Welcome to the Medication Safety Community of Practice Webinar Series

Hosted by ISMP Canada

November 17, 2011





How MedsCheck for Long Term Care Can Improve Medication Management in Long Term Care Homes





About ISMP Canada

ISMP Canada is an independent not-for-profit organization dedicated to reducing preventable harm from medications.

Our aim is to heighten awareness of system vulnerabilities and facilitate system improvements.

www.ismp-canada.org





About SHRTN

The Seniors Health Research Transfer Network (SHRTN) Knowledge Exchange was created in 2005 through a grant of the Ministry of Health and Long-Term Care. As part of the SHRTN Collaborative, SHRTN facilitates knowledge exchange amongst paid and unpaid caregivers, researchers, and policy makers.

www.shrtn.on.ca





Medication Safety CoP Aim

To improve Medication Safety within Long Term Care homes. It is a collaboration of three organizations





Partners with SHRTN

- Health Quality Ontario (HQO)
- I ISMP Canada
- Quality Healthcare Network (QHN)
- **Residents First**





Medication Safety CoP Team

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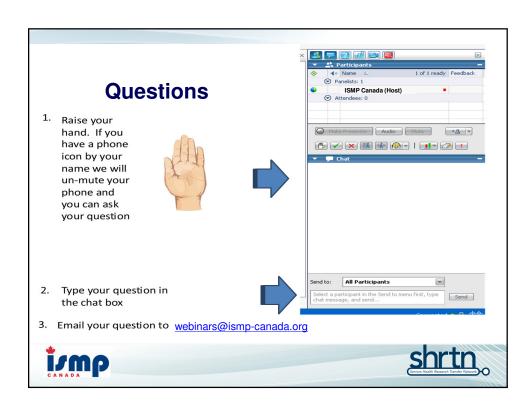


Housekeeping

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How MedsCheck for Long Term Care Can Improve Medication Management in Long Term Care Homes





Presenters



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Objectives

- Describe Ontario's MedsCheck Program including the MedsCheck for LTC
- Describe the benefits of the MedsCheck
 Program for LTC homes residents and staff
- Understand how MedsCheck for LTC improves the medication management for residents in LTC
- Describe the use of MedsCheck in transitions of patient care





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MedsCheck for Long-Term Care part of Ontario's MedsCheck program

November 17, 2011 webinar for Seniors Health Research Transfer Network (SHRTN) Institute for Safe Medication Practices Canada

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MEDICATION SHOULDN'T BE CONFUSING MedsCheck

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- MedsCheck Stats



Background

- June, 2006 Ministry of Health and Long-Term Care (Ministry) commits funding towards professional pharmacy services
- Pharmacy Council established to provide advice to the Ministry;
- Pharmacy Council is co-chaired by the Ministry and the Ontario
 Pharmacists' Association and is comprised of 12 members including:
 - Ministry
 - Pharmacists including representation from hospital, community, long-term care and family health teams' practice
 - A Physician
 - Faculty of Pharmacy / Pharmacy School in Ontario
 - Regulatory College (Ontario College of Pharmacists)
 - Public representative



Summary of Professional Services as of Sept 1, 2011

- MedsCheck Program Summary
- April 1, 2007 MedsCheck Annual (\$60) launched originally Ontario Drug Benefit (ODB) recipients on 3 chronic medications; expanded to include all Ontarians in July 2007
- November 30, 2007 MedsCheck Follow-Up (\$25) expansion of program to include an additional medication review during the year, for all Ontarians
 - Patients discharged from hospital
 - Patients admitted to hospital (planned admissions)
 - As per a physician / nurse practitioner's referral
 - As per a pharmacist's documented decision
- September 13, 2010 expanded programs launched:
 - MedsCheck for LTC (Annual: \$90; Quarterly: \$50)
 - MedsCheck at Home (Annual: \$150)
 - MedsCheck for Diabetes (Annual: \$75; Follow-up: \$25)
- Professional Pharmacy Services
- April 1, 2011 Pharmaceutical Opinion Program a clinical intervention at the time of dispensing a prescription (\$15 each drug related problem; ODB recipients only)
- September 1, 2011 Pharmaceutical Opinion a clinical intervention at the time of conducting a MedsCheck (\$15 each drug related problem; ODB recipients only)
- September 1, 2011 Pharmacy Smoking Cessation Program (\$125 per patient / year; ODB recipients only)



