



*The SHN-CAPHC Paediatric Medication
Reconciliation Collaborative*

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**SHN-CAPHC Paediatric Medication Reconciliation Collaborative (PMRC)
Interactive Teleconference: Overcoming the Hurdles and Moving Forward
Thursday, November 24th, 2005
12:00 to 2:00 pm (EST)**

Speakers: Elaine Orrbine, Canadian Association of Paediatric Health Centres
JoAnne Whittingham, National Project Coordinator, PMRC
Virginia Flintoft, University of Toronto and Core Measurement Group, Safer Healthcare Now

1. Introduction and Welcome / Adoption of Agenda

- Elaine Orrbine welcomed all participants and thanked them for joining the call.
- Participating in the call were 21 centres from across the country.
- Elaine explained that the call was intended to be interactive and to offer an opportunity to provide an update, to hear from PMRC participants and to determine what can be done to insure that all participants have the information, resources and support that they need to move forward.
- Colleagues from SHN participating on the call were introduced;
Carolyn Hoffman, Director of Operations ON to BC, Canadian Patient Safety Institute
Heather MacDonald, Project Manager, Canadian Patient Safety Institute
Marlies Van Dyke, Western Node leader
Cynthia Majewski, Ontario Node leader

2. Paediatric Medication Reconciliation Collaborative (PMRC): Overview of Progress to Date (Elaine Orrbine and JoAnne Whittingham)

- Elaine Orrbine provided a brief summary of progress since the August 2005 Training and Orientation Workshop held in Toronto.
- The workshop included representatives from coast to coast with 25 paediatric healthcare centres, as well as other health care facilities that provide care to children and youth, participating.
- The documents sent out since the workshop were reviewed including the Workshop Proceedings, the Executive Summary and the Education Package. It was noted that all documents are available on the CAPHC website and are intended to be jointly shared for PMRC participants to disseminate as they see fit.
- The survey sent out a few weeks prior to this teleconference was briefly described. The purpose of the survey was to get a sense of where centres were with respect to the project, to plan for the teleconference agenda and to target the needs of the participants.
- JoAnne Whittingham briefly described the results of the survey. There has been keen interest expressed in the project. The majority of centres that participated in the August 2005 workshop have now engaged their key stakeholders and obtained senior management support. Of 18 centres, 11 have already formed teams. The variety of clinical areas chosen for initiation of the project was described. The comments received on the survey defined five main challenges to be discussed during the teleconference.

Q & A

Tracy Wrong from Children's Hospital of Eastern Ontario and Nazira Jaffer from North York General Hospital asked if there was a formal process to sign up and commit each institution to the SHN! Campaign.

- It was explained that CAPHC has an official partnership with the Safer Healthcare Now campaign and all of the participants will be recognized and registered as an important participant in the PMRC.
- Many of the PMRC participants are also registered for one of the other 5 interventions; these are registered as an individual healthcare centres or as a health authority with the SHN campaign. Some of the sites are doing medication reconciliation in both adults and paediatrics.

3. Overcoming the hurdles; sharing strategies and solutions (Elaine Orrbine and Virginia Flintoft)

- Elaine Orrbine explained that an important focus of this teleconference was to share strategies and solutions for overcoming the identified hurdles.
- On the survey, time challenges and resources were among the most common hurdles noted.
- It was recognized that these are serious challenges for all centres, however, it was also noted that this is a very valuable project that will form an important part of quality improvement strategies from coast to coast.
- Elaine provided feedback on some of the strategies that have been suggested by the SHN Steering Committee and the IHI 100,000 lives campaign.
- The first recommendation was to integrate or adapt the project into existing practices and meeting schedules and not to make it something brand new as an addition to already busy workloads. For example, 20 minutes can be dedicated at a regular QI meeting to discuss the medication reconciliation project.
- It was stressed that all resources, such as the Getting Started Kit for Medication Reconciliation, are meant as a guide and the recommendations are flexible and can be adapted to local procedures to make it work within each centre. For example, where pharmacy resources are limited or a clinical area does not have a dedicated pharmacist, it is possible to have the pharmacists train other members of the team to do the Best Possible Medication History (BPMH) and the chart audits.
- However, the commitment to consistency in training, definitions, data collection, and data submission to evaluate the success of the campaign was noted as very important, e.g., what is meant by unintentional discrepancy is the same at all centres.
- Elaine noted that there is evidence in the literature showing that the medication reconciliation process can save time once implemented.

- Elaine Orrbine introduced Nazira Jaffer from North York General Hospital who shared her team's experiences.
 - They have been able to engage senior leadership, form the team and start baseline data collection.
 - Senior management was supportive of the project from the beginning.
 - They felt it was important that team members include all involved partners including the chief of in-patient paediatrics, the program director, the director of pharmacy, the quality management team, pharmacists and nurses.
 - A project charter was developed that describes the importance and significance of the project, the scope, and who is involved.
 - There were initial discussions every two weeks and now once a month to keep everyone informed.
 - The project was fit within day to day operations for the program e.g., rather than having a separate meeting, discussions were on the agenda of the Paediatric Advisory Committee.

