Partnering with Patients in Medication Safety

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Presenter Disclosure

- Presenter’s Name: Alice Watt

- I have no current or past relationships with commercial entities

- Speaking Fees for current program:
  - I have received no speaker’s fee for this learning activity
This learning activity has received in-kind support from CSHP in the form of a 2 day complementary registration to this conference.
Objectives

Participants will leave with an increased understanding of:

• the rationale for partnering with patients in medication safety

• the role and responsibilities of patients/families in medication safety and how hospital pharmacists can help
Objectives

Participants will leave with an increased understanding of:

• the evidence pertaining to patient and family engagement strategies and their impact on medication safety

• supporting tips, tools and resources, leading innovation and practices that help engage patients in safe medication use
Rationale for Partnering with Patients
Colleen’s Story

November 10, 2015 - Your Discharge is Someone's Admission, National MedRec Webinar, Colleen Cameron, Clinical Pharmacist at Grand River Hospital in Kitchener Ontario
Can you show me how you would take warfarin 7 mg?

$5 \times 5 = 27 \text{ mg}$

$1 \times 1 = 7 \text{ mg}$
Why the confusion?

Taking 7 mg using $\frac{5}{1}$ is Math

Taking 7 mg using $\frac{1}{1}$ is Counting
WHO Global Safety Challenge
Medical error is the 3rd leading cause of death in Canada

Medication errors are among the most common and harmful of patient safety incidents

(CIHI; CPSI, 2016; Slawomirkski, Auraaen, & Klazinga, 2017).

CPSI – The Case for Investing in Patient Safety in Canada, 2017
Death Due to Pharmacy Compounding Error Reinforces Need for Safety Focus
“We had no idea this could even happen.”

Mother whose 8 year old child died after receiving a wrong drug
Supporting FULL ENGAGEMENT of patients improving safety and effectiveness of medication use ... 

“is the ‘most powerful’ strategy for improving safety”

Lyle Bootman, Co-chair, Committee on Identifying and Preventing Medication Errors, Institute of Medicine, July 2006
Role of Patients
Partnering with patients

• values their insights and experience, and empowers them to take an active role in their care.

“Patients are the extra sets of eyes and ears that should be integrated into the safety process of all health care organizations”

Engaging Patients in Patient Safety - a Canadian Guide CPSI 2017
Patient/ Family contributions to medication safety

- Self-knowledge and knowledge of family members
- Managing/monitoring medications
- Coordinating among providers
- Research
- Reporting
- Helping guide improvement

Helen Haskell’s Presentation: Patient engagement in medication safety at the point of care – roles, responsibilities, September 15, 2016 WHO/CPSI
Role of Patients

• Ask questions about your medications

• Say back to clinicians in your own words what you think they have told you.
Role of Patients

• Ask the pharmacist to review your medications with you prior to discharge

• Prior to discharge, ask for a list of the medications you should be taking at home

Role of Pharmacists
By engaging patients, pharmacists can help improve:

- patient’s knowledge
- patient’s adherence
- patient satisfaction and quality of life
- patient’s hospital experience

Effect of an In-Hospital Multifaceted Clinical Pharmacist Intervention on the Risk of Readmission

- >1,400 Danish adults, acute admission ward who were using five or more medications.
- A multifaceted clinical pharmacist intervention at discharge could reduce the number of visits to the emergency department (ED) and readmissions to the hospital

Effect of an In-Hospital Multifaceted Clinical Pharmacist Intervention on the Risk of Readmission

• The extended intervention had a significant effect on the numbers of patients who were readmitted within 30 days (NNT=12) or within 180 days (NNT =11)

• This study shows that hospital pharmacists may play an important role in preventing hospital readmissions

Systematic Review: Identifying the Optimal Role for Pharmacists in Care Transitions

- MedRec alone is insufficient
- Combine with patient counselling and clinical medication review
- Link with outreaching hospital pharmacist or community pharmacist/family doctor

Role for the hospital pharmacist

• Pharmacist listens to, understands and respects the patient’s story about experiences and expectations that will affect the use of medications.

• Educates patient about diseases and medications during their hospital stay

• Medication education at discharge

CSHP Excellence in Hospital Pharmacy cshp.ca/excellence
Role for the hospital pharmacist

- MedRec At Discharge
- Plan of care at transitions of care is communicated to the next care provider
- Involve patient in care decisions
- View patients as valuable, effective partners in shared decision-making.
Role for the hospital pharmacist

• Provide patient and providers in circle of care with an up-to-date medication list.

• Provide medication information and engagement tools that support patients at their literacy level/language.

• Engage patients as equal partners in safety improvement and care design activities.
Role for the hospital pharmacist

- Provide clear information, apologies, and support to patients and families when things go wrong.

