Medication Reconciliation

National Medication Reconciliation Strategy and Safer Healthcare Now!

ISMP Canada Annual Report Medication Reconciliation

April 2011 to March 2012

Submitted to: Canadian Patient Safety Institute

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The Institute for Safe Medication Practices Canada (ISMP Canada) is committed to the advancement of medication safety in all healthcare settings. ISMP Canada is appreciative of the Canadian Patient Safety Institute's (CPSI) vision and commitment to patient safety across Canada. In 2011 – 2012 CPSI and ISMP Canada partnered to co-lead the National Medication Reconciliation Strategy. 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 supports the development and implementation of a national strategy for MedRec to address the recommendations identified at the National MedRec Strategy Summit held in February 2011.

Between April 2011 and March 2012, 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.

Summary of Major Accomplishments

ISMP Canada and its partners are proud of their accomplishments from this fiscal year. These include:

- Strategic plan developed to act upon the recommendations identified at the February 2011 National Summit.
- A national Strategic Advisory Group was formed to provide guidance for the national MedRec strategy. This group consists of senior leaders from Canadian healthcare organizations and associations.
- Inter-professional joint statement with poster endorsed by 10 Canadian Healthcare organizations and associations.
- National survey conducted to identify Canadian All-Stars for MedRec. A survey report was written and distributed nation-wide.
- Cross Country MedRec Check-Up map was developed to highlight the success of MedRec teams, Provincial and National Supports, Canadian Research and Published Articles and IT implementation success.
- Partnered with Canada Health Infoway to develop a challenge related to the implementation of IT systems to support MedRec.
- Working with professional colleges and universities to incorporate MedRec training into the curriculum for doctors, nursing, and pharmacy students.
- Began the process to create a Patient Safety Education Program (PSEP) module for MedRec.
- Began discussions to incorporate MedRec measure into the governance scorecard.
- Working with Accreditation Canada to create training modules for surveyors to ensure a consistent understanding of the ROPs and test of compliance for MedRec.
- Potential sponsors have been approached and to date, funding has been received from Pfizer Canada, Accreditation Canada, CPSI and ISMP Canada for the National Medication Reconciliation Strategy. Sponsorship packages were created for potential sponsors.
- Communication tools to help stimulate action by healthcare professionals, politicians and the public in accurate communication about medications at all interfaces of care.
- Research was started to develop an actual value proposition for MedRec.

- Obtained funding from Canada Health Infoway for the creation of an implementation toolkit to assist facilities as they transform from a paper-based system to an integrated IT system for MedRec.
- Conducted Wave 1 of a 5-part virtual action series for MedRec at Discharge in 2011. Wave 2 of the session began in February of 2012. Additional measures have been incorporated into Wave 2 of the series to help identify the impact being made.
- Offered 10 national webinars about topics applicable to the home care, long term care and acute care environments.
- Continue to support the SHN regions by participating at the CPSI National Patient Safety virtual forum, SHN workshops, and conferences, participate and support all MedRec related virtual series and collaboratives.
- Worked closely with teams to ensure all their questions were responded to in a timely manner;
- Revised and launched the MedRec in Acute Care Getting Started Kit. The English was released in September 2011 and the French in January 2012.
- Revised and launched the MedRec in Long Term Care Getting Started Kit. This was released in March 2012.
- Worked closely with the National MedRec Faculty in updating the Acute Care Getting Started Kit, MedRec measures and MedRec Accreditation Canada Required Organizational Practice revisions;
- Revised the MedRec Communities of Practice (CoP) in an effort to create a user-friendly website containing all Tools and Resources related to MedRec.

Key Deliverables

A. National Medication Reconciliation Strategy for MedRec Spread across the Continuum

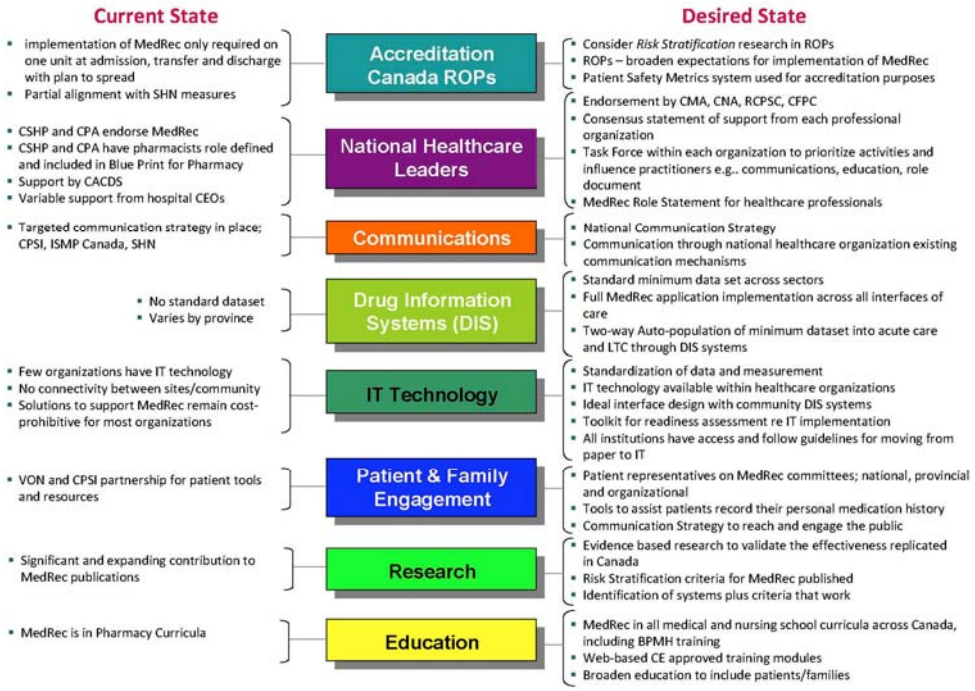
a. Work with CPSI and national partners towards the development, implementation and evaluation of a National Strategy for Medication Reconciliation.

- **National Summit Report:** As a result of the February 10, 2011 national summit "Optimizing Medication Safety at Care Transitions - *Creating a National Challenge"*, ISMP Canada worked with CPSI to create a report summarizing the day and the nine key themes identified to lead a national MedRec strategy.

  The summit report was uploaded onto the CPSI and ISMP Canada websites for general access and distributed to all Summit attendees, plus sent to provincial Deputy Ministers of Health to inform them of the national strategy. The report was also shared with the World Health Organization and High 5's medication reconciliation countries, Netherlands France, Germany, Australia, and USA.

English French

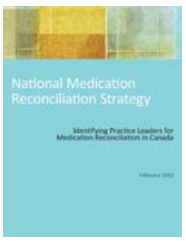
- A **Strategic Advisory Group** was created to provide direction and support to the National MedRec Strategy. The group includes senior leaders from CPhA, CSHP, Accreditation Canada, Canada Health Infoway, CMA, CFPC, CNA, RCPSC, CPSI and ISMP Canada.
  - ISMP Canada worked with CPSI to organize and execute an **Advisory Group meeting** in Toronto in October 2011 which demonstrated strong interest and commitment from our partners.
  - Creation of a Current State vs. Desired State graphic illustrates where were are with MedRec as of October 2011 and where we want to go. This was shared at the Advisory Group Meeting and helped to guide discussions for the day.



- An **inter-professional joint statement and poster** (Appendix B) was created by ISMP Canada and CPSI staff and endorsed by 10 national Canadian healthcare organizations and associations. This statement illustrates inter-professional ownership and a collaborative approach to increase professional engagement in supporting effective communication about medications at all interfaces of care in Canada.

English French

- **National Survey:** To better understand the uptake, facilitators and barriers to MedRec in Canada, a national survey was conducted between June and November 2011. The survey identified Canadian MedRec All-Stars that have implemented MedRec in greater than 50% of their organization at admission, transfer and discharge; or have successfully incorporated IT MedRec process into their facility. A survey report was created and dispensed across the country.



English French

- ISMP Canada's IT and MedRec Team designed and developed an interactive **Cross Country MedRec Check-Up** map to showcase Canada's accomplishments in MedRec. Practice leaders, identified in the national survey were profiled on this map. Also included were sites using technology for MedRec, provincial and national supports, Canadian research and publications. This map links to publications, provincial and national supports and can be used as a 'quick reference guide' to MedRec in Canada.

- ISMP Canada worked with CPSI to support Canada Health Infoway in developing and launching a **National MedRec Challenge** *ImagineNation Outcomes Challenge* for organizations that demonstrate how technology can help advance MedRec.

