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Med Rec & Accreditation Canada Standards

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What's New in Accreditation Canada Program?

- Accreditation Canada is introducing new standards for high risk areas (Managing Medications, Laboratory, Diagnostic Imaging, Operating Room)
- Focus on quality and safety

A Renewed Focus

- Explicit focus on the safe management of medications through three key elements of the program:
 1. Standards
 2. Required Organizational Practices
 3. Performance Measures

Safe Medication Administration

- Educating clients/families about their medications and delivery devices, and ways to prevent errors
- Following a process to allow and monitor self-administration of medications
- Safe & accurate medication administration processes
- Reducing the risk of error through careful procurement, maintenance, use, and standardization of medication delivery devices (infusion pumps, safety needles, etc)
- Monitoring clients following medication administration (side effects and benefits)

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Monitoring Quality & Achieving Positive Outcomes

- Having a coordinated risk management program to reduce medication-related errors and sentinel events
- Regularly monitoring and evaluating the quality of the medication management and pharmacy system (Med Rec and PDSAs here for sure)
- Knowing what your outcomes look like & being able to speak about your performance (SHN Med Rec Measures & Run Charts)

Patient Safety Area 2: Communication ROPs

1. Written and verbal communication: client, family roles in patient safety
2. Effective transfer of information mechanisms at interface points in care: hand offs & process QI
3. Verification processes/checking systems for high risk care/service activities: critical surgical/invasive procedures; diagnostic testing; medication use & process QI
4. Reconcile the patient/client's medications upon admission to the organization, and with the involvement of the patient/client.
5. Reconcile medications with the patient/client at referral or transfer, and communicate the patient/client's medications to the next provider of service at referral or transfer to another setting, service, service provider, or level of care within or outside the organization.

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Requirements 2008

Organizations will be asked to collect and submit data on the following performance measure (indicator):

Medication Reconciliation at Admission

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Evaluating Compliance

- Surveyors will carry out on-site tracers to evaluate compliance with standards within defined priority processes
- The ROPs and performance measures are now integrated within the managing medications and service excellence standards (pilot has ended)

New Tracer Methodology 2008

- Starts with a patient and an explicit priority process (selected pre-survey)
- Surveyors follow the steps of the patient throughout the system within a priority process, with no preconceived ideas from self assessments & lots of dialogue & exploration with open-ended questions & lots of flexibility
- Surveyors validate the clinical protocols followed for that particular patient, with staff at each points of care and with the clinical documentation, standard order sets, policies and procedures, etc.
- Red, orange and green flags for QI Roadmap identified

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2007 Observations One Surveyor

- Most organizations have begun Med Rec at admission (one or more pilot teams in regional structures)
- Many perceive the BPMH as merely a “list” rather than a new and improved clinical assessment process that links to physician orders at all patient transition points
- Most have not yet adopted standardized Med Rec processes

Surveyor Observations Cont'd

- Most are working through the steps towards development of standardized tools
- Education for staff is not yet fully disseminated
- Frequent perceptions of Med Rec being an add-on in professional collaborative practice
- Some tensions in role clarification: Nursing, Pharmacy & Medicine (who owns Med Rec process?)

Observations Cont'd

- Many express physician engagement challenges
- Few are addressing transitions: transfer & discharge
- Few are engaging community pharmacists
- Few have a spread plan for admission Med Rec

So What Are the Lessons?

We have collective & collaborative professional responsibilities to:

- Assist with education of senior leaders and clinical managers related to what the Med Rec Process entails and the reasoning that underpins the process (nuts and bolts)
- Share tools and exchange ideas between teams and organizations to ease start up of small tests of change
- One size does not fit all but the basic Med Rec tenets are constant

Lessons Cont'd

- Good medication reconciliation requires patient/family/caregiver participation as an equal if not the primary team member
- Professional Practice Councils have an important role to play in conveying messages around: basic standards of practice & in removing system redundancies in care & clinical documentation (professional practice regulatory considerations)

Lessons Cont'd

- Med Rec requires working within the resource base and staff mix available
- Various models for Med Rec are possible & necessary
- Standardized education works
- Standardized BPMH tools are beneficial (staff and patients move between service delivery locations & sectors)

Learning Points Cont'd

- Awareness of the critical importance of using scarce clinical pharmacist resources appropriately as consultants with high risk patients & to get the organization's Med Rec process defined & supported
- Physicians & Nurses & Patients love & will engage in Med Rec processes that are intelligent and simple to use & supported by Pharmacists

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Thank You

QUESTIONS ?

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