Q & A

Debbie McKeown and Ruth Lee from McMaster Children's Hospital provided an update on their experiences

- Their team is close to completing the November data collection.
- They had to review 42 charts to get the 16 that met criteria; this had implications for resources and workload.
- They have framed the project as a research project and sought REB consent for a number of reasons including the Privacy Act in Ontario, the fact that the pharmacist doing the chart reviews is not directly involved in patient care and, as well, to be able to share their experiences at conferences in the future.

- One of the requests from their REB is a list of the organizations that is participating in the collaborative and Ruth asked about sharing the list of participating organizations.
- Elaine Orrbine suggested that since all centres are registered with SHN through the PMRC it was possible to share the list.
- Virginia Flintoft and Heather MacDonald noted that the privacy issue is not unique to Ontario and has been discussed by the SHN Steering Committee. All participants will be listed on the SHN website however, measurement results will not be posted with identifying information without explicit consent, e.g. for top performers.
- Heather requested that the list of PMRC participants be sent to her so that it can be cross-referenced to determine how many are formally enrolled.
- Elaine Orrbine agreed that this would be done and how best to identify the members of the PMRC explored.
- Heather also confirmed that CAPHC is an important partner in the SHN Campaign; Elaine is part of the National Steering Committee and CAPHC will be providing dedicated support to medication reconciliation for the paediatric population.

- Elaine Orrbine introduced Isobel Boyle from the Grand River Hospital who shared the experiences of her team.
 - They had wonderful buy-in from the senior executive and the senior pharmacist.
 - The key is that they have used existing teams and built into existed workloads; they used their unit council, as well as the physician department meetings and the quality management case review group.
 - Isobel stressed that the project is not being viewed as research but rather as a quality initiative which the clinical pharmacist is part of.
 - They started collecting baseline data collection.
 - They have adapted some of the forms and expect there will still be some changes.
 - The Best Possible Medication History is a shared responsibility with the clinical pharmacist and key unit staff, and they are careful to maintain consistency.
 - She noted that Grand River has accreditation coming up so the medication reconciliation initiative fit right very well.
 - The team hasn't yet involved any parents but this may come in through the unit council.

- Elaine Orrbine noted that one of the main benefits and incentives of this project is that it will help all of the CAPHC partner organizations to prepare to meet the new CCHSA requirements for accreditation for 2006 including evidence of a medication reconciliation process. She suggested that this was an important point to raise within teams.

- Elaine Orrbine introduced Kim Streitenberger from The Hospital for Sick Children
 - Kim explained that they have had similar resource issues.
 - She noted that they have started really small; with one program (paediatric medicine) and focusing on admissions only.
 - The unit self-declared interest in being the pilot so buy-in was not a problem.
 - They have a strong team, as well as support from all relevant areas and will be bringing on IS.
 - They are lucky to have secured a dedicated pharmacist one day per week plus unit-based pharmacists.
 - They have the advantage of building on previous work done to improve hand offs.
 - The project has been presented to the REB as a QM project (expedited review).
 - The team has attended a SHN workshop that was useful for information and team building.

Q & A

Carol Cooke, Children's Hospital of Eastern Ontario

- Carol noted that from the perspective of their REB Chair and in accordance with Tri-Council guidelines it was felt necessary to obtain REB approval for the project (expedited review).

- It was her sense that the sites are quite variable on this issue.

Richard Jones, Children's Hospital of Western Ontario

- Richard noted that, in their practice setting, pharmacists are already involved in this type of activity as part of clinical care.
- Medication reconciliation is viewed as part of what they do and the project is establishing a formal documentation process consistent across the groups.
- They have determined that it was not necessary to get REB approval especially given that the project is not a scientific study.

Elaine Orrbine noted that each partner site needs to determine the best way to handle the REB issue to make it fit for their respective centres.

4. Plan-do-Study-Act Cycles (PDSA) (Virginia Flintoft)

- Elaine Orrbine introduced Virginia Flintoft who provided a brief overview of this important tool
- Virginia stressed that it was vital not to underestimate the importance of this tool and noted that there was there was a number of experts in this area working with the SHN campaign
- She reviewed the steps of PDSA; plan, do, study, act
- JoAnne Whittingham will put together a list of resources to distribute to all participants
- As well, the node leaders and safety and improvement advisors (SIA's) are a valuable resource

Q & A

Simone Falconer, North York General Hospital

- Simone noted that they used PDSA during the baseline data collection stage to test the form for collecting the information, they used the initial draft on 5 to 6 patients, revised based on comments from the pharmacists and then revised and tested again for next several patients.
- They will continue this process through out the pilot stage.

