# 4th Qatar Patient Safety Week (QPSW)

**16 - 22 September 2018**

## Healthcare Quality & Patient Safety Department
## Ministry of Public Health

# A Global Perspective on Medication Safety: *from evidence to action*

**Carolyn Hoffman RN MN**

**President and Chief Executive Officer**

**Institute for Safe Medication Practices Canada**

# Conflict of Interest

I have no conflict of interest or disclosure in relation to this presentation

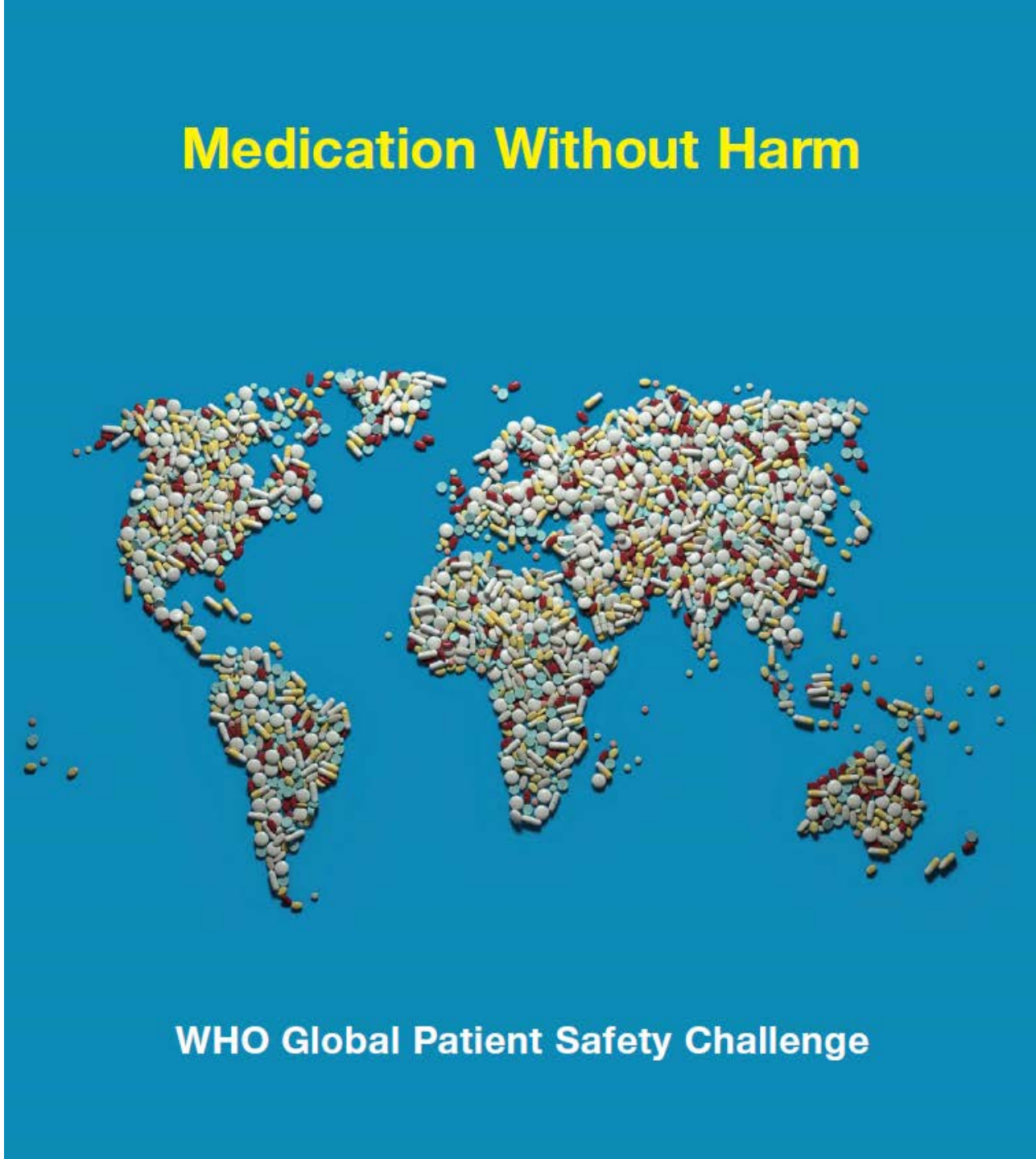
# Objectives

- Highlight the global impact of unsafe medication safety practices and medication errors
- Describe the WHO *Medication Without Harm - Global Patient Safety Challenge on Medication Safety*
- Provide an update on Medication Reconciliation and other strategies/tools for taking action to improve med safety across the continuum
- Highlight the importance of patient and family engagement in medication safety and share a number of examples

Unsafe medication practices and medication errors are a leading cause of avoidable harm

Globally, the cost associated with medication errors has been estimated at $42 billion (US) annually

*Medication Without Harm - Global Patient Safety Challenge on Medication Safety. Geneva: World Health Organization, 2017.*

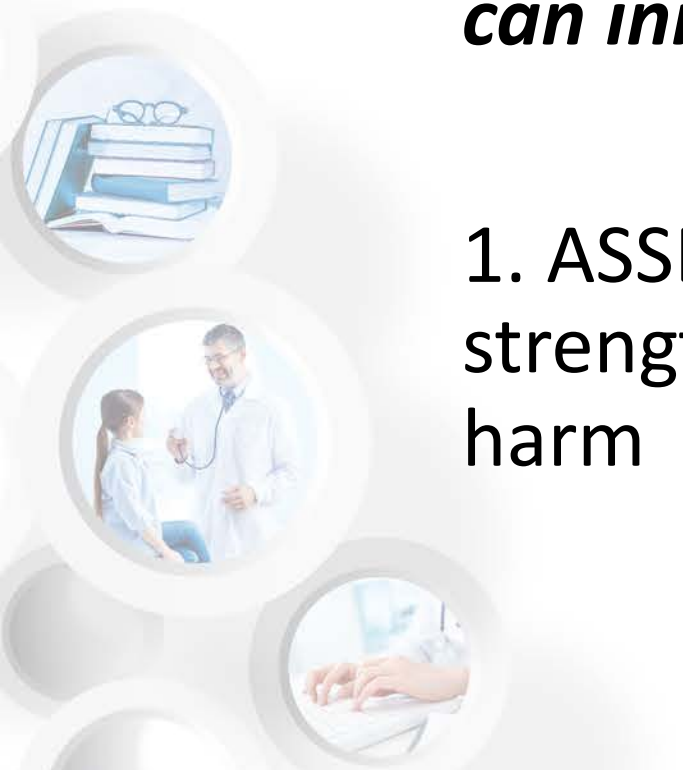



# Why now?

- Medication related harm has been documented for 60 years and continues to cause harm amongst patients
- Patients are harmed because:
  - Medication naming, packaging, and labelling causes confusion
  - Errors are made in prescribing and administering medications
  - The patient is often not engaged, not informed and not empowered

