

# National Medication Reconciliation Strategy

2011 YEAR END REVIEW

**Optimizing Medication Safety at Care Transitions -  
Creating a National Challenge Summit Update**

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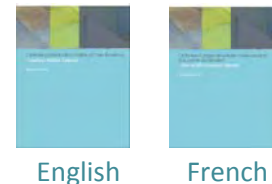
Hugh MacLeod, CEO of the Canadian Patient Safety Institute (CPSI), and David U, President and CEO of the Institute for Safe Medication Practices Canada (ISMP Canada), are pleased to report on the progress of the National Medication Reconciliation (MedRec) Strategy. The accomplishments to date are significant, but we clearly acknowledge there is much work left to do. Improving communications about medications is a critical aspect of providing safer care and involves healthcare leaders, practitioners, and the public we serve. Your continued involvement will help ensure MedRec is a standard practice across the Canadian healthcare system.

In consultation with leaders across the country, medication reconciliation was identified as one of the top three patient safety priorities in every jurisdiction. MedRec has proven to be one of the most complex interventions of *Safer Healthcare Now!*. CPSI in partnership with ISMP Canada and Canada Health Infoway hosted a national summit in February 2011 to accelerate a system-wide strategy for MedRec implementation. The resultant [Optimizing Medication Safety at Care Transitions – Creating a National Challenge](#) summit report, describing the findings of the day and the tactics and recommendation themes for the work ahead was circulated to all participants and Health Quality Councils. Marie Owen (CPSI) and Marg Colquhoun (ISMP Canada) were appointed co-leads to support the development of a national strategy for MedRec to address the identified recommendations. This update reports on progress addressing the nine themes:

### 1. Leadership Support and Accountability

The summit report was distributed to all Deputy Ministers of Health, informing them of this national healthcare strategy. Six Deputy Ministries have responded expressing their interest in this important work and one deputy minister has identified staff to support and guide our MedRec efforts within their jurisdiction. This report has guided the work to create and lead a national approach to optimizing communications about medications across the healthcare system.

- A Strategic Advisory Group was convened to provide direction and support to the National MedRec Strategy. This group included senior leaders from CPHA, CSHP, Accreditation Canada, Canada Health Infoway, CMA, CFPC, CNA and RCPSC, CPSI and ISMP Canada. An inter-professional joint statement was discussed, drafted and circulated to the members for review, input and endorsement. This statement will reflect the unique inter-professional ownership of this complex process, positioning Canada as a leader in this collaborative approach to professional engagement in support of medication reconciliation.
- As part of the communication strategy we are/have:
  - Developed a ‘burning platform’ commentary to inform/convince healthcare practitioners, politicians and the public at large that MedRec plays an essential role in making our healthcare system safer. Work has begun with a professional writer to develop an article which will be included in our communication strategy.



- Developed an interactive map called [Cross Country MedRec Check-up](#) identifying practice leaders in MedRec, the use of technology, provincial and national supports, Canadian research and applicable publications related to medication reconciliation as part of the communications strategy. This map is available on the CPSI and the ISMP Canada websites.



- Shared the summit report with the World Health Organization and High 5's medication reconciliation countries: Netherlands, France, Germany, Australia and USA.

## 2. *Inter-professional engagement including the role of the Physician*

It is clear physicians play a key role in the successful implementation of MedRec. Strategies to address this element include:

- Creating an inventory of physician leaders across the country who is engaged in MedRec to help advance this agenda amongst physician groups. This is being done in collaboration with Dr. Chris Hayes and other leaders in the country.
- Exploring opportunities to feature MedRec at key healthcare forums to further communicate the national work of MedRec and reach a broader range of healthcare practitioners and providers about their role in accurate communication about medications across the system.

## 3. *Public, Consumer and Caregiver engagement*

Feedback from strategic advisors indicates that a process to enable patients and consumers to carry a current and up-to-date list of medications, including non-prescription and herbal remedies, is a key component of MedRec. Work has started on this front that will include:

- Creation of an interactive app and website to serve as a communication tool for patient specific medication related information for patients and their healthcare providers. This is being developed in partnership with ISMP Canada and Rx&D.
- Adaptation of tools and resources developed by SHN teams for use by families, clients and unregulated care providers in the community setting. These resources are designed to improve medication safety for home care clients, based upon a partnership with CPSI and VON Canada.
- An ISMP Canada consumer bulletin highlighting medication reconciliation was issued January 2012 ([SafeMedicationUse.ca](#) for Consumers: [Medication Reconciliation Can Help to Reduce the Chance of Errors with Medicines!](#))

## 4. *Culture*

Organizational culture remains a significant component in the success of implementing MedRec. This includes:

- Determining the unique elements of a culture required to support medication reconciliation by exploring and discussing with leading practice organizations identified in the inventory of leading practice organizations.

## 5. *Education and Training*

Educational efforts to advance MedRec include:

- Working with faculties of medicine, nursing and pharmacy to ensure that medication reconciliation is included as part of the curriculum of healthcare practitioners prior to entering into practice.

