



Strengthening
Med Safety in
Long-Term Care



Innovator Home Program Guide



2024

"It's a marathon, not a sprint!"

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Welcome

Thank you for becoming an Innovator Home in the *Strengthening Medication Safety in Long-Term Care* Initiative! The ISMP Canada Faculty are excited to support your home in reflecting on the current state of your medication management processes and implementing a quality improvement (QI) project. Through this work, you will be improving the safety of residents at your Home! We appreciate the time you are dedicating to the initiative and the opportunity to learn from each other during this process.

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Strengthening Med Safety in Long-Term Care



Program Overview



ISMP Canada is pleased to announce that we are continuing our partnership with the Ontario Ministry of Long-Term Care to advance the *Strengthen Medication Safety in Long-Term Care* initiative.¹

Innovator Homes in the next phase of the initiative will join other homes across the province to participate in collaborative learning and sharing sessions.

Homes will participate in a 6-month program delivered by ISMP Canada Faculty, including access to expert coaching and facilitation support. Following the 6-month program, ISMP Canada Faculty will follow up regularly with all the Homes. The objectives during this follow-up phase will be to monitor progress and provide advice on overcoming QI challenges as well as sustaining successful interventions.

¹ The Strengthening Medication Safety in LTC Initiative is funded by the Ontario Ministry of Long-Term Care. Views expressed are the views of ISMP Canada and do not necessarily reflect those of the province.

Getting Started

- Step 1 - Each Home will participate in the **following 5 key components of the program**, concluding with the development, implementation, and evaluation of a QI project to improve medication safety.
 - Measuring and Evaluating Medication Safety
 - Improving Resident & Family Engagement in Medication Safety
 - Improving MedRec Processes
 - Using Incident Analysis and Other Triggers to Identify and Address Risks
 - Using Quality Improvement to Improve Medication Management Processes

- Step 2 Each Home will receive education and facilitation support from the ISMP Canada Faculty through the following activities.
 - Monthly webinars to learn about the 5 key components of the program and launch the work to complete the applicable tasks for their Home. See [Innovator Home Calendar](#)
 - Monthly virtual or in person meetings with their assigned coach(es) from the ISMP Canada Faculty (will be arranged with each Home)
 - Targeted workshops for at least one representative from each Innovator Home to attend and build their skills in one or more of the key components of the program. See [Innovator Home Calendar](#)
 - Provincial update webinars (quarterly) where all Innovator Homes, and anyone else interested, are invited to participate to share key learnings and celebrate successes. See [Innovator Home Calendar](#)

Specialized support for Innovator Homes in Rural/Northern locations!

New supports to Innovator Homes are now available in this phase of the initiative to better understand and address the needs of those delivering care to residents and families in Rural/Northern locations. The following options are offered by the ISMP Canada Faculty. Homes are also encouraged to identify other strategies that may be helpful to them.

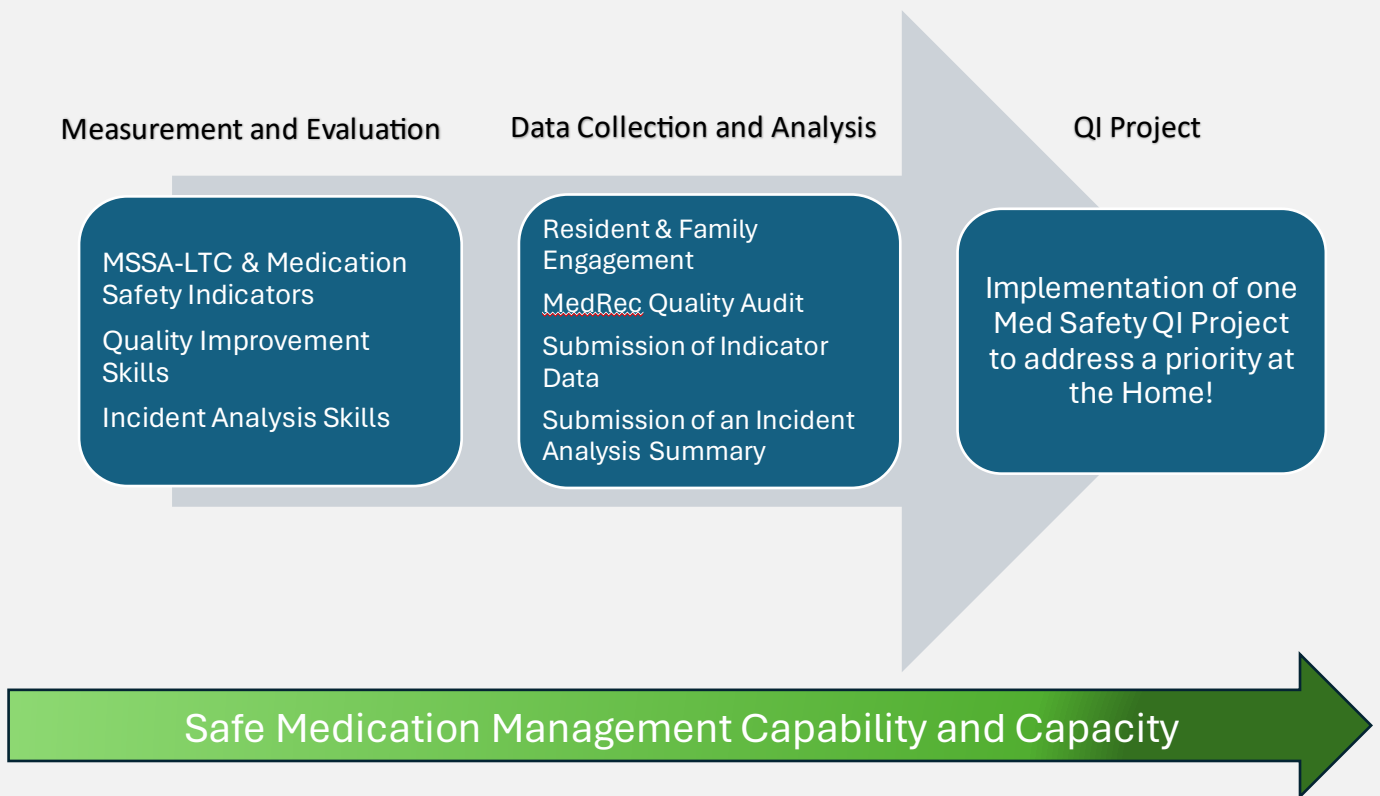
- ✓ Additional 1:1 meetings with assigned coach(es)
- ✓ Two webinars per year for Rural/Northern Innovator Homes to network and share learning with peers
- ✓ 1 in-person coaching session for each Rural/Northern facility, including an option for onsite workshops or other sessions
- ✓ Workshops
 - Incident Analysis for Long-Term Care
 - Best Possible Medication History and MedRec
 - QI workshops e.g. Process Mapping
 - Other
- ✓ Other Optional Sessions
 - Faculty participation in Resident and/or Family Council Meetings to facilitate education and engagement in medication safety (with the potential for completing a survey during or after the meeting)
 - Faculty coordination of regional meetings of Homes for mutually agreeable targeted workshops or other sessions
 - Other upon request

