



Optimizing Communication about Medications at Transitions of Care in Ontario

**Roundtable Report
September 2010**

**ISMP Canada
In collaboration with
CSHP Ontario Branch**



Ontario Branch / Section de l'Ontario
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Executive Summary

ISMP Canada and CSHP Ontario Branch hosted two invitational roundtables in the spring of 2010. The overall goal was to discuss opportunities and create recommendations to fully utilize the drivers and resources that exist in Ontario to facilitate communication of medication information at transitions in care. A clear plan is essential to take advantage of these opportunities.

Roundtable Objectives:

- To understand issues related to medications at transitions of care and barriers to seamless medication care in Ontario.
- To identify enablers and action steps that would shift toward a seamless medication care environment building upon the levers in Ontario, including medication reconciliation, *MedsCheck* and home care drug reviews.

Participants created recommendations that were wide ranging and strategic with the intent to increase effective communication.

A sample of the recommendations that should be of broad interest include:

- The formation of an interdisciplinary steering group of stakeholders across the care continuum to continue to move this agenda forward.
- In partnership with the patient, at any transition point in the care continuum a *MedsCheck* or medication reconciliation be completed.
- Convene a roundtable discussion with patients and patient groups to identify ways and means to empower patients to request *MedsCheck* and medication reconciliation at transition points in their care.

Through an unrestricted grant from Pfizer Canada Inc. to the Canadian Society of Hospital Pharmacists (CSHP) Ontario Branch, the Institute for Safe Medication Practices Canada (ISMP Canada) jointly hosted invitational roundtables to discuss opportunities and create recommendations to address province-wide medication reconciliation, *MedsCheck* and home care drug reviews. The recommendations inform and contribute to the Ontario Ministry of Health and Long-Term Care (MOHLTC) project to link medication reconciliation-related programs across the continuum of care.

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 healthcare settings. ISMP Canada works collaboratively with the healthcare community, regulatory agencies and policy makers, provincial, national, and international patient safety organizations, the pharmaceutical industry, and the public to promote safe medication practices.

Canadian Society of Hospital Pharmacists Ontario Branch (CSHP Ontario Branch) is the professional advocacy association representing the views and interests of hospital pharmacists and pharmacists-in-training in Canada's largest province. In addition to providing members with education and tools to assist them in their daily practice, CSHP advocates on behalf of hospital pharmacists to government and other stakeholders to ensure that the hospital pharmacy issues are heard and addressed.

Medication reconciliation is a process intended to ensure accurate and consistent communication of the patient's medication information through transitions of care, as outlined in Accreditation Canada's Required Organizational Practices. Its reach touches every patient and most health care professionals through the entire continuum of care.

MedsCheck, an initiative funded by the Ontario MOHLTC, is a medication review performed by community pharmacists via a one-on-one discussion. The 30-minute *MedsCheck* is to educate patients/caregivers on their medication regimens, and to identify and resolve common medication-related issues.

Introduction

Reducing the risk of preventable adverse drug events by having access to accurate, current and comprehensive medication-use information that follows patients as they move from one care setting to another is critical to ensuring optimal care for patients. By coordinating activities associated with medication reconciliation in hospitals and long-term care settings, *MedsCheck* in community pharmacies, and medication review in home care and family health settings, it is anticipated that medication information flow will be improved, become more efficient by avoiding duplication of effort and has the potential to reduce harm and re-hospitalizations.

The drivers or levers for medication reconciliation across the continuum of care in Ontario are unique in Canada. Although several drivers are in place, there is currently no clear plan to take advantage of this opportunity.

ISMP Canada has built Canada-wide expertise in this area through its leadership of the medication reconciliation intervention of Safer Healthcare Now! ISMP Canada has experience, tools and resources to support medication reconciliation, the *MedsCheck* to hospital linkage, and linkage to home care. ISMP Canada considers Ontario to be well positioned for medication reconciliation at all transitions of care. CSHP Ontario Branch has the capacity to influence medication reconciliation through its affiliations with institutional settings and pharmacy organizations within Ontario.

