

CAPHC
Patient Safety Collaborative
Annual Symposium
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Medication Reconciliation

Margaret Colquhoun
Project Leader ISMP Canada



Objectives:

- To present the CAPHC Medication Reconciliation Collaborative
- To show high level snapshot of progress at 14 months
- To talk about what we are learning at this point in the national campaign

ISMP Canada Vision

Collaborating nationally and internationally to advance safe medication use.



CAPHC and ISMP Canada

Focus on Medication Reconciliation Intervention:

- Collaborative -18 Canadian teams
- Advancing safe medication practices
- Sharing successes and tools
- Changing processes and collecting data to show improvement

Safer Healthcare Now! Campaign (496 Teams)

- Deploy Rapid Response Teams: 47
- Improve Care for Acute Myocardial Infarction: 89
- Prevent Adverse Drug Events through Medication Reconciliation: 156
- Prevent Central Line-Associated Bloodstream Infection: 51
- Prevent Surgical Site Infection: 81
- Prevent Ventilator-Associated Pneumonia: 72

Medication Reconciliation – What is it?

Formal Process designed to:

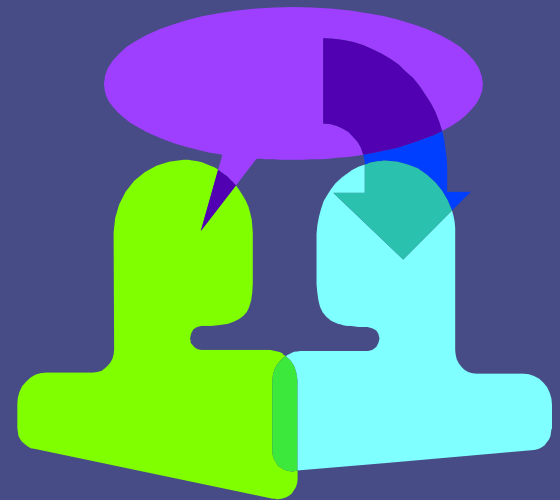
- prevent medication errors at patient
 - Admission
 - Transfer &
 - Discharge

Intended to facilitate:

- collection & communication of accurate patient medication information
- continuity of care for patients

Is a shared responsibility

- communication between various levels of care/service is vital (CCHSA)



Medication Reconciliation – Why do it?

- Forster et al (*CMAJ 2004*)
 - 23% incidence of adverse events in patients discharged from internal medicine service, of which 72% were ADEs
- Cornish et al (*Arch Intern Med 2005*)
 - 53.6% of 151 patients (>4 meds) had at least one unintended discrepancy.
 - 38.6% had potential to cause moderate to severe discomfort or clinical deterioration”

Undocumented Intentional Discrepancy

An undocumented intentional discrepancy is one in which the physician has made an intentional choice to add, change or stop a medication but this choice is not clearly documented.

CAPHC Baseline data: Undocumented Intentional Discrepancies

- 434 paediatric patients reviewed
- 213 undocumented intentional discrepancies
- Approximately one in two patients had an documentation discrepancy

An Unintentional Discrepancy

An unintentional discrepancy is one in which the physician unintentionally changed, added or omitted a medication the patient was taking prior to admission.

CAPHC Baseline data: UNINTENTIONAL Discrepancies

- Paediatric teams - 434 patients reviewed
- 232 Unintentional discrepancies
- Approximately one unintentional discrepancy in every two patients

CAPHC Perceptions of Value of MR to Patient Safety

- > 92% of respondents “very important ” to “somewhat important ”

CAPHC Progress Changing Practice

- 52.9% of teams integrating Medication Reconciliation into existing workflows
- 52.9% of teams seeing evidence that the MedRec process reduces redundancies

CAPHC Med. Rec. Success Contributing to Culture Change

- About team communication
- Based on underlying safety tenets
 - avoid reliance on memory
 - simplify and standardize processes
 - improve access to information
 - make errors visible

Lessons Learned

Among Many –

- Paediatric patients need MR
- Senior leadership is KEY!
- MR will not be achieved using a single specific model
- MR is more complex than anticipated

Lessons Learned

- Patient/family involvement is critical
- Multidisciplinary involvement is critical
- Medication Reconciliation IS about patient safety – we are getting the proof (data) !!

MEDICINE MATTERS



Because patient safety is a top priority at the Stollery Children's Hospital, it is important for us to know what medicines your child takes at home. Remember, medicine matters.

My child does take medicine at home. What should I do?

- A short chat with the pharmacist is all that is required. A pharmacist will visit you and your child within a day of admission to hospital.
 - Tell the pharmacist what medicines or remedies your child is taking.
 - It is important to include ALL medicines – those prescribed by a doctor and those you have bought yourself. Some examples are:
 - prescription medications
 - non-prescription medicines like Tylenol, Sudafed or Robitussin
 - dietary supplements like vitamins, natural or herbal remedies and alternative therapies like acupuncture
 - The pharmacist will also want to know if your child has any allergies, especially to medicines
- The pharmacist will then prepare a list of these medications for your child's chart.
- The list will be available for all healthcare team members to use throughout your child's hospital stay.
 - The list will help ensure that your child receives the correct medicines.

When do I meet with the pharmacist?

Please be in your child's room around _____ AM/PM on _____.
(Time) (Date)

For more information, please talk to a member of your child's healthcare team.

About the Data

- **Potential Harm Averted –**
 - **Unintentional discrepancies**
 - **We are catching them before they reach the patient**