The original MedsCheck program

- To promote better patient health outcomes.
- A 20-30 minute appointment
- A free service that allows Ontarians taking three or more prescription medications to schedule an annual in-person visit with their community pharmacist to discuss how their prescription, over-the-counter and alternative medications may be affecting each other.
- Together the pharmacist and the patient come up with the best possible medication history (or medication review list) as per the time of the appointment.
- Patient leaves with a signed & complete list of all medications and other non Rx products.





MedsCheck Annual – launched April 1, 2007

- Eligibility: Any Ontarian with a valid Ontario Health Card, living in Ontario, and on a minimum of 3 prescription medications for a chronic condition – not open to residents of LTC Homes
- Medication review is conducted in person at an accredited community pharmacy
- Medication review record requires signatures of patient (caregiver), pharmacist, date of medication review – the record is provided to the patient and may be shared with other health care professionals
- Copies of all signed and dated documentation must be maintained on site at the pharmacy in a readily retrievable format
- Circle of Care may contact the pharmacy for the MedsCheck record
- \$60 MedsCheck payment is to the accredited pharmacy using the ministry's Health Network System (HNS). (same system as per an Ontario Drug Benefit eligible drug claim)



MedsCheck Follow-up – launched Nov. 30, 2007

- Eligibility: Same criteria as per MedsCheck Annual;
- For some patients, there was the need to have another MedsCheck during the calendar year
- Typically the patient received their MedsCheck Annual at the same pharmacy and due to a transition in care or significant change in their drug therapy require an updated review. There are 4 types of MedsCheck Follow-up appointments:
 - Hospital Discharge
 - Pharmacist documented decision based on significant changes
 - Physician/Registered Nurse (EC) Referral
 - Hospital Scheduled Admission
- Same process for appt, documentation of signatures and recordkeeping as for MedsCheck Annual; both will say "MedsCheck"
- Both Patient and the Pharmacy have a signed/dated copy of the MedsCheck medication review; can be shared with Circle of Care
- \$25: MedsCheck payment is to the accredited pharmacy using HNS.



Expansion of MedsCheck Services

- Fall 2007: a Pharmacy Council Working Group looks at a MedsCheck service specific to residents of Long-Term Care Homes
- June 7, 2010: Minister of Health and Long-Term Care announces expansion to the MedsCheck program with allocated funding for professional pharmacy services
 - \$100 M allocated on top of existing \$50 M
- Sept 13, 2010: Building on the success of the existing MedsCheck program the Ministry expanded MedsCheck services to include three additional services:
 - MedsCheck for LTC homes,
 - MedsCheck for persons with diabetes, and
 - MedsCheck at Home for patients who are not physically or mentally able to attend the pharmacy in person.



MedsCheck LTC Working Group

- Fall 2007: Established a LTC Working Group made up of 7 LTC consultant pharmacists and one LTC physician
- Mandate: defining and formalizing professional services offered by pharmacists who specialize in providing for patients in LTC
- Recognition of core pharmacy services relating to LTC
 - Dispensing prescriptions typically on a weekly cycle
 - Professional / cognitive services involving medication management provided by pharmacists to LTC residents, medical, nursing and care staff
- The LTC WG established 2 programs (quarterly + annual) building on the existing role of consultant pharmacists in LTC Homes
- Positives Outcomes to include: improved med. mgmt + quality of life for residents; decreased med incidents; decreased med wastage; demonstrate successful collaborative models of care; better facilitation of resident service with staff; improved pharmacist profiles as part of the care team; improved communication