# Five Specific Objectives of the Global Challenge

***Facilitate a strengthening of systems and practices that can initiate corrective actions***



1. ASSESS the scope and nature of avoidable harm and strengthen the monitoring systems to detect and track this harm

# Five Specific Objectives of the Global Challenge

***Facilitate a strengthening of systems and practices that can initiate corrective actions***

2. CREATE a framework for action aimed at patients, health professionals and Member States to facilitate improvements

# Five Specific Objectives of the Global Challenge

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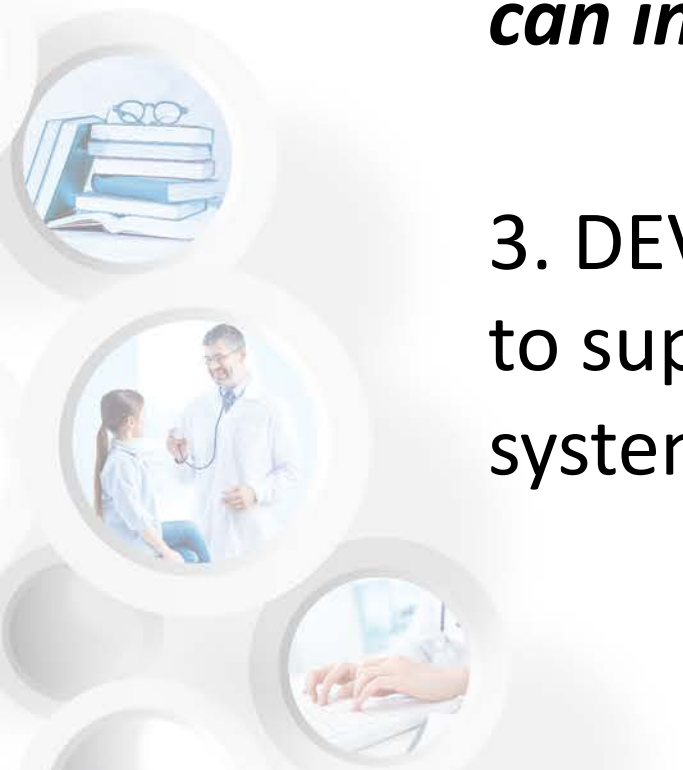
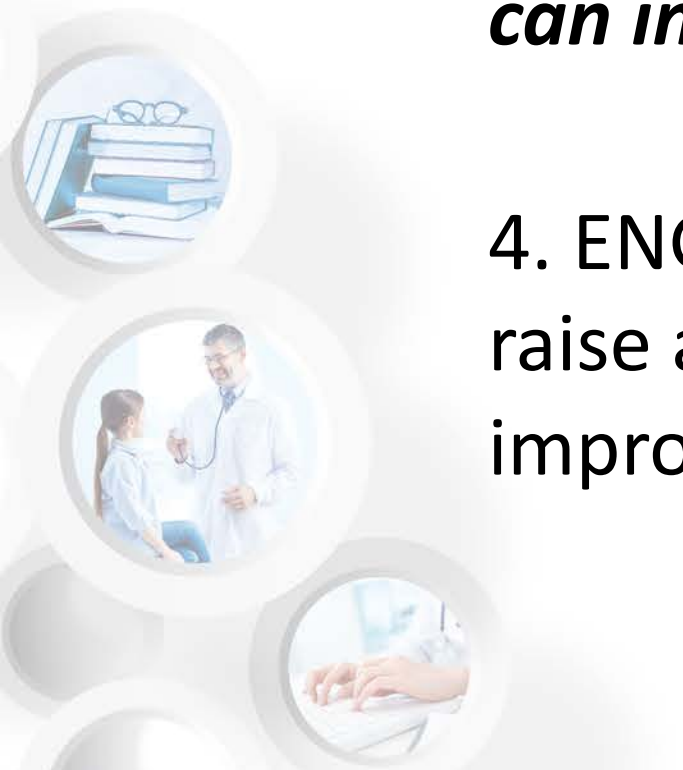


3. DEVELOP guidance, materials, technologies and tools to support the setting up of safer medication use systems

# Five Specific Objectives of the Global Challenge

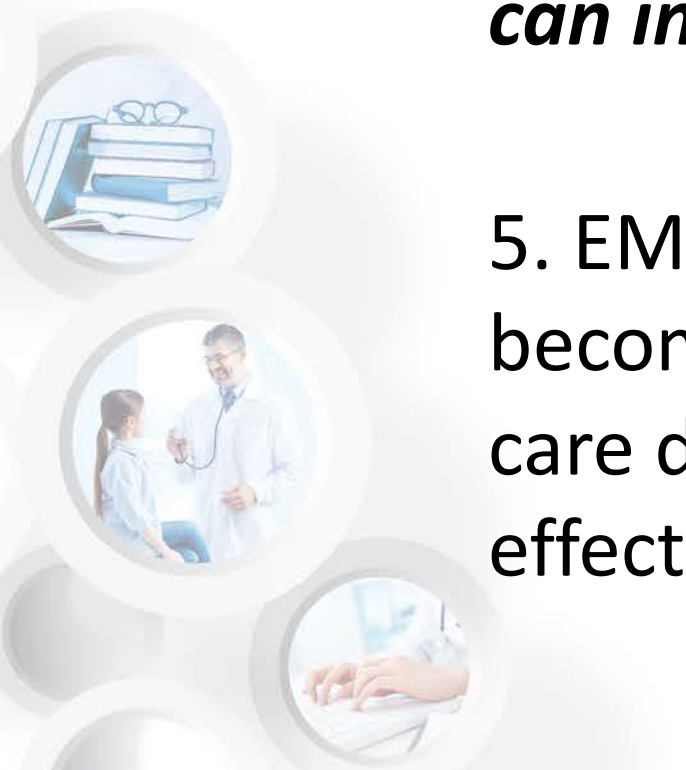
***Facilitate a strengthening of systems and practices that can initiate corrective actions***



4. ENGAGE key stakeholders partners and industry to raise awareness of the problem and actively pursue improvement efforts

# Five Specific Objectives of the Global Challenge

***Facilitate a strengthening of systems and practices that can initiate corrective actions***



5. EMPOWER patients, families and their carers to become actively involved and engaged in treatment or care decisions, ask questions, spot errors and effectively manage their medications

# Third Global Patient Safety Challenge: *Medication without Harm*

**Goal –**

- **to reduce severe, avoidable medication-related harm by 50% within 5 years.**

# Third Global Patient Safety Challenge: *Medication without Harm*

- Since April 2016, countries have been assisting the WHO to prepare
- Five WHO Working Groups have been established:
  - Patients and Public,
  - Health Care Professionals,
  - Medicines,
  - Systems and Practices, and
  - Monitoring and Evaluation.
- ISMP Canada, the Canadian Patient Safety Institute, and Patients for Patient Safety Canada are contributors to several Working Groups.

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PATIENTS FOR PATIENT SAFETY CANADA | PATIENTS POUR LA SÉCURITÉ DES PATIENTS DU CANADA

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

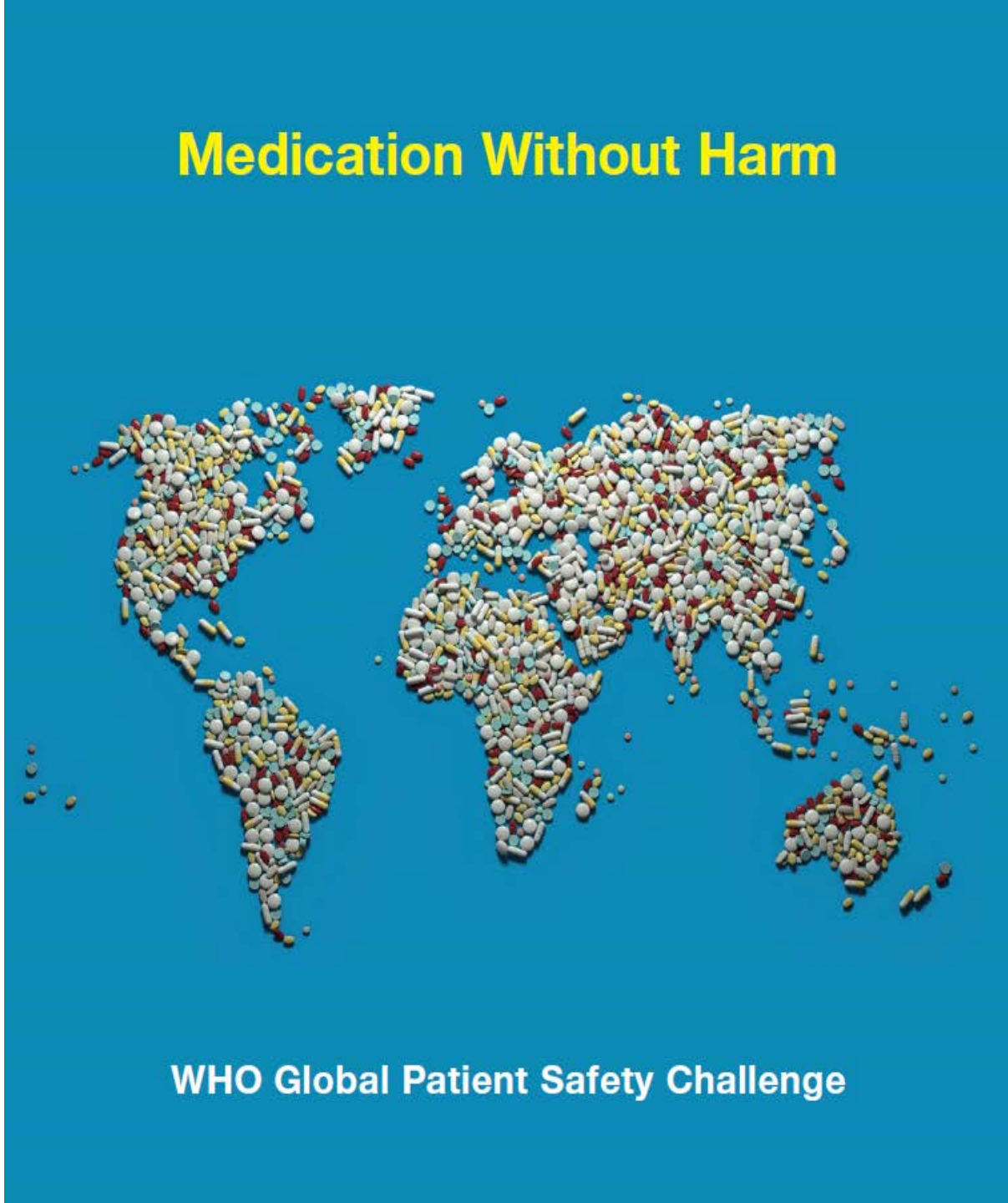
State of Qatar Ministry of Public Health