Innovator Home Requirements

- ✓ Establish a Med Safety Team (if not already in place), including residents and family members.
- ✓ Ensure that at least one member of the Med Safety Team attends the free workshops and webinars throughout the 6-month period. Additional Home participants are encouraged.
- ✓ Complete five self-assessments to help the Home identify important and relevant medication safety opportunities for improvement.
 - Medication Safety Self-Assessment for Long-Term Care (see page 8)
 - Medication Safety Indicator reports prepared monthly and submitted quarterly to ISMP Canada (see page 9 below)
 - Resident & Family Engagement in the Home (see page 13 below)
 - MedRec Quality in the Home (see page 14 below)
 - Incident Analysis in the Home to Identify and Address Risks to Med Safety (see page 15 below)
- ✓ Facilitate monthly Med Safety Team meetings at the Home to advance the learn, share, and act activities within the initiative
- ✓ Develop, implement, and evaluate a QI project to improve medication safety at the Home

It is anticipated that the Med Safety Team Leader will spend approximately 2 hours each week coordinating or completing this work for the Home.

Knowledge and Skill Building



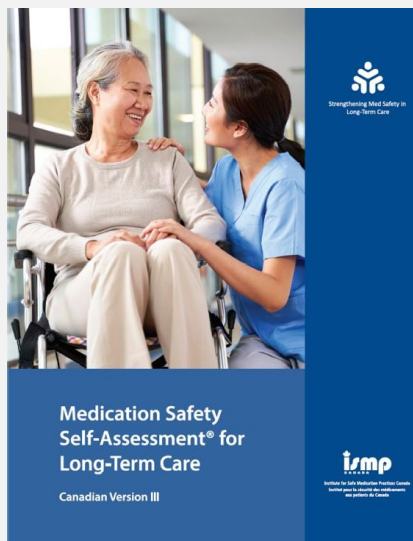
Measuring and Evaluating Medication Safety

Why Measure and Evaluate?

Measurement allows us to know to what degree we are meeting our targets for safety and quality, helps identify elements of care we do well, and highlights areas of care where more work needs to be done.

Indicators are the items or elements of a process that we measure, and they are monitored over time to help assess the safety and quality of care in the Home. Being an Innovator Home involves the measurement and interpretation of data and these sections are designed to help you with this process.

Using Medication Safety Self-Assessment for Long-Term Care (MSSA-LTC) Results



All Homes in Ontario have free access to the updated MSSA-LTC and facilitation support to help Homes select and use key indicators to evaluate medication safety and monitor progress on improvements.

MSSA-LTC User Guide

A [User Guide](#) is available which provides details on how to complete the MSSA-LTC with your team and interpret your submitted results.

This User Guide includes the following sections:

- Facilitator Guide, including a Facilitator Checklist
- Interpretation of Results
- Sharing Results
- Understanding the Principles Supporting Resident Safety

To register for the MSSA-LTC, and for additional support with submitting MSSA-LTC data into the online portal, please contact MSSA@ismpcanada.ca.

For inquiries related to MSSA-LTC content and interpreting results, please contact LTC@ismpcanada.ca.

Please complete the **Appendix A: MSSA-LTC Worksheet** form and return to ISMP Canada as directed by the Faculty.

Core Medication Safety Indicators

There are four core medication safety indicators that will support you in evaluating and understanding the safety and effectiveness of your medication-related processes.

Indicator	Additional Information
<p>1. Monthly medication incident data beginning January 1, 2024, and ongoing, classifying them according to one of four categories.</p> <ul style="list-style-type: none"> i. Near miss ii. No harm iii. Harm iv. Death 	<ul style="list-style-type: none"> Incident data can be obtained from your incident records or reporting platform, your Pharmacy Service Provider, and from Leadership of the Home. <div style="border: 2px solid #0056b3; padding: 10px; margin: 10px 0;"> <p><i>Harm can be broadly defined as physiologic, social, spiritual, or financial.</i></p> <p>Near Miss: <i>An incident that did not reach the patient, also referred to as a “good catch” or “close call.”</i></p> <p>No Harm: <i>An incident that reached a resident, but no harm resulted.</i></p> <p>Harm: <i>An incident that resulted in harm to the resident.</i></p> <p>Death: <i>An incident that contributes to the death of the resident</i></p> </div> <p>See Appendix C: Levels of Harm</p>
<p>2. Monthly number of incidents that involved high-alert medications.</p>	<ul style="list-style-type: none"> High-Alert Medications are those that carry an increased risk of resident harm when used incorrectly. Typical High-Alert Medications are those referred to in the High-Alert Medications Model Policy, available at: Model Policy 2 for Testing: High-Alert Medications or in ISMP Canada’s Canadian High-Alert Medication List.
<p>3. Monthly number of resident transfers to emergency department</p>	<ul style="list-style-type: none"> Although estimates vary, up to 20% of emergency department transfers of residents may be due to harm from medications.¹

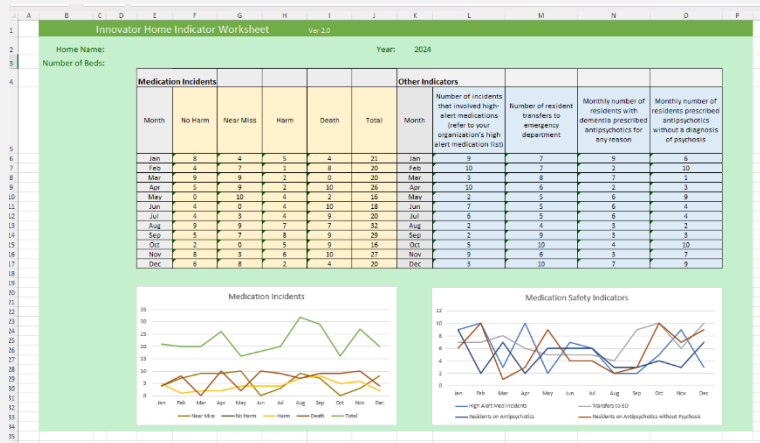
Indicator	Additional Information
<p>4. Use of Antipsychotics</p> <p>a. Monthly number of residents with dementia prescribed antipsychotics for any reason</p> <p>b. Monthly number of residents prescribed antipsychotics without a diagnosis of psychosis</p>	<ul style="list-style-type: none"> Antipsychotic use in long-term care homes is a widely endorsed target for improvement, given that in many cases, the risks may outweigh their benefits and is a well-established indicator for monitoring the appropriate prescribing of antipsychotics in long-term care homes.
<p>Number of residents in your Home</p>	

1 Nymoén, L.D., Björk, M., Flatebø, T.E. et al. Drug-related emergency department visits: prevalence and risk factors. Intern Emerg Med 17, 1453–1462 (2022). <https://doi.org/10.1007/s11739-022-02935-9>

Note: If data is unobtainable, please use what you have available to complete the worksheet and add a brief comment on how this differed from the requested data.

