Welcome to the Medication Safety Community of Practice Webinar Series

Hosted by ISMP Canada

February, 2012
An Update from Accreditation Canada on Medication Reconciliation in Long-Term Care
Medication Safety CoP Aim

- To improve Medication Safety within Long Term Care homes. It is a collaboration of three organizations HQO, QHN and ISMP Canada with support from SHRTN
Medication Safety CoP Team

- Doris Doidge, RN, MN, CoP Co-Lead
  - Process Improvement Consultant, QHN
  - QI Coach, Residents First
- Kris Wichman, RPh BScPhm FCSHP, CoP Co-Lead
  - Institute for Safe Medication Practices (ISMP) Canada
- Terry Kirkpatrick, B.A., R.L.C., M.Ed.
  - Knowledge Broker, SHRTN
- James Medd
  - Information Specialist, SHRTN
- Core Working Group
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Housekeeping

- Please make sure that you joined the call correctly. See the screen for information or your email that was sent to you with your connection information.
- You will be on Mute right now but we will open the lines later for questions so it’s important that you joined the call correctly.
- There is a Chat box function that you can use.
- Hand raise.
Questions

1. Raise your hand. If you have a phone icon by your name we will un-mute your phone and you can ask your question.

2. Type your question in the chat box.

3. Email your question to webinars@ismp-canada.org.
An Update from Accreditation Canada on Medication Reconciliation in Long-Term Care
Presenter

- Gregory Kennedy, MSc
  - Health Services Research Specialist
  - Accreditation Canada
Objectives

- to provide a detailed update on expectations for medication reconciliation in the Qmentum accreditation program, and
- to review recent improvements to the Medication Reconciliation at Transfer or Discharge ROP for long-term care
An Update on Medication Reconciliation in Qmentum for Long-Term Care

Greg Kennedy
ISMP/HQO/QHN Webinar
February 16, 2012
Overview

- Long-Term Care Services standards
- Medication reconciliation in Qmentum
- Expectations and program updates
  - Med rec at admission
  - Med rec at transfer or discharge
- During the On-Site Survey
- Questions
Long-Term Care Services

- Minor revisions released February 1st:
  - Enhancements to Guidelines
  - Simplified language
  - Deletions of n/a criteria and those lacking measurability
  - No new requirements
## Crosswalk

| **LONG TERM CARE SERVICES STANDARDS**  
  (APPLICABLE TO SURVEYS UNTIL THE END OF JANUARY 2012) | **LONG-TERM CARE SERVICES STANDARDS**  
  (APPLICABLE TO SURVEYS BEGINNING IN FEBRUARY 2012) |
|-------------------------------------------------|-------------------------------------------------|
| **1.1** The team collects information about its clients and the community.  
**Guidelines:**  
Information includes the types of clients served by the organization, their service needs, and trends that could have an impact on the community and its health service needs. Service needs are influenced by health status, capacities, risks, and determinants of health, such as lifestyle, education, and housing. Information can come from internal and external sources such as the Canadian Institute for Health Information (CIHI), census data, end of service planning reports, wait list data, client committees, and community needs assessments. | **1.1** The organization collects information about its residents and the community.  
**Guidelines:**  
Information includes the types of residents served by the organization, their service needs, and trends that could have an impact on the community and its health service needs. Service needs are influenced by health status, capacities, risks, and determinants of health, such as lifestyle, education, and housing. Information can come from internal and external sources such as the Canadian Institute for Health Information (CIHI), census data, end-of-service planning reports, wait list data, resident committees, and community needs assessments. |
| **1.2** The team uses the information it collects about clients and the community to define the scope of its services and set priorities when multiple service needs are identified.  
**Guidelines:**  
When defining the scope of its services, the team considers the resources that are currently available in the community and those that are still needed. | **1.2** The organization uses the information it collects about residents and the community to identify appropriate service offerings and set priorities when multiple service needs are identified.  
**Guidelines:**  
When defining the scope of its services, the team considers the resources that are currently available in the community and those that are still needed. |
# REQUIRED ORGANIZATIONAL PRACTICES

Our objective of guiding our clients toward safe and quality health care is strengthened by the Required Organizational Practices.