- Obtained funding from Canada Health Infoway for the creation of an implementation **toolkit to assist facilities as they transition from paper-based systems to integrated IT systems for MedRec.** This tool kit will be created by a team from British Columbia who have considerable experience in this information technology as it applies to medication reconciliation.
- Work is underway to integrate a module on medication reconciliation into the Patient Safety Education Program (**PSEP).**
- **Education and Training:** Developed a strategy to encourage the inclusion of MedRec in the curriculum of educational programs for pharmacy, medical and nursing students. In a discussion with the Association of Faculties of Pharmacy in Canada at their annual general meeting, they indicated that medication reconciliation is included in education of pharmacy students. The Faculties of Medicine in Canada are surveying medical faculties to determine if MedRec education is included and will provide an update when available. A similar initiative is being underway with the faculties of Nursing in Canada.
- **Surveyor Education:** We planned with Accreditation Canada to contribute to surveyor education on MedRec. This will help alleviate the disparity amongst surveyors in interpreting the tests for compliance with regard to the MedRec Required Organizational Practice (ROP).

b. Collaborate with CPSI in the development of a national sponsorship strategy to fund this national initiative.

- A sponsorship package was created by ISMP Canada and used as applicable for organizations approached for sponsorship. See Appendix A.
- For each potential sponsor, ISMP Canada researched the companies and created a 'background' package to be used at meetings with potential sponsors.
- Funding was received from Accreditation Canada, Pfizer Canada and ISMP Canada to augment the core funding provided by CPSI. Initial discussion with Cardinal Health Canada, Telus Canada and Bell Canada were held to develop relationships which may ultimately lead to key partnerships for this work.

c. Support public awareness campaigns, using social media, organizing a virtual conference to be held on November 2, 2011 during National Patient Safety Week.

- **Medication Safety Day at the National Patient Safety Week virtual conference**: ISMP Canada worked with CPSI to create an agenda for the November 2, 2011 Medication Safety Day. Projects discussed on this day included Medication Reconciliation, Canadian Pediatrics Project and the SafeMedicationUse.ca initiative created to create awareness of medication related issues for the general public.

d. Support the development of a comprehensive strategy to engage senior leaders in their role to advance medication reconciliation organization-wide.

- **Burning Platform:** Two concise, one-page communications were created by ISMP Canada and CPSI with the intention of increasing the commitment and belief of professionals, politicians and the public that "we MUST do something about effective communication of medications at interfaces of care". Since these should be part of a broad communications plan, they are being reviewed by communications experts and will be separated into two communications: one for the professional and politician and one for the public.

- **Value Proposition for MedRec**: A Pharm D student at ISMP Canada gathered data to help define the value of medication reconciliation with respect to cost avoidance and prevention of harm. We determined in the national survey that few organizations calculated the cost of implementation, which is an important piece of the actual value proposition for MedRec. The effort to determine a cost value for medication reconciliation will continue in the coming year.
- Discussions with **Dr Jeffery Schnipper of Boston,** about his research implementing MedRec in select sites, identifying best practices for success, and quantifying impact, resulted in his support for a similar initiative in Canada. Since this research will require substantial funds efforts are ongoing.

B. Continued SHN Intervention Leadership and Support of MedRec Implementation

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, planning for local national conferences, participation in planning, problem-solving, sharing and consistent involvement with the SHN team and front-line teams.

a. Organized and delivered a successful virtual action series entitled *MedRec To Go! Creating a Reliable Discharge Process* which concentrated on MedRec at discharge for acute care hospitals. This series, which took place between February and June 2011, had 40 teams in attendance Poll results indicated that:

- 100% of respondents said that the series helped their team design and test a new MedRec at discharge process and would recommend the series to others.
- At the end of the series, 92% of teams committed to continue meeting with their team and community partners to ensure MedRec at discharge is implemented and spread within their organization.

Comments from Wave 1 attendees included the following:

"It's a great way to focus and mobilize teams into action – everyone knows it should be done – this is a great catalyst"

"It's a terrific resource. The collaboration is great and I feel very comfortable in connecting with others. We can all learn from each other and help each other jump some of the hurdles"

'I enjoyed participating and found some helpful tips and processes"

- Team interest led to a repeat opportunity for a MedRec To Go! VAS. We reviewed comments and suggestions from teams attending Wave 1 and used this to improve the sessions. 28 teams have joined Wave 2 of MedRec To Go! Creating a Reliable Discharge Process which runs from February to June 2012. Comments received to date include:

"This is so wonderful to be a part of this! Much appreciated."

"Have attended MedRec to go in the past -every time there are noticeable improvements - this session was excellent, particularly the information about 'bronze – platinum standards' and the improvement portion was very well done"

"*Very good sessions! Thank you."*

b. A total of 10 **national webinars** were conducted between April 2011 and March 2012 to advance medication reconciliation across the continuum including topics and speakers from home care, long term care and acute care. These webinars are very well received and attendance often exceeds 20 – 300 lines. Webinar topics included:

May 25,2011	Getting started and moving forward with MedRec at discharge
May 18, 2011	Going national with strategies for success with MedRec
June 14, 2011	Fulfilling the Promise of Medication Reconciliation Across the Continuum of Care
July 12, 2011	MedRec Not MedWreck – North York General Hospital's MedRec Implementation Journey
September 7, 2011	MedRec: It's The Right Thing to Do! - A National Update
October 18, 2011	Association of ICU or Hospital Admission With Unintentional Discontinuation of Medications for Chronic Diseases
November 8, 2011	An Update on Medication Reconciliation in the Qmentum Accreditation Program
December 6, 2011	Medication Reconciliation Success Stories
January 10, 2012	A Tale of Two Facilities - MedRec in the Long Term Care Setting
February 14, 2012	Proud to be Canadian – The MedRec Story
March 26, 2012	Development and Implementation of a MedRec e-BPMH Training Package: The Sunnybrook Health Sciences Centre Experience

c. The new English **Medication Reconciliation in Acute Care Getting Started Kit (GSK)** for the acute care sector was completed and launched in September 2011, with the French version being available in January 2012. This new getting started kit incorporates both the pro-active and retro-active processes at admission used by teams worldwide, a new clearer step-by-step definition of the MedRec process at admission, transfer and discharge, independent observer procedures, and new tools for MedRec at discharge based on an ISMP Canada trial supported by the Ministry of Health in Ontario. New graphics were designed to better illustrate processes. This kit was reviewed and revised based on input from the national MedRec faculty.

A quote found on a US website (patientsafetysolutions.com) talks about our GSKs in a very positive way.

> *"One of the most useful tools we have come across is the* Getting Started Kit *from the Canadian "Safer Healthcare Now! Campaign". This toolkit was updated in 2007 after many participating Canadian hospitals had extensive experience with it. Not only does the toolkit have a wealth of sample forms for use at each transition of care, but it also has outstanding recommendations for implementation, auditing, and measurement, plus tips for improving the accuracy of information about medications the patient was taking prior to admission. It also has a great reference section, including links to sites of many other organizations having tools, forms, and educational presentations."*
>
> *http://patientsafetysolutions.com/docs/October_23_2007_Medication_Reconciliation_Tools.htm*

d. The existing MedRec Getting Started Kit for Long-Term Care was reviewed by faculty members and minimal changes were suggested. The changes include: incorporating the proactive and retroactive process for MedRec at admission, newly revised forms and tools. This kit will be finalized, translated and launched by March 30, 2012.

e. ISMP Canada continues 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. The following sessions were conducted across the country in collaboration with the SHN regions.

- Atlantic Learning Exchange Charlottetown PEI, May 11 and 12, 2011
- MedRec Summer School Victoria, June 6 and 7, 2011
- ICU Delirium and MedRec Collaborative, January 2012 – January 2013
  As a subject matter expect in MedRec, we provide support to the ICU Collaborative through regular attendance on the series calls and contribution to series content as requested.
- Atlantic Node MedRec Collaborative, February 2012 – February 2014
  As a subject matter expect in MedRec, we provide support to the Atlantic Spread and Sustainability Facilitated Learning Series through regular attendance on the series calls and contribution to series content as requested.
- Innovations Expo Ontario, November 9, 2012
- CSHP Professional Practice Conference Booth, February 6 and 7 2012

f. ISMP Canada continues to work with the national **MedRec Faculty** to provide input on Accreditation Canada Required Organizational Practices, MedRec in ambulatory care/community and synchronizing medication reconciliation measures with the Central Measurement team and Accreditation Canada. The faculty is consulted regarding responses to questions about medication reconciliation processes in the field. If faculty discussions lead to new knowledge or new ways to present effective processes, e.g. medication reconciliation in ICU, information is disseminated through SHN

- Participating, with members of the MedRec Faculty on a national committee to review the Accreditation Canada tests of compliance for MedRec to ensure the expectations align with the work of SHN.
- Members of the National MedRec Faculty thoroughly reviewed the MedRec in Acute Care Getting Started Kit. A faculty meeting was conducted via WebEx to make final revisions to the GSK based on their insight prior to its release.

C. Support Innovation and Best Practice

Incorporate the learning's from existing teams into best practice, new tools and strategies for continuing development, spread and addressing barriers and issues in all environments.

a. Profile the work and innovation of MedRec teams in the SHN Newsletter, as required.