Qatar Patient Safety Week

## Focus on

1. **High risk medication/ High risk situations**
2. **Polypharmacy**
3. **Transitions of Care**

Resources:
http://www.who.int/patientsafety/medication-safety/en/

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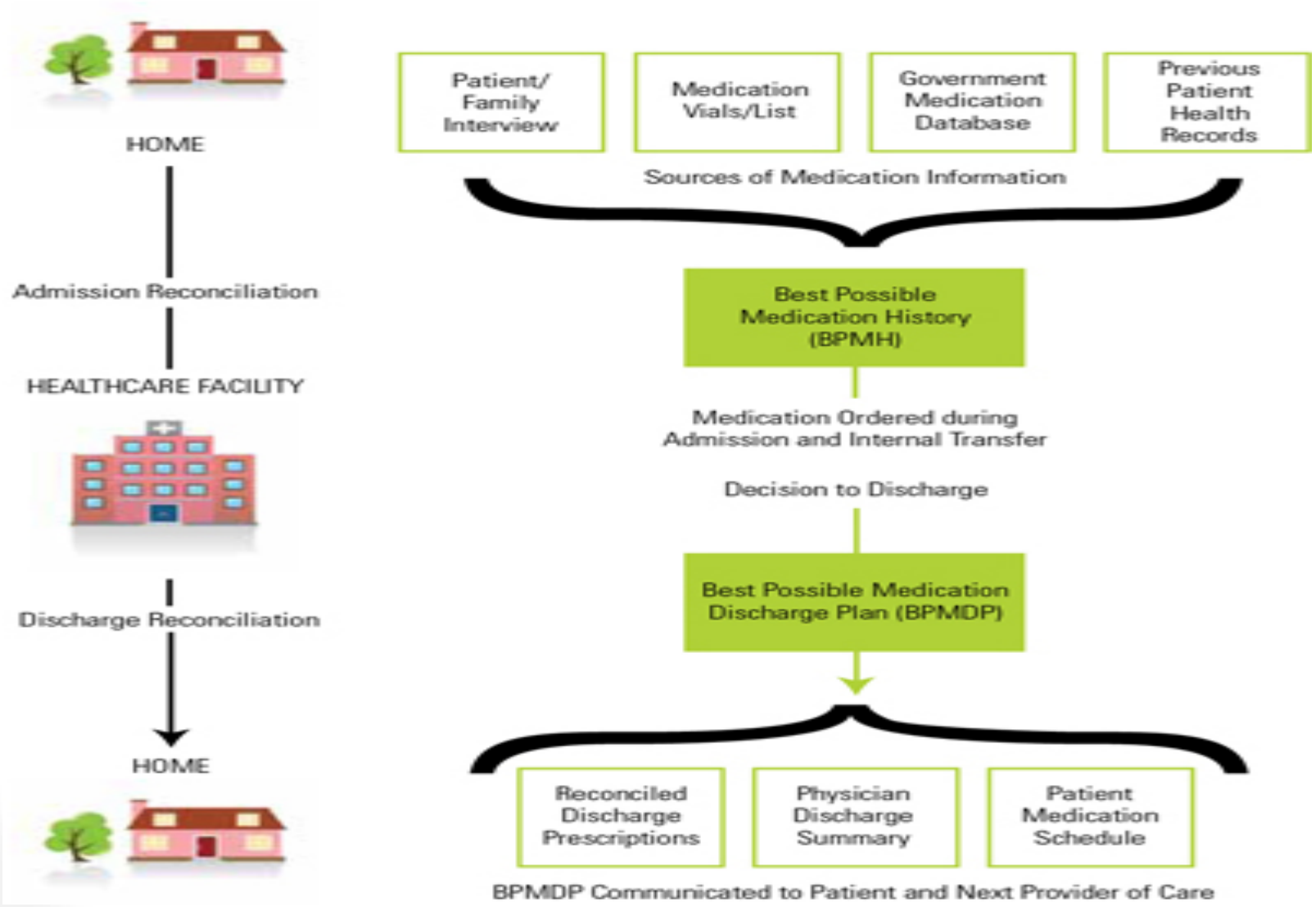
# Medication Reconciliation - *MedRec*

- At hospital admission, up to 67% of patients' prescription medication histories have one or more errors

Tam VC, Knowles SR, Cornish PL, Fine N, Marchesano R, Etchells EE. **Frequency, type and clinical importance of medication history errors at admission to hospital: a systematic review.** *CMAJ, 2005; 173:510-515.*

- Using *MedRec* to ensure accuracy of medications at transitions of care

**FIGURE 1.**
**Overview of medication reconciliation – what, where, when and how**




Reprinted with permission from High 5s: Action on Patient Safety Medication Reconciliation Getting Started Kit

## Medication Management

Medication management is defined as patient-centred care to optimize safe, effective and appropriate drug therapy. Care is provided through collaboration with patients and their health care teams[1]

### Clinical Medication Review

Addresses issues relating to the patient's use of medication in the context of their clinical condition in order to improve health outcomes[2]

### Medication Reconciliation

A formal process in which healthcare providers work together with patients to ensure accurate and comprehensive medication information is communicated consistently across transitions of care[3]

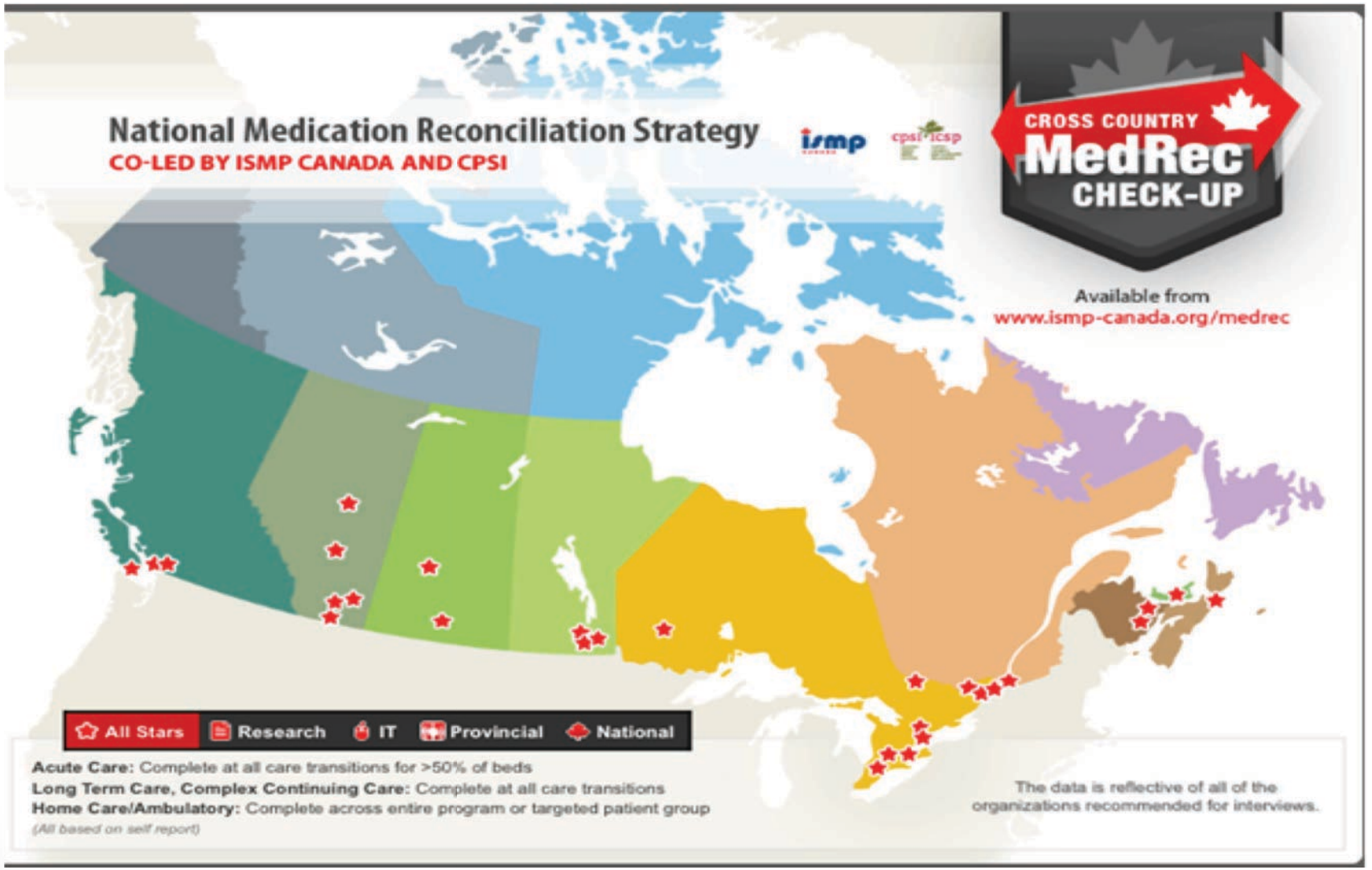
### Best Possible Medication History

A complete and accurate list of all the medications a patient is taking created using at least 2 sources of information including a client and/or family interview[4]

