



ISMP Canada Update

December 15th, 2021

Strengthening Medication Safety in Long-Term Care





Land Acknowledgement

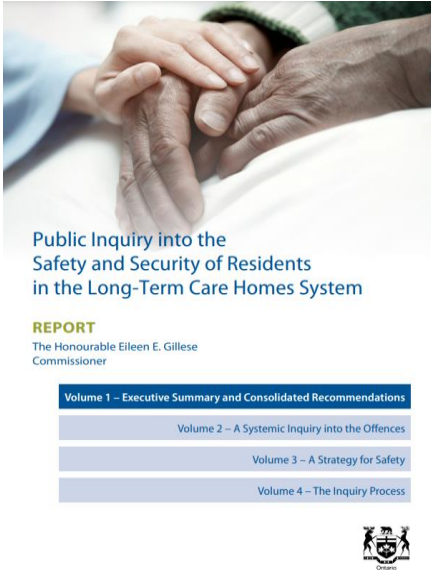
We acknowledge we are hosted on the lands of the Mississaugas of the Anishinaabe, the Haudenosaunee Confederacy and the Wendat. We also recognize the enduring presence of all First Nations, Métis and the Inuit peoples. As settler Canadians, we are grateful to live, work and play on this land and we want to contribute to the implementation of the Truth and Reconciliation Commission's eight health recommendations.

Nous tenons à souligner que nous sommes accueillis sur le territoire traditionnel des Mississaugas, des Anichinabés, des Haudenosaunees et des Wendats. Nous voulons également reconnaître la pérennité de la présence des Premières Nations, des Métis et des Inuits. En tant que colons canadiens, nous sommes reconnaissants de vivre, de travailler et de jouer sur ce territoire et nous voulons contribuer à la mise en œuvre des huit recommandations de la Commission de vérité et de réconciliation en matière de santé.

[Adapted from https://www.tdsb.on.ca/Community/Indigenous-Education/Resources/Land-Acknowledgement](https://www.tdsb.on.ca/Community/Indigenous-Education/Resources/Land-Acknowledgement)



An Initiative to Support the Long-Term Care Sector



The 3-year initiative is funded by the Ontario Ministry of Long-Term Care

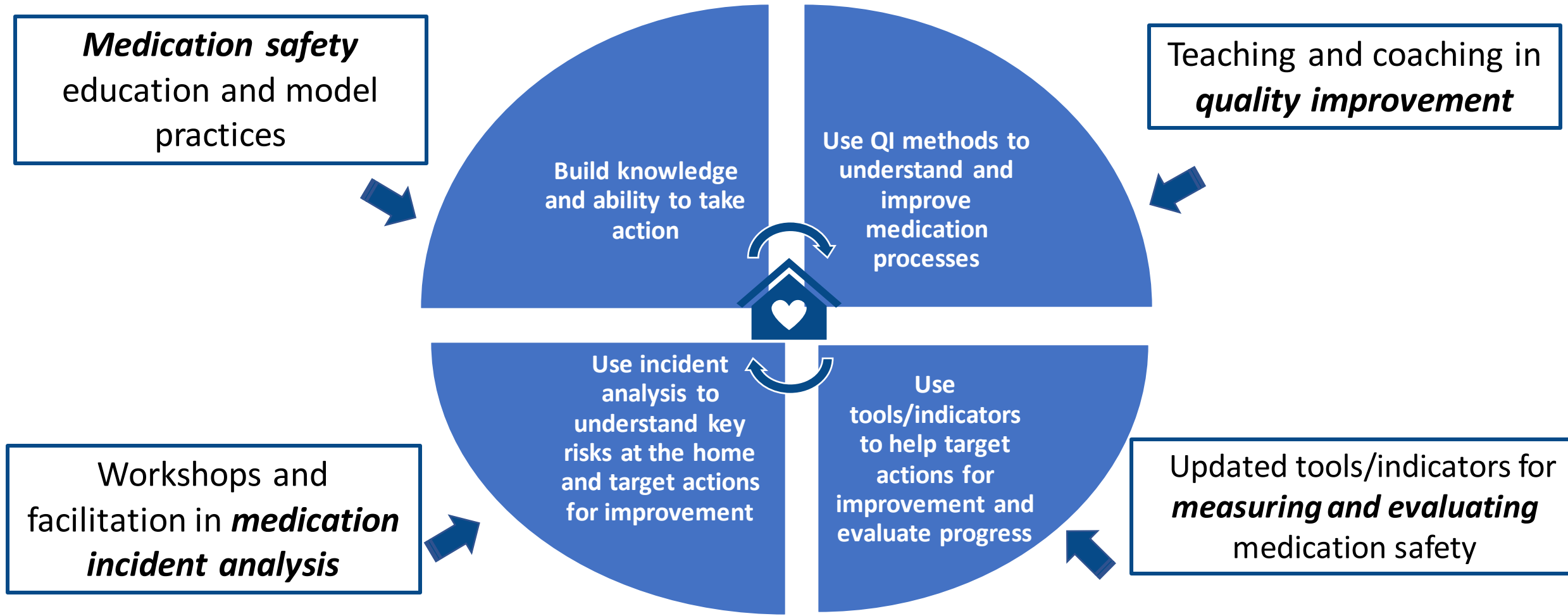
This work will include addressing Justice Gillese's specific recommendations with respect to detecting potential medication incidents that would otherwise go unnoticed

http://longtermcareinquiry.ca/wp-content/uploads/LTCL_Final_Report_Volume1_e.pdf

Views expressed are the views of ISMP Canada and do not necessarily reflect those of the Province