ISMP Canada and CSHP Ontario Branch hosted one-day roundtable sessions, facilitated by Panacea Canada, in Toronto and London on April 29 and May 26, 2010 respectively. Invitations were sent to those with experience or interest in enhancing communication about medications across the continuum. Participants consisted of front line community, home care, long-term care (LTC) and hospital clinicians with Local Health Integration Networks (LHINs), Community Care Access Centre (CCAC), Health Infoway and academia. In addition to front line pharmacists, there was representation from the Ontario Pharmacy Council (OPC), Ontario Pharmacists' Association (OPA), Canadian Association of Chain Drug Stores (CACDS) and the Linking *MedsCheck* to *MedRec* pilot.

Roundtable Objectives:

- To understand issues related to medications at transitions of care and barriers to seamless medication care in Ontario.
- To identify enablers and action steps that would shift toward a seamless medication care environment building upon the levers in Ontario, including medication reconciliation, *MedsCheck* and home care drug reviews.

This report summarizes the recommendations from the two roundtables.

The glossary of terms is listed in Appendix 1

The list of participants is listed in Appendix 2.

Moving Ontario toward Reliable Transfer of Medication Related Information Across the Care Continuum

A series of foundation presentations describing Ontario initiatives that improved communication about medications in community pharmacy, acute care, primary care, home care and long-term care (LTC), and the existing drivers to support such activities introduced the work of the roundtables. Participants were then broken into groups to discuss the various transition points in the care continuum in order to accomplish the following:

- Identify solutions and levers for their assigned transition point, thinking into a 1-2 year horizon;
- Highlight solutions/levers that have system-wide application (i.e. for more than one transition point); and
- Consider levers and solutions from a system-wide perspective and also from a patient perspective.

A summary of opportunities and supporting recommendations identified to move Ontario toward reliable transfer of medication related information across the care continuum follows.

A. Creating a Province Wide System

A province-wide system is needed to support best practices for *MedsCheck* and medication reconciliation. The system requires effective partnerships across the province including ISMP Canada, MOHLTC, LHINs, Ontario Health Quality Council (OHQC), Quality Health Network (QHN), University of Toronto, *Department of Medicine and Leslie Dan Faculty of Pharmacy*, University of Waterloo, School of Pharmacy and the newly created Expanding Pharmacy Professional Services Working Group. This should start by promoting initiatives that are already working as best practices, and to move beyond demonstration projects to province-wide implementation.

Recommendations	Collaboration Opportunities
<p>It is recommended that:</p> <ul style="list-style-type: none"> • Funding be sought to convene an interdisciplinary seamless care steering group comprised of stakeholder organizations represented at these roundtables, provincial quality organizations and relevant stakeholders across the care continuum to continue to move this agenda forward. • A systems approach be taken to develop and implement a province-wide system of medication management across the care continuum that integrates <i>MedsCheck</i>, home care drug reviews and medication reconciliation into everyday patient care across Ontario. 	<p><i>Expanding Pharmacy Professional Services Working Group</i> <i>ISMP Canada</i> <i>CSHP Ontario Branch</i> <i>MOHLTC</i> <i>OCP</i> <i>OHQC</i> <i>QHN</i></p>

B. Electronic Access to Information

Ultimately, seamless medication care requires integrated access to relevant medication information across the continuum of care. Elements of successfully integrated access include:

- An “All Drugs All Patients” Vision / Drug Profile Viewer (DPV)
- Electronic Health Record (EHR)
- Access available to patients and their health care providers across the continuum
- Use of technology (e.g. smart card/credit card or USB Key)

Recommendations	Collaboration Opportunities
<p>It is recommended that:</p> <ul style="list-style-type: none"> • The Steering Group work with MOHLTC and Canada Health Infoway to include the communication of medication information at the interfaces of care in the MOHLTC agenda for implementation of the “All Drugs All People” / DPV vision for e-Health in Ontario 	<p><i>MOHLTC</i> <i>Canada Health Infoway</i> <i>eHealth Ontario</i> <i>OHA</i></p>

C. Drug Profile Viewer (DPV)

An electronic health record is critical to the provision of seamless care over the long term, but it is clear that the need to move towards seamless care requires immediate action. An intermediary step could involve enhancement of and access to the Ontario Drug Benefit Drug Profile Viewer.

