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.

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

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.

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 minutes
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

Processes & Tools
Who...

How...

When...

Sample BPMH Tool