



CANADIAN ASSOCIATION OF PAEDIATRIC HEALTH CENTRES
ASSOCIATION CANADIENNE DES CENTRES DE SANTÉ PÉDIATRIQUES



CAPHC-SHN Paediatric Medication Reconciliation Collaborative

Listen, Reflect and Move Forward
**Early Implementation Data Update
and Key Learnings**

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Key Challenges in Child and Youth Health Care



- *Myth: Children are “Little Adults”*
- ***Child and youth health issues must be recognized and integrated within the overall health reform agenda***

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*Sixth Interactive Teleconference
September 6th, 2006*

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The CAPHC-SHN Paediatric Medication Reconciliation Collaborative (PMRC)

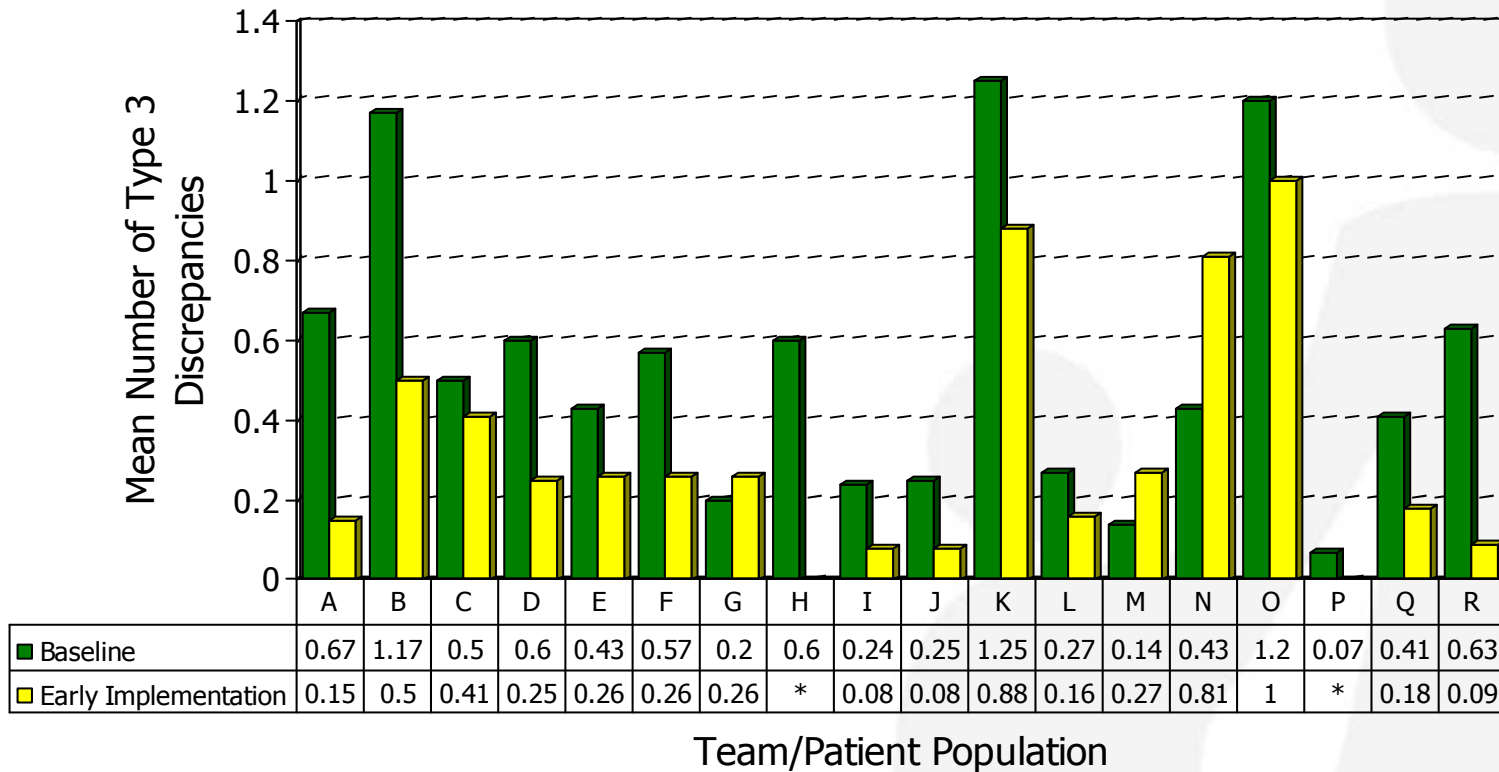
- 16 health centres from coast-to-coast representing seven provinces have established 18 paediatric medication reconciliation teams
- Patient populations vary across the teams from children admitted to paediatric wards in community hospitals to more complex populations including nephrology, mental health and respiratory medicine within acute care settings
- Collectively the teams have made significant progress in *changing the way we do business*
- As we move forward, more teams are coming on board and will benefit from the wisdom of the experienced teams