Core Medicator Safety Indicator Worksheet

Each Innovator Home is asked to enter the indicator data into an Excel worksheet. The worksheet will be provided by e-mail to each Innovator Home and available for download [here](#). Obtaining and entering the indicator data into the worksheet is intended to assist a Home in recording and reporting the number of medication incidents and other indicators for a specified month.



The worksheet will also help a Home understand outliers and trends – identifying and monitoring these trends may identify vulnerabilities in your Home’s medication management system.

Instructions for Completion of Indicator Worksheet

- Use the Innovator Indicator Excel Worksheet available from [here](#).
 - Instructions are available under the “Instructions” tab at the bottom of the worksheet.
- On the “Indicator Worksheet” insert the name of your Home and the current number of residents.
- Each month, insert the number of events corresponding to each category of incident harm, and for each other indicator.
- The chart and graph will automatically update as additional data for the monthly indicators are entered.
- Save the worksheet, including your Home name in the file name.
- Submit the worksheet quarterly to ISMP Canada as directed by Faculty.

Do not submit any personal or identifying information to ISMP Canada on this or any other worksheet.

Faculty will provide directions on how to submit the completed worksheets to ISMP Canada on a quarterly basis during the program.

See **Appendix B** for a hard copy of the applicable worksheets.

Understanding your Core Medication Safety Data

Graphing indicator results

- Graphing results over time helps to identify trends and outliers that may not be appreciated by simply looking at a table of numbers. The worksheet will update the graph automatically when new data is entered.

Questions to Consider When Using Indicator Data

- A. Are there any significant differences in the results between quarters? If so, what are the possible reasons for this variation?
- B. Following a medication incident, what insights can be learned about the contributing factors involved and therefore help to explain the indicator results?
- C. Based on the indicator results, would a quality improvement project be useful?
- D. When a medication management quality improvement project is implemented in the Home, are there any improvements in the indicator results?
- E. For more information on using data in quality improvement, please see the e-learning quality improvement module [Use data to take action](#).

We are available to help! Please contact LTC@ismpcanada.ca

Improving Resident & Family Engagement in Medication Safety

Residents and families hold an important perspective in medication safety. Their lived experience provides a rich body of knowledge that stems from a unique lens. Whether it is being part of a medication safety committee or being a shared decision maker in their own care, they have an important role to play in improvement. It is very important for residents and families to use their voice in their medication management to share what matters most to them with regards to their health.

Each Innovator Home will complete the following steps:

1. Assemble the med safety team to examine the resources that have been developed regarding resident and family engagement on the ISMP Canada [website](#). Specifically, note:
 - The [toolkit](#), a landing place to find resources and information to support resident and family engagement in the home.
 - The [Resident and Family Engagement Survey](#) which provides a way for Homes to learn directly from residents and families about their experiences with medications and related care processes.
 - A [video](#) and an accompanying [handout](#) about the importance of a resident's role in safety, and
2. Begin to assess the level of resident and family engagement in medication management in the Home. This can be done in several ways:
 - Please review the MSSA Key Element 1, Core Characteristics 1 & 2 which assesses resident and family engagement and partnership.
 - Choose **one** of the following methods to learn more about engagement in your Home regarding medication management.
 - (a) Use the *Resident and Family Engagement Survey* to hear directly from 10 - 20 residents and/or family members, or,
 - (b) Use some of the questions from the survey to facilitate a conversation about these topics during a Resident and/or Family council meeting, a town hall meeting or other gathering for residents and families.
3. Complete the worksheet in **Appendix D** and submit to ISMP Canada as directed by Faculty (see timeline for submission of worksheets).

MedRec Quality Self-Assessment

Medication reconciliation (MedRec) is a component of medication management that can reduce communication and medication errors that have the potential to cause resident harm at transitions of care.

MedRec is a formal process in which health care providers work together with residents and families to ensure accurate and comprehensive medication information is communicated consistently across transitions of care. It is an essential component of medication safety and will inform and enable prescribers to make the most appropriate prescribing decisions for the resident.

The *Best Possible Medication History* (also known as the BPMH) is the resident's current snapshot of their medication use story. It is the cornerstone to MedRec when done accurately and reliably. Partnering with residents and families to understand the resident's actual medication use is a prerequisite to safe medication management.

Each Innovator Home is asked to complete a self-assessment of their current MedRec Quality processes by completing the following activities.

- Review the answers to the MSSA-LTC Questions 6.8 – 6.12 (inclusive), and determine areas where further work would be helpful.
- Perform a [MedRec Quality audit](#) of 10 residents admitted or re-admitted within the last 6 months. Complete and submit the results to ISMP Canada through the data submission website (see timeline for dates of submission). See **Appendix E** for instructions to complete the MedRec Quality Audit.
- Review your MedRec policy. The ISMP Canada model [MedRec Model Policy](#) is a helpful support for this step.
- A minimum of one representative from each Innovator Home will complete the “Medication Safety at Transitions of Care for LTC” e-learning [module](#) (estimated time 25-30 minutes). Alternatively, you may also register for the live facilitated virtual MedRec/BPMH full-day Workshop (See [Innovator Home Calendar](#) for dates).

Additional tools to support MedRec in long-term care are available [here](#).

See **Appendix E** for a hard copy of the applicable worksheets to be submitted to ISMP Canada as directed by Faculty.

Using Incident Analysis to Identify and Address Risks to Med Safety

There are many ways that medication issues or incidents can occur in the delivery of long-term care. Each Home needs a standardized way to:

- **Identify and internally report** when something related to a resident and medications may have gone wrong.
- Gather information and learn **what happened as well as why**.
- Develop **effective actions** for improvement.
- Monitor the **medication management process and outcomes** to ensure residents are safe from preventable harm related to medications.

All these actions rely on a just and trusting culture within the Home for all staff, prescribers, and residents/families that are involved in a medication incident. Regular sharing and learning, including through a communication board, newsletter, etc., facilitates this process and demonstrates the commitment of the organization.

Each Innovator Home will complete the following steps.

- a. At least one representative from the Home will register and attend the ISMP Canada Incident Analysis for Long-Term Care Workshop. See Innovator Home Calendar.
- b. Complete and submit the Medication Incident Reporting and Learning Self Assessment to ISMP Canada as directed by Faculty. See **Appendix F** for the worksheet to complete.
- c. Complete a medication incident analysis and submit to ISMP Canada.

The findings of one incident analysis from a systems perspective (NO resident or provider names or other identifiable information to be included) using the templates provided at the workshop and also available [here](#). See timeline for dates of submission.

Using Quality Improvement to Improve Medication Management Processes

In the third month of the program, homes will transition their efforts to focus on using their quality improvement training to identify and improve a medication management process in their organization.