- A number of MedRec teams have been profiled for their excellent work and to encourage the sharing of knowledge to reduce duplication of effort and benefit teams across the country.
- In addition to profiling MedRec in SHN newsletters ISMP Canada has created and distributed 2 ISMP Canada Safety bulletins
  - ISMP Canada Safety Bulletin: Medication Reconciliation: Moving Forward
  - SafeMedicationUse Consumer Bulletin: Medication Reconciliation Can Help to Reduce the Chance of Errors with Medicines!
- All-Star teams are highlighted on the Cross Country MedRec Check-Up map and a number were profiled in SHN, CPSI and HIROC publications.

D. Refine and optimize communications to support medication reconciliation across the continuum of care.

a. Support and enhance a user friendly website, to guide medication reconciliation across Canada, as mutually determined by ISMP Canada and CPSI. Review and upload key resources from the current CoP onto an accessible user-friendly platform that teams across the country will use.

- The MedRec Communities of Practice (CoP) was reorganized and cleaned up to enable users to located items more easily. New folders were created, old items were removed and new items uploaded. With the new look of the CoP; the creation of a user-friendly website was deferred.

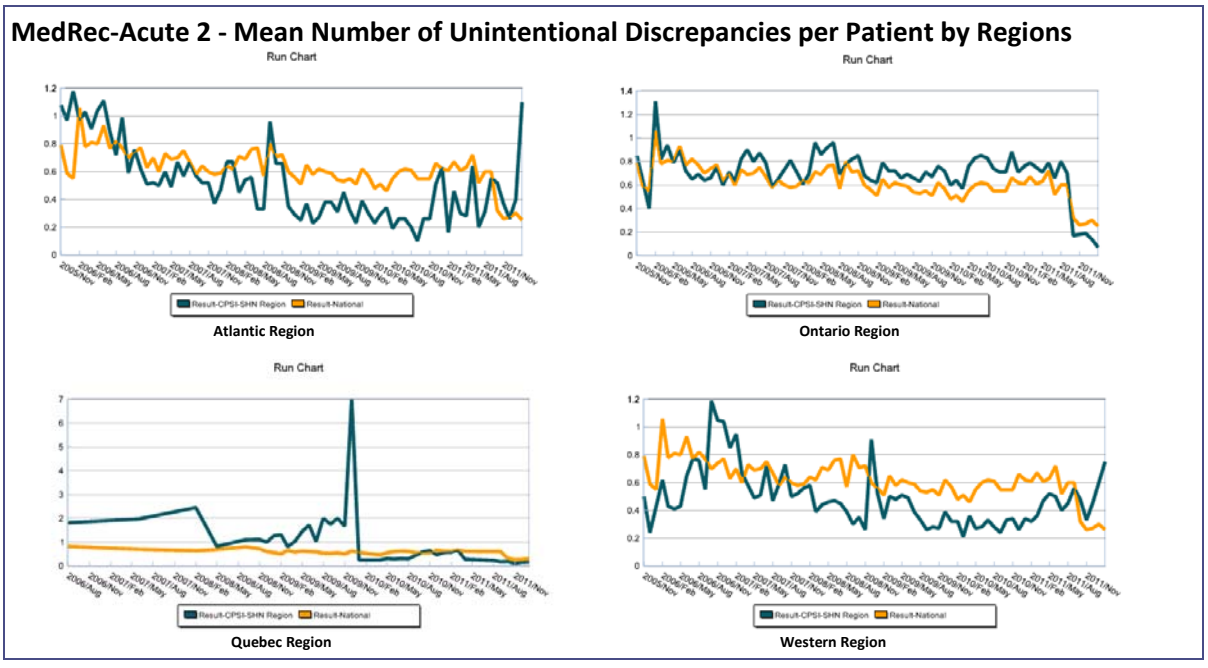
b. Respond to questions in a timely manner and assist teams as required.

- ISMP Canada staff received approximately 800 questions per year via phone, on the CoP, outlook and at workshops, conferences and booths.
- All questions are answered by ISMP Canada staff or forwarded to the National MedRec Faculty within 24 hours if possible.
- A number of questions are arriving via email and these questions/answers are posted onto the MedRec CoP once consent from the user is received.
- The types of questions received are also shared with Accreditation Canada as they often reflect the state of medication reconciliation in the field and issues being addressed.

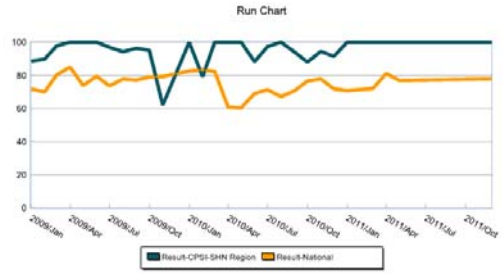
E. Evaluation

ISMP Canada continues to work with all partners to ensure that we have appropriate measures to support the evaluation of medication reconciliation across the continuum.

- Measurement continues to be a challenge for teams and organizations so we are focusing on the standard measures SHN and Accreditation Canada. The graphics below illustrate a sample of the continual improvement made by teams engaged in the SHN MedRec Intervention.



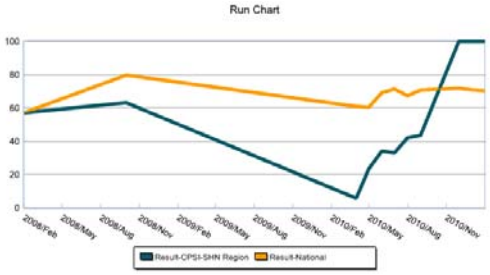
MedRec-Acute 4 - Medication Reconciliation at Discharge by Regions



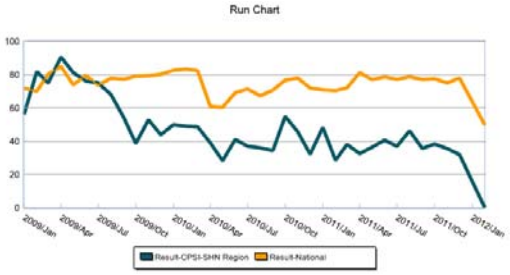
Atlantic Region

Ontario Region

MedRec-Acute 4 - Medication Reconciliation at Discharge by Regions

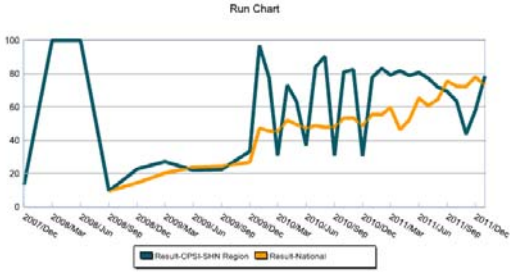


Quebec Region

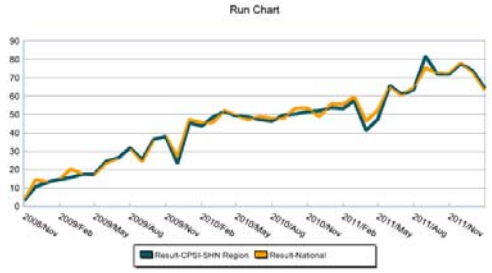


Western Region

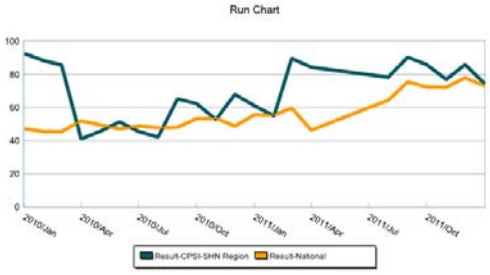
MedRec-Acute 5 - Percentage of Patients Reconciled at Admission