MedsCheck LTC – launched Sept 13, 2010

- The MedsCheck for LTC is a two-fold medication review program consisting of quarterly medication reviews and an annual in-depth medication analysis. Both reviews are conducted by the pharmacist in the LTC Home with objectives that include:
 - Promoting healthier patient outcomes and better resident-focused care
 - Improving and optimizing drug therapy for residents of LTC Homes
 - Promoting interdisciplinary collaboration in patient care.
- The quarterly reviews should include medication selection, dosage, hours and route of administration, duration of therapy, treatments, allergies and drug interactions.
- It will identify any possible drug related problems that may require follow-up and discussion via the in-depth therapy analysis (annual review) and follow-up in collaboration with the patient, caregiver and health care team.
- Align with the Regulations to the LTC Homes Act effective July 1, 2010
- Documentation and record keeping same as for MedsCheck annual in addition; Signed & dated Reviews; the LTC Home also retains a copy.
- \$90 (Annual); \$50 (quarterly); Payment to pharmacy via HNS



Long-Term Care Homes Act (2007)+ Regulations (2010)

- 2007: Long-Term Care Homes Act received royal assent
- Regulations to the LTCH Act in development concurrently with MedsCheck for LTC; in place as of July 2010 + MedsCheck LTC as of Sept 2010
- · Regulations included:
 - An interdisciplinary medication management system (quarterly + annual evaluations) that provides safe medication management and optimizes effective drug therapy outcomes for residents
 - Recognition of the pharmacy service provider
- Pharmacy Service provider:
 - For each resident of the home, the development of medication assessments, medication administration records and records for medication reassessment, and the maintenance of medication profiles.
 - 2. Evaluation of therapeutic outcomes of drugs for residents.
 - 3. Risk management and quality improvement activities, including review of medication incidents, adverse drug reactions and drug utilization.
 - 4. Developing audit protocols for the pharmacy service provider to evaluate the medication management system.
 - 5. Educational support to the staff of the home in relation to drugs.
 - 6. Drug destruction and disposal if required



Further expansion: Pharmaceutical Opinion Program

- 2011: Pharmaceutical Opinion Program Drug Related Problems identified by the pharmacist when dispensing a new/repeat prescription or when conducting a MedsCheck
- Occurs when a pharmacist identifies a potential drug related problem that requires consultation with the prescriber.
- There are 8 types of clincial interventions (Drug Related Problems DRP) that the pharmacist refers to when conducting a pharmaceutical opinion
- Pharmacist must make a recommendation to the prescriber regarding the drug therapy to be eligible for professional reimbursement.
- · Three possible outcomes
 - Not filled as prescribed
 - No change to Rx / therapy; filled as prescribed
 - Change to Rx/Therapy
- Documentation on patient's e-file or Rx hardcopy record or MedsCheck records if applicable – readily retrievable format
- Minimum documentation: outcome; details describing the DRP; recommendation / discussion with MD / nursing; action /discussion with patient; date of transaction; RPh's signature; date + name of prescriber; other comments



What is a Drug Related Problem?

- The pharmacist may implement a pharmaceutical opinion based on one of the following prescription therapy intervention criteria or drug related problem:
- 1. Therapeutic Duplication; drug may not be necessary
- 2. Requires drug; patient needs additional drug therapy
- Sub-optimal response to a drug; drug is not working as well as needed
- 4. Dosage too low
- Adverse drug reaction; possibly related to an allergy or a conflict with another medication or food
- 6. Dangerously high dose; patient may, either accidentally or on purpose, be taking too much of the medication
- 7. Non-compliance; patient is refusing to take the drug, or not taking it properly
- Prescription has been confirmed false or has been altered unlikely with regards to DRP with a MedsCheck



Opportunity / Benefits of MedsCheck Services

- MedsCheck is a complete record of a patient's prescription and over-the-counter / alternative therapy / non-prescription drugs
- MedsCheck is developed by a regulated health professional (the community pharmacist) in collaboration with the patient
- The signed and dated MedsCheck medication review indicates that a best possible medication history is on record as per that date.
- MedsCheck reviews are now standardized to include the MedsCheck brand and include system efficiencies for required information
- The Ontario Government's Drug Profile Viewer includes MedsCheck among the list of an Ontario Drug Benefit recipient's list of ODB drug claims



Opportunity / Benefits of MedsCheck Services

- Health care professionals (Circle of Care) are able to contact the community pharmacy for the most recent MedsCheck
- MedsCheck can be included as part of the tools required by institutions including hospitals, LTC Homes during an admission process
- MedsCheck can be referred to by those health care professionals who visit patients in their private home
- Patients and patient caregivers can be asked for the MedsCheck during visits with other health care professionals – hospital, family health teams, community care access centres, transitions in patient care, etc.
- Approximately 3,400 community pharmacies in Ontario provide for a broad point of access to a health care professional for this service across the province.