Homes will follow a structured process to select their Quality Improvement initiative, including the following activities:

- Writing a SMART (Specific, Measurable, Achievable, Relevant, and Time-Bound) Goal statement;
- Mapping the selected process;
- Identifying and testing changes; and,
- Making those changes stick.

The planned approach is a combination of learning workshops where the Homes will learn about the concepts and then receive one-on-one coaching to apply those concepts.

Quality Improvement Project Indicators

When engaging on a QI project in your Home, project-specific measures and indicators are necessary to ensure you are meeting your targets for safety and quality. Ensure that the indicators you develop are clear and specific, with well-defined parameters, have data that is readily available, and tell the story of how the project is progressing. Some examples include the following indicators.

- Number of controlled substance discrepancies per week
- Time to first dose for STAT medication orders (time from order to administration)
- Number of medication orders missing indications
- Number of off-hours (overnight and weekends) medication orders that are not available in the Emergency Medication Supply (or Emergency Drug Box)
- Percent of Residents and Caregivers expressing satisfaction with the knowledge of their medication regimen
- Number of wasted medications due to resident refusal or resident unavailability
- Number of residents receiving an antipsychotic medication without a diagnosis of psychosis

Quality Improvement Schedule

Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
<p>Overview of QI process for innovator homes (online)</p> <p>Complete online QI module: “Introduction to the Quality Improvement Method”</p> <p>Start to complete self-assessments provided in the Appendix</p> <p>1-1’s with ISMPC coach to support completion</p>	<p>Continue to work on self assessments provided in the Appendix.</p> <p>1-1’s with ISMPC coach to support completion</p>	<p>Complete online QI module: “Process Mapping”</p> <p>Complete self-assessments</p> <p>1-1’s with ISMPC coach to support completion</p>	<p><i>QI Mini Workshop 1: Process Mapping/ Data Analysis (see Innovator Home Calendar)</i></p> <ul style="list-style-type: none"> Complete worksheets: Process Map template, AND Data Collection template, AND Contributing Factors template <p>1-1’s with ISMPC coach to support completion</p>	<p><i>QI Mini Workshop 2: Prioritizing Interventions and designing solutions (see Innovator Home Calendar)</i></p> <ul style="list-style-type: none"> Complete worksheets: Priority Matrix for Selecting Interventions, AND Plan, Do, Study, Act template <p>1-1’s with ISMPC coach to support completion</p>	<p>1-1’s with ISMPC coach to support completion</p>
Complete Self Assessments					
<p>Output</p> <ul style="list-style-type: none"> Awareness of QI process Begin process of self-assessments 	<p>Output</p> <ul style="list-style-type: none"> Continue self-assessments 	<p>Output:</p> <ul style="list-style-type: none"> Completed self-assessments Select QI project Begin to identify data needs for QI project 	<p>Output:</p> <ul style="list-style-type: none"> Complete Process map Complete additional project specific baseline data (if necessary) Contributing factors diagram 	<p>Output:</p> <ul style="list-style-type: none"> Prioritized interventions Completed Plan, Do, Study, Act template 	<p>Output:</p> <ul style="list-style-type: none"> Implemented first intervention Collect post intervention data

Each Innovator Home will complete the following steps:

1) View an online overview of the QI process for Innovator Homes (will be provided by Faculty)

2) Register for and complete a short online modules - Introduction to the Quality Improvement Method, and Process Mapping

3) Use the results of the self-assessments and related activities that have been completed (listed below for easy reference) to help select **one** Quality Improvement project.

- Resident/Family Engagement
- MedRec Quality Audit
- Using Incident Analysis to Identify and Address Risks to Med Safety
- Medication Safety Self-Assessment for Long-Term Care (MSSA-LTC)
- The four core medication safety indicators
- System issues identified through medication incident analysis at your Home
- Use a prioritization (or other) technique to select a priority medication management process to improve

4) Attend QI Workshop 1

- Map your process to understand the current state, and identify data needs
- Identifying priority areas of improvement
- Complete associated worksheets (see **Appendix G**)

5) Attend QI Workshop 2

- Learn how to prioritize interventions that are driving your medication management problem
- Design a solution and improvement cycle to test the solution
- Complete associated worksheets (see **Appendix G**)

6) Work with your ISMP Canada Coach to test your solution

- Periodically audit and evaluate the changes
 - Are they still in place?
 - Are they still improving quality
- Select other priority medication management processes to improve
- Make Quality Improvement a part of everyday work

Month 6-12

- Continue testing and adapting interventions until data collection proves Home has successfully reached its goal
- Connect with ISMP Canada coach as needed with any questions or concerns
- Month 7 – attend innovator sharing and learning
- Month 12 – attend celebration webinar

Innovator Home Step-by-Step Program Checklist

Timing	Objectives and Activities	Details
Month 1	<ul style="list-style-type: none"> √ Review MSSA-LTC results/complete if not done √ Complete and submit the core medication safety indicator worksheet from January 1st, 2024, to March 31, 2024 √ Start Resident and Family Activities √ Participate in Incident Analysis LTC Workshop - at least one representative from each Home to attend (see Innovator Home Calendar for available dates) √ Start MedRec Quality Audit for 10 residents. √ Complete online QI module – Introduction to the QI method 	<ul style="list-style-type: none"> √ Complete the core medication safety indicator worksheet (from January 1st, 2024, to March 31, 2024.) and submit to ISMP Canada by May 31, 2024
Month 2	<ul style="list-style-type: none"> √ Identify and investigate any trending or outlying data for Medication Safety Core Indicator data. √ Participate in Incident Analysis LTC Workshop if not attended in Month 1 (at least one representative from each Home to attend) See Innovator Home Calendar for available dates √ Complete MedRec Quality Audit for 10 residents if not completed in Month 1. √ Complete the Medication Incident Analysis Reporting and Learning Self-Assessment √ Complete QI module – Process Mapping 	
Month 3	<ul style="list-style-type: none"> √ Submit the core medication safety indicator worksheet for quarter April 1 to June 30, 2024 √ Complete and submit MSSA-LTC Worksheet by July 17, 2024 √ Complete and submit Resident and Family Engagement Observations by July 17, 2024 √ Complete and submit MedRec LTC Quality Baseline Audit Excel worksheet and MecRec Self Assessment by July 17, 2024 √ Complete and submit Medication Incident Analysis Report and Innovator Home Medication Incident Reporting and Learning Self-Assessment by July 17, 2024 √ All Homes to select a QI Project by July 31, 2024 	<ul style="list-style-type: none"> √ Complete the core medication safety indicator worksheet (from April 1st, 2024, to June 30, 2024.) and submit by July 17, 2024

