacy technician within it."

8.2 Manitoba Institute for Patient Safety (MIPS) Patient Presentation

ISMP Canada contributed, reviewed and delivered a presentation for patients to help them understand their role in medication safety. One of the main messages in the presentation spoke of the importance of patients themselves keeping a current list of their medications, which is of significant benefit to MedRec activities (and their own safety). The presentation was delivered to approximately 40 members of the community at an evening session in Winnipeg on March 6, 2013. MIPS will now use the framework of this presentation to encourage community pharmacists across the province to educate patient and consumer groups over the years to come.

APPENDIX A National MedRec Webinars April 2012 – March 2013

Month	Title	Speaker	Purpose	Link to recording and Handout	# of lines	# in room	Total Attendance
Apr-12	MedRec- Assessing Quality MedRec Processes; Sharing Saskatoon Health Region's Experience	Janice Seeley, Barb Evans	<ul style="list-style-type: none"> Determined the need for assessing quality of the BPMH as part of a measurement plan Operationalized auditing practices to assess quality Has utilized this information to advance the success of MedRec 	http://www.saferhealthcarenow.ca/EN/events/NationalCalls/2012/Pages/Focusing-on-Quality-MedRec-Processes-Saskatoon-Health-Region%E2%80%99s-Approach.aspx	160	34	194
Jun-12	MedRec- Central CCAC's MedRec Success	Mary Burello, Lisa Sever	<ul style="list-style-type: none"> Understand what Medication Management Support Services is in Central CCAC and who is eligible Define and quantify medication issues that occur between the hospital and home environment Share key processes that drive success Identify successes and challenges Provide tools and techniques to develop and implement a similar program to improve patient safety 	http://www.saferhealthcarenow.ca/EN/events/NationalCalls/2012/Pages/Sharing-Ontario%E2%80%99s-Central-Community-Care-and-Access-Centre%E2%80%99s-Success-Story.aspx	147	NA	147
Sep-12	Engaging Physicians in Medication Reconciliation	Dr. Nathan J. Neufeld, Dr. Kayode A. Williams	<p>Learn how The John Hopkins Blaustein Pain Treatment Center was able to:</p> <ul style="list-style-type: none"> Change culture and engage physicians using positive reinforcement Successfully introduce models on increasing compliance, and Sustain results of change implementation 	http://www.saferhealthcarenow.ca/EN/events/NationalCalls/2012/Pages/Engaging-Physicians-in-Medication-Reconciliation.aspx	282	163	445

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Key Results for Period April 2012 – March 2013

Month	Title	Speaker	Purpose	Link to recording and Handout	# of lines	# in room	Total Attendance
Nov-12	Nurse-Pharmacist Collaboration on Medication Reconciliation: A Novel Approach to Information Management	E. Robert Feroli, Jr., Lenny Feldman	<ul style="list-style-type: none"> Appraise the effectiveness of a nurse-pharmacist led medication reconciliation process. Evaluate the business case for nurse-pharmacist led medication reconciliation. 	http://www.saferhealthcarenow.ca/EN/events/NationalCalls/2012/Pages/Nurse-Pharmacist-Medication-Reconciliation-A-Novel-Approach-to-Information-Management.aspx http://www.saferhealthcarenow.ca/EN/events/NationalCalls/2012/Pages/Nurse-Pharmacist-Medication-Reconciliation-A-Novel-Approach-to-Information-Management.aspx	250	107	357
Jan-13	The Stepping Stones to MedRec Success	Nadia Facca, Sandy Jansen, Pam Andress	<ul style="list-style-type: none"> Describe the challenging elements of MedRec implementation in one of Canada's largest, acute care teaching hospitals Describe how LHSC over came these challenges by focusing on interdisciplinary collaboration Describe how LHSC is evaluating and sustaining the process 	http://www.saferhealthcarenow.ca/EN/events/NationalCalls/2013/Pages/The-Stepping-Stones-to-MedRec-Success.aspx http://www.saferhealthcarenow.ca/EN/events/NationalCalls/2013/Pages/The-Stepping-Stones-to-MedRec-Success.aspx	167	27	192
Feb-13	Making a case for medication reconciliation in primary care	Danyal Martin, Karen Hall Barber, Sherri Elms	<ul style="list-style-type: none"> Raise awareness about medication safety issues - specifically medication reconciliation - in primary care. Highlight the need for better communication and connectivity between hospitals, pharmacies, and primary care. (And how we can help each other.) Suggest that primary care take on a leadership role in medication safety - we can (and should!) "own" the list. Stress the importance of medication reconciliation as a continuous, interdisciplinary, and collaborative activity. 	http://www.saferhealthcarenow.ca/EN/events/NationalCalls/2013/Pages/Making-a-case-for-medication-reconciliation-in-primary-care.aspx http://www.saferhealthcarenow.ca/EN/events/NationalCalls/2013/Pages/Making-a-case-for-medication-reconciliation-in-primary-care.aspx	240	121	361