1. Developed collaboratively by the Canadian Pharmacists Association, Canadian Society of Hospital Pharmacists, Institute for Safe Medication Practices Canada, and University of Toronto Faculty of Pharmacy, 2012.
2. www.health.gov.bc.ca/pharmacare
3. ISMP Canada. Medication Reconciliation in Acute Care: Getting Started Kit. 2011
4. ISMP Canada. Medication Reconciliation in Acute Care: Getting Started Kit. 2011

Adapted from Fraser Health, Providence Health Care, Provincial Health Services Authority, Vancouver Coastal Health

ISMP Canada / CPSI Mar 2017 Medication Reconciliation in Acute Care Getting Started Kit

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State of Qatar
MINISTRY OF PUBLIC HEALTH

QATAR PATIENT SAFETY WEEK

# Medication Reconciliation During Transitions of Care as a Patient Safety Strategy- *Systematic Review* JL Kwan, L. Lo, M. Sampson, KG Shojania

*Ann Intern Med.* 2013;158: 397–403

**Annals of Internal Medicine** | SUPPLEMENT

## Medication Reconciliation During Transitions of Care as a Patient Safety Strategy

### A Systematic Review

Janice L. Kwan, MD*; Lisha Lo, MPH*; Margaret Sampson, MLIS, PhD; and Kaveh G. Shojania, MD

Medication reconciliation identifies and resolves unintentional discrepancies between patients' medication lists across transitions in care. The purpose of this review is to summarize evidence about the effectiveness of hospital-based medication reconciliation interventions. Searches encompassed MEDLINE through November 2012 and EMBASE and the Cochrane Central Register of Controlled Trials through July 2012. Eligible studies evaluated the effects of hospital-based medication reconciliation on unintentional discrepancies with nontrivial risks for harm to patients or 30-day postdischarge emergency department visits and readmission. Two reviewers evaluated study eligibility, abstracted data, and assessed study quality.

Eighteen studies evaluating 20 interventions met the selection criteria. Pharmacists performed medication reconciliation in 17 of the 20 interventions. Most unintentional discrepancies identified had no clinical significance. Medication reconciliation alone probably does not reduce postdischarge hospital utilization but may do so when bundled with interventions aimed at improving care transitions.

*Ann Intern Med.* 2013;158:397-403. www.annals.org

For author affiliations, see end of text.

* Dr. Kwan and Ms. Lo contributed equally to this manuscript.

# Medication Reconciliation During Transitions of Care as a Patient Safety Strategy – Systematic Review

**JL. Kwan, L. Lo, M. Sampson, KG Shojania *Ann Intern Med.* 2013; 158: 397-403**

- Summary Points
  - Med Rec is *widely recommended* to avoid unintentional discrepancies between patients' medications across transitions in care
  - Clinically significant *unintentional discrepancies* affect only a few patients
  - Med Rec alone probably does not reduce post-discharge hospital utilization within 30 days but may do so when *bundled* with other interventions that improve discharge coordination
  - *Pharmacists* play a major role in most successful interventions
  - Commonly used criteria for selecting *high-risk patients* do not consistently improve the effect of med rec

# Med Rec - Moving Forward

**PJ Kaboli and O Fernandes, Arch Intern Med. 23 July 2012; 172(14):p:1069-1070)**

## 11 Critical Elements of a Med Rec Bundle May Influence Post Discharge Hospital Visits

1. Systematic BPMH process on admission
2. Integrated admission to discharge reconciliation processes
3. Discharge delineation of med changes since admission
4. Pharmacist involvement in reconciliation from admission to discharge
5. An electronic platform to support interprofessional reconciliation
6. Formal discharge reconciliation with pharmacist-provider collaboration
7. Patient education prior to discharge (counselling)
8. Post-discharge communication with the patient
9. Discharge communication with outpatient providers
10. High risk group focus
11. Pharmaceutical care (Med Management)

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# Using a Bundle of Clinical Pharmacy Services

FIGURE 5: BUNDLE OF CLINICAL PHARMACY SERVICES USED IN THE INTERVENTION ARM


Fernandes O, Toombs K, Pereira et al. Canadian Consensus on Clinical Pharmacy Key Performance Indicators: Knowledge Mobilization Guid
Ottawa, ON: Canadian Society of Hospital Pharmacists; 2015. http://www.cshp.ca/productsservices/cpkpi/CSPH-Can-Concensus-cpKPI-Knowledge-Mobilization-Guide.pdf

# MyMedRec app



Medication
Record Book

iPhone
Android
Blackberry

https://www.knowledgeisthebestmedicine.org/index.php/en/app

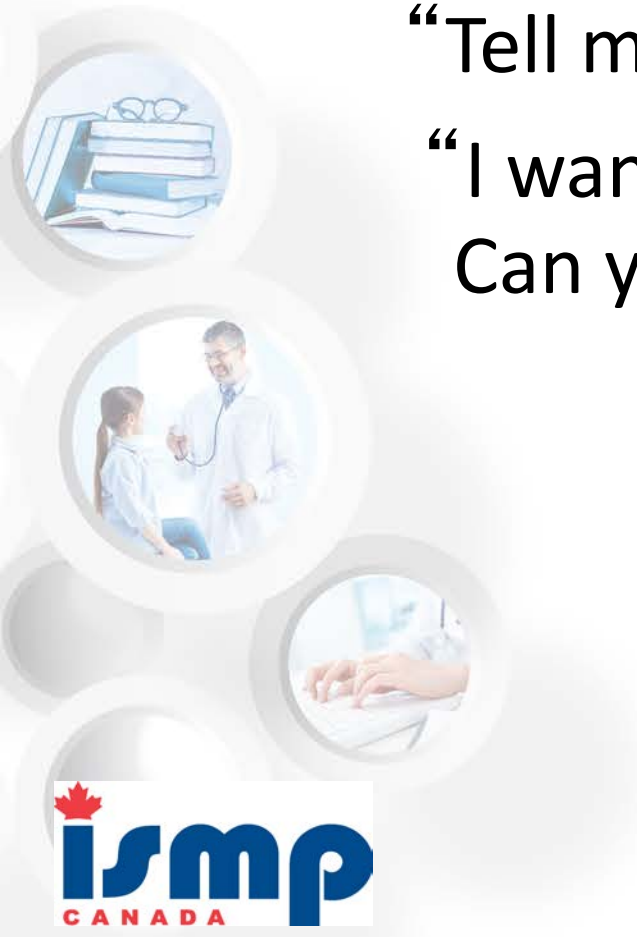
# Partnering with Patients and Families

- Values their insights and experience
- Empowers them to take an active role in their care
- Instead of asking what's the matter with you, asking 'What Matters to you?'