Timing	Objectives and Activities	Details
Month 4	<ul style="list-style-type: none"> √ Update the core medication safety indicator worksheet with data for the quarter. April to June, 2024, identify and investigate any trending or outlying data √ Develop and Implement QI Project <ul style="list-style-type: none"> ○ QI Workshop on Process Mapping ○ One-on-one coaching with individual Homes to build Process Maps for their selected QI projects ○ Selection of key improvement opportunities 	
Month 5	<ul style="list-style-type: none"> √ Develop and Implement QI Project <ul style="list-style-type: none"> ○ QI Workshop on PDSA cycles ○ One-on-one coaching with Homes to brainstorm solutions and select one to test using the PDSA approach ○ Report results from the test 	
Month 6	<ul style="list-style-type: none"> √ Month 7: Update the core medication safety indicator worksheet with data for the quarter. July to September 2024, identify and investigate any trending or outlying data 	<ul style="list-style-type: none"> √ Complete the core medication safety indicator worksheet (from July 1st, 2024, to September 30, 2024.) and submit by October 31, 2024

Innovator Home Program Important Dates

Timing	Activities
May 2024	<ul style="list-style-type: none"> √ Innovator Home Registration Deadline: May 1, 2024 √ Innovator Home Program Launch Webinar: May 8, 2024 √ Incident Analysis Workshop: May 30, 2024 9AM-3PM √ Complete the core medication safety indicator worksheet (from January 1st, 2024, to March 31, 2024.) and submit by May 31, 2024
June 2024	<ul style="list-style-type: none"> √ Monthly Sharing and Learning Meeting for Innovator Homes: June 5, 2024 √ Quarterly Provincial Sharing and Learning Webinars: June 19, 2024 √ Incident Analysis Workshop: June 6, 2024 9AM-3PM √ Incident Analysis Workshop: June 13, 2024 9AM-3PM
July 2024	<ul style="list-style-type: none"> √ Monthly Sharing and Learning Meeting for Innovator Homes: July 3, 2024 √ Complete the core medication safety indicator worksheet (from April 1st, 2024, to June 30, 2024.) and submit by July 17, 2024 √ All self-assessment worksheets to complete and submit by July 17, 2024 √ Complete a medication incident analysis and submit by July 17, 2024 √ All Homes to select a QI Project by July 31, 2024
August 2024	<ul style="list-style-type: none"> √ QI Workshop 1: August 7, 2024 1PM-3PM √ QI Workshop 1 Worksheets to be completed and submitted by August 22, 2024
September 2024	<ul style="list-style-type: none"> √ QI Workshop 2: September 11, 2024 1PM-3PM √ Quarterly Provincial Sharing and Learning Webinars: September 18, 2024 √ QI Workshop 2 Worksheets to be completed and submitted by September 19, 2024
October 2024	<ul style="list-style-type: none"> √ Combined launch webinar for new group of Innovator Homes and final monthly sharing and learning webinar for first group of Innovator Homes: October 3, 2024 √ Complete the core medication safety indicator worksheet (from July 1st, 2024, to September 30, 2024.) and submit by October 31, 2024
November 2024	<ul style="list-style-type: none"> √ Monthly Sharing and Learning Meeting for New Innovator Homes: November 6, 2024
December 2024	<ul style="list-style-type: none"> √ Monthly Sharing and Learning Meeting for Innovator Homes: December 4, 2024 √ Quarterly Provincial Sharing and Learning Webinars: December 18, 2024
January 2025	<ul style="list-style-type: none"> √ Monthly Sharing and Learning Meeting for Innovator Homes: January 8, 2025
February 2025	<ul style="list-style-type: none"> √ Monthly Sharing and Learning Meeting for Innovator Homes: February 5, 2025
March 2025	<ul style="list-style-type: none"> √ Celebration and Provincial Quarterly Webinar: March 19, 2025



Innovator Home Program Workbook



Appendix A: MSSA-LTC Self-Assessment

Please complete this form and return to ISMP Canada by July 17, 2024

Ensure completion of the following items for your Home’s MSSA-LTC results:

- Submit MSSA-LTC results into the online portal (if not already submitted)
- Print and/or save a copy of the MSSA-LTC results (e.g., save as PDF file)
- Share copies of the MSSA-LTC results with relevant team members to support further analysis of the results

Reflect on your MSSA-LTC results with the Med safety Team to identify opportunities for improvement. To help answer the following questions, use the “Graph Results” tool in the online portal. Note that this graph shows your Home’s results in yellow bars, while the aggregate dataset (data from all MSSA-LTC users) is represented by blue bars.

1. Did any of your Key Element section(s) score below the average results of all users?

Yes No

If Yes, which Key Element(s)? (List the 3 lowest-scoring below).

2. Did any of your Core Characteristic section(s) score below the average results of all users?

Yes No

If Yes, which Core Characteristic(s)? (List the 3 lowest-scoring below).

3. Based on the low scoring Key Element and Core Characteristic sections, what are the highest priority potential opportunities for improvement at your Home? List up to 3 areas below.

Appendix B: Hard Copy of Core Medication Safety Indicator Worksheet

(available from [here](#) and see Innovator Home Calendar for dates of submission)

Innovator Home Indicator Worksheet Ver 2.0

Home Name:
Number of
beds:

Year:

Medication Incidents						Other Indicators				
Month	No Harm	Near Miss	Harm	Death	Total	Month	Number of incidents that involved high-alert medications (refer to your organization’s high alert medication list)	Number of resident transfers to emergency department	Monthly number of residents with dementia prescribed antipsychotics for any reason	Monthly number of residents prescribed antipsychotics without a diagnosis of psychosis
Jan						Jan				
Feb						Feb				
Mar						Mar				
Apr						Apr				
May						May				
Jun						Jun				
Jul						Jul				
Aug						Aug				
Sep						Sep				
Oct						Oct				
Nov						Nov				
Dec						Dec				

Appendix C: Levels of Harm

Adapted from Incident Analysis Collaborating Parties. Canadian Incident Analysis Framework. Edmonton, AB: 2012 and National Coordinating Council for Medication Error Reporting and Prevention.

1. *Harm* can be broadly defined as physiologic, social, spiritual, or financial.

2. *Near Miss*:

A patient safety incident that did not reach the patient, also referred to as a “good catch” or “close call”.

Example: A resident received another person’s medications in a cup, but the resident recognized that the pill colours and shapes were unfamiliar, and alerted a staff member who confirmed that these medications were intended for another resident

3. *No Harm*:

A patient safety incident that reached a patient, but no discernible harm resulted.

Example: A resident received a 500 mg tablet of acetaminophen, rather than the intended 325 mg tablet. No harm was noted.

4. *Harmful Incident*:

A patient safety incident that resulted in harm to the patient. Harm can be broadly defined as physiologic (e.g., significantly decreased blood pressure), psychologic (e.g., decompensation of dementia), emotional (e.g., causing distrust in staff or medications), or financial (e.g., incurring an unnecessary cost)

Example: A resident was prescribed an expensive immunization not covered by insurance. Unfortunately, a month later, it was discovered that the vaccine was administered to the wrong resident. In this case, no harm was experienced by the resident receiving the unintended dose, but harm was experienced by the resident for whom the vaccine was intended: physiologic in the sense that the resident was left unprotected against a disease, financial in the sense that a second dose must now be purchased, and emotional in the loss of trust in the healthcare system.