4 Key Areas of Collaboration and Support





ISMP Canada LTC Team



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Project Manager**



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Vice President**

Public Launch of 10 Champion Homes on November 24



ISMP Canada  @ISMPCanada · 20h

 10 Champion Homes partnering with @ISMPCanada on Strengthening Med Safety in Long-Term Care in Ontario! bit.ly/3HRdqZh

[@AdvantAgeOnt](#) [@St_Pats_Home_FN](#)



Strengthening
Med Safety in
Long-Term Care



ISMP
CANADA

News Release – November 24th, 2021

***Announcing 10 Champion Homes for the
Ontario Strengthening Medication Safety in Long-Term Care Initiative***

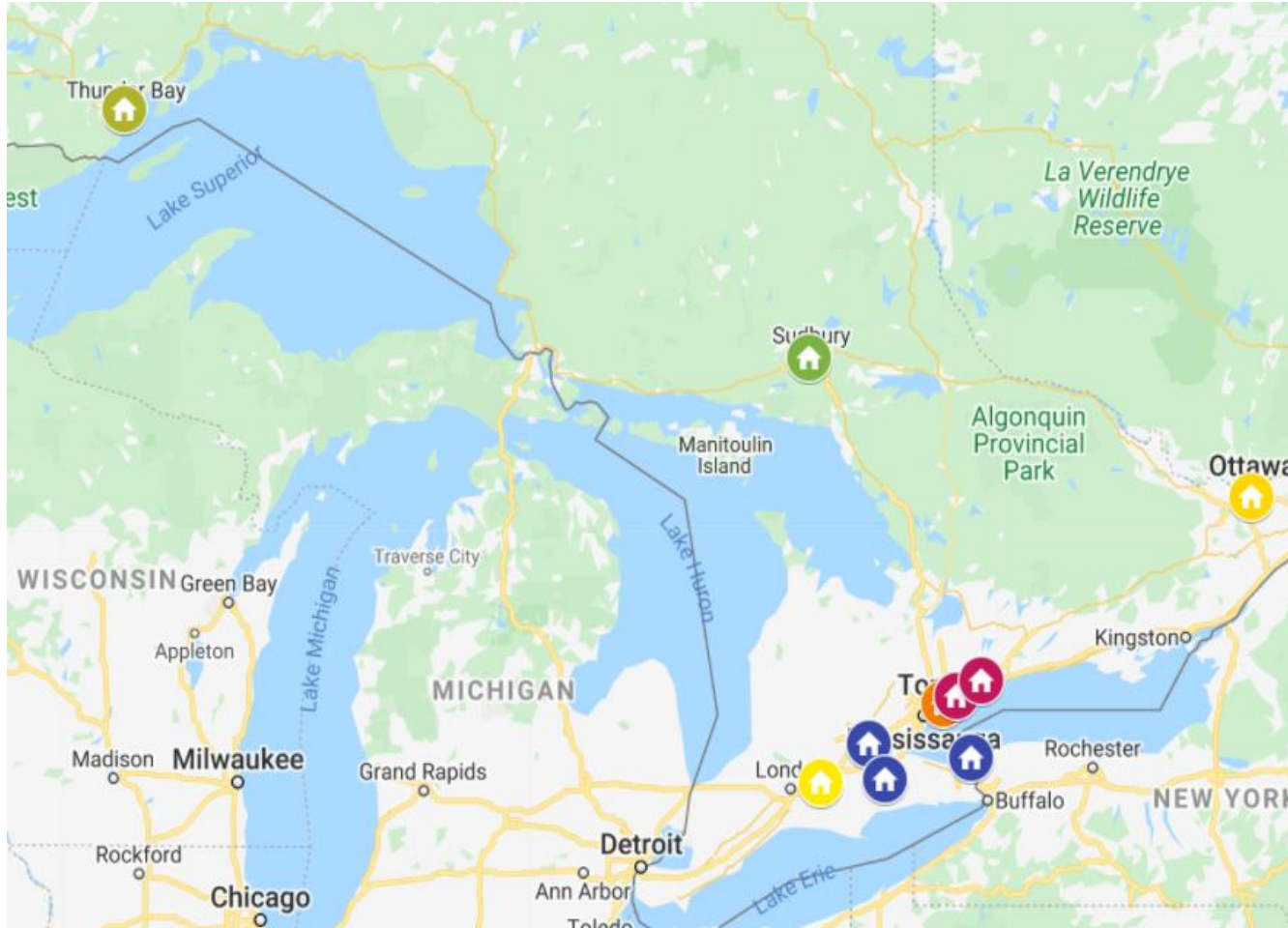
The Institute for Safe Medication Practices Canada (ISMP Canada) is partnering with 10 Champion long-term care homes in Ontario to improve medication safety and help address recommendations from the Justice Gillese Public Inquiry report. This initiative is funded by the Ministry of Long-Term Care and is designed to improve medication safety by providing support (tools, education and coaching) to homes.