PMRC: *Data Submissions*

As of the end of June 2007:

- Baseline data from 18 teams
 - 40 monthly submissions of baseline data
 - Data collected on a median of 20 patients (range 10 to 94 patients per team) and a total of 485 patients were reviewed
- Early implementation data from 16 teams
 - 111 monthly submissions of early implementation data
 - Data collected on a median of 50 patients (range 10 to 243 patients per team) and a total of 1360 patients were reviewed
- Full implementation data from 3 teams
 - 14 monthly submissions of full implementation data
 - Data collected on a median of 49 patients (range 5 to 92 patients per team) and a total of 146 patients have been reviewed to date

Baseline and early implementation data; Distribution of Type 3 Discrepancies



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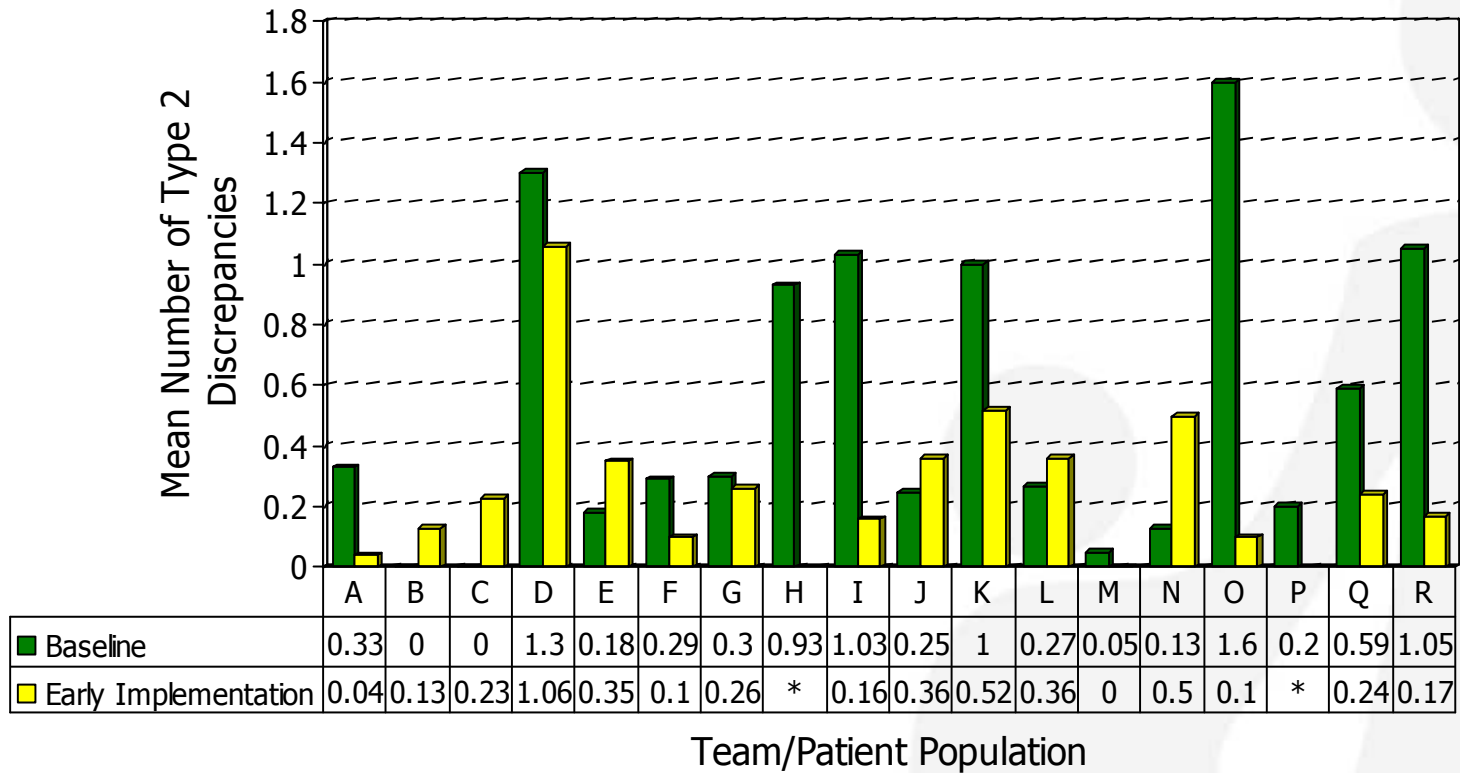


