



Children's Hospital
Health Sciences Centre Winnipeg

Travelling on the Medication Reconciliation Highway



Leslie Galloway



Winnipeg Regional
Health Authority
Office régional de la
santé de Winnipeg

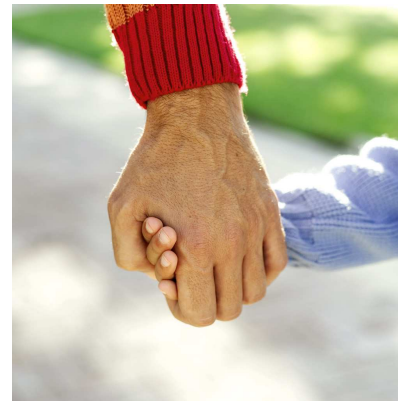
Senior Leadership Commitment

- Commitment of Senior Leadership prior to project start
- Pharmacy, Nursing and Physician Leadership Support
- Resource Commitment
- Regular communication from Senior Leadership
- Sharing audit results at various forums

Implementation Team

- Stable supportive co-leadership
- Involvement of interdisciplinary frontline staff
- Evolution of team membership throughout the spread process
- Project plan and “will” to move forward

Challenge: Parent Participation





Frontline Staff Involvement

- Identification of front line staff champions
- Flexible education for staff
- Resident education
- Staff detailing
- Daily Listening and Problem Solving



Frontline Staff Involvement

- Staff orientation
- Recognition of contributions
- Celebration of success



**Challenge: Academic Health Sciences
Centre: Frequent resident, medical and
nursing staff changes**

Resource Issues

- Leadership commitment for staff to attend meetings, education sessions
- Resource assistance for audits as requested
- Small grant applications for the transfer and discharge processes

Challenge: How to best use audit resources?