Recommendations	Collaboration Opportunities
<p>It is recommended that MOHLTC make enhancements to the DPV including:</p> <ul style="list-style-type: none"> • Enhancement of use to include all medications and for all patients, (i.e., for patients and medications not covered by Ontario Drug Benefits) • Access to DPV for Ontario health care providers across the care continuum including community pharmacy, LTC, primary care and home care. • Complete information as per prescription for each medication (e.g., include frequency, complete dosing instructions.) 	<p><i>Canada Health Infoway</i> <i>eHealth Ontario</i> <i>MOHLTC</i></p>

D. Privacy Issues

Participants indicated that Ontario has an opportunity to learn from other provinces to allow access to medication related information (e.g. PharmaNet in British Columbia, Pharmaceutical Information Program in Saskatchewan). Privacy related issues must be addressed in order to create acceptable access to information across the care continuum. Issues include the need to clarify and align the service-delivery model with privacy needs in order for health professionals to provide effective safe care.

Recommendations	Collaboration Opportunities
<p>It is recommended that:</p> <ul style="list-style-type: none"> • Canada Health Infoway’s Pan-Canadian Privacy Forum be approached to advocate that all provincial privacy commissioners agree to one standard that allows access to medication-related information. • Ontario Health Professions Regulatory Authorities OCP, CPSO, CNO be encouraged to review the most recent privacy documents to ensure that they are aligned in their support of access to medication-related information across the care continuum. 	<p><i>Canada Health Infoway</i></p> <p><i>CNO</i></p> <p><i>CPSO</i></p> <p><i>eHealth Ontario</i></p> <p><i>OCP</i></p>

E. MedsCheck and Community Pharmacists

Participants indicated that *MedsCheck* should contribute to the evolving business model for community pharmacies.

Recommendations	Collaboration Opportunities
<p>It is recommended that:</p> <ul style="list-style-type: none"> • MOHLTC continue to support <i>MedsCheck</i> reimbursement. • Reimbursement be linked to <i>MedsCheck</i> complexity, e.g., to the number of medications being reviewed. • OPA develop business models that include <i>MedsCheck</i> reimbursement. • Reimbursement be made contingent on the quality of the <i>MedsCheck</i>, e.g., by requiring training/certification in order to bill for this service. • The Steering Group encourage community pharmacy software vendors to develop software to support standardized <i>MedsCheck</i>, a good example of this is the work done by the Dell Pharmacy group. 	<p><i>Expanding Pharmacy Professional Services Working Group</i></p> <p><i>OCP</i></p> <p><i>OPA</i></p> <p><i>MOHLTC</i></p>

F. Standardization of MedsCheck Quality and Resources

Evidence has shown inconsistent quality of *MedsCheck* across Ontario. It is critical for reconciliation of medications across the continuum to standardize quality of *MedsCheck* and support this with standardized resources. Quality initiatives might include checkpoints to ensure *MedsCheck* is always current and consistent with agreed standards. *MedsCheck* tools and resources must be consistent and available across the care continuum.

Recommendations	Collaboration Opportunities
<p>It is recommended that:</p> <ul style="list-style-type: none"> • The Steering Group identify standard, high-quality tools and resources for <i>MedsCheck</i> and medication reconciliation and make these available to all care providers. • Users are linked with educational programs (e.g., ISMP Canada's "Jump into MedRec: Improving BPMH quality across the continuum of care" and Safer Healthcare Now! (SHN) and Seniors Health Research Transfer Network (SHRTN) communities of practice). • Support training/certification that might be required in order to be able to bill for this service. • Change packages for each transition point using ISMP Canada resources be created. 	<p><i>Expanding Pharmacy Professional Services Working Group</i></p> <p><i>MOHLTC</i></p> <p><i>OHQC</i></p> <p><i>QHN</i></p>

G. MedsCheck and Admission Reconciliation

It was agreed that sustainable processes are needed to ensure a *MedsCheck* is required for all preadmission clinics, home care and long-term care. Forcing functions could be used to support an increase in *MedsCheck* and medication reconciliation along the care continuum.