Ontario

MedsCheck Statistics after 4.5 years

- As of September 30, 2011: FOUR + 1/2 FISCAL YEARS
- Total MedsCheck Government expenditures since Apr 1, 2007
- \$ 72.7 M MedsCheck Annual (\$60 per annual claim)
- \$ 3.3 M MedsCheck Follow-up (\$25 per claim)
- \$ 13.6 M MedsCheck LTC (\$90 per annual; \$50 per quarterly claim)
- \$ 2.8 M MedsCheck at Home (\$150 per annual claim)
- \$ 8.6 M MedsCheck for Diabetes (\$75 per annual; \$25 follow-up)
- \$ 102.1 M Total Government Cost (as of Sept. 30, 2011)
- Approximately 1.1 Million Ontarians have had at least one MedsCheck service since April 1, 2007



MedsCheck Statistics (Annual) 4.5 years

\$60 each	Year 5 Apr 1/11- Sep 30/11 (6mos)	Year 4 Apr 1/10 – Mar 31/11	Year 3 Apr1/09 – Mar 31/10	Year 2 Apr1/08 – Mar 31/09	Year 1 Apr1/07 – Mar 31/08
Distinct Recipients	257,689	432,613	258,764	204,545	195,772
# of Reviews (Claims)	257,689	432,613	275,808	216,678	201,101
Government Cost	\$15.4 M (6 mos)	\$ 24.9 M (\$13.3 M at 6 mos)	\$ 13 M	\$10.5 M	\$12.9 M Includes \$2.9M start-up costs
Total Distinct Recipients: Total Claims: Total Government Cost:		957,835 1,340,616 \$ 72.7 M	After 4.5	5 Years	



MedsCheck Statistics (Follow-Up) 4.5 years

\$25 each	Year 5 Apr 1/11- Sep 30/11 (6mos)	Year 4 Apr 1/10 – Mar 31/11	Year 3 Apr1/09 – Mar 31/10	Year 2 Apr1/08 – Mar 31/09	Year 1 No30/07 – Mar 31/08 (4mos)
Distinct Recipients	30,835	40,988	20,849	10,726	2,505
# of Reviews (Claims)	36,718	53,092	26,907	13,300	2,600
Government Cost	\$0.9 M (6 mos)	\$ 1.3 M	\$ 671,224	\$331,983	\$64,880
		ct Recipients: Total Claims: rnment Cost:	90,918 132,611 \$ 3.3 M	After 4.5 Y	ears



MedsCheck Statistics Follow-up Reviews ONLY

From Nov 30, 2007 - March 31, 2011 + Sept 30, 2011 MedsCheck Follow-up Reviews \$25 per claim				
4 YR Total: 95,881 claims ; ~ \$2.4 M cost				
Hospital Discharge	18,015 4yr 25,637 4.5yr	18.8 % 19.3 %		
Pharmacist's Documented Decision based on significant change in therapy	49,456 4yr 70,195 4.5yr	51.6 % 52.9 %		
MD / NP Referral	22,529 4yr 29,526 4.5yr	23.5 % 22.2 %		
Hospital Admission	5,881 4yr 7,253 4.5yr	6.1 % 5.5 %		



MedsCheck Expanded Programs: MedsCheck LTC

Total Government Cost: From Sept 13, 2010 to	Sept 30, 2011			
~ \$6.3 (6.5 mos) ~ \$ 10 M (9.5 mos) ~13.6M (12.5n	nos)		
Service:	Total # of Total Govt. Claims Paid (approx)			
MedsCheck LTC Annual	30,025 6.5m	\$ 2.7 M		
(\$90 per year)	43,393 9.5m	\$ 4.17 M		
	61,570 12.5m	\$ 5.5 M		
MedsCheck LTC Quarterly	73,064 6.5m \$ 3.7 M			
(\$50 x 3 per year)	116,206 9.5m \$ 5.8 N			
	161,336 12.5m \$ 8.1 M			
	222, 906	\$13.6 M		
Totals: MedsCheck LTC	claims	Govt \$		
(12.5 months)	85,323 distinct recipient			