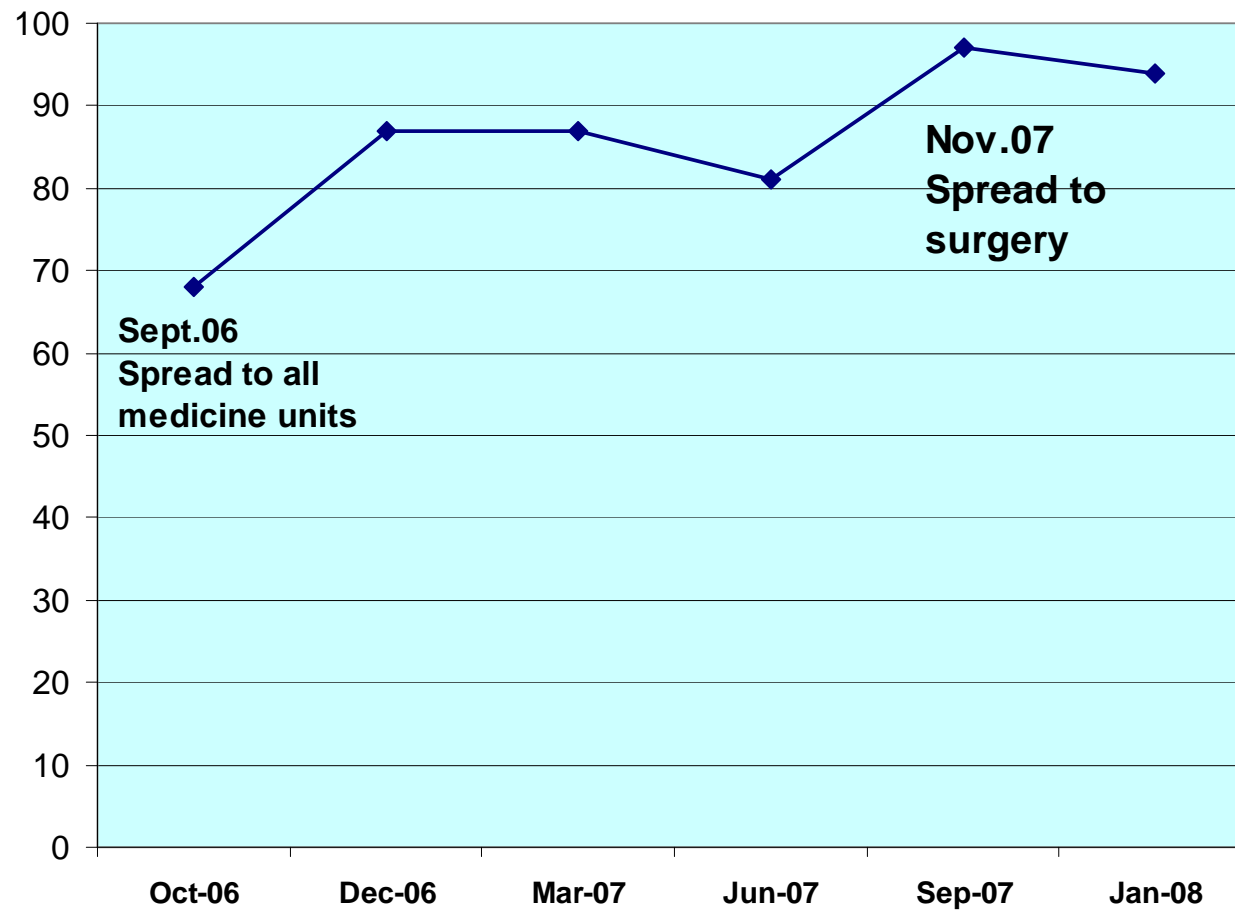
Models and Processes

- PDSA cycles
- Process flow charting
- Documentation audits of *Physician's Order Sheet for Home Medications*
- Measurement of medication discrepancies