Baseline and Early Implementation Data; *Type 3 Discrepancies (System-wide)*

- Across the paediatric teams, a total of 485 patients were reviewed during the baseline stage and 261 Type 3 discrepancies were identified
- The mean number of baseline Type 3 discrepancies identified ranged from 0.07 to 1.25
- During the early implementation stage, a total of 1360 patients were reviewed and 389 Type 3 discrepancies were identified
- The mean number of Type 3 discrepancies identified ranged from 0.08 to 1.00

Overall, for teams that have submitted early implementation data the overall rate of Type 3 discrepancies per patient has decreased from a baseline value of 0.55 to an early implementation value of 0.29!

Baseline and Early Implementation Data; Distribution of Type 2 Discrepancies by Team



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Baseline and Early Implementation Data; *Type 2 Discrepancies (System-wide)*

- Across the paediatric teams, a total of 485 patients were reviewed during the baseline phase and 236 Type 2 discrepancies were identified
- The mean number of Type 2 discrepancies identified ranged from 0 to 1.6 per patient
- During the early implementation stage, a total of 1360 patients have been reviewed, to date, and 400 Type 2 discrepancies have been identified
- The mean number of Type 2 discrepancies identified ranged from 0 to one per patient

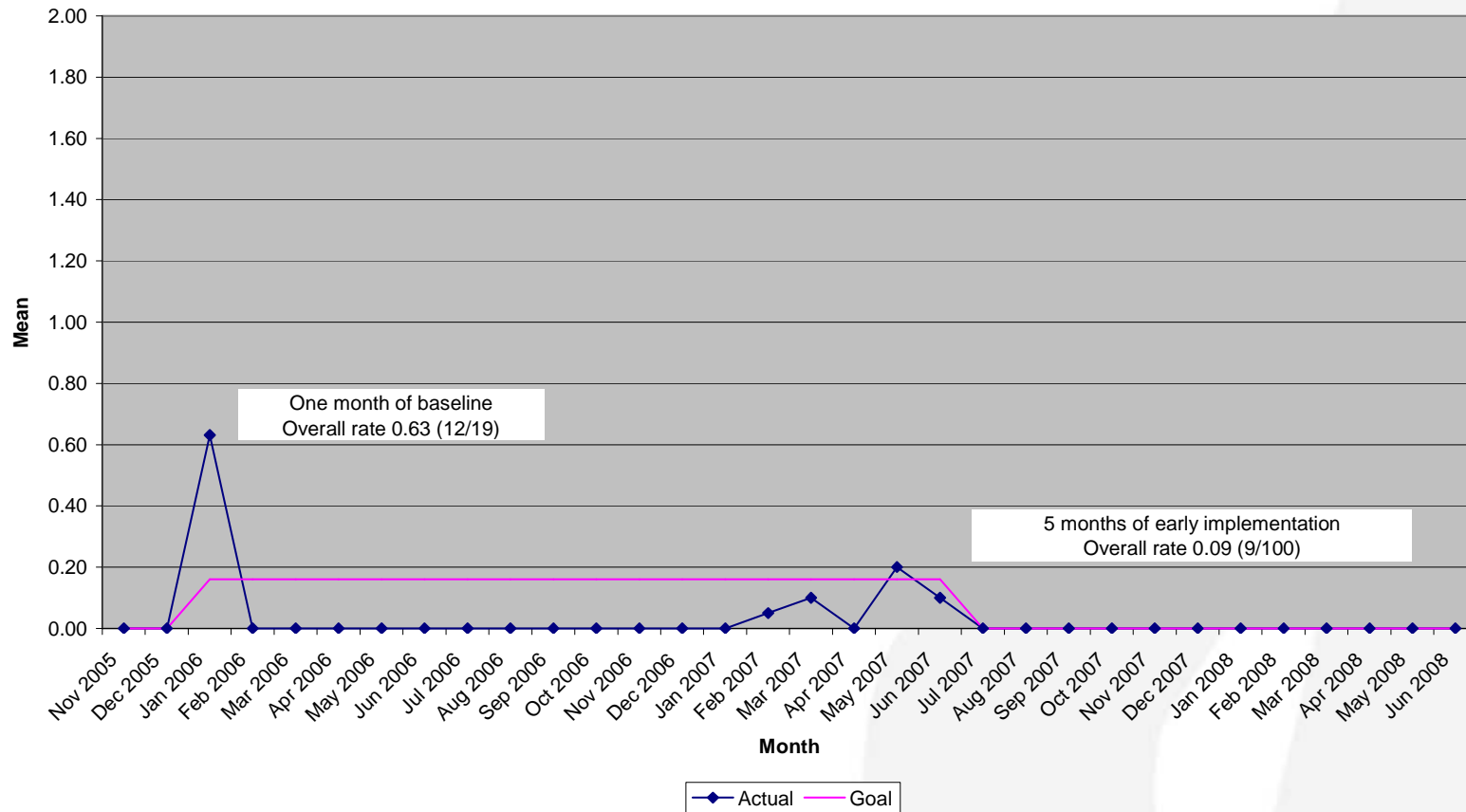
Overall, for teams that have submitted early implementation data, the overall rate of Type 2 discrepancies per patient has decreased from a baseline value of 0.45 to an early implementation value of 0.29

Key Learnings

- From a system-wide lens there has been an overall decrease in discrepancies
- 13/18 teams have reduced Type 3 discrepancies from baseline values
 - 7 of these 13 have reduced the rate by at least 50%
- 10/16 teams have reduced Type 2 discrepancies from baseline values
 - 7 of the 10 have reduced the rate by at least 50%
- **HOWEVER**, we need to look at both sides of the coin
- While some teams are close to their goal (a 75% reduction in the baseline rate) not all teams consider these changes to be sustainable