"Patients are the extra sets of eyes and ears that should be integrated into the safety processes of all health care organizations"

*Engaging Patients in Patient Safety - a Canadian Guide CPSI 2017*

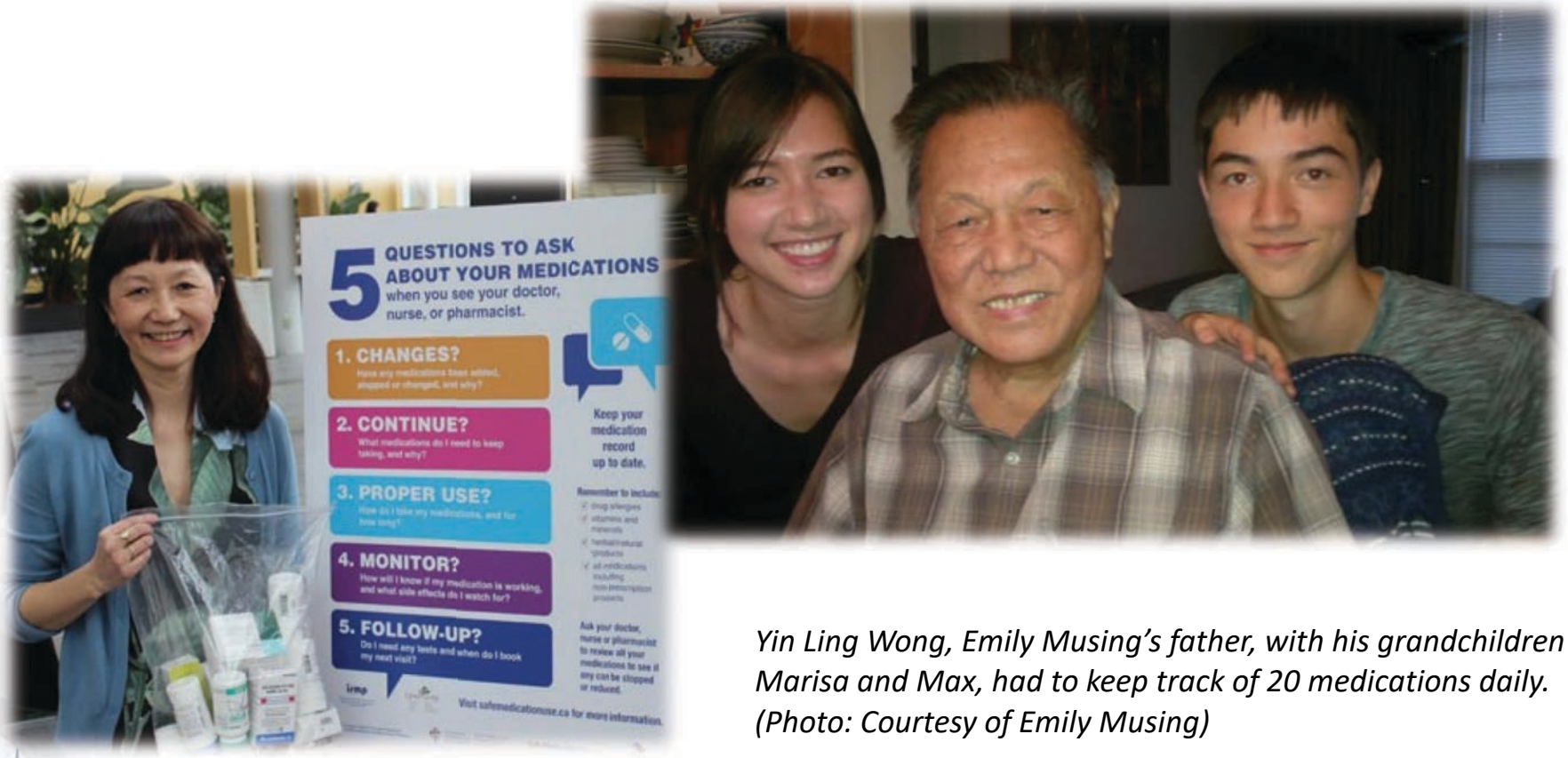
# Use TeachBack Method - Confirm patient understanding



"Tell me what you've understood."

"I want to make sure I explained your medicine clearly. Can you tell me how you will take your medicine?"

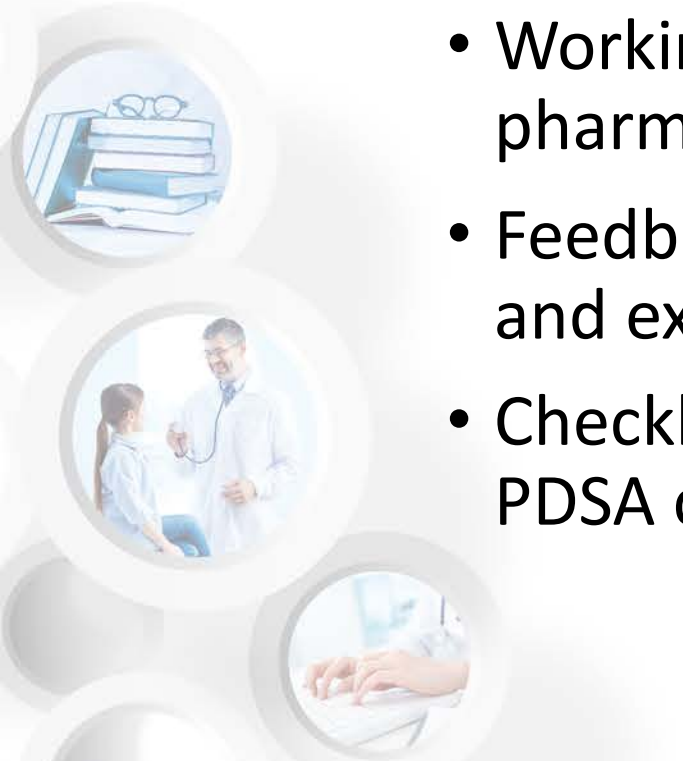

Reference/Resource: www.teachbacktraining.org
Health Literacy: Hidden Barriers and Practical Strategies.
http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/tool3a/index.html




*Yin Ling Wong, Emily Musing's father, with his grandchildren Marisa and Max, had to keep track of 20 medications daily. (Photo: Courtesy of Emily Musing)*

*Emily Musing, Executive Director, Pharmacy, Clinical Risk and Quality and Patient Safety Officer at UHN, (Photo: UHN)*

# Five Questions to Ask: Collaborative Process



- Completed environmental scan
- Working group consisted of patients, nurses, doctors and pharmacists developed a draft
- Feedback obtained from patients, clinicians, advisory panel and external stakeholder groups
- Checklist revised using the model for improvement and PDSA cycles and based on feedback received and tested

# Co-Designed with Patients

**5**

**QUESTIONS TO ASK ABOUT YOUR MEDICATIONS**

when you see your doctor, nurse, or pharmacist.

Visit safemedicationuse.ca for more information.

**1. CHANGES?**
Have any medications been added, stopped or changed, and why?

**2. CONTINUE?**
What medications do I need to keep taking, and why?

**3. PROPER USE?**
How do I take my medications, and for how long?

**4. MONITOR?**
How will I know if my medication is working, and what side effects do I watch for?

**5. FOLLOW-UP?**
Do I need any tests and when do I book my next visit?

**Keep your medication record up to date.**

**Remember to include:**

- ✓ drug allergies
- ✓ vitamins and minerals
- ✓ herbal/natural products
- ✓ all medications including non-prescription products

Ask your doctor, nurse or pharmacist to review all your medications to see if any can be stopped or reduced.



https://www.ismp-canada.org/medrec/5questions.htm

# It’s about starting a conversation

5 Questions to Ask About Your Medication can help “…initiate a 2 way communication and encourages everyone to be more involved with their personal health care – take more accountability and responsibility”

5 questions survey respondent

# It’s about starting a conversation

ARABIC

## 5 أسئلة حول أدويتك

يجب طرحها عند مقابلتك
الطبيب أو الممرض أو الصيدلي

**1. التغييرات؟**
هل تم إضافة أو إيقاف أو تغيير أحد الأدوية، ولماذا؟

**2. الاستمرارية؟**
ما هي الأدوية التي ينبغي أن أستمر بتناولها، ولماذا؟

**3. الاستخدام الصحيح؟**
كيف يجب أن أستخدم أدويتي، و إلى متى؟

**4. المراقبة؟**
كيف أتأكد من فعالية الأدوية التي أتناولها،
وما هي التأثيرات الجانبية التي يجب علي الحذر منها؟

**5. المتابعة؟**
هل علّي إجراء أية فحوصات أو تحاليل
و ما هو موعد الزيارة القادمة؟

إحرص على تحديث سجلّ أدويتك أولاً بأول

تذكر أن تضيف:
- أي حساسية للأدوية
- الفيتامينات والمعادن
- مستحضرات الأعشاب والمستحضرات الطبيعية
- جميع الأدوية الأخرى بما فيها الأدوية التي لا تحتاج لوصفة طبية

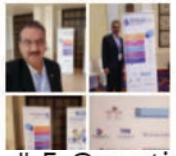
استشر الطبيب أو الممرض أو الصيدلي لمراجعة إمكانية إيقاف أحد أدويتك أو التخفيف من جرعاتها

لمزيد من المعلومات زوروا:
safemedicationuse.ca



SafeMedicationUse.ca

**alice watt** @alicewatt · Apr 9
Canadian Patient Safety resources recognized and spread globally at the Medication Safety Symposium in Qatar! @ISMPCanada @Patient_Safety @SafeMedUse