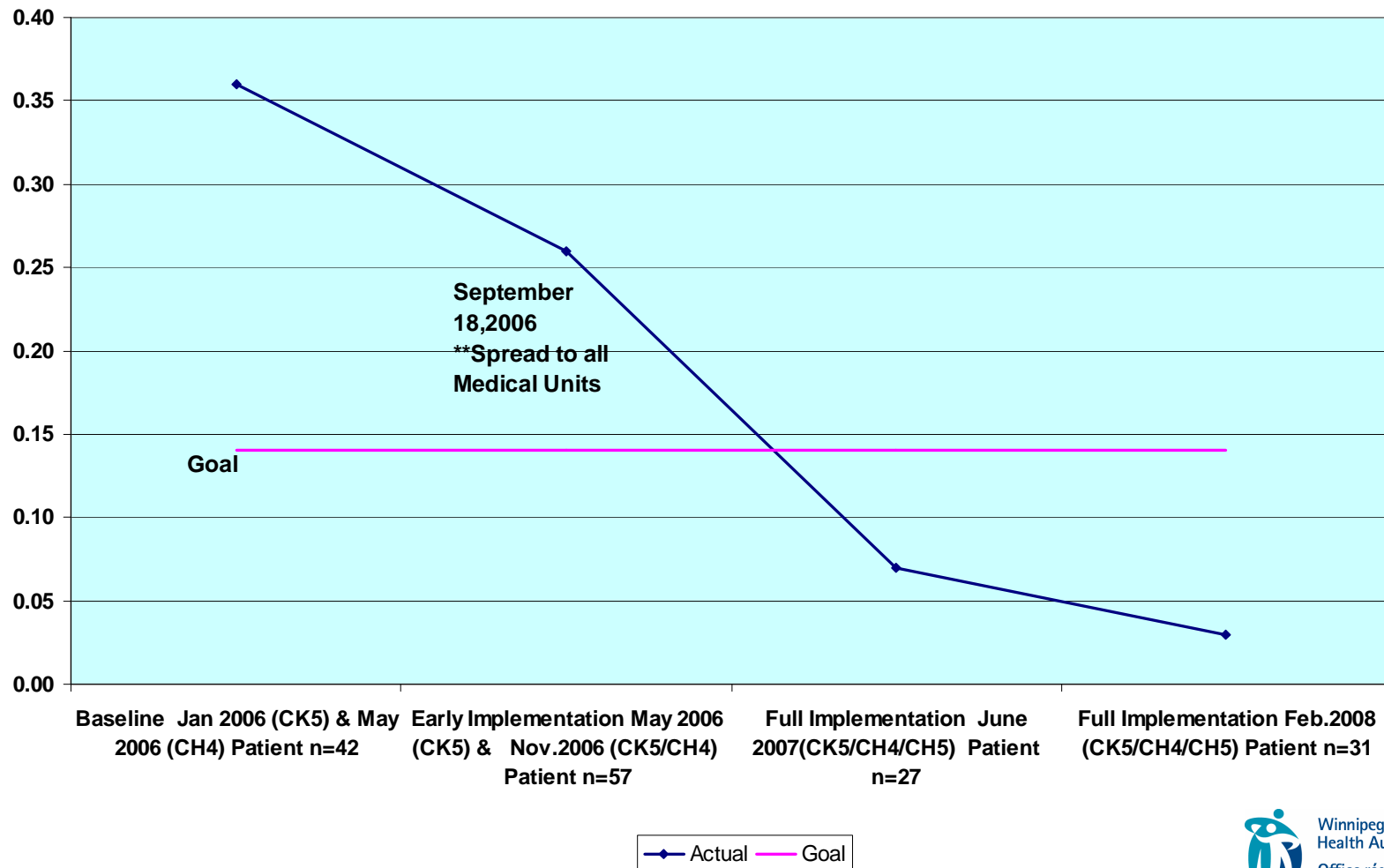


Bus Stop 5

Percentage of Patient Charts with a "Physician Order Sheet-Home Medications"



Unintended Medication Discrepancies per Patient Index Medical Admissions (CK5, CH5, CH4)



Models and Processes

Challenges:

- Need to work within current processes
- Decision to use *Physician's Order Sheet for Home Medications*

Health Sciences Centre
Winnipeg

DATE: _____
PATIENT: _____
DOB: _____
HSC NO.: _____

PHYSICIAN ORDER SHEET
HOME MEDICATIONS ONLY CHILD HEALTH ADMISSIONS (Side 1)

Weight (kg): _____ Height (cm): _____ BSA: _____

Allergies: Yes No Known Allergies

| Medications/Food/Environment/Latex | What is the Reaction? | How Long Ago? | Subsequent Trial and Tolerance? |
|------------------------------------|-----------------------|---------------|---------------------------------|
| | | | |
| | | | |
| | | | |

On No Medications at Home Unable to Obtain Medication History
Reason: _____

| HOME MEDICATIONS ONLY (PLEASE PRINT) | DOSE | ROUTE | FREQUENCY | FORM (i.e. liquid, tab) & CONCENTRATION (mg/ml) | DOSAGE (mg/kg/day or mg/kg/dose) | LAST TAKEN (date/time) | PHYSICIAN ADMISSION ORDERS (Check One) | | | REASON FOR CHANGE/DO NOT ORDER |
|---|------|-------|-----------|---|----------------------------------|------------------------|--|--------------------------|--------------------------|--------------------------------|
| | | | | | | | CONTINUE | CHANGE | DO NOT ORDER | |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Ordering Physician Signature: _____ Date: _____ Time: _____

Medication History Taken by: _____ Date: _____ Time: _____
Nurse's Signature: _____ Date: _____ Time: _____
Orders Transcribed/Verified by: _____ Date: _____ Time: _____

***CHANGE:**
Write new order on Inpatient Physician Order Sheet

Do not add additional meds to this sheet once faxed

FORM # H-5029-50 © 1998

Spreading Medication Reconciliation

- July 2006 – concern re: project progress – decision to spread
- Meetings with key leadership groups at each point of spread
- Detailed spread plans
- Close monitoring and feedback of spread progress to key stakeholders

Sustaining the Initiative

- Cannot underestimate the importance of sustainability
- “Sustainment” needs to be included in project plans
- Medication reconciliation needs to become the way “that we do business”