Team Example 1

2.0 Mean Number of Unintentional Discrepancies



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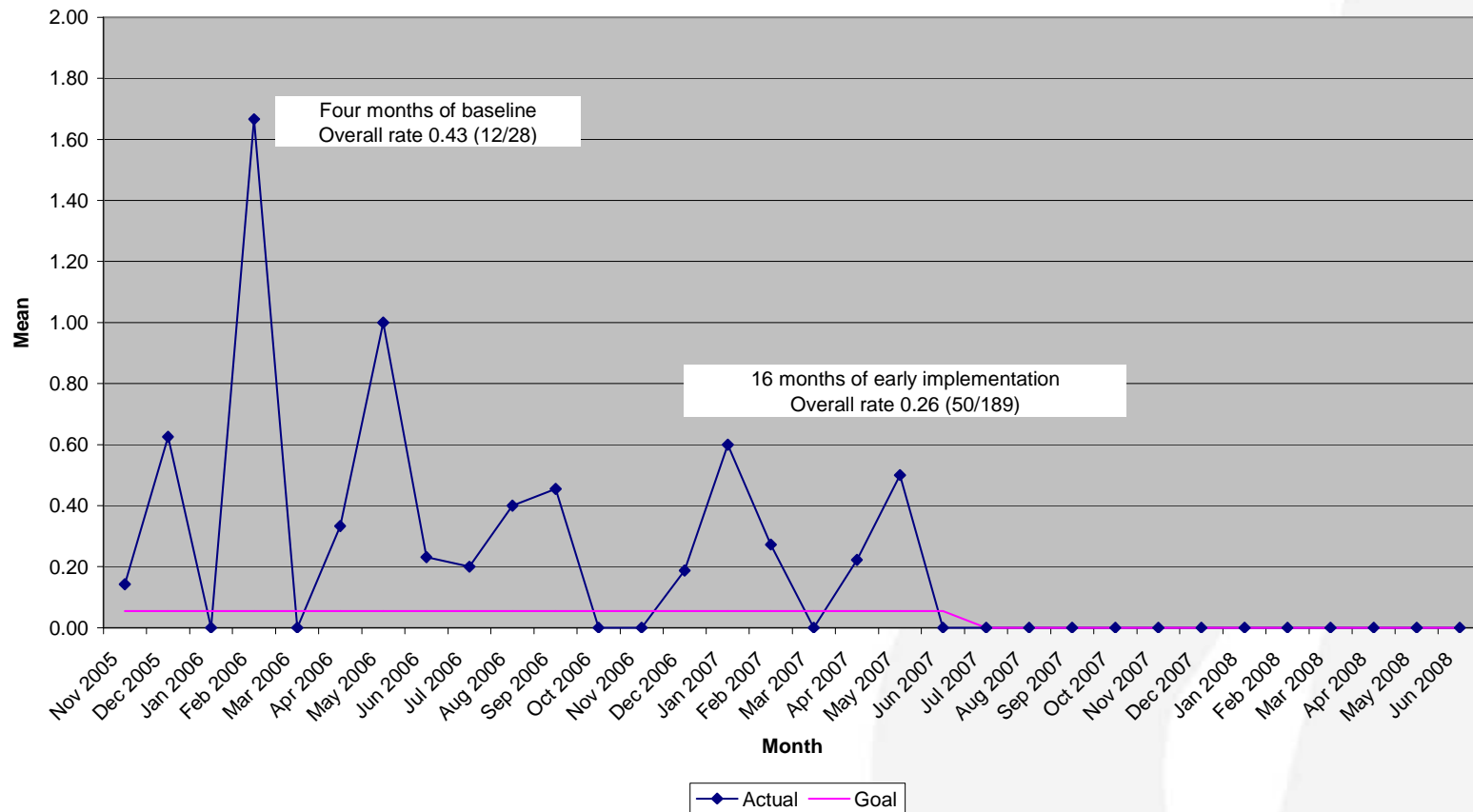
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Team Example 2