5. *Death*:

A patient safety incident that contributes to the death of the resident

Appendix D: Resident and Family Engagement Self-Assessment

Please complete this form and return to ISMP Canada by July 17, 2024

1. Our team examined the following resources (check all that apply):

- Toolkit
- Resident and Family Survey
- Video and handout for residents and families

2. Review your MSSA-LTC results in Key Element 1 Core Characteristics 1 & 2 and administer sections of the resident and family engagement survey.

3. What is the highest priority opportunity for improvement in resident and family engagement in medication management at the Home

Briefly describe your answer here:

Appendix E: MedRec Quality Audit for Innovator Homes

Long-Term Care Medication Reconciliation Quality Audit Tool

Purpose of the Audit Tool

The tool is designed for use in Long-Term Care and was developed to allow LTC Homes to assess the quality of their medication reconciliation (MedRec) practices. The results of the quality audit can then be used to determine potential areas for process improvement(s).

Data Collection Methodology

- Retrospective (past admissions and readmissions) chart review to collect data.
- **A Word version tool for collecting the audit information (Data Collection Form) will be provided to all Innovator Homes with an Excel Spreadsheet to compile the results (MedRec LTC Audit Results).**
- All Innovator Homes are asked to audit each of the charts for the most recent 10 residents that were admitted/readmitted in the past 6 months.
 - If there are less than 10 residents admitted/readmitted in this time period, proceed with the reduced number for the audit and do not extend past the 6 - month historical timeline.
 - MedRec Quality Audit spreadsheet to be completed and submitted to ISMP Canada.

Audit Process - Question by Question Explanation

Question A. Where was the resident admitted/readmitted from?

Identify the admission route (Admit Via) for each resident chart audited. The information provided in this column of the Data Collection Form, along with the data from the remainder of the tool, will allow organizations to identify if there are specific resident flow routes that may require process improvements.

Admit Via Options for Selection:

- Acute: The resident was admitted from an Acute Care facility (e.g., hospital).
- Home: The resident was admitted from their home (excluding another long-term care home).
- Res Care: The resident was admitted from another long-term care home.
- Re-admission: The resident was re-admitted to LTC from another facility (e.g., hospital)
- Other: The resident was not admitted via Acute, Home or Res Care.

Question B. Was MedRec performed within 48 hours of admission/readmission?

- Fill in “YES”, if MedRec was performed within 48 hours.
- Fill in “NO (done after 48 hours)”, if MedRec was performed after 48 hours.
- Fill in “NO”, if MedRec was not done
 - If “No” is selected, stop audit, and proceed to the next resident chart.

Long-Term Care Medication Reconciliation Quality Audit Tool (continued)

Question C. Was BPMH obtained with more than 1 source of information?

- The Best Possible Medication History (BPMH) is most accurate when developed based on information obtained from more than one source. See '[Sources of Information Resource to Use](#)' infographic for the possible sources of information.
- Fill in "YES" if the BPMH has been developed based on information obtained from more than one source.
- Fill in "NO" if more than one source is not documented in the resident chart (i.e. only one source recorded).
- Fill in "UNCLEAR" if the chart documentation does not allow the auditor to respond confidently "yes/no" (i.e. no sources recorded).

Question D. Was actual medication use verified?

- Fill in "YES" if there has been verification of medication use through resident or caregiver interview OR if sources include a medication administration record (MAR).
- Fill in "NO" if there has not been verification through an interview or MAR.
- Fill in "UNCLEAR" if the chart documentation does not allow you to respond confidently "yes/no".
- Fill in "UNABLE TO PERFORM" if the interview was not possible due to resident specific factors (e.g., non-verbal resident, unable to contact a substitute decision maker).

Question E. Do the BPMH and Admission Orders specify drug name, dose, strength, route, and frequency for each medication?

- Fill in "YES" if all applicable medication order components are provided in the BPMH and Admission Orders.
- Fill in "NO" if there are missing components in the BPMH or Admission Orders.
 - Note: In situations where the auditor identifies a medication listed without a specified route or strength AND the medication is only available by a particular route (e.g., by mouth/PO), at the discretion of the auditor/organization they may wish to indicate a "yes" response.

Question F. Is every medication in the BPMH accounted for in the Admission Orders?

- Fill in "YES" if there are NO unaccounted for differences between the BPMH (as collected) and the admission orders.
- Fill in "NO" if there are outstanding unaccounted for differences between the BPMH (as collected) and the admission orders.

Long-Term Care Medication Reconciliation Quality Audit Tool (continued)

Question G. Has the prescriber documented a rationale for 'Holds' and 'Discontinued' meds?

- Fill in "YES"/ "N/A" if all BPMH medications that have been discontinued or held in the admission orders include documentation of a rationale for this action OR if there are no BPMH medications that were discontinued or held on admission.
- Fill in "NO" if there are any BPMH medications that are discontinued or held in the admission orders that lack an accompanying rationale for this action.
- Fill in "UNCLEAR" if the chart documentation does not allow you to respond confidently "yes/no".

Question H. Have all discrepancies been communicated, resolved, and documented?

- Fill in "YES / N/A" if there were no discrepancies identified between the BPMH and the admission orders.
- Fill in "YES / N/A" if adequate evidence (documentation such as progress note or prescriber order) is identified to support the resolution of any identified differences between the BPMH and the Admission Orders.
- Fill in "NO" if there are outstanding identified differences that do not appear to have been resolved.
- Fill in "Unclear" if the chart documentation does not allow you to respond confidently "yes/no".

Adapted with permission from SHN! Medication Reconciliation Quality Audit Tool - Acute Care, Long-Term Care and Rehab Instructions and Legend for Completing the MedRec Quality Audit Form.