<table>
<thead>
<tr>
<th>SAFETY CULTURE</th>
<th>COMMUNICATION</th>
<th>MEDICATION USE</th>
<th>WORKLIFE/ WORKFORCE</th>
<th>INFECTION CONTROL</th>
<th>RISK ASSESSMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Adverse events disclosure</td>
<td>• Client and family role in safety</td>
<td>• Antimicrobial stewardship ★</td>
<td>• Client safety plan</td>
<td>• Hand-hygiene audit</td>
<td>• Falls prevention strategy</td>
</tr>
<tr>
<td>• Adverse events reporting</td>
<td>• Dangerous abbreviations</td>
<td>• Concentrated electrolytes</td>
<td>• Client safety: roles and responsibilities</td>
<td>• Hand-hygiene education and training</td>
<td>• Home safety risk assessment</td>
</tr>
<tr>
<td>• Client safety as a strategic priority</td>
<td>• Information transfer</td>
<td>• Heparin safety</td>
<td>• Client safety: education and training</td>
<td>• Infection control guidelines</td>
<td>• Pressure ulcer prevention ★</td>
</tr>
<tr>
<td>• Client safety quarterly reports</td>
<td>• Medication reconciliation as an organizational priority</td>
<td>• Infusion pumps training</td>
<td>• Preventive maintenance program</td>
<td>• Infection rates</td>
<td>• Suicide prevention</td>
</tr>
<tr>
<td>• Client safety-related prospective analysis</td>
<td>• Medication reconciliation at admission</td>
<td>• Medication concentrations</td>
<td>• Workplace violence prevention</td>
<td>• Influenza vaccine</td>
<td>• Venous thromboembolism (VTE) prophylaxis</td>
</tr>
</tbody>
</table>

- Safe surgery checklist
- Two client identifiers
- Verification processes for high-risk activities

★ New in 2013
◆ New in 2013 for select acute care standard sets

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09/2011

ACCRÉDITATION CANADA
AGRÉMENT CANADA
Driving Quality Health Services
Force motrice de la qualité des services de santé
www.accreditation.ca
ROP Resources

- New ROP Handbook coming soon: www.accreditation.ca
  - Full listing of ROPs, including updated reference sections
2011 Report on ROPs

- Released during Patient Safety Week 2011:
  www.accreditation.ca
Med Rec in Qmentum

- An organization-wide approach to medication reconciliation
  - Leadership standards
    - ROP highlights expectations
  - Service standards
    - ROPs focus on having a formal process in place
Med Rec as an Organizational Priority

- Med rec is implemented in one client service area at admission.
- Med rec is implemented in one client service area at transfer or discharge.
- There is a documented plan to implement med rec throughout the organization.
- The plan includes locations and timelines for implementing med rec.
### Table 2 – ROPs with national compliance rates of less than 75%

<table>
<thead>
<tr>
<th>ROP</th>
<th>Patient Safety Goal Area</th>
<th>Compliance Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2008</td>
</tr>
<tr>
<td>Evaluates compliance with hand-hygiene practices</td>
<td>Infection Control</td>
<td>n/a</td>
</tr>
<tr>
<td>Implements a falls prevention strategy</td>
<td>Risk Assessment</td>
<td>42</td>
</tr>
<tr>
<td>Identifies abbreviations, symbols, and dose designations that are not to be used</td>
<td>Communication</td>
<td>n/a</td>
</tr>
<tr>
<td>Develops and implements a plan for medication reconciliation throughout the organization*</td>
<td>Communication</td>
<td>n/a</td>
</tr>
<tr>
<td>Conducts medication reconciliation at admission</td>
<td>Communication</td>
<td>32</td>
</tr>
<tr>
<td>Conducts medication reconciliation at transfer</td>
<td>Communication</td>
<td>38</td>
</tr>
</tbody>
</table>

*The 2010 compliance rate for this ROP is based on the 103 organizations that had an on-site survey since September 2010.

n/a = ROP had not yet been introduced

Most notable improvements since 2008
### National Compliance - Long-Term Care

<table>
<thead>
<tr>
<th>ROP</th>
<th>Patient Safety Goal Area</th>
<th>Compliance Rate (%) 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conducts medication reconciliation at admission</td>
<td>Communication</td>
<td>64%</td>
</tr>
<tr>
<td>Conducts medication reconciliation at transfer or discharge</td>
<td>Communication</td>
<td>57%</td>
</tr>
</tbody>
</table>
Medication Reconciliation at Admission
Med Rec at Admission

- **ROP**: The team reconciles the client’s medications upon admission to the organization, with the involvement of the client, family or caregiver.
Tests for Compliance