Recommendations	Collaboration Opportunities
<p>It is recommended that:</p> <ul style="list-style-type: none"> • ISMP Canada and CSHP Ontario Branch work with stakeholders and care providers to integrate <i>MedsCheck</i> into pre-admission clinic processes, (e.g., include <i>MedsCheck</i> for eligible patients at pre-admission). Adapt learnings from Hamilton Niagara Haldimand Brant LHIN (LHIN four). • Ontario hospitals request eligible patients to obtain a <i>MedsCheck</i> prior to elective admissions. • CCAC include referrals to pharmacists for <i>MedsCheck</i> as an automatic requirement for admission to a home care program. • CCAC case managers receive BPMH training using ISMP Canada's framework based on structured standardized comprehensive principles ("Jump into MedRec: Improving BPMH quality across the continuum of care"). • CCAC include a requirement for <i>MedsCheck</i> or medication reconciliation prior to admission for long-term care. 	<p><i>CSHP Ontario Branch</i></p> <p><i>ISMP Canada</i></p> <p><i>OHA</i></p> <p><i>OACCAC</i></p> <p><i>Local CCAC</i></p> <p><i>All Ontario LHINs</i></p>

H. MedsCheck and Discharge Medication Reconciliation

Patients discharged from hospitals, whether to home, home care, primary care, or long term care, are at risk of medication adverse event unless an accurate summary of medications is available to the patients, their families and caregivers and to other care providers across the continuum.

Recommendations	Collaboration Opportunities
<p>It is recommended that:</p> <ul style="list-style-type: none"> • ISMP Canada guide the implementation of hospital discharge medication reconciliation that meets agreed standards as a prerequisite for admission to facilities and programs across the continuum of care (e.g., CCAC, home care, LTC). • Discharge medication reconciliation that meets agreed professional standards (e.g., account for medications that are new, held, adjusted, discontinued etc.) • A trigger for referral for <i>MedsCheck</i> upon discharge for patients who are eligible. • Healthcare Insurance Reciprocal of Canada (HIROC) be invited to include medication reconciliation at discharge in their safety assessment criteria. 	<p><i>CSHP Ontario Branch</i> <i>HIROC</i> <i>ISMP Canada</i></p>

I. Health Professions Groups / Health Professions Regulatory Authorities

Pharmacists, nurses, physicians and other healthcare professionals need to reach a consensus on harmonized practice models and roles in a seamless care environment.

Recommendations	Collaboration Opportunities
<p>It is recommended that the Steering Group:</p> <ul style="list-style-type: none"> • Facilitate opportunities for collaboration on inter-professional roles and responsibilities in all settings for seamless care collection and transfer of medication information. • Work with the universities to disseminate effective messaging about medication reconciliation and <i>MedsCheck</i>, (e.g., <i>University of Toronto, Centre for Effective Practice</i>). • Establish a system for family physicians to request a <i>MedsCheck</i> prior to the patient’s annual physical. • Leverage recent changes in community pharmacy as an opportunity to align community pharmacy practice with <i>MedsCheck</i> and medication reconciliation needs at transitions of care. • Promote the value of all health profession groups that are included in the circle of care. • OCP be asked to include <i>MedsCheck</i> and medication reconciliation in pharmacy practice standards. • CPSO, OCP and CNO standards for <i>MedsCheck</i> and medication reconciliation be aligned and made explicit. • CPSO educate and encourage family physicians and family health 	<p><i>Expanding Pharmacy Professional Services Working Group</i> <i>University of Toronto, Department of Medicine and Leslie Dan Faculty of Pharmacy</i> <i>University of Waterloo, School of Pharmacy</i> <i>CPSO</i> <i>CNO</i> <i>OCP</i> <i>QIIP</i></p>

<p>teams to include <i>MedsCheck</i> in the patient’s annual medical exam.</p> <ul style="list-style-type: none"> Family Health Teams and QIP include medication reconciliation and <i>MedsCheck</i> in their patient safety agenda. 	
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J. Information Sharing

Participants agreed on the importance of sharing information from these roundtables as an important next step. As well as, sharing lessons learned by ISMP Canada / SHN.