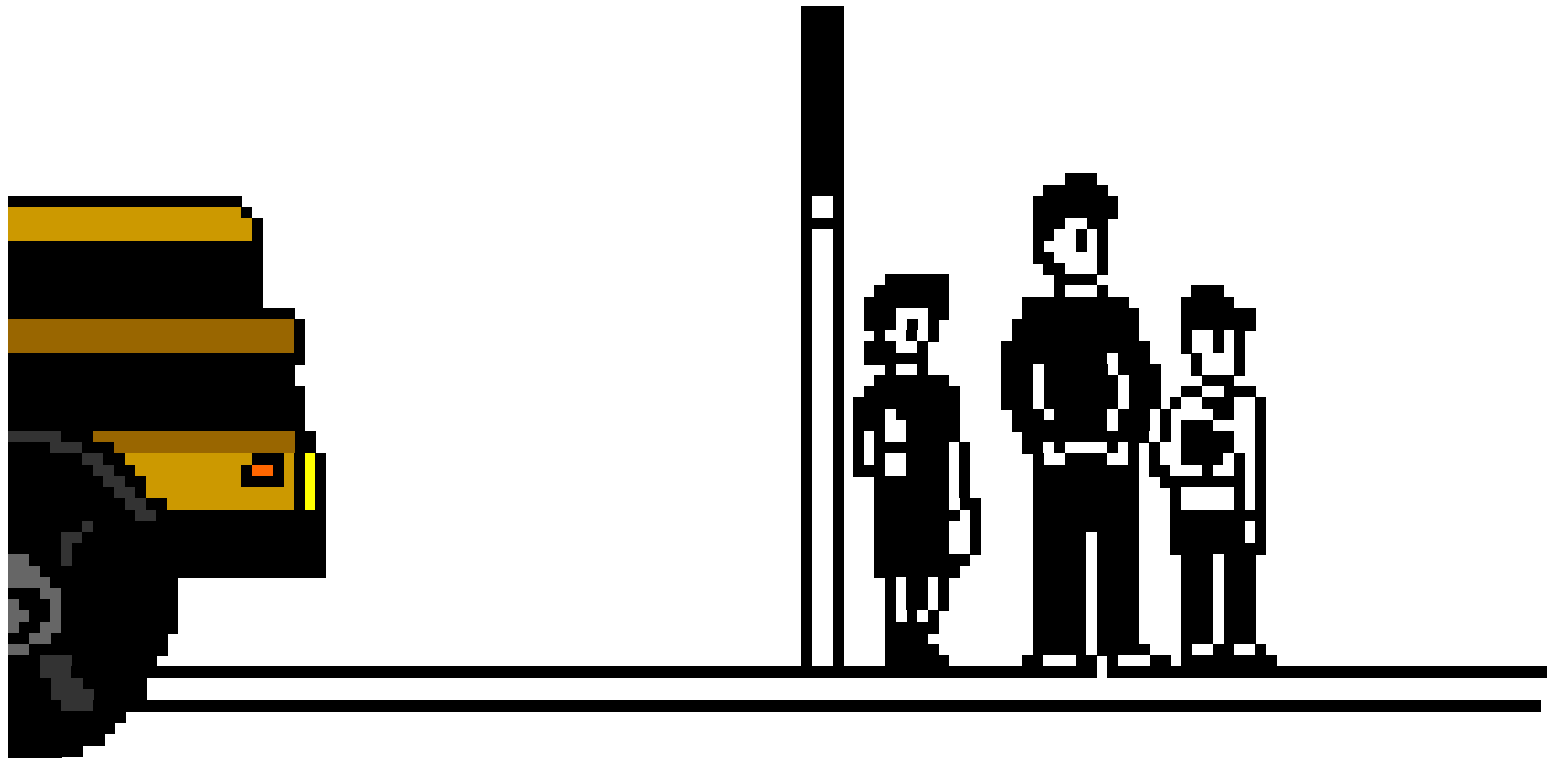
Sustaining the Initiative

- Perseverance
- Project champions
- Project should not rely on any one individual





Children's Hospital
Health Sciences Centre Winnipeg



Winnipeg Regional
Health Authority
Office régional de la
santé de Winnipeg