MedsCheck Expanded Programs: MedsCheck at HOME

Total Government Cost: From Sept 13, 2010 to Sept 30, 2011			
Service:	Total # of Claims	Total Govt. Paid (approx)	
MedsCheck at HOME	9,372 6.5m \$ 1.4 M 14,048 9.5m \$ 2.1 M		
(\$150 X 1 per year)			
	18,585 12.5m	\$ 2.8 M	
	18,585 claims \$2.8		
Totals: MedsCheck at HOME		Govt \$	
(12.5 months)	18,175 distinct recipients		



MedsCheck Expanded Programs: MedsCheck for Diabetes

Total Government Cost: From Sept 13, 2010 to Sept 30, 2011				
~\$3.6 (6.5 mos) ~\$4.3 M (9.5 mos	s) ~\$8.6M (12.5m	os)		
Service:	Total # of Claims	Total Govt. Paid (approx)		
MedsCheck for Diabetes Annual	46,527 6.5m	\$ 3.5 M		
(\$75 per year)	79,472 9.5m	\$ 5.95 M		
	111,248 12.5m	\$ 8.3 M		
MedsCheck for Diabetes Follow-Up	3,921 6.5m	\$ 97,814		
(\$25)	7,744 9.5m	\$ 193,078		
	12,430 12.5m	\$ 310,212		
	123,678	\$8.6 M		
Totals: MedsCheck for Diabetes	claims	Govt \$		
(12.5 months)	109,933 disti	109,933 distinct recipients		



Pharmacist Professional Service: Pharmaceutical Opinion

Pharmaceutical Opinion Program – first 6 months					
2011	Total # Pharmacies	# of ODB Recipients	Total # of Claims	Average / Pharmacy	Total Govt Cost
April	2,021	12,091	12,773	6.3	\$190,811
May	2,021	11,117	11,680	5.8	\$174,681
June	2,008	11,051	11,657	5.8	\$174,481
July	1,844	9,123	9,968	5.4	\$149,215
Aug	1,841	10,472	11,520	6.3	\$172,446
Sept	1,925	11,659	12,678	6.6	\$189,744
Totals:	2,954	60,209	70,276	6.03	\$1.1 M



Pharmacist Professional Service: Pharmaceutical Opinion

Pharmaceutical Opinion A drug related problem identified at the time of Dispensing/MedsCheck	April 30 1 month	June 30 3 months	Aug 31 5 months	Sept 30 6 months (MedsCheck added)
Total # of Claims (\$15 each)	12,802	36,122	57,602	70,276
Outcome- not filled (forgery or clinical reason)	915 7.1%	2,410 6.7 %	3,642 6.3 %	4,306 6.1%
Outcome – no change to Rx therapy	3,151 24.6 %	8,535 23.6 %	13,810 23.9 %	17,076 24.3%
Outcome – change to Rx therapy	8,736 68.2 %	25,177 69.7 %	40,150 69.7 %	48,984 69.7 %
Participating pharmacies (Total # of ~ 3400 pharmacies)	2,021 59 %	2,700 79 %	2,881 83 %	2,954 87 %
Government Cost:	\$191,221	\$ 540,131	\$861,694	\$1,051,378



Pharmaceutical Opinion: LTC compared to ALL Pharmacies

Pharmaceutical Opinion A drug related problem identified at the time of Dispensing/MedsCheck	Sept 30 6 months LTC ONLY	Sept 30 6 months ALL
Total # of POP Claims (MedsCheck POP added Sept 1st)	9,547 13.6 %	70,276
Outcome- not filled (forgery or clinical reason)	383 4 %	4,306 6.1%
Outcome – no change to Rx therapy	2,496 26.1 %	17,076 24.3%
Outcome – change to Rx therapy	6,668 69.8 %	48,984 69.7 %
Participating pharmacies (Total # ~ 3400 ON pharmacies)	330 9.7 %	2,954 87 %
Government Cost:	\$ 143,070	\$1,051,378







Ontario







Denis O'Donnell R.Ph., B.Sc.Phm., ACPR, Pharm.D. Director Clinical Services Medical Pharmacies Group Limited







People – our reason for caring

The 'MedsCheck LTC' Experience

Realizing the potential benefits to residents and staff

Denis O'Donnell, BScPhm, ACPR, PharmD.