Yuen Chan-Lau, Pharmacist at North York General Hospital

- Doris noted that the August 2005 Workshop guidelines stated that OTCs are being excluded, however she noted that there was an impact with medications such as Tylenol Cold and asked how other sites were collecting the data.
- Virginia Flintoft noted that the recommendation from Margaret Colquhoun was to exclude OTC medications and herbals.
- However, sites have the option of deciding what will work best within their own setting and it was noted that it would be important to document this and specify on the data submission form that OTCs are being included.
- Richard Jones, Children's Hospital of Western Ontario, noted that they are including all medications for in-patients and not differentiating based on the retail class of the medication, therefore OTCs are included since these have to be ordered from the pharmacy for inpatients.
- Darlene Boliver, IWK (Halifax) noted that they are also collecting history on all medications and for this project, will just be including prescription drugs.
- During their PDSA cycles they have noted that the use of mail-order pharmacies can be an issue, specifically that patients may not think to include this as a source of their prescriptions. The team will revise the form to capture this.

5. Reviewing the Post Workshop Timelines

- Elaine Orrbine noted the importance of all centres being able to participate in the PMRC and therefore the timelines have been extended to accommodate all participant centres.
- It was agreed that all sites will try to have their baseline data submitted by the end of January 2006.
- Once the baseline data is submitted, an evaluation and analysis will be provided to all participants.

- From the end of January to early February the teams will be moving into the pilot implementation phase.

6. Baseline Data Collection and Submission Forms

- Virginia Flintoft reviewed the PowerPoint presentation that sent out before the teleconference including:
 - Measurement responsibilities of both the participants and the SHN Central Measurement Committee
 - The participants will implement change, make improvements and report back to the Central Measurement Committee through JoAnne Whittingham.
 - The Central Measurement Committee will collect and analyze the data and report back to all stakeholders.
 - Data collection tools including the Best Possible Medication History (BPMH) form
 - Virginia noted the two versions of the BPMH form for admission and transfer, available on the SHN website.
 - The data submission worksheets
 - These are the documents to be used to aggregate and submit data with one worksheet for each of the three measures.
 - All data can be calculated from the Best Possible Medication History form.
 - The data submission worksheets are available on the SHN website and can be faxed or e-mailed.
 - There will be a method for electronic submission in the future.
 - Virginia reviewed the elements of the worksheets, organizations that have more than one team should submit separately for each team and specify the team on the form.
 - Run charts
 - Virginia reviewed run charts and noted that a series of templates are being developed for each intervention; these will be available on the website when completed.
 - Teams can use the Excel spread sheets/run charts to record their progress on a monthly basis, record progress over time and share results with their team members.
 - On the run chart for the success index she noted it was important to annotate especially when there are changes in the performance.
 - She recommended that the goal line at the top should not have data points, rather it is better to make it a straight line.
- Virginia also reviewed resource people available for all participants.
- JoAnne Whittingham is the first point of access for the paediatric centres and that all participants can also go to the node leaders and the Safety Improvement Advisors.
- There is also access to faculty members who are experts in this area, particularly Marg Colquhoun who is more than willing to help anyone who needs guidance.
- Other sources of information include conference calls, national learning series workshops and the Communities of Practice, that will soon be available on the website.

Q&A

Kim Streitenberger, Hospital for Sick Children

- Noted that reports are not easy to annotate when they are in PDF format.

Cenzina Caligiuri, Winnipeg Children's Hospital,

- Cenzina asked about using the audit form within the ambulatory care setting, they have strong physician champion in this setting.
- They are having trouble using the forms in this setting since there is not really admission medication orders and she asked if anyone has any suggestions as to how that audit should be done.
- Virginia suggested that the question be passed on to Marg Colquhoun, JoAnne will facilitate this.

7. Other Business and Closing Remarks

Q&A

Darlene Boliver, IWK

- They have an example of a patient, who is not part of capture group, where the physician prescription was taken to a health food store and filled with a homeopathic remedy. This was noted because the child's blood work was different because of extra ingredients in the homeopathic remedy
- She asked how to capture, within the medication reconciliation framework, if the patient had been admitted.
- Elaine Orrbine referred the question to Richard Jones, CHWO
- He suggested that this constitutes a substitution to an alternative form of therapy and would be viewed as a deviation or a discrepancy on the part of the family.
- It was agreed that it would be important to document this but it was not clear how medication reconciliation would address.
- It was suggested that the BPMH would capture this when the child was readmitted, likely as a compliance issue.

8. Adjournment & scheduling for the next interactive teleconference

Elaine Orrbine summarized the key points of the teleconference and thanked everyone. Today's teleconference was taped and will be summarized and distributed to all participants as well as being posted on the CAPHC and SHN websites.

The meeting adjourned at 2 pm (EST). The next call will be scheduled in February 2006. JoAnne Whittingham will be in touch with all centres to confirm the topics and scheduling for this call.