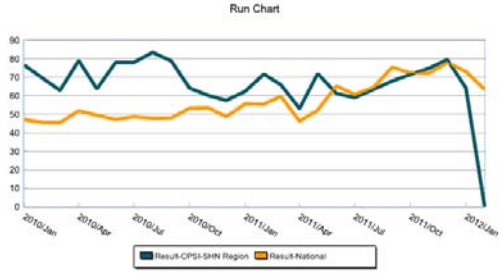
Atlantic Region



Ontario Region

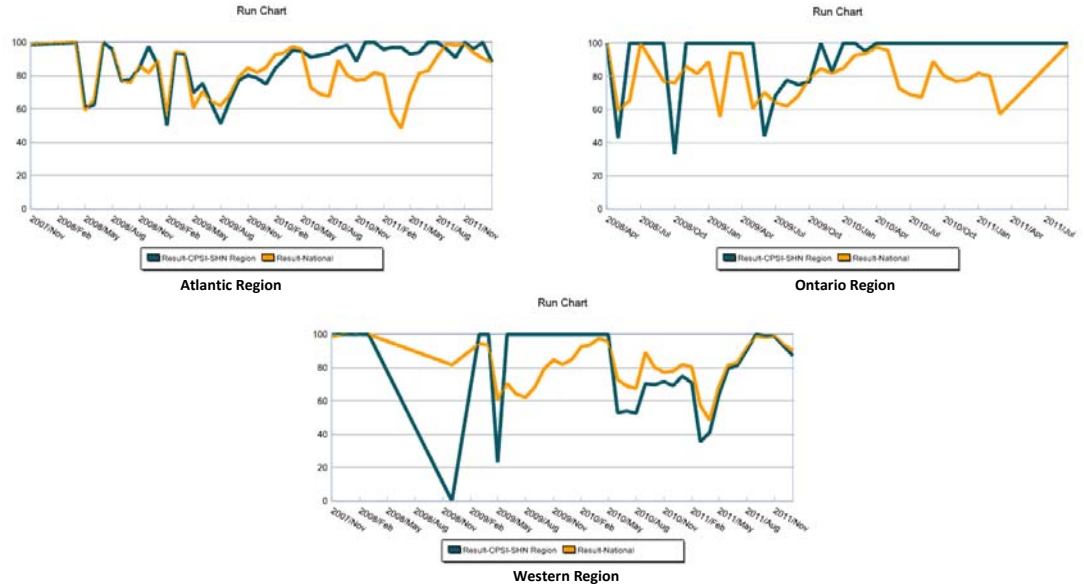


Quebec Region

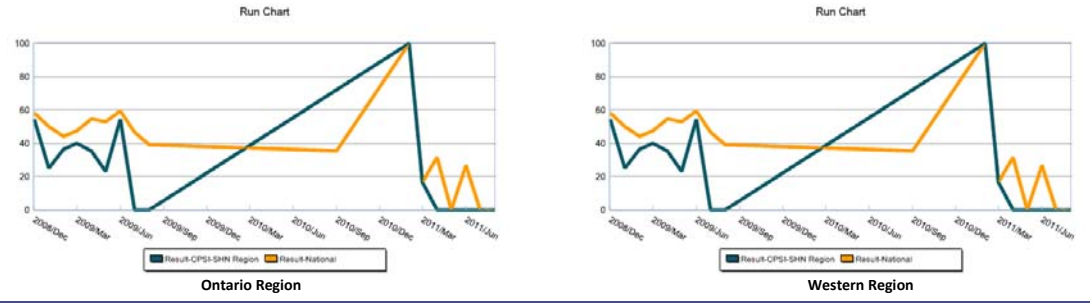


Western Region

MedRec-LTC 3 - Percentage of Long-Term Care Residents Reconciled



MedRec-HC 3 - Percentage of eligible Home Care clients with at least one discrepancy



- Work continues with Accreditation Canada to align their reporting requirements with the Patient Safety Metrics System to reduce the burden of reporting on organizations.
- Patient Safety Metrics System is being advocated as a measurement tool for teams and organizations in meeting the requirements for accreditation.
- Canadian measures are being used in the WHO High 5's intervention in 5 countries around the world.
- SHN Measures are being used in the AHRQ-funded medication reconciliation research being conducted by Dr. Jeffrey Schnipper.
- New measures are incorporated into the MedRec To Go! Virtual Action Series in order to try to measure impact outside of acute care, and patient impact

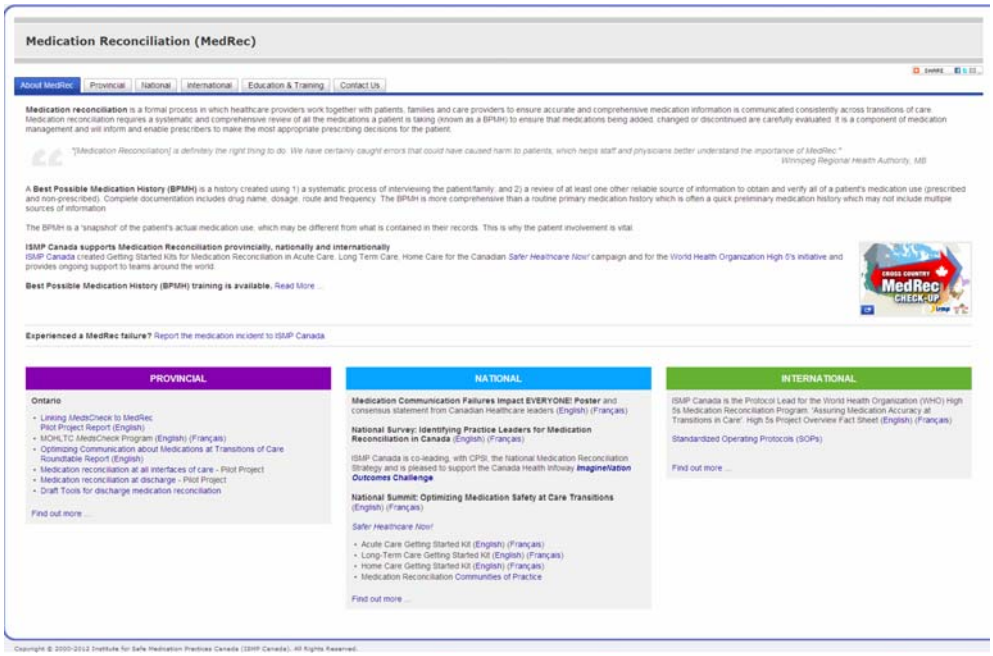
Additional ISMP Canada Accomplishments Related to Medication Reconciliation

- A key component of MedRec relies on patients/consumers to carry a current and up to date list of medications including non prescription and herbal remedies. ISMP Canada is **developing a KIBM iPhone app and website** with funding from RX&D. SHN teams and their patients will be approached to trial this application beginning in the spring or summer of 2012.

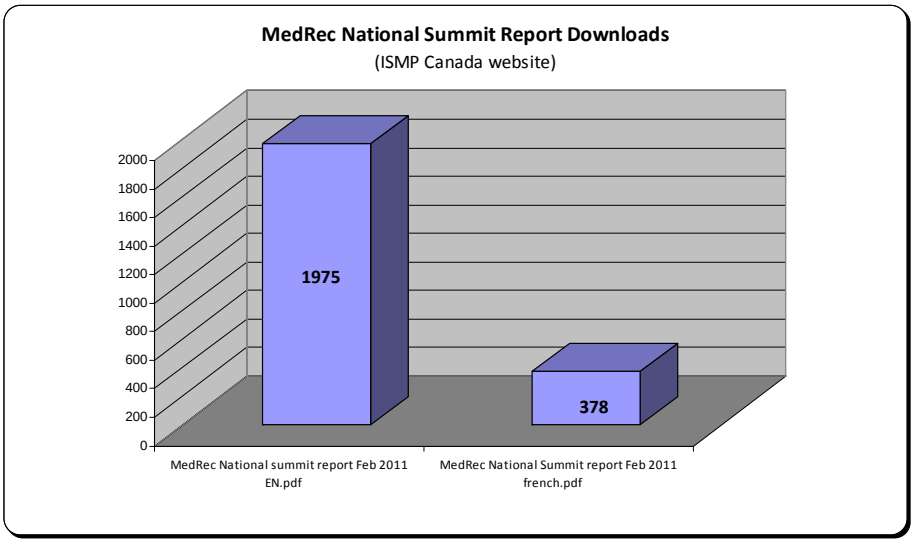
KIBM Website

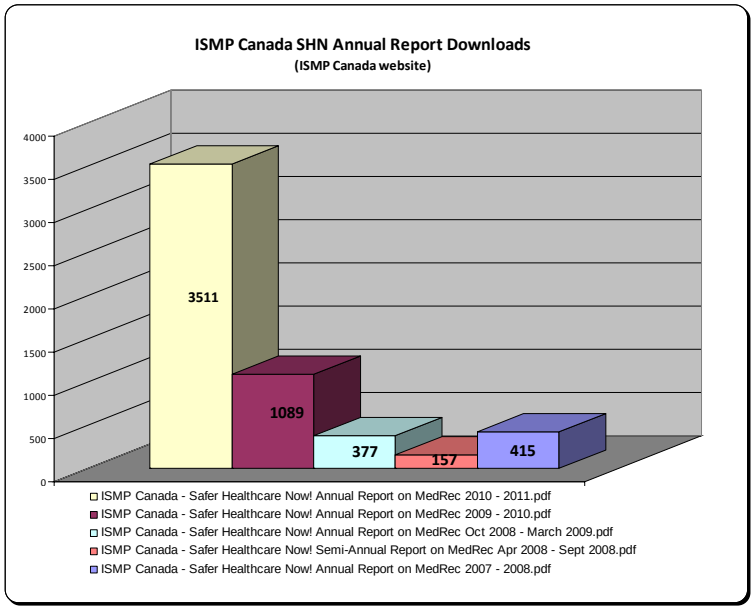
KIBM iPhone app

- We have used the opportunity of having Dr. Ruth Wilson as the ISMP Canada Board Chair to increase the visibility to the Association of Family Physicians of Canada.
- The ISMP Canada CMIRPS effort to advance MedRec as a national strategy for system safety included the development of the Cross Country MedRec Check-Up map, a January 2012 ISMP Canada Safety Bulletin: Medication Reconciliation: Moving Forward and a SafeMedicationUse Consumer Bulletin: Medication Reconciliation Can Help to Reduce the Chance of Errors with Medicines! both focusing on MedRec.
- ISMP Canada developed a MedRec webpage on their website. This webpage includes ISMP Canada MedRec projects at a provincial, national and international level. Links to all items developed as part of the national MedRec Strategy and SHN are present to increase visibility.