2.0 Mean Number of Unintentional Discrepancies



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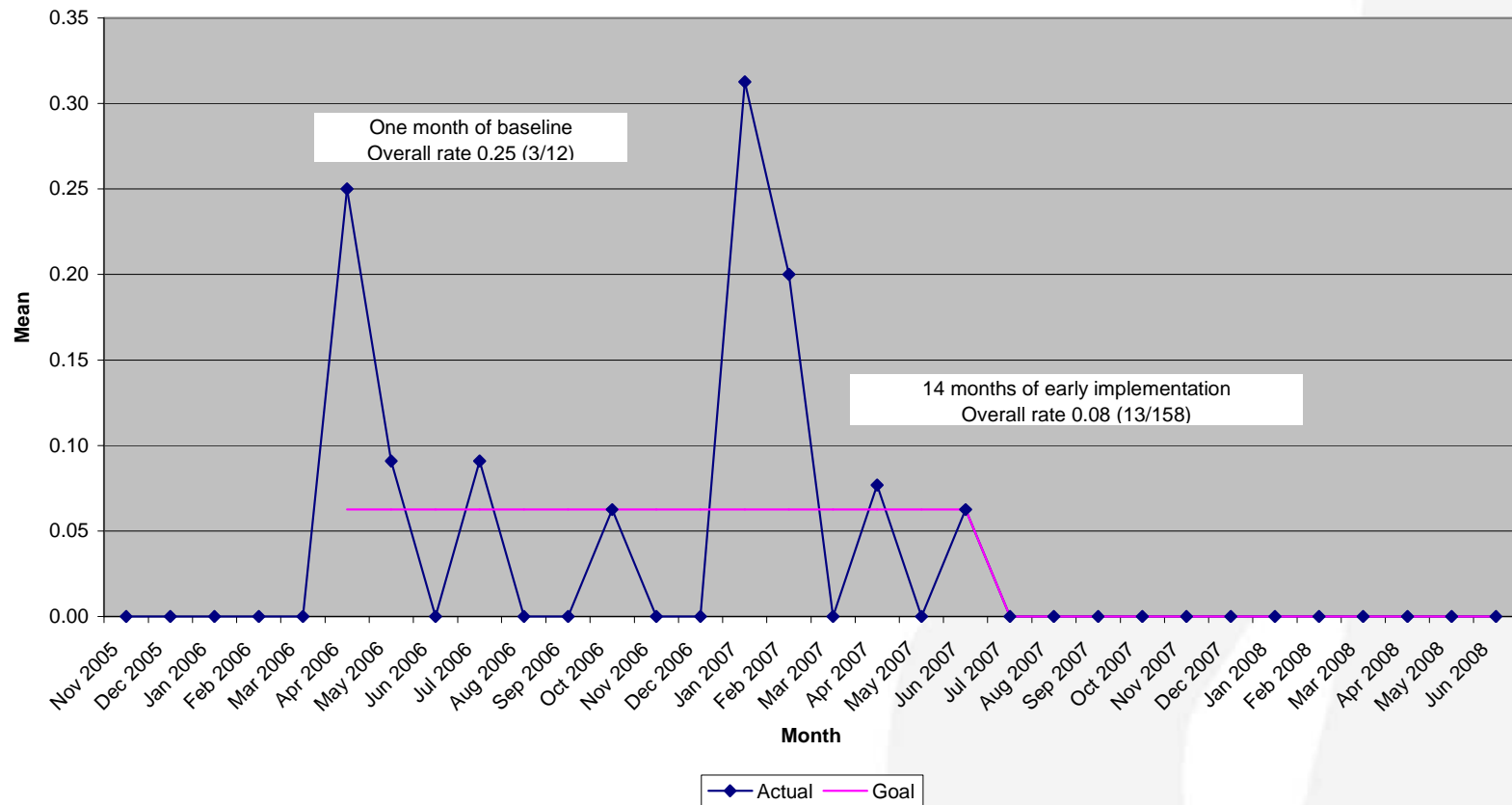
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Team Example 3