Recommendations	Collaboration Opportunities
<p>It is recommended that:</p> <ul style="list-style-type: none"> Available resources be advertised for broad dissemination to support medication communication at transitions of care including but not limited to: Tools and training (e.g., "Jump into MedRec: Improving BPMH quality across the continuum of care") <ul style="list-style-type: none"> The critical elements of seamless care (e.g., medication reconciliation at acute care discharge) Success stories and best practices (e.g., Central LHIN and Hamilton Niagara Haldimand Brant LHIN) <i>MedsCheck.ca</i> Resource packages for users for each transition point in the care continuum ISMP Canada and CSHP Ontario Branch post the presentations from these roundtables on their websites and disseminate this report across the continuum. ISMP Canada / SHN: <ul style="list-style-type: none"> Disseminate information within the Ontario Node about centres of excellence and best practices in medication reconciliation Consider creating a discharge medication reconciliation challenge to encourage acute care facilities to adopt this practice 	<p><i>CSHP Ontario Branch</i> <i>ISMP Canada</i> <i>SHN! Ontario Node</i> <i>All Ontario LHINs</i> <i>MOHLTC</i></p>

K. Patients, Families and Caregivers

Participants agreed that the role of patients, their family members and caregivers is critical in moving towards quality medication care and increase the demand for *MedsCheck* and medication reconciliation.

Recommendations	Collaboration Opportunities
<p>It is recommended that ISMP Canada and CSHP Ontario Branch</p> <ul style="list-style-type: none"> Convene a roundtable discussion with patients and patient groups to identify ways and means to empower patients to request <i>MedsCheck</i> and medication reconciliation at transition points in their care. Identify ways to encourage patients/clients to obtain a <i>MedsCheck</i>, e.g., incentive and/or loyalty program for patients to be “caretakers” 	<p><i>Expanding Pharmacy Professional Services Working Group</i> <i>All Ontario LHINs</i></p>

<p>of the up to date medication list.</p> <ul style="list-style-type: none"> Mobilize patient and patient organizations to encourage increased utilization of <i>MedsCheck</i>, medication reconciliation in Ontario, share patient stories and information for patients about the importance of <i>MedsCheck</i> and medication reconciliation in patient safety. 	<p><i>Consumers' Association of Canada</i> <i>Zoomer Magazine</i> <i>Heart and Stroke Foundation of Ontario</i> <i>OPA</i> <i>OHA</i></p>
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L. Education of Healthcare Providers

A key component in the move toward seamless care is education of health care providers at undergraduate and graduate levels and through continuing education of practising clinicians along the care continuum.

Recommendations	Collaboration Opportunities
<p>It is recommended that:</p> <ul style="list-style-type: none"> Education on taking a BPMH based on the ISMP Canada framework ("Jump into MedRec: Improving BPMH quality across the continuum of care"), based on structured standardized comprehensive principles, be provided across Ontario for pharmacists, nurses and physicians, using existing continuing health education networks (e.g. OMA, OPA, ONA etc.) Healthcare educators include medication reconciliation and <i>MedsCheck</i> in curricula for pharmacists, pharmacy technicians, nurses and physicians. Inter-professional learning opportunities be identified and leveraged to enhance trust among professions. Pharmacy students are targeted as resources in the provision of <i>MedsCheck</i> and medication reconciliation. Hospitals stress the importance of medication reconciliation and <i>MedsCheck</i> in orientation for medical interns and residents and for new nursing and pharmacy staff. 	<p><i>OMA</i> <i>OCP</i> <i>OPA</i> <i>OHA</i> <i>RNAO</i> <i>University of Toronto, Department of Medicine and Leslie Dan Faculty of Pharmacy</i> <i>University of Waterloo, School of Pharmacy</i></p>

M. Ontario Pharmacy Council (OPC)

The OPC was identified as a potential mechanism to facilitate medication related communication in Ontario. There is great potential for *MedsCheck* and medication reconciliation to decrease hospital readmissions and emergency department visits. Participants noted that OPC has been inactive for many months.