- Continuing to work with Accreditation Canada to review and refine Accreditation Canada's ROPs and Tests for Compliance for medication reconciliation to more closely reflect the national work of MedRec and realities in the field.
- Integrating a module on medication reconciliation into the Patient Safety Education Program (PSEP). Work has begun and will continue in 2012.
- Featuring medication reconciliation at Canada's Virtual Forum on Patient Safety & Quality Improvement in November 2011.
- Continuing to highlight medication reconciliation at Canadian workshops and conferences. 2011 sessions included:
  1. [MedRec To Go! Creating a Reliable Discharge Process](#). Virtual series - February to June 2011.
  2. National webinars delivered to further educate healthcare facilities and advance medication reconciliation across the continuum. Ten per year.
  3. Atlantic Learning Exchange, Charlottetown PEI - May 2011.
  4. MedRec Summer School, Victoria BC - June 2011.
  5. Aboriginal Community Nurses conference, Richmond BC - November 23 and 30, 2011.

## 6. Information Systems and Technology

Efforts to integrate technical solutions into MedRec included:

- Working with Canada Health Infoway to include medication reconciliation in The [ImagineNation Outcomes Challenge](#), launched in September 2011, to demonstrate how technology can help advance MedRec. At least five organizations have qualified for the challenge and will contribute to national learning around technology and effective communication about medications.
- Highlighting and sharing the successful adaptation of technical solutions for [MedRec in the Cross Country MedRec Check-Up](#) map, leading practice report and medication reconciliation website.
- Determining options and opportunities to support the Canada's Health Informatics Association (COACH) Clinical Advisory Group in defining the requirements for software programs to successfully integrate MedRec into the electronic health record.
- Developing a toolkit to support organizations to safely move from a paper-based system to an electronic solution for medication reconciliation. Canada Health Infoway has provided financial support the project which will be lead by a research team from the University of Victoria and will be completed by March 2013. ISMP Canada and CPSI will oversee this project.

## 7. Tools and Resources

Creating tools and resources to support teams included:

- Creation of a national database of leading practice organizations that have successfully implemented MedRec. Interviews were conducted with over 50 organizations across Canada using a standardized survey tool to determine what contributed to their success. This survey report has been completed and is to be launched in January 2012.
- Reorganizing the Community of Practice for MedRec to ensure tools and supports, such as national call recordings, forms, publications, strategies, are easily accessible for teams to use.
- Sharing tools and resources from the leading practice teams on the community of practice for all healthcare facilities to use.
- Revising the Medication Reconciliation in Acute Care Getting Started Kit to reflect current practice. It is available in both English and French for teams and organizations on the *Safer Healthcare Now!* website.

## 8. Measurement

Efforts to expand and refine measurement to support MedRec included:

- Continuing to work with Accreditation Canada to align reporting requirements with *Safer Healthcare Now!* (SHN) and the Patient Safety Metrics System to reduce the burden of reporting. Since measurement continues to be a challenge for teams and organizations we are focusing on the standard measures from Accreditation Canada for SHN teams, and recommending random quality audits to ensure that the medication reconciliation process is reliable.
- Working with CPSI staff in Ontario to review and refine our measures and broaden our approach. These measures will be used in the MedRec To Go! Virtual Action Series beginning in February 2012.

## 9. Research

We are pleased to support and acknowledge a number of research initiatives in Canada that broaden our understanding of MedRec. These include:

- Dr. Corinne Hohl, an ER physician from Vancouver, is conducting a pilot study to validate a decision support tool to predict patients arriving in the Emergency Department who would most benefit from medication reconciliation. This study will be expanded nationally if funding is received.
- Dr Robyn Tamblyn from McGill is researching an electronic tool for MedRec at discharge, linking to primary care. Dr. Tamblyn has also been approached to develop an algorithm or decision tree to determine the patient population who would most benefit from MedRec. Dr. Tamblyn has collaborated with Dr. Allan Forester and Dr. David Bates on research in the past and would have access to a large database to support for this work.
- Connecting the Dots: Over the past five years CPSI has commissioned research to explore issues of patient safety across a broad spectrum including long-term care, mental health, emergency medical services, home care and primary care. In every one of these reports medication management was identified as a primary patient safety risk.
- A large research project in the US, lead by Dr. Jeffrey Schnipper, is designed to determine the optimal approach to MedRec in six sites in the US. The results of this study, and the tools developed, will help support our national work and may drive the research agenda in Canada. Dr. Schnipper uses Canadian terminology and medication reconciliation measures in his research.

Medication Reconciliation continues to challenge organizations across Canada but through the leadership of Accreditation Canada, it is clearly a priority to improve the care we provide. Our work supports organizations in improving compliance with MedRec Required Organizational Practices. We acknowledge the generous funding from Accreditation Canada supporting the national strategy to advance MedRec across our healthcare system.

If you have questions, comments or suggestions please contact Marie Owen (CPSI) at 780 498 7273 or Marg Colquhoun (ISMP Canada) at 416 733 3131 ext 277.

Regards,



Hugh and David

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4711 Yonge St., Suite 501  
Toronto, Ontario, Canada  
M2N 6K8  
Tél : 416-733-3131 x 234  
Sans frais : 1- 866-544-7672  
Télécopieur : 416-733-1146  
Site web : [www.ismp-canada.org](http://www.ismp-canada.org)  
Courriel : [info@ismp-canada.org](mailto:info@ismp-canada.org)



Suite 1414, 10235 - 101 Street  
Edmonton, AB, Canada  
T5J 3G1  
Sans frais : 1.866.421.6933  
Tél : 780.409.8090  
Télécopieur : 780.409.8098  
Site web : [www.patientsafetyinstitute.ca](http://www.patientsafetyinstitute.ca)  
Courriel : [info@cpsi-icsp.ca](mailto:info@cpsi-icsp.ca)