The graphics below illustrates the high interest in the CPSI/SHN/ISMP Canada related content.




ISMP Canada SHN Annual Report Downloads
(ISMP Canada website)
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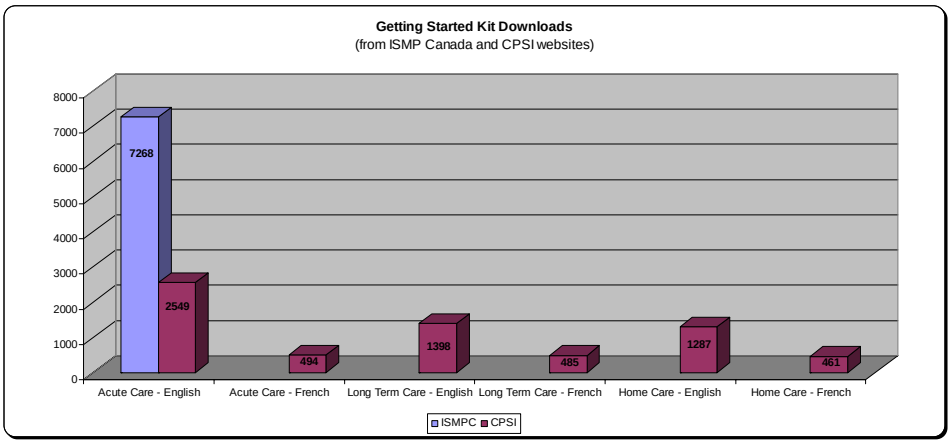
415
ISMP Canada - Safer Healthcare Now! Annual Report on MedRec 2010 - 2011.pdf
ISMP Canada - Safer Healthcare Now! Annual Report on MedRec 2009 - 2010.pdf
ISMP Canada - Safer Healthcare Now! Annual Report on MedRec Oct 2008 - March 2009.pdf
ISMP Canada - Safer Healthcare Now! Semi-Annual Report on MedRec Apr 2008 - Sept 2008.pdf
ISMP Canada - Safer Healthcare Now! Annual Report on MedRec 2007 - 2008.pdf


Getting Started Kit Downloads
(from ISMP Canada and CPSI websites)
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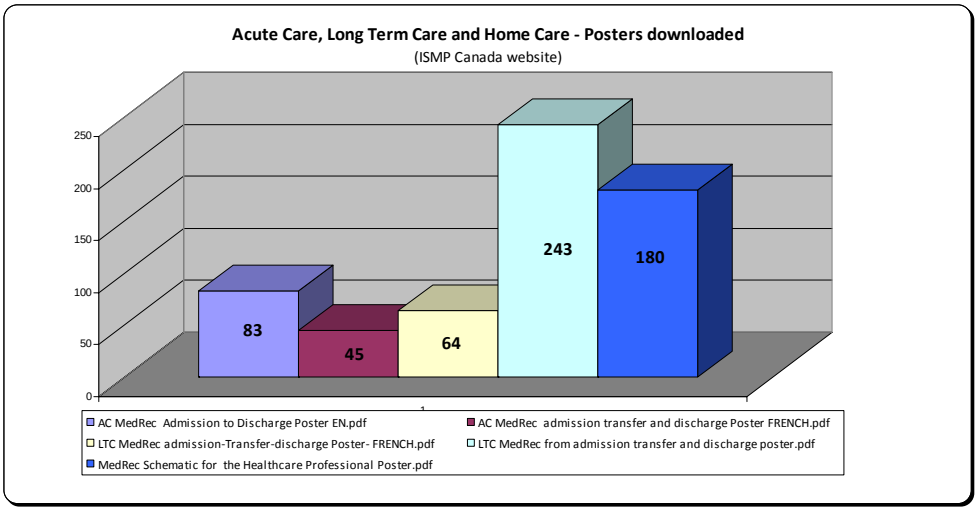
Acute Care - English
Acute Care - French
Long Term Care - English
Long Term Care - French
Home Care - English
Home Care - French
ISMPC
CPSI


Acute Care, Long Term Care and Home Care - Posters downloaded
(ISMP Canada website)
250
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AC MedRec Admission to Discharge Poster EN.pdf
AC MedRec admission transfer and discharge Poster FRENCH.pdf
LTC MedRec admission-Transfer-discharge Poster- FRENCH.pdf
LTC MedRec from admission transfer and discharge poster.pdf
MedRec Schematic for the Healthcare Professional Poster.pdf

- The work of the National MedRec Strategy and *Safer Healthcare Now!* has been shared with five countries in the WHO High 5's including five webinars which have profiled SHN and Canadian activities.
- At the **Innovations Expo**, held in November 2011, the Cross Country Check-Up was demonstrated to the Ontario Minister of Health, Deb Matthews.
- The combined CPSI and ISMP Canada booth at the CSHP Professional Practice Conference (PPC) in February 2012 successfully highlighted our partnership in MedRec. We received high traffic at our booth and were able to communicate and answer questions from very interested attendees.

Financial Report

ISMP Canada, Co-lead with CPSI - National MedRec Strategy

Actual Program costs - April 1, 2011 to January 31, 2012			$236,845
Forecast program costs - February 1, 2012 to March 31, 2012			$39,915
Total actual and forecast costs for 2011-12 Program			**$276,760**
Funding Sources			
CPSI		63%	175,000
Accreditation Canada		7%	20,000
Pfizer		3%	8,400
ISMP Canada		27%	75,000
		100%	**$278,400**

Actual costs for period April 1, 2011 to January 31, 2012

	Hours	Rate/Hour	Costs
MedRec Lead	1,050	68.00	71,400
MedRec Specialist	976	56.00	54,670
MedRec Associate	73	53.00	3,856
Project Coordinator	1,180	44.50	52,506
Information Technology	74	45.38	3,358
Admin support	443	44.20	19,581
Total direct personnel costs	**3,796**		**$205,370**
Bilingual Support			5,050
Communications			704
Office Expense			54
Travel Expense			1,050
Infrastructure Support			24,617
Total program costs for period April 1, 2011 to January 31, 2012			**$236,845**

Projected Costs for period February 1 - March 31, 2012

MedRec Lead	150	68.00	10,200
MedRec Specialist	200	50.00	10,000
MedRec Associate	15	53.00	795
Project Coordinator	200	44.50	8,900
Information Technology	0	45.38	0
Admin support	75	44.20	3,315
Total direct personnel costs	**640**		**$33,210**
Bilingual Support			1,500
Communications			75
Office Expense			50
Travel Expense			400
Infrastructure Support			4,680
Total Projected Costs for period February 1 - March 31, 2012			**$39,915**
Total Actual and Projected costs for period April 1, 2011 to March 31, 2012			**$276,760**

Appendix

A

INSTITUTE FOR SAFE MEDICATION PRACTICES CANADA

National Medication Reconciliation Strategy and *Safer Healthcare Now!* ISMP Canada Annual Report Medication Reconciliation April 2011 - March 2012

National Medication Reconciliation Strategy Sponsorship Package

Medication Reconciliation

Optimizing Medication Safety at Care Transitions
National Medication Reconciliation Strategy

A Sponsorship Opportunity to Make a Difference

Optimizing Medication Safety at Care Transitions
National Medication Reconciliation Strategy

A Sponsorship Opportunity to Make a Difference

All Canadians are at risk of medication error related to communication failures.

"After a routine and successful surgery a healthy young woman refused to get out of bed even though she needed to mobilize.

Upon investigation it was discovered that the medications ordered after surgery did not include her preoperative anti-depressant. The recovery period was significantly prolonged while waiting for the medication to resume its effectiveness.

A previously stabilized patient was thrown into a deep depression needlessly; the patient had a significantly extended length of stay, increased cost, and reduced access for other patients awaiting surgery."

Medication Reconciliation could have prevented this.

The miscommunication of medication information across the Canadian healthcare system is now recognized as a leading cause of harm in hospitalized patients. Approximately one in six patients are admitted to the hospital due to a preventable drug-related morbidity.[1] The total cost of these preventable hospitalizations approximates $2.6 billion per year.[2,3] Medication Reconciliation is a process designed to eliminate the chance of medication communication failures.