Recommendations	Collaboration Opportunities
<p>It is recommended that the Ontario Drugs Program Branch:</p> <ul style="list-style-type: none"> Re-convene the OPC or an alternate forum as soon as possible. Embrace the All Drugs All People vision. Continue to assign high priority to <i>MedsCheck</i> and medication reconciliation. 	<p><i>OPC</i> <i>Expanding Pharmacy Professional Services</i></p>

<ul style="list-style-type: none"> • Assign high priority to enhanced access to Ontario Drug Benefit DPV. • Develop an extended scope for <i>MedsCheck</i> that includes resolution of medication-related problems. • Link the widespread implementation of <i>MedsCheck</i> and medication reconciliation to reduce emergency department re-visits and hospital re-admissions. 	<i>Working Group</i> <i>MOHLTC</i> <i>eHealth Ontario</i>
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N. Quality Improvement (QI) Approach

Participants agreed on the need to include a QI approach in the implementation of *MedsCheck* and medication reconciliation.

Recommendations	Collaboration Opportunities
<p>It is recommended that Ontario QI organizations continue to support the move towards seamless care, including but not limited to:</p> <ul style="list-style-type: none"> • Measure the impact of <i>MedsCheck</i> and medication reconciliation on acute care and LTC organizations. • Assess impact on specific outcomes (e.g., emergency department re-visits, admissions and re-admissions). • Include <i>MedsCheck</i> and medication reconciliation as part of QIIP’s new clinical guidelines for Family Health Teams. 	<i>Expanding Pharmacy Professional Services Working Group</i> <i>ISMP Canada</i> <i>MOHLTC</i> OHQC QHN QIIP

O. Marketing

Participants agreed that *MedsCheck* and medication reconciliation need to be better known and understood and that in order to move toward seamless care, a social marketing campaign targeting patients, their families and/or caregivers, health care providers and Ontarians in general is needed.

Recommendations	Collaboration Opportunities
<p>It is recommended that the Steering Group develop and launch a social marketing campaign to educate Ontarians about <i>MedsCheck</i> and medication reconciliation. Components of the campaign to consider include:</p> <ul style="list-style-type: none"> • Consistent, positive messaging via multiple media that highlight the issues and positions <i>MedsCheck</i> and medication reconciliation as solutions. • Standardized materials with consistent messaging, including pamphlets, posters, web sites etc. • Use of public health agencies to educate consumers on the importance of <i>MedsCheck</i>. • <i>MedsCheck</i> as a consistent brand on all materials. • Standardized terminology for “Best Possible Medication History”. • Access to patient videos (e.g., D Dennison) for educational meetings. • Webinars with video clips highlighting patient safety from the patient’s perspective. 	<i>Expanding Pharmacy Professional Services Working Group</i> <i>MOHLTC</i>

Appendix One: Glossary of Terms

BPMH	Best Possible Medication History
CACDS	Canadian Association of Drug Stores
CCAC	Community Care Access Centre
CNO	College of Nurses of Ontario
CPSO	College of Physicians and Surgeons
CSHP Ontario Branch	Canadian Society of Hospital Pharmacists Ontario Branch
DPV	Drug Profile Viewer
EHR	Electronic Health Record
FHT	Family Health Team
HIROC	Health Insurance Reciprocal of Canada
ISMP Canada	Institute for Safe Medication Practices Canada
LHIN	Local Health Integration Network
LTC	Long-Term Care
MOHLTC	Ministry of Health and Long-Term Care
OCP	Ontario College of Pharmacists
OHA	Ontario Hospital Association
OHQC	Ontario Health Quality Council
OMA	Ontario Medical Association
RNAO	Registered Nurses Association Ontario
OPA	Ontario Pharmacists Association
OPC	Ontario Pharmacy Council
QHN	Quality Healthcare Network
QIIP	Quality Improvement and Innovation Partnership
SHN	Safer Healthcare Now!