**Nadeem Zia** @NadeemZiaRPh
" 5 Questions To Ask About Your Medications" Medication Safety Symposium, Qatar Apr 6-7, 2018 @CPhAAPhC @CSHP_SCPH #NadeemRPh

" 5 Questions To Ask About Your Medications" Medication Safety Symposium, Qatar Apr 6-7, 2018 @CPhAAPhC @CSHP_SCPH #NadeemRPh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https://www.ismp-canada.org/medrec/5questions.htm#l=tab2

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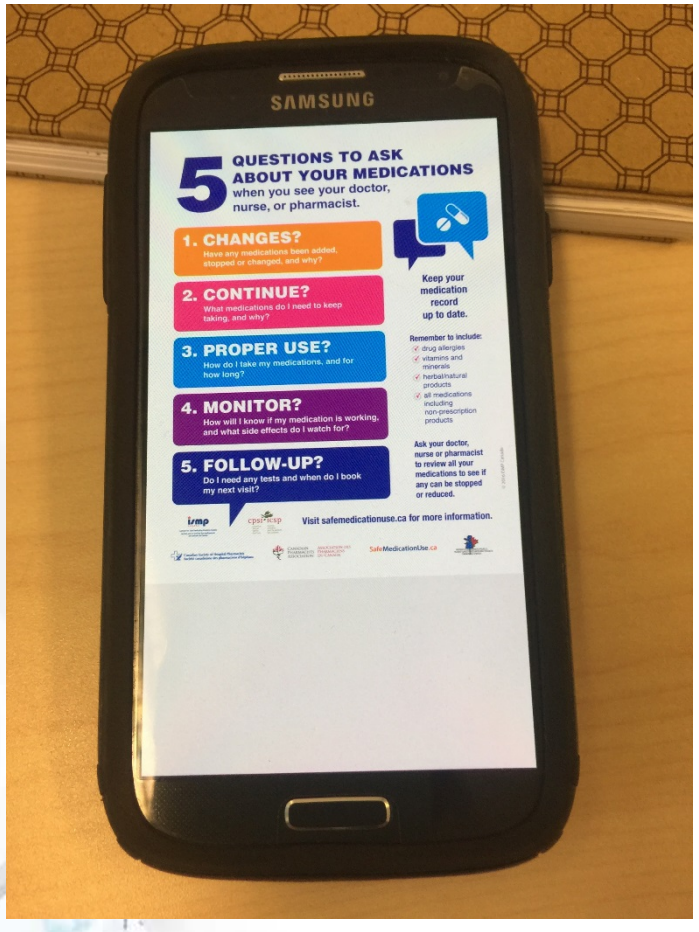



# Patients can take a snapshot of the 5 questions to ask

# Additional Strategies/Tools

# Opioids for pain after surgery: Your questions answered

## Opioids for pain after surgery: Your questions answered

### 1. Changes?

**You have been prescribed an opioid.**
Opioids reduce pain but will not take away all your pain. Ask your prescriber about other methods of reducing pain including using ice, stretching, physiotherapy, or non-opioid drugs like acetaminophen or ibuprofen. Know your pain control plan and work closely with your prescriber if your pain does not improve.

### 2. Continue?

**Opioids are usually required for less than 1 week after surgery.**
As you continue to recover from your surgery, your pain should get better day by day. As you get better, you will need less opioids. Consult your healthcare provider about how and when to reduce your dose.

### 3. Proper Use?

**Use the lowest possible dose for the shortest possible time.**
Overdose and addiction can occur with opioids. Avoid alcohol and sleeping pills (e.g. benzodiazepines like lorazepam) while taking opioids. Do not drive while taking opioids.

### 4. Monitor?

**Side effects include: sedation, constipation, nausea and dizziness.**
Contact your healthcare provider if you have severe dizziness or inability to stay awake.

### 5. Follow-Up?

**Ask your prescriber when your pain should get better.**
If your pain is not improving as expected, talk to your healthcare provider.

To find out more, visit: **OpioidStewardship.ca** and **DeprescribingNetwork.ca**

### It is important to:

Never share your opioid medication with anyone else.

Store your opioid medication in a secure place; out of reach and out of sight of children, teens and pets.

Ask about other options available to treat pain.

Take unused medications back to a pharmacy for safe disposal.
Talk with your pharmacist if you have questions. For locations that accept returns: ☎ 1-844-535-8889 healthsteward.ca

### Did you know?

**About 16 Canadians are hospitalized each day with opioid poisoning.**
— Canadian Institute for Health Information, 2017

### Examples of opioids used for pain after surgery:

| hydromorphone | morphine | codeine | oxycodone | tramadol |
|---|---|---|---|---|

**Notes:**



ismp · Canadian Deprescribing Network · cpsi icsp · Choosing Wisely Canada · CADTH · Canadian Society of Hospital Pharmacists · Société canadienne des pharmaciens d'hôpitaux · Canadian Nurses Association · Association médicale canadienne · Canadian Medical Association

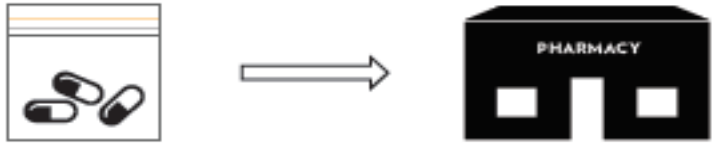
https://www.ismp-canada.org/download/OpioidStewardship/OpioidsAfterSurgery-EN.pdf

# HAVE UNUSED MEDICATIONS OVERSTAYED THEIR WELCOME?

## PREVENT MEDICATION ACCIDENTS

1. Store medications out of sight and reach of:


2. Place unused medications in a bag and bring to a pharmacy.




3. For locations that accept returns:

1.844.535.8889 HEALTHSTEWARD.CA

Ask a healthcare provider if you have questions.

HEALTH PRODUCTS STEWARDSHIP ASSOCIATION

cpsi · icsp

## TAKE IT BACK!

Responsibly return unused and expired medications.