- There is a demonstrated, formal process to reconcile client medications upon admission.
- The team generates a Best Possible Medication History (BPMH) for the client upon admission.
- Depending on the model, the prescriber uses the BPMH to create admission medication orders (proactive), or, the team makes a timely comparison of the BPMH against the admission medication orders (retroactive).
- The team documents that the BPMH and admission medication orders have been reconciled; and appropriate modifications to medications have been made where necessary.
- The process is a shared responsibility involving the client and one or more health care practitioner(s), such as nursing staff, medical staff, pharmacists, and pharmacy technicians, as appropriate.
Medication Reconciliation at Transfer or Discharge
Med Rec at Transfer or Discharge

- In September 2011, revisions were made to:
  - Introduced sector specific versions (Acute, LTC)
  - Update language - e.g., Best Possible Medication Discharge Plan
  - Improve definitions for transition points - internal transfer, external transfer / discharge
  - Better reflect the proper process incorporating progress from the field
Med Rec at Transfer or Discharge

- **ROP**: The team reconciles the client’s medications with the involvement of the client, family or caregiver at transition points where medication orders are changed or rewritten (i.e. internal transfer, and/or discharge).
**Internal Transfer**

- An interface of care within a facility where medication orders are changed or rewritten.
- Internal transfers where medication reconciliation should occur include:
  1. A change in responsible medical service
  2. A change in level of care
  3. And/or transfer between units when one of the previous two conditions is present.
Discharge

- A critical interface of care where clients are at risk of medication discrepancies as they transition out of a facility.
- Discharge includes external transfers to another service environment or community-based service provider, or the end of service.
  - E.g. long-term care to acute care; long-term care to self-care; and between long-term care facilities.
Tests for Compliance

- There is a demonstrated, formal process to reconcile client medications at transition points where medication orders are changed or rewritten (i.e. internal transfer, and/or discharge).
- The team makes a timely comparison of the up-to-date, complete medication list, and new medication orders or recent changes.
- The team documents that the up-to-date, complete medication list and new medication orders or recent changes have been reconciled; and appropriate modifications to medications have been made where necessary.
- Depending on the transition point, an up-to-date medication list is retained in the client record (internal transfer), or, the up-to-date medication list is communicated to the next provider of care (discharge).
- The process is a shared responsibility involving the client or family, and one or more health care practitioner(s), such as nursing staff, medical staff, and pharmacy staff, as appropriate.
Transfer and Discharge

**TRANSFER**

**AT TRANSFER:**
The goal of medication reconciliation at internal transfer is to ensure that all medications orders are completely and correctly transferred with the resident to the transferring unit and that any discrepancies with the medication list are intentional.

**Compare:**
- Most Current Medication List
- New Transfer Orders

**Communicate:**
- to identify and resolve discrepancies

**DISCHARGE**

**AT DISCHARGE:**
The goal of medication reconciliation at discharge or external transfer is to communicate an up-to-date, complete and accurate list of the resident’s current medications, thereby equipping the next provider of care with adequate information to perform medication reconciliation.

**Communicate:**
- Most Current Medication List
- Recent changes
  (include new medication orders, adjusted doses and discontinued medications)

**Communicate:**
- to the next care provider
During the On-Site Survey

REVIEW

TALK and LISTEN

RECORD

OBSERVE
Next Steps

- Long-Term Care Services in Qmentum
  - Strategic committee formed to assess how program components can be enhanced to better meet client’s needs

- Med Rec in Qmentum
  - Ongoing consultation with national partners to determine med rec requirements moving forward
Thank you!

Questions
The leader in raising the bar for health quality

Le leader qui hausse la barre en matière de qualité de santé
<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>Wednesday, March 21, 2012</td>
<td>Psychotropic Medications</td>
<td>Carlos Rojas-Fernandes, BSc Pharm, Pharm D</td>
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**We encourage you to report medication incidents**

## Reporting and Prevention Systems
Medication Incident and Near Miss Reporting Programs

<table>
<thead>
<tr>
<th><strong>Practitioners</strong></th>
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<tr>
<td>Healthcare Professional - (e.g., nurse, pharmacist, physician)</td>
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<table>
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<tr>
<th><strong>General Public</strong></th>
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<tr>
<td>Preventing harm from medication incidents is not just a responsibility for health professionals - consumers like you can also play a vital role.</td>
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<tr>
<th><strong>CPhIR</strong></th>
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<tr>
<td>Community Pharmacy Incident Reporting</td>
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<tr>
<td>For participating community pharmacies</td>
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<th><strong>Analyze-Err®</strong></th>
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<td>For participating healthcare facilities</td>
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Evaluation of Webinar

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- [www.accreditationcanada.ca](http://www.accreditationcanada.ca)

*Thank You*