November 17, 2011





People - our reason for caring

Outline

- Describe some major challenges in long term care (LTC) that can potentially be addressed through MedsChecks.
- Highlight some positive experiences with MedsChecks in LTC: examples of what works
- Offer strategies for incorporating MedsChecks into the LTC daily order of business





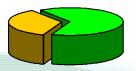
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Increasing Demands on Nursing Staff in LTC

Often related to Medication Management:

- Between 29.5% and 40.9% of a standard nursing day shift is spent on medication administration¹
- Current RAI-MDS requirements necessitate the quarterly review of various drug categories (e.g. antipsychotics)
- New narcotic legislation necessitates increased monitoring of these medications
- Between 2008 and 2010, the average number of medications per resident increased from 11.08 to 12.47 in Ontario²
- ¹ Thomson MS, et al. JAGS 2009; 57: 266-72
- ² MPGL medication utilization statistics







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Increasing Demands on Nursing Staff in LTC

How does POLYPHARMACY amplify problems?

- Longer medication pass times
- More medication pass times (instead of the historic 2-3 passes)
- More changes to the regimen
- <u>Increased</u> potential for drug interactions and adverse effects leading to:
 - Increased falls
 - Increased confusion
 - Increased hospitalization







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Increasing Demands on Nursing Staff in LTC

Who is to blame?

- Residents live longer and are more complex (ie more medical conditions)
- · Improved diagnosis & accessible tests for diseases
- New drug classes not readily available 10 years ago (e.g bisphosphonates, cholinesterase inhibitors)
- More drugs for <u>prevention</u> of disease progression (e.g. osteoporosis, dementia, flu, diabetes)









A Possible Solution - MedsCheck LTC

Who has time to thoroughly evaluate the medication regimen?

- Is there a diagnosis on file to account for every drug?
- Are all of the residents <u>current</u> needs being addressed? (e.g. fracture prevention, evaluation of prn medications, discontinuation of medications that are no longer helping)
- Are the dosing and administration times appropriate for the resident's lifestyle, renal/liver function and concomitant medications?
- Are monitoring parameters being collected? Are they being evaluated? (e.g. lab work, drug concentrations, health indicators)
- Have all possible medication options being considered in the face of treatment failure?



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Positive MedsCheck Experiences – Scenario 1

Coordination of the MedsChecks with a physician's quarterly medication review

- The physician, nurse and pharmacist meet as a team to complete the guarterly medication reviews
- The pharmacist reviews each regimen in advance, researching the medication history, documenting medication monitoring parameters as well as recommendation on the quarterly
- The physician reviews each quarterly along with the recommendations provided by the pharmacist
- All three team members sign the form: the physician to renew the medications, the pharmacist – to acknowledge completion of a MedsCheck LTC, and the nurse to document processing of the orders



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Scenario 1: Coordinating MedsChecks and Physician Quarterlies

Pros:

- Great opportunity to eliminate unused/unwanted medications
- · Fosters a collaborative, respectful care environment
- From the physician's perspective: the best time to make changes
- Pharmacist's assessment assists the physician and nurse in monitoring therapy

Cons:

- · Sometimes challenging to coordinate an appropriate meeting time
- Can result in a surge of medication changes (need extra staff)





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Positive MedsCheck Experiences – Scenario 2

Collaborative review of medications by the nurse and pharmacist

- The pharmacist and the nurse meet annually to review the medication regimen for each resident on a particular unit
- The pharmacist prepares in advance, a list of concerns and questions related to each resident's medication regimen
- Together, the nurse and pharmacist address discuss each resident's medication profile and come up with suitable recommendations for improving the regimen
- All recommendations are documented and communicated with the physician at his/her subsequent visit





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Scenario 2: Coordinating a nurse-pharmacist review of all residents on a unit

Pros:

- Easy to coordinate nurse/pharmacist meetings (as compared to a physician/nurse/pharmacist meetings)
- Provides an opportunity to focus on all of the nurses concerns pertinent to medication administration (compress meds)
- Fosters better communication between nursing staff and pharmacy staff

Cons:

- Requires the nurse to attend a separate meeting (in addition to his/her other duties)
- Recommendations/changes that require physician authorization are delayed until the physician can be consulted





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Strategies for making the most of the MedsCheck LTC

Examine your existing services:

 How can we build value into the existing services by including a MedsChecks LTC? (i.e. care conferences, physicians quarterly reviews)

Plan future programs:

 Design safety programs that include a MedsCheck LTC (i.e. falls prevention, pain management, osteoporosis prevention, etc.)