**You can return:**

All prescription medications

Over-the-counter drugs

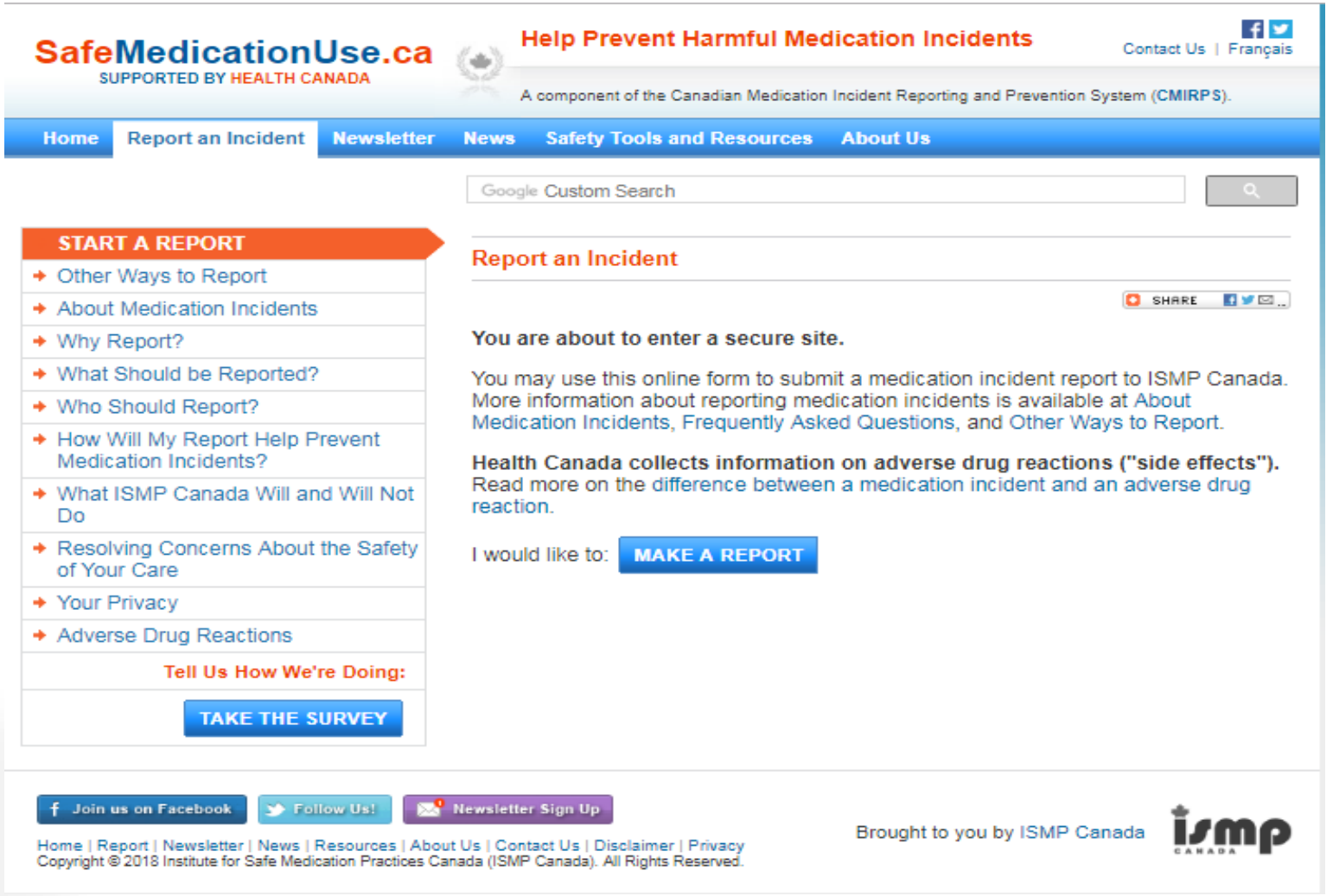
Natural health products

Inhalers

SafeMedicationUse.ca is ISMP Canada's consumer-focused website and part of the Canadian Medication Incident Reporting and Prevention System (CMIRPS). CMIRPS is a Canadian initiative supported by Health Canada to prevent harmful medication incidents. SafeMedicationUse.ca provides a confidential way for consumers to report medication incidents and to get information about using medications safely.

https://www.ismp-canada.org/download/safetyBulletins/2018/ISMPCSB2018-06-StorageDisposal.pdf

# Consumer Reporting of Medication Incidents




https://www.safemedicationuse.ca/report/privacy.html

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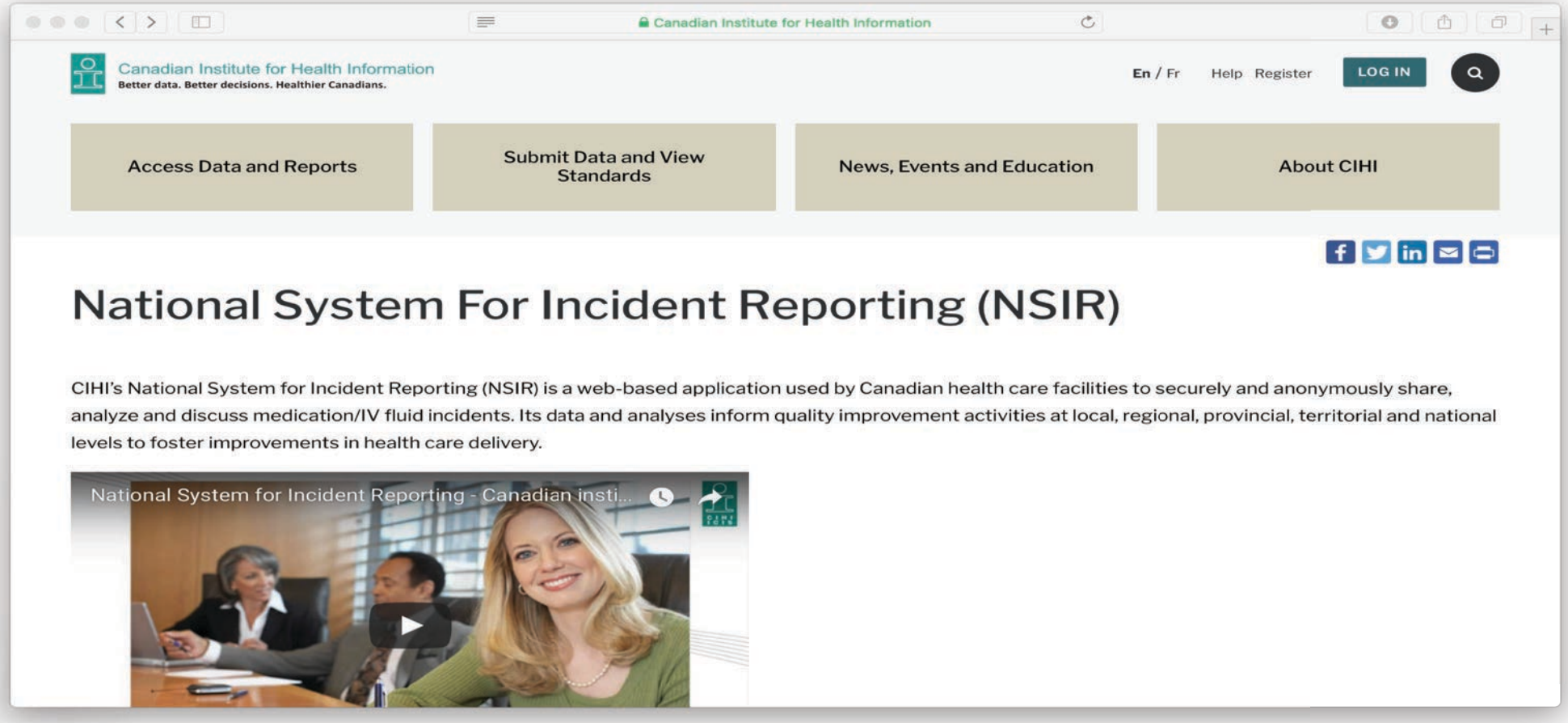
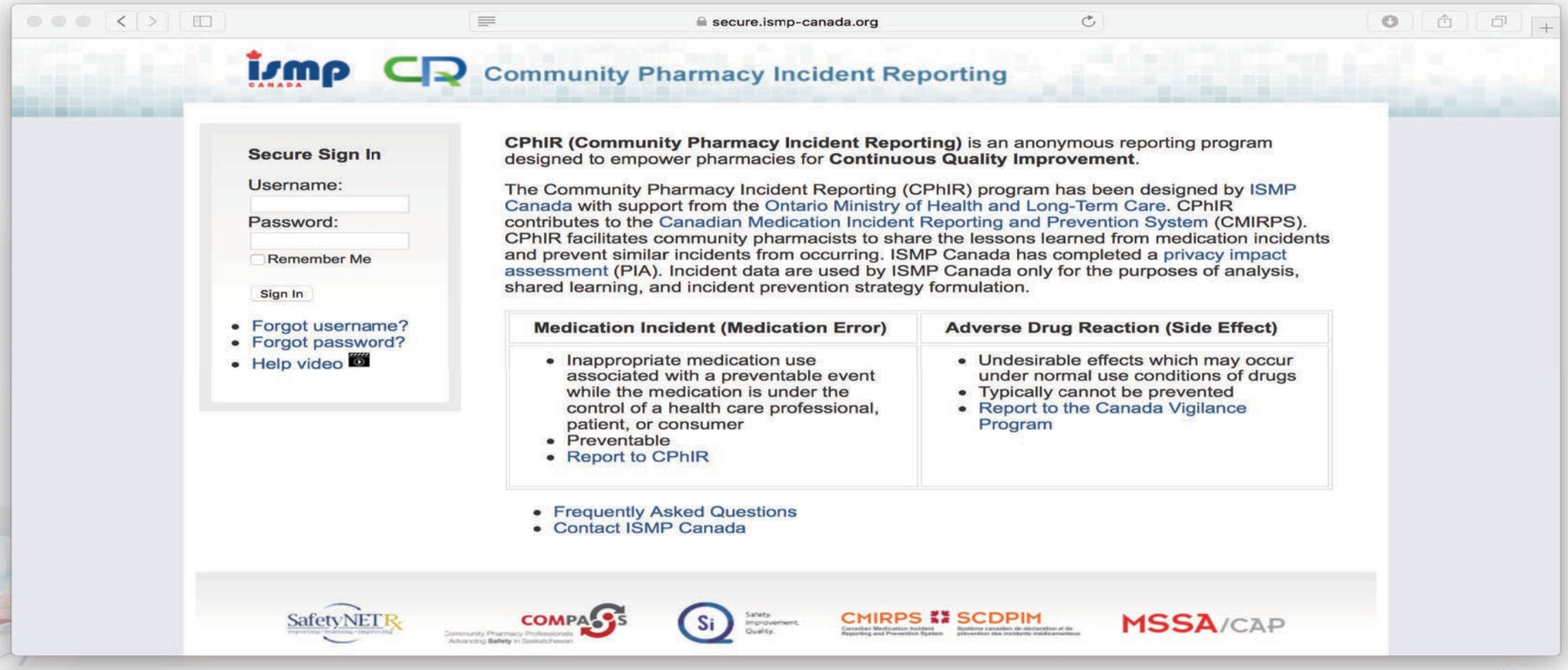
# Hospital Reporting of Medication Incidents