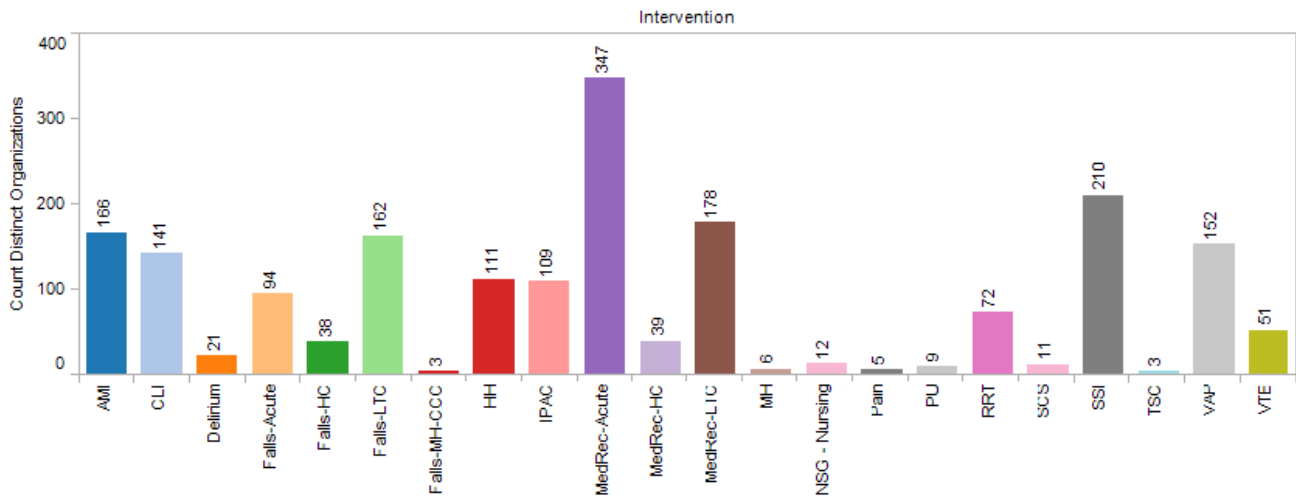
National Medication Reconciliation Strategy and Safer Healthcare Now! ISMP Canada Annual Report

Key Results for Period April 2012 – March 2013

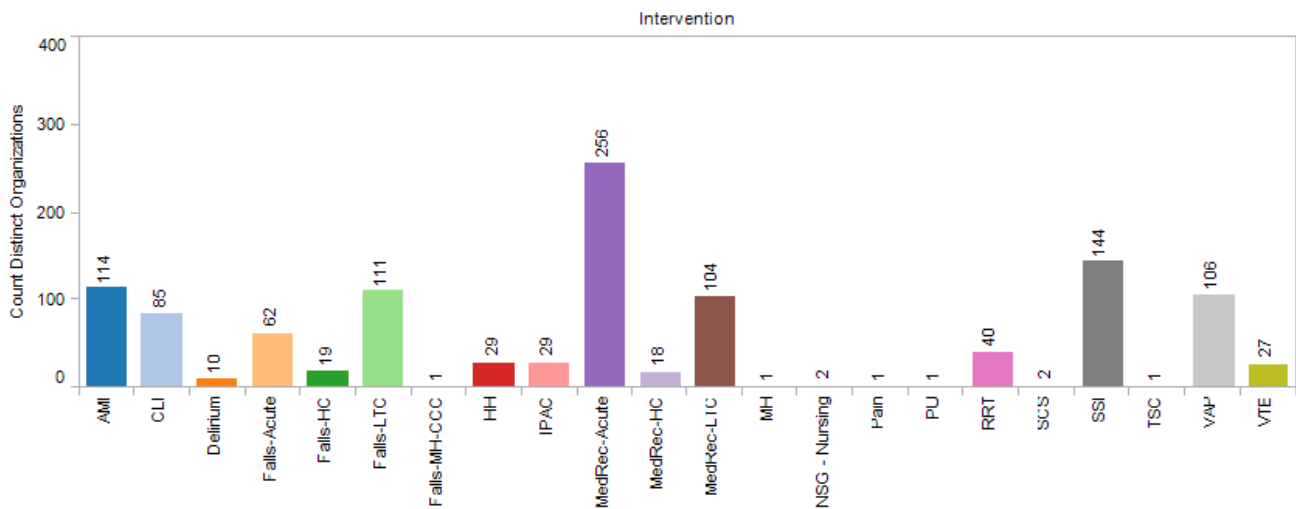
Month	Title	Speaker	Purpose	Link to recording and Handout	# of lines	# in room	Total Attendance
Mar-13	Medication Reconciliation – Recent changes introduced by Accreditation Canada	Heather Howley	<ul style="list-style-type: none"> Review the changes in Accreditation Canada expectations for implementing MedRec beginning in 2014. Overview of changes to the ROP structure, for Medication Reconciliation ROPs in the leadership and service-based standards. Direct organizations to additional information, resources, and support. 	http://www.saferhealthcarenow.ca/EN/events/NationalCalls/2013/Pages/Medication-Reconciliation---Recent-changes-introduced-by-Accreditation-Canada.aspx http://www.saferhealthcarenow.ca/EN/events/NationalCalls/2013/Pages/Medication-Reconciliation---Recent-changes-introduced-by-Accreditation-Canada.aspx	347	14	361

Appendix C Patient Safety Metrics Data

Number of Organizations Enrolled by Intervention 2005 - 2013 (YTD)



Number of Organizations Reporting by Intervention 2005 - 2013 (YTD)



Number of Organizations Reporting by Intervention (April 2012 - February 2013)