Include the pharmacist in home-specific medication prescribing strategies so that these can be included in the pharmacists critical review of the medication regimens





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Concluding Comments

- MedsCheck LTC offers the potential to address some of the growing challenges faced by nursing staff in LTC by improving medication management
- Effective use of the pharmacist's expertise may require careful rethinking of their current role in order to allow for them to complete MedsChecks
- MedsChecks promotes collaboration and will likely result in improved resident care

Questions?

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Thank you!







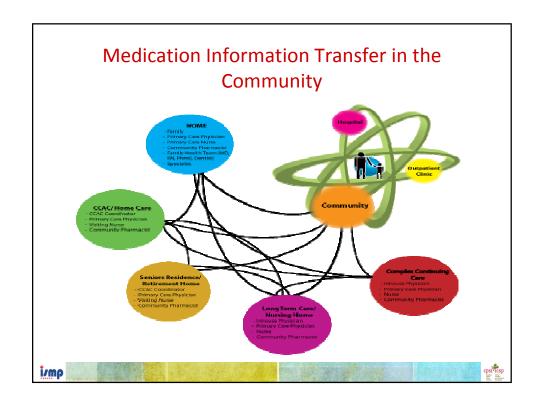
Margaret Colquhoun RPh, BScPhm, FCSHP

Co-Lead Medication Reconciliation, Canada Project Leader Institute for Safe Medication Practices Canada (ISMP Canada)











What is Medication Reconciliation (MedRec)?

- •Medication reconciliation is a formal process in which healthcare providers work together with patients, families and care providers to ensure accurate and comprehensive medication information is communicated consistently across transitions of care.
- Medication reconciliation requires a systematic and comprehensive review of all the medications a patient is taking to ensure that medications being added, changed or discontinued are carefully evaluated. It is a component of medication management and will inform and enable prescribers to make the most appropriate prescribing decisions for the patient.

i/m



MedRec in Long Term Care

- Medication Reconciliation in long-term care is a formal process of:
 - At admission, obtaining a complete list of each resident's current (and pre-admission medications if coming from acute care) – including name, dosage, frequency and route (BPMH).
 - Using the BPMH to create admission orders or comparing the list against the resident's admission orders, identifying and bringing any discrepancies to the attention of the prescriber for resolution.
 - Any resulting changes in orders are documented and communicated to the relevant providers of care and resident or family member wherever possible.

i/mp



Case for MedRec in LTC

- In a 2004 study by Boockvar the incidence of ADEs caused by medication changes at transfer between facilities was 20%.¹
- ADEs due to medication changes occurred most often upon transfer from the hospital back to the LTC facility.
- Incomplete or inaccurate communication between facilities was identified as a potential factor in these occurrences.

Boockvar K, Fishman E, Kyriacou CK, et al. Adverse events due to discontinuations in drug use and dose changes in patients transferred between acute and Long-term care facilities. Arch Intern Med. 2004;164:545-550



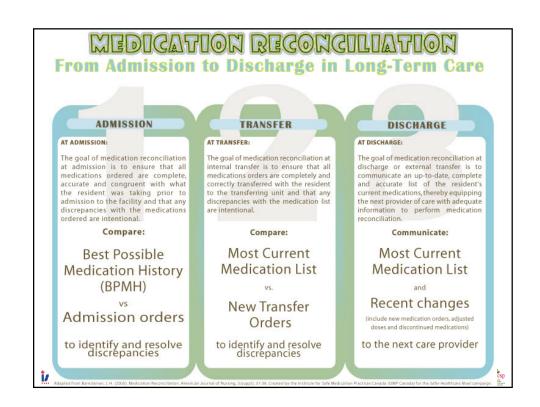


Case for MedRec in LTC

- Incomplete or inaccurate medication information is a critical issue reflected in a growing number of LTC studies. A 2007 survey of continuing care nurses and pharmacists in Alberta² found:
 - 75% of the time medication information was NOT legible and complete
 - 90% of the time information was NOT available to tell if the prescribed medications were appropriate for the resident's diagnoses.
 - 40% of the time medication information DID NOT arrive the same day as the resident's admission.
- Earnshaw, K et. al. Perspectives of Alberta Nurses and Pharmacists on Medication Information Received. July 29, 2007