2.0 Mean Number of Unintentional Discrepancies



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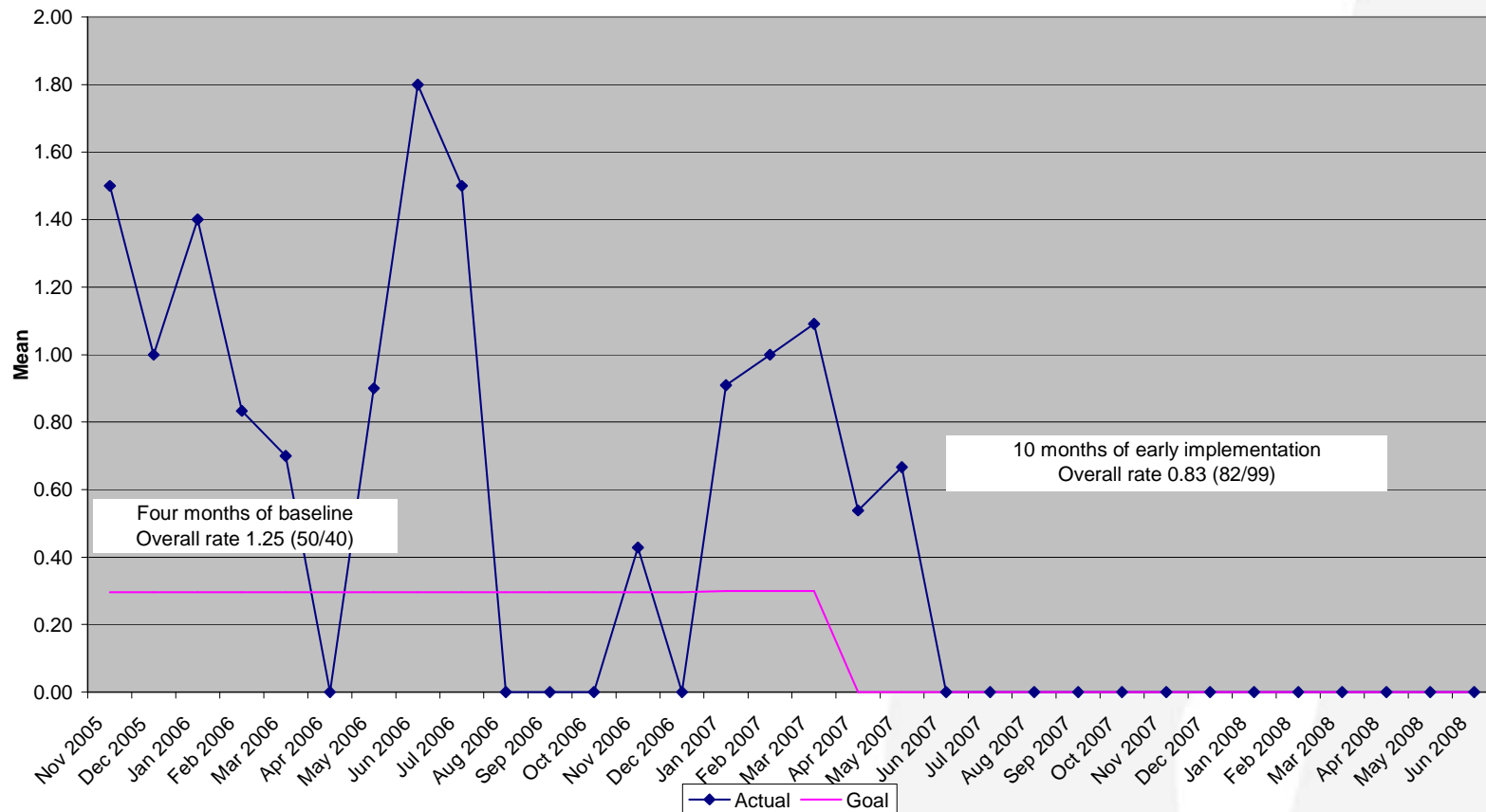
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Team Example 4