The Canadian Patient Safety Institute (CPSI) and the Institute for Safe Medication Practices Canada (ISMP Canada) have defined medication reconciliation as a strategic national priority in an effort to improve communications and reduce potential harm to patients.

[sentence about how their commitment will help]

We seek your assistance in this important work.

[paragraph about what they are working on that could tie into MedRec]

---

1 Leslie Jo Samoy, Peter J Zed, Kerry Wilbur, Robert M Balen, Riyad B Abu-Laban and Mark Roberts (2006) Drug-Related Hospitalizations in a Tertiary Care Internal Medicine Service of a Canadian Hospital: A Prospective Study. Pharmacotherapy: Volume 26, Issue, pp. 1578-1586.
2 Canadian Institute for Health Information. Highlights of 2008-2009 inpatient hospitalizations and emergency department visits (Ottawa: CIHI 2008
3 Canadian Institute for Health Information. The cost of acute care stays by medical condition in Canada, 2004-2005 (Ottawa: CIHI 2008)

Optimizing Medication Safety at Care Transitions
National Medication Reconciliation Strategy

Background

- Every province and territory has identified medication reconciliation among the top three strategic priorities in improving the safety and quality of healthcare within their jurisdictions.
- The World Health Organization selected Canada to lead medication reconciliation in the High 5's Project *Assuring Medication Accuracy at Transitions in Care* on the international stage.
- Canada is the only country to advance medication reconciliation beyond the acute care setting into continuing care and home care.
- As part of CPSI's *Safer Healthcare Now!* campaign over 500 teams enrolled from Acute Care Hospitals, Long-Term Care and Home Care are implementing medication reconciliation to reliably provide this standard of care for all patients, at all transitions of care.
- Medication reconciliation is required in organizations who are accredited through Accreditation Canada.
- Many provinces have committed payment systems to community pharmacists to take part in the medication reconciliation process. Linking institutions to community healthcare is the only way that medication accuracy at transition points will truly be accomplished.

We are proud of our accomplishments but we have a complex journey ahead. To ensure medication reconciliation is reliably performed by every healthcare practitioner, at every transition of care as a part of their daily regime more support is required.

Optimizing Medication Safety at Care Transitions
National Medication Reconciliation Strategy

The Work Ahead

Communications Strategy to effectively increase awareness of the need for medication reconciliation and the roles and responsibilities of all individuals and institutions involved.

Engagement and Accountability of healthcare leaders to ensure they understand the need, value and requirements of medication reconciliation, are accountable for their role in it and provide the means to succeed.

Build Governance Capability to ensure trustees understand their role in medication reconciliation. This will involve incorporating a module for medication reconciliation into the Patient Safety Education Program (PSEP) and the Effective Governance for Quality and Patient Safety Toolkit.

Information Systems and Technology is required for full implementation of medication reconciliation. The national strategy will support implementation, identify best practices and provide transitioning support from paper-based to electronic systems.

Education, Training and Tools and Resources include development of a leading practice inventory and toolkit including lessons for effective implementation. This will require meaningful dissemination to support wide implementation and system change.

Research to study the value of medication reconciliation and its relationship to preventing the potential for Adverse Drug Events and hospital readmission.

Measurement and Evaluation Plan to ensure our current measures document the value and success of medication reconciliation.

Safer Healthcare Now! **Direct Hands-on Support** to teams implementing medication reconciliation intervention and teams in Acute Care, Long-Term Care and Home Care.

Optimizing Medication Safety at Care Transitions
National Medication Reconciliation Strategy

Sponsorship Benefits

Improving and saving the lives of Canadians today will impact your business tomorrow. By supporting the *Optimizing Medication Safety at Care Transitions - Medication Reconciliation National Strategy,* RX&D will contribute to reducing adverse drug events and unintended patient harm.

The improvements to our healthcare system that will result from your sponsorship are critical. Your return on investment will include:

- Partnership with Canada's leaders in patient and medication safety.
- Full recognition as a funder in one of the top three strategic priorities to improve the safety and quality of healthcare in Canada.
- Inclusion in all communications campaigns that include social media, print and media platforms.
- Inclusion in all communications campaigns which focus on the role the consumer can play in reducing potential adverse drug events.
- Being seen as a national leader in the area of healthcare and medication reconciliation.

Sponsorship Opportunities

This opportunity is now available. Your participation in *Optimizing Medication Safety at Care Transitions - Medication Reconciliation National Strategy* will improve the use of medications and reduce harm.

Together we can make a difference!

Optimizing Medication Safety at Care Transitions
National Medication Reconciliation Strategy

About the Institute for Safe Medication Practices Canada (ISMP Canada)

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 analyzing medication incidents, making recommendations for the prevention of harmful medication incidents, and facilitating quality improvement initiatives. www.ismp-canada.org

About the Canadian Patient Safety Institute (CPSI)

The Canadian Patient Safety Institute (CPSI) is an independent not-for-profit corporation, operating collaboratively with health professionals and organizations, regulatory bodies and governments to build and advance a safer healthcare system for Canadians. CPSI performs a coordinating and leadership role across health sectors and systems, promotes leading practices and raises awareness with stakeholders, patients and the general public about patient safety. www.patientsafetyinstitute.ca

Appendix

B

INSTITUTE FOR SAFE MEDICATION PRACTICES CANADA

National Medication Reconciliation Strategy and *Safer Healthcare Now!* ISMP Canada Annual Report Medication Reconciliation April 2011 - March 2012

New Posters and Graphics

Medication Communication Failures Impact EVERYONE!

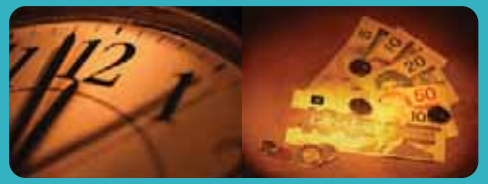
PATIENT & FAMILY

- loss of life
- prolonged disability
- temporary harm
- complicated recovery
- loss of income
- confusion about treatment plan

HEALTHCARE SYSTEM

- prolonged recovery time
- increased cost and staff time due to rework
- avoidable readmissions and Emergency department visits
- reduced access to health services

SOCIETY



- loss of productivity
- workplace absenteeism
- increased cost
- loss of public confidence in the healthcare system

Medication Safety: We all have a role to play.

Safe patient care depends on accurate information. Patients benefit when clinicians work with patients, families, and their colleagues to collect and share current and comprehensive medication information. Medication reconciliation is a formal process to do this at care transitions, such as when patients enter the hospital, are transferred or go home. We all have a role to play.

Accreditation Canada, the Canadian Nurses Association, the Canadian Medical Association, the Canadian Pharmacists Association, the Canadian Society of Hospital Pharmacists, the College of Family Physicians Canada, the Royal College of Physicians and Surgeons of Canada, Canadian Patient Safety Institute and the Institute for Safe Medication Practices Canada **actively support strategies to improve medication safety and call on all healthcare professionals to contribute to effective communication about medications at all transitions of care to improve the quality and safety of our Canadian healthcare system.**

ACCREDITATION CANADA
AGRÉMENT CANADA
Driving Quality Health Services
Force motrice de la qualité des services de santé

Canada Health Infoway
Inforoute Santé du Canada

Association médicale canadienne
Canadian Medical Association

Canadian Nurses Association
Association des infirmières et infirmiers du Canada

cpsi icsp
Canadian Patient Safety Institute
Institut canadien pour la sécurité des patients

Canadian Pharmacists Association
Association des pharmaciens du Canada

Canadian Society of Hospital Pharmacists
Société canadienne des pharmaciens d'hôpitaux

ismp CANADA

Royal College
Collège royal

The College of Family Physicians of Canada
Le Collège des médecins de famille du Canada

La communication déficiente en matière de médicaments fait mal à TOUS!

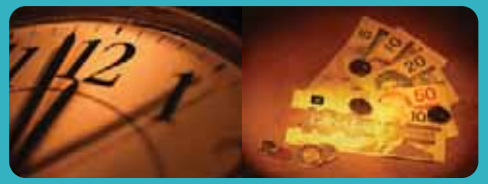
PATIENT ET FAMILLE

- perte de vie
- incapacité prolongée
- préjudice temporaire
- rétablissement plus compliqué
- perte de revenu
- confusion sur le plan de soins

SYSTÈME DE SANTÉ

- temps de rétablissement plus long
- hausse des coûts et du temps en termes d'effectifs en raison du surcroît de travail
- réadmissions évitables et visites aux services d'urgence
- accès réduit aux services de santé

SOCIÉTÉ



- perte de productivité
- absentéisme au travail
- coût accru
- perte de confiance du public dans le système

Sécurité des médicaments : nous avons tous un rôle à jouer.

La sécurité des soins prodigués aux patients est étroitement liée à la justesse de l'information. Les patients sont les premiers à bénéficier d'une démarche concertée entre collègues cliniciens, et entre les cliniciens et les patients de même que leurs familles, en vue de recueillir et de partager des renseignements complets et à jour sur leur médication. Le bilan comparatif des médicaments en est un processus formel aux points de transitions, c'est-à-dire lorsque les patients arrivent à l'hôpital, lorsqu'ils sont transférés ou lorsqu'ils retournent chez eux.