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Getting Started Kit Medication Reconciliation in Long-Term Care

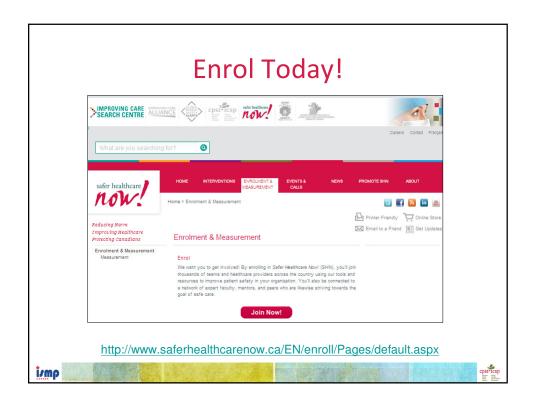


- Step-by-step guide to the process
- Model for Improvement
- Tools and Tips
- Samples from Canadian teams
- Available at: www.saferhealthcarenow.ca











- Critical resource for LTC
- Proven in City of Toronto homes to be an important support to medication reconciliation process
- Only available in Ontario

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What's going on at a Nationally?

National Medication Reconciliation Summit February 2011

To accelerate a systemwide strategy to implement medication reconciliation (MedRec).

MedRec is a proven intervention to prevent medication errors at patient transition points.

Report Access: The report can be found on the CPSI or ISMP Canada website

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National Summit: Themes to Address Barriers in Canada

- Inter-Professional Engagement
- Leadership Accountability
- Public/consumer/caregiver engagement
- Physician Roles
- Culture and Human Systems
- Education and Training
- Information Systems and Technology
- Tools and Resources



Measurement



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National Strategic Advisory Group

- Accreditation Canada
- Canada Health Infoway
- Canadian Society Hospital Pharmacists
- Canadian Medical Association
- Canadian Nurses Association
- Canadian Pharmacists Association
- Canadian Patient Safety Institute
- Institute for Safe Medication Practices Canada
- The College of Family Physicians of Canada
- Royal College of Physicians and Surgeons of Canada

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Next Steps

- National Organizations Leadership Commitment
- Communication
- Information Technology Support
- Research





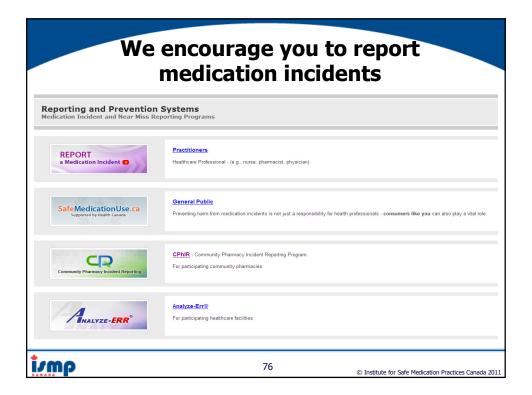


Join the Medication Safety Community of Practice for Webinars in 2012

Thursday, January	High Alert & Beers List	To be confirmed	
19, 2012	Medications		
	(To be confirmed)		
Thursday, February	Accreditation Canada –	Greg Kennedy	
16, 2012	Medication Reconciliation	Health Services Research	
1400 - 1430	Required Organizational	Specialist	
	Practice & Tests of	Accreditation Canada	
	Compliance (Confirmed)		
Thursday, March 15,	Medication Safety Self-	To be confirmed	
2012	Assessment for Long Term		
	Care		







Evaluation of Webinar

- An Evaluation link will be sent to you
 - Please complete





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Thank You