2.0 Mean Number of Unintentional Discrepancies



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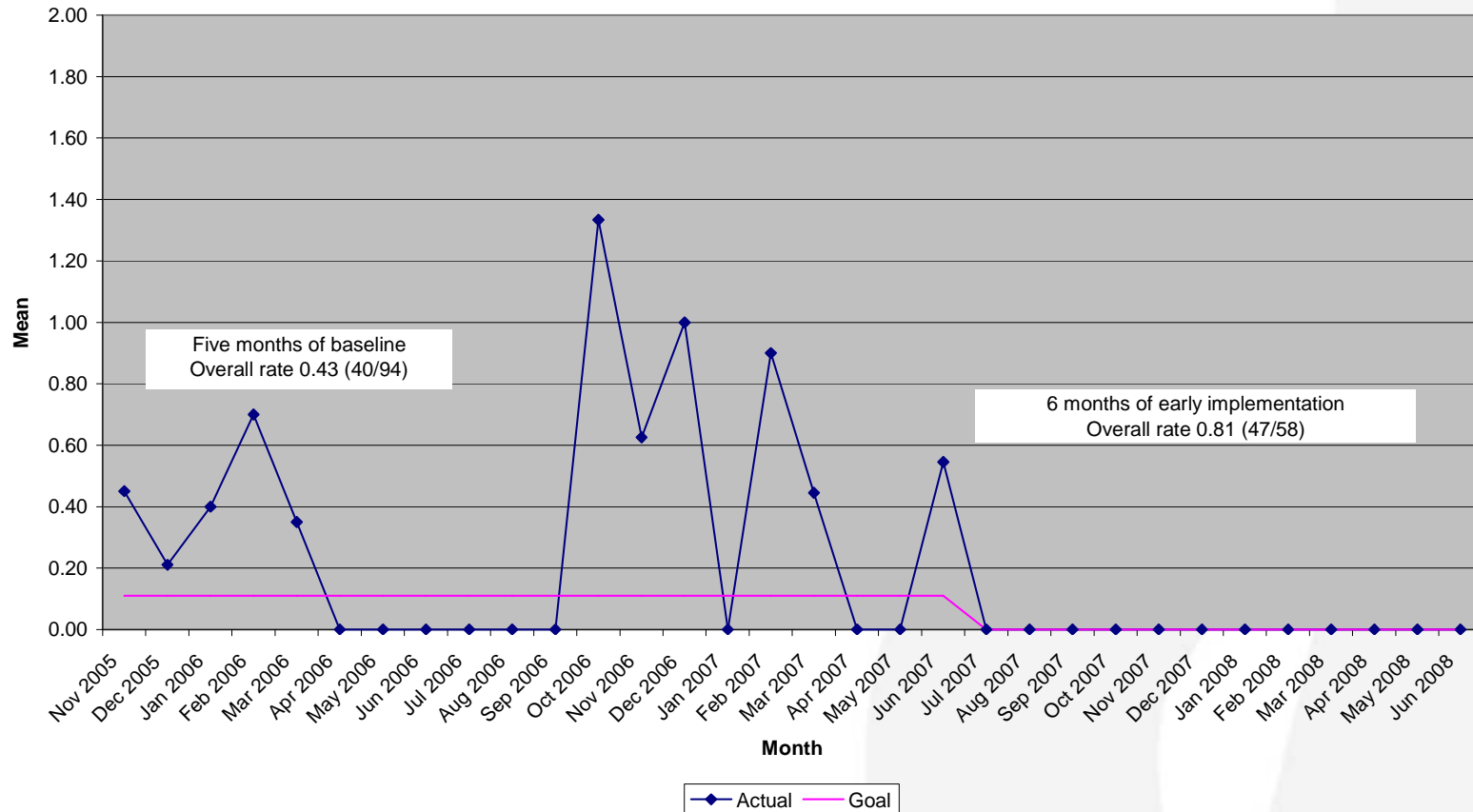
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Team Example 5

2.0 Mean Number of Unintentional Discrepancies



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Key Lessons Learned

- The implementation of MedRec has been complex and resource intensive while teams have dealt with multiple competing priorities;
- While the data shows significant progress in reducing discrepancies on a system level, there is still variability from month to month, as well as between teams in the discrepancy rates;
- The majority of teams are not yet at the point where they feel they have reached “sustainability”
- The concerns expressed by the paediatric teams are being echoed across the country
- The next 12 months are dedicated to supporting all of our teams to reaching their goal rate, sustaining and spreading MedRec

Key Lessons Learned: Challenges

The main themes in barriers to sustainability include;

- Engagement of medical and corporate leadership
- Resistance to practice change
- Limited resources to continue to educate staff and conduct audits
- Competing priorities with other initiatives
- Team fatigue and maintaining motivation

Key Lessons Learned: Enablers

- Where teams feel they are sustaining improvements, there is clear management support, staff with dedicated time to manage the project and engagement of front-line colleagues
- Internal support from senior leadership, particularly those who have operational responsibility for patient safety, is key to implementation teams achieving sustainability;
- Within the implementation and care teams, communication and education are key strategies to ensure staff buy-in and continued success of the initiative

As we continue our journey

We would like to acknowledge and thank the following paediatric teams for their commitment and continued dedication!

- Children's & Women's Health Centre of BC
- Alberta Children's Hospital
- Stollery Children's Hospital
- Saskatoon Health Region
- Winnipeg Children's Hospital
- Children's Hospital of Eastern Ontario
- Children's Hospital of Western Ontario
- Credit Valley Hospital
- Grand River Hospital
- Hospital for Sick Children
- Kingston General Hospital
- McMaster Children's Hospital
- North York General Hospital
- Quinte Healthcare Corporation
- IWK Health Centre
- Janeway Child Health Centre

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