Appendix Two: Participants

GTA Roundtable: April 29, 2010

Agnes Wong	Canada Health Infoway, Toronto
Alice Watt	ISMP Canada, Toronto
Brenda Carthy	ISMP Canada, Toronto
Carla Beaton	Medical Pharmacies Group Inc., Pickering
Carmine Stumpo	Toronto East General Hospital, Toronto
Carolyn Bornstein	Southlake Regional Health Centre and Medication Management Support Services (Home Care), CCAC Central LHIN, Newmarket
Chaim Bell	St Michael's Hospital, Li Ka Shing Knowledge Institute, University of Toronto, Toronto
Cynthia Majewski	Quality Healthcare Network (QHN), Toronto
Doris Nessim	North York General Hospital, Toronto
Elizabeth Johnston	Ontario Long Term Care Physicians Association Board of Directors and Cummer Lodge, Toronto
Emily Charlesworth	University Health Network, Toronto
Emily O'Sullivan	Ontario Ministry of Health and Long-Term Care, Toronto
Francoise Michaud	Pfizer Canada Inc., Kirkland, QC
Iris Krawchenko	Dell Pharmacies, Hamilton
Jenny Barretto	St. Peter's Hospital, Hamilton Health Sciences, Hamilton
Jessy Samuel	Trillium Health Centre, Mississauga
John McBride	CSHP – Ontario Branch, Lennox & Addington County General Hospital, Napanee
Karen Cameron	Toronto Western Family Health Team, University Health Network, Toronto
Karen Chuk	Princess Margaret Hospital - University Health Network, Toronto
Karen Graham	Panacea Canada Inc., Orillia
Lalitha Raman-Wilms	Leslie Dan Faculty of Pharmacy, University of Toronto, Toronto
Lisa Maslanka	Pfizer Canada Inc.
Lisa Sever	York Central Hospital, Richmond Hill
Lynda Chilibeck	Primary Health Care Services of Peterborough, Peterborough
Marg Colquhoun	ISMP Canada, Toronto
Marita Tonkin	Hamilton Health Sciences, Hamilton
Mary Burello	Central Community Care Access Centre, Richmond Hill
Michael Heffer	St. Joseph's Health Centre, Toronto
Mustafa Khan	Monarch Pharmacy, Toronto
Olavo Fernandes	University Health Network, Toronto
Patricia Mosnia	MediSystem Pharmacy, Toronto
Ravinder Banait	Headwaters Health Care Centre, Orangeville
Rosemarie Patodia	The Health Initiative, Toronto
Stacey Brener	St Michael's Hospital, Toronto
Sue Alderson	Healthtech Consultants, Toronto
Tommy Cheung	Shoppers Drug Mart, North York

London Roundtable: May 26, 2010

Andrew Eagleson	Metro Ontario Pharmacies Limited, London
Anna Romano	Dell Pharmacy, Brantford
Emily O'Sullivan	Ontario Ministry of Health and Long-Term Care, Toronto
Francoise Michaud	Pfizer Canada Inc., Kirkland, QC
Gail Choma	Thames Valley Family Health Team, London
Iris Krawchenko	Dell Pharmacy, Hamilton
James Edney	Long Term Care Homes and Services, Toronto
Jane Tillman	Pfizer Canada Inc., Kirkland QC
Jill Craven	London Health Sciences Centre, London
John Stanczyk	Delhi Family Health Team and Delhi Pharmasave, Delhi
Karen Graham	Panacea Canada Inc., Orillia
Karen Riley	Hotel Dieu Grace Hospital and Windsor Regional Hospital, Windsor
Leanne Drehmer	Hamilton Health Sciences, Hamilton
Linda Sparrow	Dell Pharmacy, Hamilton
Lindsay Shortridge	London Health Sciences Centre, London
Marg Colquhoun	ISMP Canada, Toronto
Mark Edlund	Medisystem Pharmacy, London
MaryBeth Blokker	St. Joseph Health Care, London
Mary Nelson	Dell Pharmacy, Hamilton
Maureen Charlebois	Canada Health Infoway, Toronto
Rachel LaBonte	South West Community Access Centre
Rita Dhami	London Health Sciences Centre, London, and CSHP – Ontario Branch
Samantha Yau	St. Joseph's Healthcare, Hamilton
Sarah Robertson	London Health Sciences Centre, London
Sue Alderson	Healthtech Consultants, Toronto
Tina Perlman	Ontario College of Pharmacists, Toronto
Vicki Sills	St. Mary's General Hospital, Kitchener, and School of Pharmacy, University of Waterloo, Waterloo