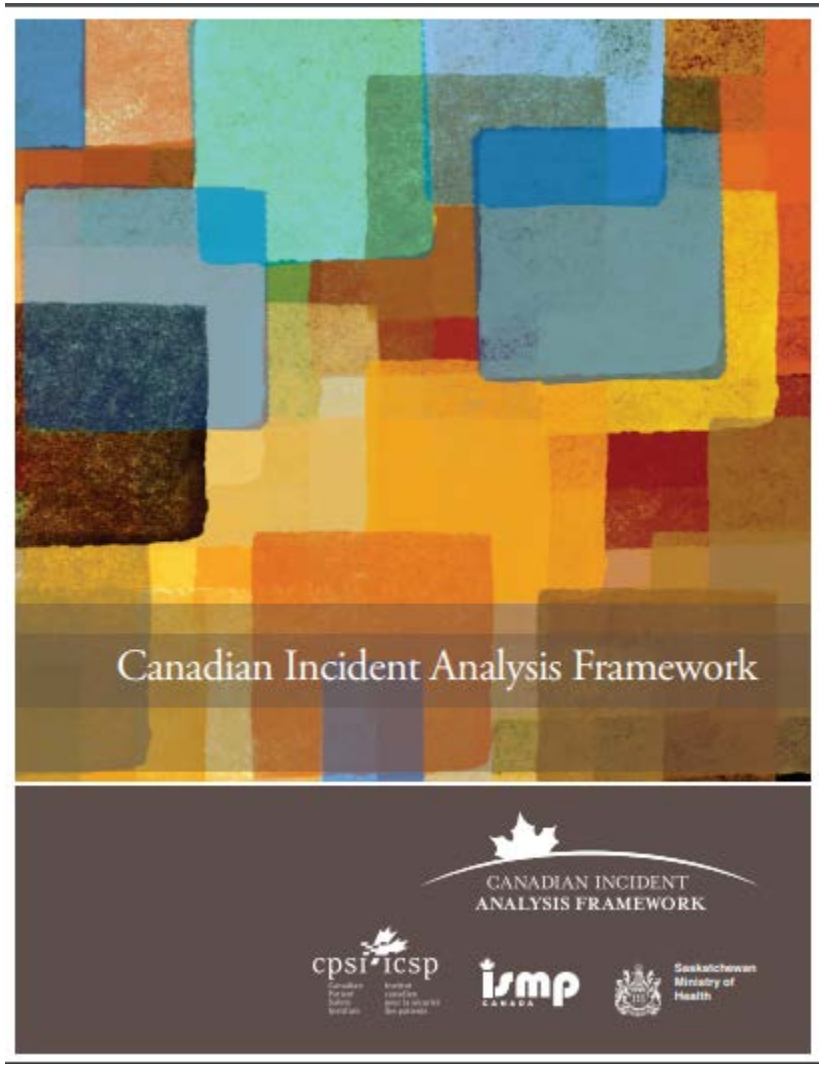

https://www.cihi.ca/en/national-system-for-incident-reporting-nsir

# Pharmacy Reporting of Medication Incidents



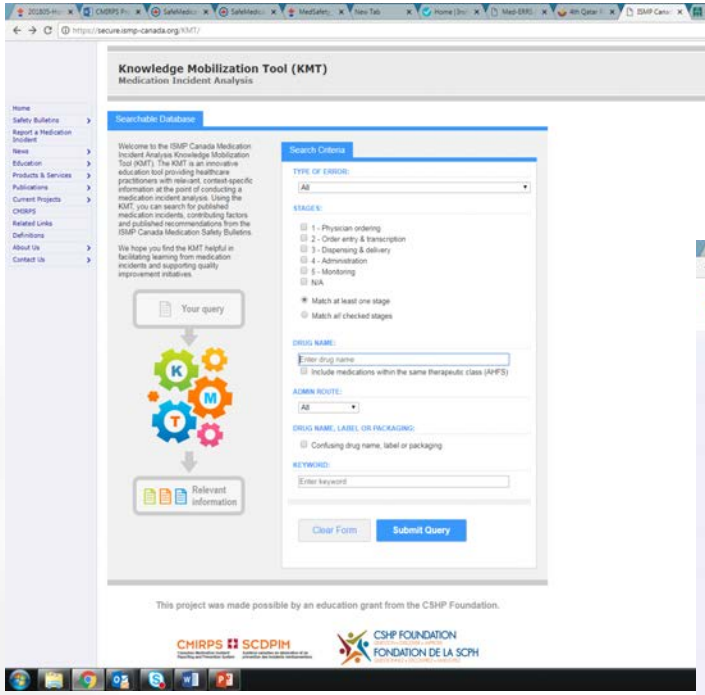

https://secure.ismp-canada.org/CPHIR/Reporting/login.php

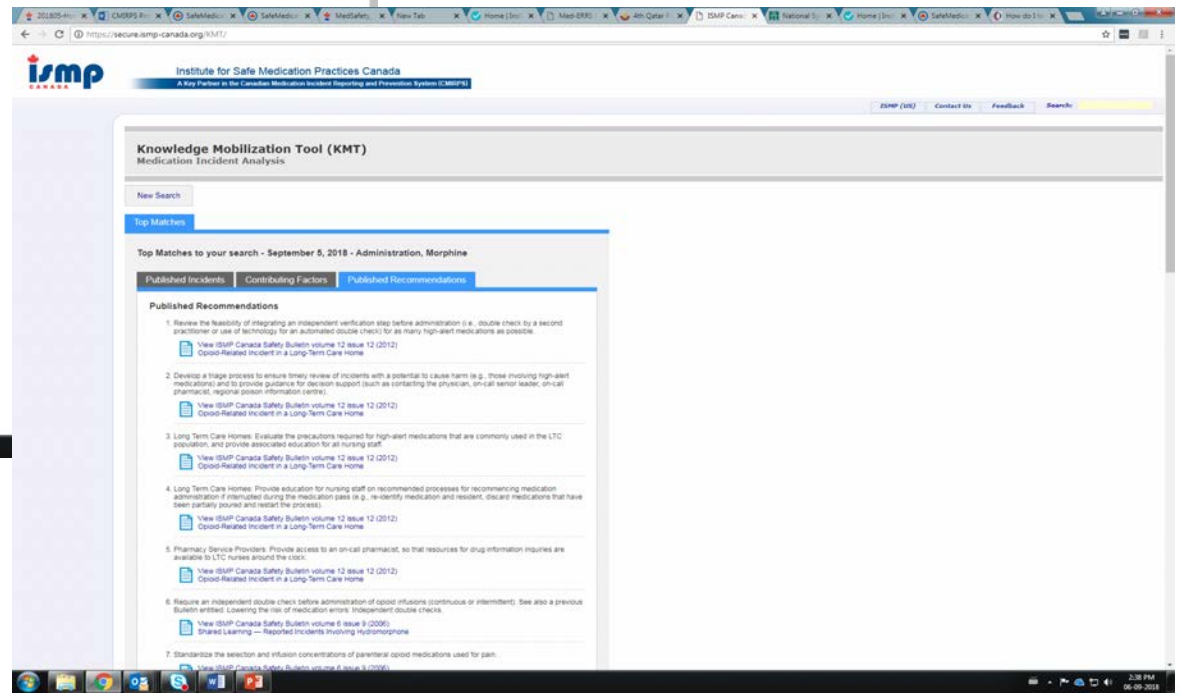
# Canadian Incident Analysis Framework




http://www.patientsafetyinstitute.ca/en/toolsResources/IncidentAnalysis/Documents/Canadian%20Incident%20Analysis%20Framework.PDF

# Knowledge Mobilization Tool (ISMP Canada)




https://secure.ismp-canada.org/KMT/

# From Evidence to Action…


https://www.ismp-canada.org/education/

# References


- *Canadian Consensus on Clinical Pharmacy Key Performance Indicators*: *Knowledge Mobilization Guide*. O. Fernandes, K. Toombs, Pereira, et al. Ottawa, ON: Canadian Society of Hospital Pharmacists. 2015.
- *Engaging Patients in Patient Safety - a Canadian Guide CPSI 2017. Retrieved from: http://www.patientsafetyinstitute.ca/en/toolsResources/Patient-Engagement-in-Patient-Safety-Guide/Pages/default.aspx*
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- *Medication Without Harm - Global Patient Safety Challenge on Medication Safety. Geneva: World Health Organization, 2017. Licence: CC BY-NC-SA 3.0 IGO*
  - http://www.who.int/patientsafety/medication-safety/en/

# *Thank you*

*Carolyn Hoffman*

*Carolyn.hoffman@ismpcanada.ca*

*Slides will be available online following the conference*