Agrément Canada, l'Association des infirmières et infirmiers du Canada, l'Association médicale canadienne, l'Association des pharmaciens du Canada, la Société canadienne des pharmaciens d'hôpitaux, le Collège des médecins de famille du Canada, le Collège royal des médecins et chirurgiens du Canada, l'Institut canadien pour la sécurité des patients et l'Institut pour l'utilisation sécuritaire des médicaments du Canada sont autant d'organismes qui soutiennent activement les stratégies d'amélioration en matière de médication, et qui lancent un appel à tous les professionnels de la santé pour que ceux-ci contribuent à l'amélioration de la qualité et de la sécurité du système de santé canadien par une communication efficace sur les médicaments à tous les points de transition de soins.

ACCREDITATION CANADA
AGRÉMENT CANADA
Driving Quality Health Services
Force motrice de la qualité des services de santé

Canada Health Infoway
Inforoute Santé du Canada

ASSOCIATION MÉDICALE CANADIENNE
CANADIAN MEDICAL ASSOCIATION

CANADIAN NURSES ASSOCIATION
ASSOCIATION DES INFIRMIÈRES ET INFIRMIERS DU CANADA

cpsi icsp
Canadian Patient Safety Institute
Institut canadien pour la sécurité des patients

CANADIAN PHARMACISTS ASSOCIATION
ASSOCIATION DES PHARMACIENS DU CANADA

Canadian Society of Hospital Pharmacists
Société canadienne des pharmaciens d'hôpitaux

ismp CANADA

ROYAL COLLEGE
COLLÈGE ROYAL

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Medication Reconciliation (MedRec) is a Multi-Step Process

Admission

Best Possible Medication History (BPMH) ↔ Admission Medication Orders (AMOs)

How To

Proactive Process

1. **Create** the BPMH using (1) a systematic process of interviewing the patient, family/caregiver and (2) a review of at least one other reliable source of information.
2. **Create** AMOs by assessing each medication in the BPMH.
3. **Compare** the BPMH against the AMOs ensuring all medications have been assessed; **identifying and resolving** all discrepancies with the most responsible prescriber.

Retroactive Process

1. **Create a** the primary medication history (PMH).
2. **Generate** the AMOs from the PMH.
3. **Create** the BPMH using (1) a systematic process of interviewing the patient, family/caregiver and (2) a review of at least one other reliable source of information.
4. **Compare** the BPMH against the AMOs ensuring all medications have been assessed; **identifying and resolving** discrepancies with the most responsible prescriber.

Tasks

- Clarify any confusion about medication names, doses, frequencies, or routes on the BPMH.
- Prescriber to decide which medications on the BPMH to continue, discontinue or modify.
- Identify and resolve discrepancies between the BPMH and admission medication order with the prescriber.

Transfer

Best Possible Medication History (BPMH) ↔ New Transfer Orders ↔ Medication Administration Order (MAR)

How To

1. **Compare** the admission BPMH with the transfer orders and the existing transferring **unit's MAR ensuring all medications have been assessed;**
2. **Identify and resolve** all discrepancies with the prescriber
3. **Document and communicate any resulting changes to the medication orders.**

Tasks

Prescriber to decide:

- which stopped medications on the BPMH should be restarted.
- which inpatient medications to continue, discontinue or modify upon transfer.

Discharge

Best Possible Medication History (BPMH) → Discharge Orders → Medication Administration Order (MAR)

How To

1. **Create the BPMDP**
   - Review the last 24-hour MAR or the most up-to-date medication profile and record medications on the BPMDP that are relevant for discharge;
   - Compare these medications to the BPMH obtained at admission and record any medications on the BPMDP that are not included on the MAR;
2. **Identify** all discrepancies between the BPMH and the last 24-hour MAR or most up-to-date medication profile
   - Omitted medications, dose adjustments, non-formulary/ formulary adjustments;
   - Complete documentation for each medication on the BPMDP indicating: continue as prior to admission, adjusted, discontinued or new in hospital.
3. **Resolve and document** any discrepancies with the prescriber.
   - Prescriber reviews and completes the BPMDP, makes adjustments and writes new prescriptions as appropriate.
4. **Communicate** BPMDP to the patient and the next providers of care
   - Conduct a BPMDP patient/caregiver interview using a systematic process and document;
   - Assess patient/caregiver knowledge about medications once education provided; e.g. side effects to look out for, who to call if questions re medication, what to do if a dose is missed
   - Refer patient for community pharmacy medication review program follow-up where applicable;
   - Communicate BPMDP to the community pharmacy, primary care physician, alternative care facility, family health team, ambulatory clinics and home care as applicable.

Tasks

Prescriber to decide:

- which stopped medications on the BPMH should be restarted.
- which inpatient medications to continue, discontinue or modify upon discharge.
- which new medication to start upon discharge.

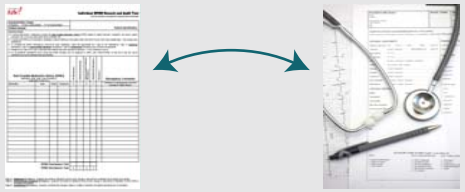
Developed by ISMP Canada for *Safer Healthcare Now!* Adapted from: 27 Apr 2009 Electronic Medication Reconciliation: Practices for Streamlining Information Transfer. Washington, DC: Advisory Board Co; 2007.

Le bilan comparatif des médicaments (BCM) est un processus qui se fait en plusieurs étapes

Admission

Meilleur schéma thérapeutique possible (MSTP)

Ordonnances à l'admission (OA)



Transfert

Meilleur schéma thérapeutique possible (MSTP)

Nouvelles ordonnances au transfert

Fiche d'administration des médicaments (FADM)

Congé

Meilleur schéma thérapeutique possible (MSTP)

Ordonnances au congé

Fiche d'administration des médicaments (FADM)

Comment faire

Une démarche proactive

1. **Créez** le MSTP à l'aide (1) d'un processus d'entrevue systématique avec les patients, leur famille ou leur aidant et (2) la vérification avec au moins une autre source fiable de renseignements.
2. **Créez** l'OA en évaluant chaque médicament du MSTP.
3. **Comparez** l'OA au MSTP afin de vous assurer que tous les médicaments aient été évalués et **identifiez et corrigez** toutes les divergences en collaboration avec le prescripteur responsable.

Un processus rétroactif

1. **Créez** l'OA à partir du STS.
2. **Dressez** le schéma thérapeutique sommaire (STS)
3. **Créez** le MSTP à l'aide (1) d'un processus d'entrevue systématique avec les patients, leur famille ou leur aidant et (2) la vérification d'au moins une autre source fiable de renseignements.
4. **Comparez** l'OA au MSTP afin de vous assurer que tous les médicaments aient été évalués, **identifiez et corrigez** toutes les divergences en collaboration avec le prescripteur.

1. **Comparez** le MSTP à l'admission aux ordonnances émises au transfert et la FADM de l'unité qui va recevoir le patient pour vous assurer que tous les médicaments soient évalués.
2. **Identifiez et corrigez** les divergences en collaboration avec le prescripteur.
3. **Documentez et communiquez** tous les changements effectués aux ordonnances de médicaments.

1. **Créez** le MSTP au congé (MSTPC)
   - Révisez la FADM des dernières 24 heures ou le profil pharmacologique le plus à jour et inscrivez les médicaments du MSTP qui sont toujours pertinents au moment du congé;
   - Comparez ces médicaments au MSTP obtenu à l'admission et inscrivez tous les médicaments que l'on retrouve sur le MSTP qui n'ont pas été ajoutés à la FADM.
2. **Identifiez** toutes les divergences entre le MSTP et la FADM des dernières 24 heures ou le profil pharmacologique le plus à jour.
   - Les médicaments omis, les ajustements de dose, les ajustements concernant les médicaments au formulaire ou non;
   - Complétez la documentation pour chacun des médicaments sur le MSPTC en précisant : continué tel que prescrit avant l'admission, ajusté, cessé ou nouveau à l'hôpital.
3. **Corrigez** et documentez toutes les divergences en collaboration avec le prescripteur.
   - Le prescripteur révise et complète le MSTPC, effectue les ajustements et rédige les nouvelles ordonnances, au besoin.
4. **Communiquez** le MSTPC au patient et aux prochains prestataires de soins
   - Réalisez une entrevue avec le patient ou son aidant sur ses médicaments par l'entremise d'un processus systématique, en vue d'élaborer le MSTPC, et notez vos observations au dossier;
   - Évaluez les connaissances du patient et de son aidant au sujet des médicaments, une fois l'enseignement effectué (p.ex. : effets secondaires à surveiller, appeler s'il a des questions sur les médicaments, quoi faire si une dose est manquée, etc.);
   - Dirigez le patient pour un suivi au programme de révision des médicaments de sa pharmacie communautaire, au besoin.
   - Transmettez le MSTPC à la pharmacie communautaire, au médecin traitant, à l'établissement de soins alternatifs, à l'équipe de santé familiale, aux cliniques ambulatoires et aux services de soins à domiciles, s'il y a lieu.