Medication Reconciliation Quality Audit Data Collection Form – Long-Term Care

Resident Number:		A: Admit via:	B: MedRec Performed within 48 hours	C: BPMH using more than 1source	D: Actual Med Use verified with Resident/ Caregiver	E: Each med has drug name, dose, strength, route, frequency on BPMH & Admission orders	F: Every med in BPMH is accounted for in admission orders	G: Prescriber documented rationale for 'Holds' and 'Discontinued meds	H: Discrepancy(ies) communicated, resolved, and documented
<input type="checkbox"/>		<input type="checkbox"/> Acute <input type="checkbox"/> Home <input type="checkbox"/> Res Care <input type="checkbox"/> Re-admission <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No (done after 48 hours) <input type="checkbox"/> No (Go to next chart)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/> Unable to perform	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, N/A <input type="checkbox"/> No <input type="checkbox"/> Unclear	<input type="checkbox"/> Yes, N/A <input type="checkbox"/> No <input type="checkbox"/> Unclear
<input type="checkbox"/>		<input type="checkbox"/> Acute <input type="checkbox"/> Home <input type="checkbox"/> Res Care <input type="checkbox"/> Re-admission <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No (done after 48 hours) <input type="checkbox"/> No (Go to next chart)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/> Unable to perform	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, N/A <input type="checkbox"/> No <input type="checkbox"/> Unclear	<input type="checkbox"/> Yes, N/A <input type="checkbox"/> No <input type="checkbox"/> Unclear
<input type="checkbox"/>		<input type="checkbox"/> Acute <input type="checkbox"/> Home <input type="checkbox"/> Res Care <input type="checkbox"/> Re-admission <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No (done after 48 hours) <input type="checkbox"/> No (Go to next chart)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/> Unable to perform	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, N/A <input type="checkbox"/> No <input type="checkbox"/> Unclear	<input type="checkbox"/> Yes, N/A <input type="checkbox"/> No <input type="checkbox"/> Unclear
<input type="checkbox"/>		<input type="checkbox"/> Acute <input type="checkbox"/> Home <input type="checkbox"/> Res Care <input type="checkbox"/> Re-admission <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No (done after 48 hours) <input type="checkbox"/> No (Go to next chart)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/> Unable to perform	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, N/A <input type="checkbox"/> No <input type="checkbox"/> Unclear	<input type="checkbox"/> Yes, N/A <input type="checkbox"/> No <input type="checkbox"/> Unclear
<input type="checkbox"/>		<input type="checkbox"/> Acute <input type="checkbox"/> Home <input type="checkbox"/> Res Care <input type="checkbox"/> Re-admission <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No (done after 48 hours) <input type="checkbox"/> No (Go to next chart)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/> Unable to perform	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, N/A <input type="checkbox"/> No <input type="checkbox"/> Unclear	<input type="checkbox"/> Yes, N/A <input type="checkbox"/> No <input type="checkbox"/> Unclear
<input type="checkbox"/>		<input type="checkbox"/> Acute <input type="checkbox"/> Home <input type="checkbox"/> Res Care <input type="checkbox"/> Re-admission <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No (done after 48 hours) <input type="checkbox"/> No (Go to next chart)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/> Unable to perform	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, N/A <input type="checkbox"/> No <input type="checkbox"/> Unclear	<input type="checkbox"/> Yes, N/A <input type="checkbox"/> No <input type="checkbox"/> Unclear

¹ Some Homes may have less than 10 admissions/readmissions in 6 months; if more than 10, use the most recent admissions.

Medication Reconciliation – Long-Term Care Audit Notes

For Internal Home use only. Home to keep a record of resident’s name for each chart audited.

Resident #	Resident Name	Outstanding discrepancies to be resolved by team. Follow-up with staff and team for: <ul style="list-style-type: none"> • Sharing & Learning Safety Huddles • Good catches or incidents to report
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Audit Notes: For internal use only. Not to be sent to ISMP Canada

MedRec: Quality Audit Data Collection Form – Long-Term Care

Data Collection From

Date: (dd/mm/yy) _____ Auditor Name: _____

Instructions

1. Using the paper Word document, perform a retrospective audit of the last 10 residents admitted or re-admitted within the last 6 months. Home to keep a record of resident's name for each chart audited in a separate file. (See LTC Audit Notes)
2. Follow-up with any outstanding discrepancies identified through the audit, i.e., resolve discrepancies with the team.
3. Share learning and good catches with team.
4. Transfer data to the MedRec LTC Quality Baseline Audit Excel worksheet [here](#) and send the file to ISMP Canada as directed by Faculty.
5. Any questions? Email: alice.watt@ismpcanada.ca
6. Record time to complete audit for 10 residents: _____(Hours:Min)

MedRec Self-Assessment

Please complete this form and return to ISMP Canada by July 17, 2024

Our team has completed the following.

- Reviewed MSSA-LTC Questions:6.8-6.12
- Performed a MedRec Quality audit of 10 residents
- Reviewed our MedRec policy
- At least one member of our team has completed the MedRec/BPMH e-learning module or has attended the live, facilitated virtual workshop

1) In what areas of MedRec is your Home doing well?

2) In what areas of MedRec does the Home have opportunities for improvement?

Appendix F: Medication Incident Reporting and Learning Self-Assessment

Please complete this form and return to ISMP Canada.

1. Our team has completed the following (select all applicable).

- At least one person from the Home has participated in the ISMP Canada Incident Analysis for LTC Workshop (see Innovator Home Calendar for dates)
- Reviewed MSSA-LTC Questions: Q1.6, 5.3, 5.4, 8.15, 12.3, 22.6, 22.7, 23.1, 23.2, 23.3, 23.4, 23.6, 23.7, and 24.2; determined if answers are still accurate; and, determined the three highest priority areas where further work would be helpful at the home. Consider those MSSA-LTC responses receiving a score of 2 or less (sometimes, rarely, or not implemented) and other information that you assess as important for your Home.
 - a.
 - b.
 - c.

2. Answer the following additional questions.

a. Can any staff providing medications and/or prescribers complete and submit a medication incident form in your home?

Yes or No Do you think it would be important to work on this goal?

b. Can your pharmacist/pharmacy team share their incident report when an error at the pharmacy reached a resident?

Yes or No Do you think it would be important to work on this goal?

c. Do staff/prescribers receive feedback on their incident reports?

Yes or No Do you think it would be important to work on this goal?

d. Is it clear what medication incidents will be further analyzed at the Home and how?

Yes or No Do you think it would be important to work on this goal?

3. Complete and submit to ISMP Canada

a. The findings of one incident analysis from a systems perspective (NO resident or provider names or other identifiable information to be included) will be entered on

the templates provided at the workshop and enclosed below for ease of reference. They are also available [here](#).

b. Contact ISMP Canada for assistance in completing and documenting the incident analysis (LTC@ismpcanada.ca)

