

# SHN! MEDICATION RECONCILIATION IN HOME CARE PILOT PROJECT

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## Background

- CPSI / SHN!, VON Canada and ISMP Canada partnered to lead a pilot project on medication reconciliation in home care.
- Background paper commissioned to support the case for medication reconciliation in the community sector.
- Built upon lessons learned from the SHN! 2007 Western Node homecare teams.
- 15 teams from various homecare organizations across Canada participated.
- Continuously Improved tools and processes based on learning and needs.

## Key Objective

To develop and validate a framework to aid homecare providers in the implementation of medication reconciliation to enhance client safety in the home and community sector.

### Framework:

- Considered distinctive challenges of the homecare delivery environment.
- Developed and tested medication reconciliation strategies for homecare.

## Methodology

- Multiple homecare teams representing various organizations across Canada (15 teams).
- Many teams multidisciplinary in composition.
- Core processes, tools and target population criteria identified.
- Clients for medication reconciliation selected through risk assessment process.
- Monthly national calls for shared learning.
- Teams explored the process of obtaining, updating, and communicating a complete Best Possible Medication History (BPMH) with clients.
- Measures relevant to homecare sector developed and tested.
- Monthly data submission on test measures.
- Rapid cycle small scale improvements using PDSA.

## Results

**Target Population: Clients transferred from an acute care setting to a home care organization for care**

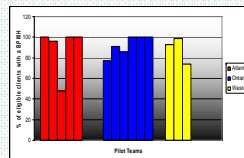
**Sample Population: 611 clients with completed BPMH**

**Measure One: Percentage of eligible clients with BPMH completed**

**Pilot Average = 86%**

### Factors Impacting Data:

- Referral volume
- Population density, acuity
- Risk assessment criteria
- Number of trained clinicians
- Workload

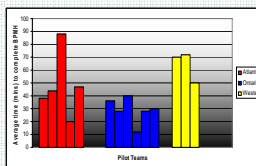


**Measure Two: Time to Complete BPMH**

**Pilot Range = 12 to 88 min  
Median = 40 minutes**

### Factors Impacting Data:

- Chronic diseases
- Client health literacy level
- Clinician knowledge/training
- Perceived duplication of documentation
- Variation in interpretation of measure parameters.

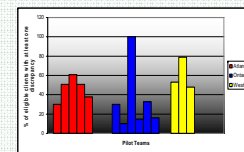


**Measure Three: % of eligible clients with at least one discrepancy that requires clarification**

**Pilot Average = 45.2%**

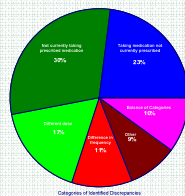
### Factors Impacting Data:

- Acuity of client population
- Chronic diseases
- Client health literacy level
- Clinician knowledge/training
- Sources available for comparison



**Measure Four: Characterization/Categorization of Identified Discrepancies**

**631 identified discrepancies –  
Approximately  
2.3 discrepancies/client**



## Factors & Challenges

### Factors in the Home Care Environment:

- Level of self care
- Multiple service delivery settings & environments
- Health literacy
- Multiple chronic diseases / co-morbidities
- Work flows
- Availability of resources
- Client cultural and environmental issues
- Client circle of care

### Top Five Challenges Identified:

- Work load issues; change fatigue
- Closing the medication reconciliation loop
- Complexity of the health care system
- Clinician engagement
- Communication between care settings

*Factors identified in the home care environment need to be taken into consideration when applying strategies to manage any challenges.*

## Lessons Learned

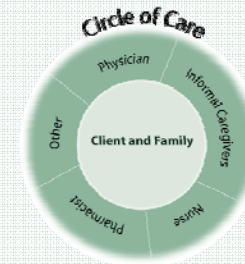
- Time consuming – time for BPMH decreases with familiarity.
- Education is key to successful implementation.
- Require robust - the BPMH Interview Guide is client centered and effective.
- There are benefits in submitting the BPMH to the primary health care practitioner even if no discrepancies have been identified.
- Medication reconciliation is best practice.
- The medication reconciliation process must start and end with the client in a way that facilitates understanding by the client/family. (Client Centered)
- Evidence demonstrates that clients are at significant risk for adverse medication events when transferring from acute care to homecare.

## Next Steps

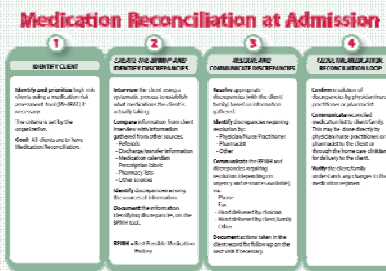
- National implementation of medication reconciliation in homecare - Launch Getting Started Kit.
- Work with Accreditation Canada to ensure Required Organizational Practices (ROPs) take homecare challenges into account.
- Advocacy by pilot co – lead organizations to communicate and build awareness of importance of medication reconciliation in home and community sector.

## Processes & Tools

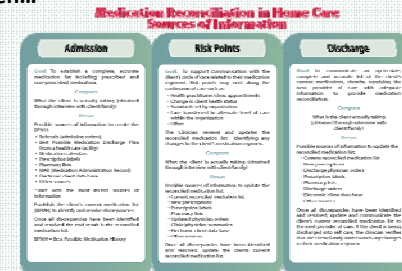
### Who...



### How...



### When...



### Sample BPMH Tool