Tâches

- Clarifier toute confusion à propos d nom, de la dose, de la fréquence et de la voie d'administration des médicaments sur le MSTP.
- Le prescripteur doit décider quels médicaments du MSTP il souhaite continuer, cesser ou modifier.
- Identifiez et corrigez les divergences entre le MSTP et les ordonnances d'admission en collaboration avec le prescripteur.

Le prescripteur doit décider :

- quels médicaments cessés sur le MSTP doivent être represcrits,
- quels médicaments prescrits durant l'hospitalisation doivent être continués, cessés ou modifiés lors du transfert.

Le prescripteur doit décider :

- quels médicaments cessés sur le MSTP doivent être represcrits,
- quels médicaments prescrits durant l'hospitalisation doivent être continués, cessés ou modifiés lors du congé,
- quel nouveau médicament débuter au moment du congé.

Élaboré par l'ISMP Canada pour les Soins de santé plus sécuritaires maintenant! Adapté de : 27 avril 2009. Electronic Medication Reconciliation: Practices for Streamlining Information Transfer. Washington, DC: Advisory Board: 2007.

Medication Reconciliation

From Admission to Discharge in Acute Care

ADMISSION

AT ADMISSION:

The goal of admission medication reconciliation is to ensure there is a conscious decision on the part of the patient's prescriber to continue, discontinue or modify the medication regimen that a patient has been taking at home.

Compare:

Best Possible Medication History (BPMH)

vs.

Admission Medication Orders (AMO)

to identify and resolve discrepancies

TRANSFER

AT TRANSFER:

The goal of transfer medication reconciliation is to consider not only what the patient was receiving on the transferring unit but also any medications they were taking at home that may be appropriate to continue, restart, discontinue or modify.

Compare:

Best Possible Medication History (BPMH)

and the

Transferring Unit Medication Administration Record (MAR)

vs.

Transfer Orders

to identify and resolve discrepancies

DISCHARGE

AT DISCHARGE:

The goal of discharge medication reconciliation is to reconcile the medications the patient is taking prior to admission and those initiated in hospital, with the medications they should be taking post-discharge to ensure all changes are intentional and that discrepancies are resolved prior to discharge.

Compare:

Best Possible Medication History (BPMH)

and the

Last 24 hour Medication Administration Record (MAR)

C

plus

New medications started upon discharge

to identify and resolve discrepancies and prepare the Best Possible Medication Discharge Plan (BPMDP)

Developed by ISMP Canada) for *Safer Healthcare Now!*. Graphic adapted from St. Mary's Hospital & Regional Medical Center, Grand Junction, Colorado, USA.

BILAN COMPARATIF DES MÉDICAMENTS

de l'admission au congé

ADMISSION

LORS DE L'ADMISSION :

Le but du bilan comparatif des médicaments lors de l'admission est de s'assurer que le médecin prescripteur décide de manière éclairée de poursuivre, d'interrompre ou de modifier les médicaments que le patient prenait à la maison.

Comparer :

le meilleur schéma thérapeutique possible (MSTP)

avec les

ordonnances émises à l'admission (OÉA)

pour identifier et résoudre les divergences

TRANSFERT

LORS D'UN TRANSFERT :

Le but d'un bilan comparatif des médicaments lors d'un transfert est de prendre en considération, non seulement les médicaments que le patient reçoit lors du transfert, mais aussi tous les médicaments qu'il prenait à la maison et qui doivent être maintenus, interrompus ou modifiés.

Comparer :

le meilleur schéma thérapeutique possible (MSTP)

et le

Registre d'administration des médicaments dans l'unité de transfert

avec les

ordonnances émises lors du transfert

pour identifier et résoudre les divergences

CONGÉ

LORS D'UN CONGÉ :

Le but du bilan comparatif des médicaments lors d'un congé est de comparer les médicaments pris par le patient avant l'admission (MSTP) et ceux pris à l'hôpital avec les médicaments qui doivent être pris après le départ du patient de l'hôpital, pour s'assurer que tous les changements sont intentionnels et que les divergences sont résolues avant le congé.

Comparer :

le meilleur schéma thérapeutique possible (MSTP)

et le

Registre d'administration des médicaments dans les 24 dernières heures,

ainsi que les

nouveaux médicaments prescrits lors du congé

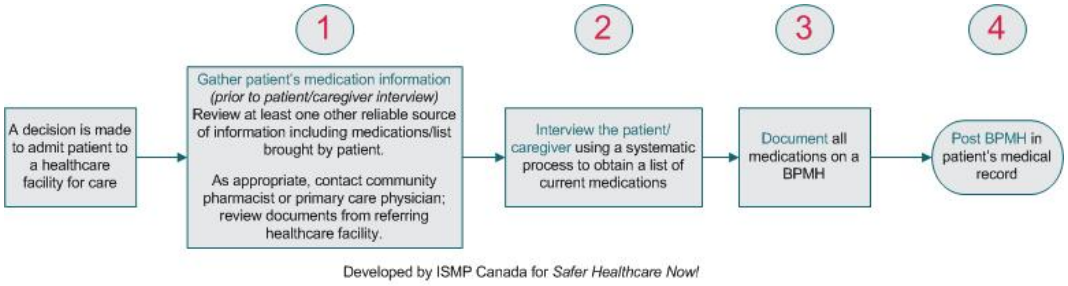
pour identifier et résoudre les divergences et élaborer le meilleur plan médicamenteux possible lors d'un congé (MPMPC)

Adapté de Barnsteiner, J.H. (2005). Medication reconciliation. American Journal of Nursing, 3 (suppl), 31-36. Créée par l'Institut canadien pour l'utilisation sécuritaire des médicaments (ISMP Canada) pour la campagne Des soins de santé plus sécuritaires maintenant!

Appendix B – Posters and Graphics

Acute Care Graphics created to better illustrate the process required during MedRec

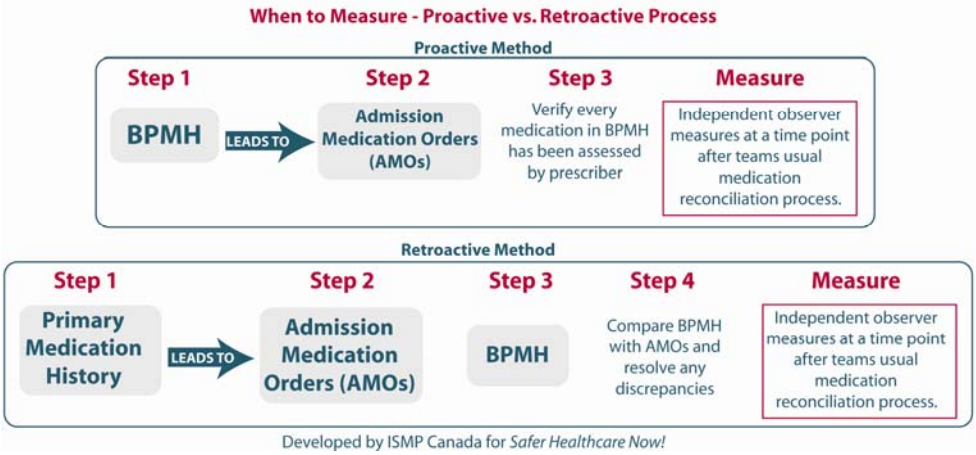
1. **How to get a BPMH – available in English and French**



2. **Proactive Process – available in English and French**

3. **Retroactive Process – available in English and French**

4. **Proactive and Retroactive Processes with Measures – available in English and French**



Appendix

C

INSTITUTE FOR SAFE MEDICATION PRACTICES CANADA

National Medication Reconciliation Strategy and *Safer Healthcare Now!* ISMP Canada Annual Report Medication Reconciliation April 2011 - March 2012

National MedRec Faculty

Canadian Medication Reconciliation Faculty

(September 2011)

Province	Name	Facility	Position
ON	Bell, Chaim	University of Toronto, St Michaels Hospital	Assistant Professor of Medicine and Health Policy, Management, & Evaluation, Staff General Internist
ON	Colquhoun, Margaret	ISMP Canada	ISMP Canada Project Leader, Medication Reconciliation National Lead
NS	Creighton, Paula	Nova Scotia Health	Geriatric Physician
ON	Etchells, Edward E.	Sunnybrook Health Sciences Centre	Director, Patient Safety Service
ON	Fernandes, Olavo	University Health Network, ISMP Canada	Pharmacy Practice Leader
ON	Flintoft, Virginia	*Safer Healthcare Now!* Central Measurement Team	Project Manager
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