CPSI Canadian Disclosure Guidelines 2011
http://www.patientsafetyinstitute.ca
Evidence of Patient / Family Engagement Strategies
Systematic Review:
Evaluation of patient and family engagement strategies to improve medication safety

• Key engagement strategies
  • Patient education
  • MedRec strategies

Systematic Review:
Evaluation of patient and family engagement strategies to improve medication safety

- 55% of the studies (n=19) significant improvement on at least one medication safety outcome

Ladder of patient and family engagement

Tips, Tools & Resources
Tip: Communication is key
How do we talk with patients?

- Focus on “need-to-know” & “need-to-do”
- Demonstrate/draw pictures
- Use clearly, written education materials
- Use Motivational Interviewing and TeachBack method

Use TeachBack Method to 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?”

Hospital to Home
Facilitating Safe Medications at Transitions

A Toolkit and Checklist for Hospital Pharmacists
Hospital to Home
Medication Focused Transitions Checklist

1. Create Best Possible Medication Discharge plan

2. Chat and Check patient’s understanding of meds

3. Connect with community partners to ensure supports in place

4. Complete transition
Co-Designed with Patients

5 Questions to Ask About Your Medications when you see your doctor, nurse, or pharmacist.

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.

Endorsed by:

Visit safemedicationuse.ca for more information.

https://www.ismp-canada.org/medrec/5questions.htm#l=tab2
MyMedRec

Medication Record Book


App for
- iPhone
- Android
- Blackberry
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. Talk to your healthcare provider or pharmacist 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 prescribed for less than 1-2 weeks after surgery. As you continue to recover from your surgery, your pain may get better day by day. As you get better, you may need to use less opioid. Consult your doctor or pharmacist 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 temazepam) while taking opioids. Do not drive while taking opioids.

4. Monitor?
Side effects include sedation, constipation, nausea and dizziness. Contact your doctor or pharmacist if you have severe dizziness or inability to stay awake.

5. Follow-Up?
Talk to 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 DisprescribingNetwork.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: 1-647-535-8889 / healthtextwa.ca

Did you know?

- About 14 Canadians are hospitalized each day with opioid poisoning. — Canadian Institute for Health Information, 2011

Examples of opioids used for pain after surgery:

- hydrocodone
- morphine
- codeine
- oxycodone
- tramadol

Notes:
Storage and Disposal of unused medications card

1. Store medications out of sight and reach of:
   - Children and teens
   - Visitors
   - Pets

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.

Welcome to the Diabetes Medication Choice Decision Aid.

This guide provides information on medications commonly used to treat type-2 diabetes.

Let's get started

Caution: This application is for use exclusively during the clinical encounter with your clinician

https://diabetesdecisionaid.mayoclinic.org/
Patient engagement is changing

- **Patient engagement**
  - DASH MD
  - Seamless MD
  - myUHN

- **Self Care**
  - CGM
  - bant

- **Population health management**
  - athenahealth

- **Telehealth Virtual Care**
  - Otn.

- **Access to labs/records**
  - MedChart
  - LifeLabs

- **Connecting/collaborating**
  - Skype

- **Incentives**
  - Carrot Rewards

- **Peer to Peer Support**
  - Big White Wall

ElevateHealth 2017/ Adapted from Lydia Lee
Do the best you can until you know better. Then when you know better, you do better.

Maya Angelou, renowned poet
Let’s continue the conversation and share your ideas

FB: MedRec Network
MedSafety PSN
Twitter @alicewatt

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References

1. November 10, 2015 - Your Discharge is Someone's Admission, National MedRec Webinar, Colleen Cameron, Clinical Pharmacist at Grand River Hospital in Kitchener Ontario
3. CPSI – The Case for Investing in Patient Safety in Canada, August 2017
4. CPSI – Canadian Disclosure Guidelines 2011
10. ElevateHealth 2017/ Adapted from Lydia Lee. Used with permission.
11. WHO/CPSI - Helen Haskell’s Presentation: Patient engagement in medication safety at the point of care - roles, responsibilities, September 15, 2016
14. https://www.ted.com/talks/celeste_headlee_10_ways_to_have_a_better_conversation
Recommended Resources

SAFETY IS PERSONAL
Partnering with Patients and Families for the Safest Care

Engaging Patients in Patient Safety – a Canadian Guide

PREVENTING MEDICATION ERRORS

© ISMP Canada
Patient Engagement Video

Hi! I'm Dr. Mike Evans... and today we're talking about Medication Safety.
Preventing harm from medication incidents is a responsibility of health professionals. Consumers like you can also play a vital role.

**Questions to Ask About Your Medications when you see your doctor, nurse, or pharmacist.**

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

**Latest News and Resources**

- Latest Newsletter: Don't Be Embarrassed to Talk to Your Pharmacist! 2018-01-17
- ISMP Canada: Consultation on the Naming of Biologic Drugs is Open: January 18 to February 9, 2018 2018-01-18
- Health Canada: Shortage of EpiPen (0.3 mg) auto-injector in Canada 2018-01-18
- Health Canada: OFEV (nintedanib) - Risk of Drug-Induced Liver Injury and the Need for Regular Monitoring of Liver Function 2018-01-11