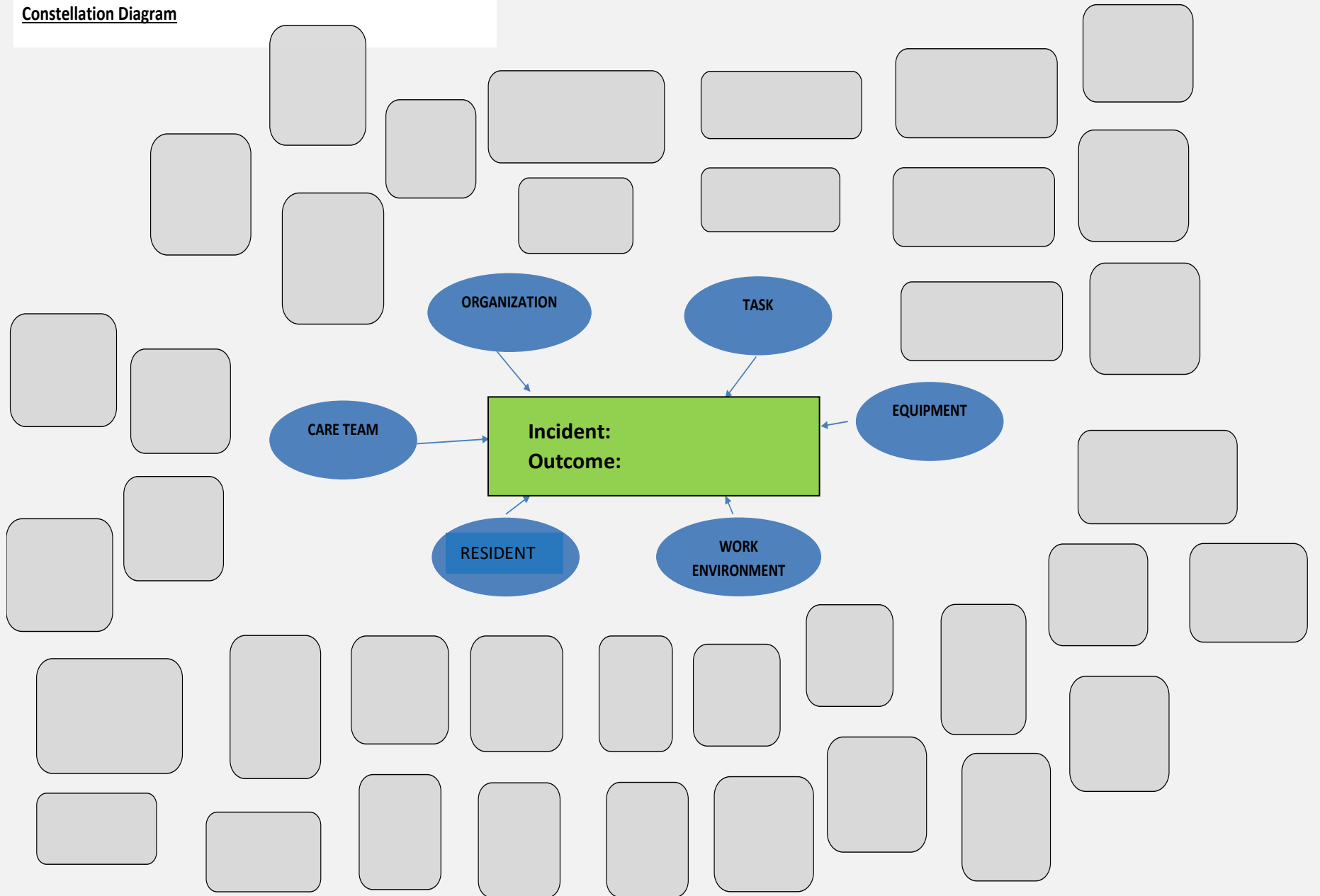
4. Reflecting on your answers to questions 1 and 2, as well as the results of your incident analysis, what are the 3 highest priority opportunities for improving your medication incident reporting and learning processes?

i. _____

ii. _____

iii. _____

Constellation Diagram



Appendix G: QI Mini Workshops Worksheets

Please complete and submit associated worksheets after completion of workshops.



Process Map Elements



Project Title/Name:

Trigger:

Result/End Point:

Process Steps:

Step	Description	Who is Doing This Work	How long Does this Step Take?
1			
2			
3			
4			
5			
6			
7			
8			

Plan, Do, Study, Act (PDSA) Worksheet

Project Title:

PDSA Cycle No. (start small and complete several cycles):

Start Date:

End Date:

Aim/Objective (be specific):

Describe the Test of Change (ToC)	Who (responsible)	When (completion date)	Where (location)

Plan

List the tasks needed to set-up and implement the ToC	Who (responsible)	When (completion date)	Where (location)

Predict what will happen when the ToC is carried out	Data to determine if predictions succeed

Do – Describe what actually happened during the ToC. Capture data/measurements, document problems and unexpected observations.

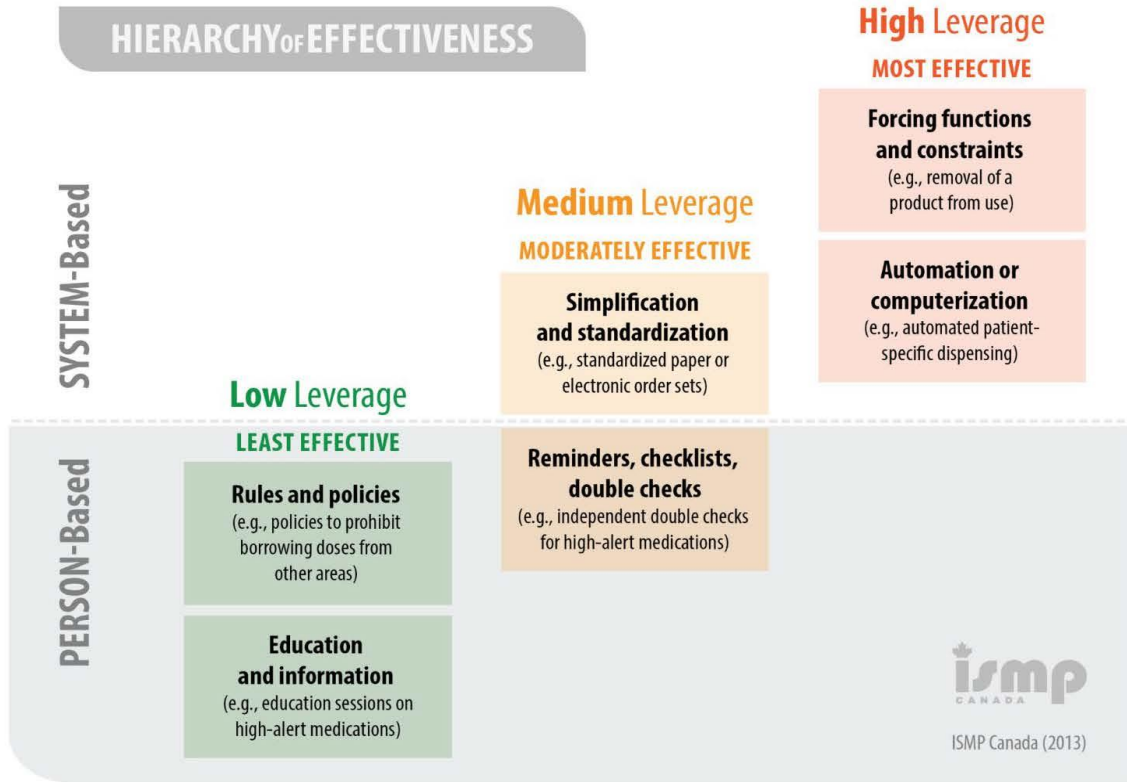
- (Describe what was actually done during the test)

Study – What were the results of the ToC. Analyze data/measurements, compare to predictions & summarize learnings.

- (Summarize the data and results)

Act – Describe what modifications to the plan will be made for the next cycle from what you learned. Are you going to adopt, adapt or abandon?

- (List the changes that will be made for next time)



Intervention Prioritization Matrix

High Impact		
Low Impact		
	Easy to Implement	Difficult to Implement



Strengthening Medication Safety in Long-Term Care



Please reach out to LTC@ismpcanada.ca with any questions