Ontario LTC Assoc. and 5 others

  5  7 



Champion Homes



Bendale Acres Long-Term Care Scarborough

Cedarvale Terrace Toronto

Extendicare York Sudbury

Fairview Lodge Whitby

Iroquois Lodge Ohsweken

peopleCare Hilltop Manor Cambridge

Southbridge Pinewood Thunder Bay

St. Patrick's Home of Ottawa

Upper Canada Lodge Niagara-on-the-Lake

Woodingford Lodge Ingersoll



Update

- ISMP Canada Faculty now working with representatives of Champion Home to support a structured approach to improving med safety in their homes
- Champion Home Launch Guide outlines the key activities (ismpcanada.ca)
- Key focus areas now:
 - Baseline Med Safety Assessment at each Home (including MSSA-LTC)
 - Resident & family engagement
 - Staff and physician engagement
 - Increasing med safety reporting and learning
 - And so much more!



Champion Home Launch Guide



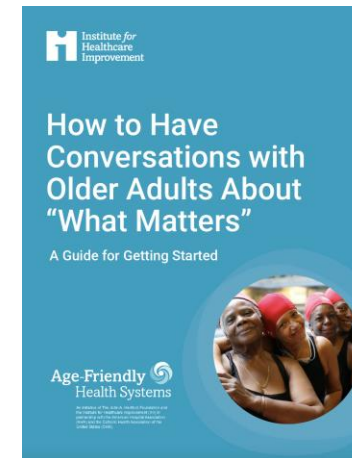
October 2021

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



Resident and Family Engagement

What Matters to You?



<https://bit.ly/3pQraLI>

What does engagement look like in medication management?





Resident Representative



**Leslie, Resident in Ontario
Long-Term Care**



Resources Available



Resident and Family Engagement

"I have had an opportunity to become acquainted with my doctor, and he with me. That rapport, that bond and relationship is critically important for me and for many other residents in long-term care."
Barry, resident in long-term care, Ontario.

Residents in Ontario's long-term care are the heart of every home. They have reached a stage in their life where they need to rely on others to support and to care for them, and while there are some residents who cannot be autonomous in their own care, there are many who are able to self-advocate and make decisions for themselves in their medication management. Engaging residents is essential to increasing medication safety and this initiative aims to support you, with resources and education, to do so authentically. Collaboration between staff and residents gives the best possible chance for safe medication experiences.

"I would like to be on the committee that decides how they are going to reduce errors so that I can add the resident's voice..." Devora, resident in long-term care, Ontario.

Toolkit

This toolkit has been designed for all staff in long-term care homes in Ontario as a landing place to find resources and information to support resident and family engagement in the home. Whether this practice is already embedded in your setting or whether you are looking for ways to increase engagement, there is information in the following pages that will support any improvement efforts and/or projects.

Institute for Safe Medication Practices Canada
ismpcanada.ca



Available at:
<https://www.ismp-canada.org/LTC/resident-family.htm>



Your Voice Matters: Residents and Families Have an Important Role in Medication Safety.

Strengthening Medication Safety in Long-Term Care



Your Voice Matters: Residents and Families Have an Important Role in Medication Safety



Did you know that mistakes with medications happen sometimes?	
You can be a part of the important decisions about your care.	You can play an important role in the medication safety team.

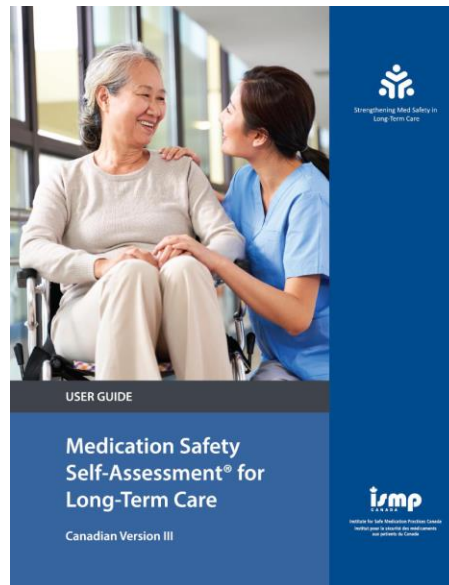


The Ontario Ministry of Long-Term Care (M LTC) is partnering with the Institute for Safe Medication Practices Canada (ISMP Canada) for 3 years to support long-term care homes in strengthening medication safety. This work will include addressing Justice Gillett's recommendations related to detecting potential medication incidents that would otherwise go unnoticed. 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.





Medication Safety Self-Assessment (MSSA-LTC)



- Part of the measurement plan for the overall initiative
 - Will provide an important baseline for safe medication practices

[Webinar: Getting Started with Medication Safety Self-Assessment for Long-Term Care \(MSSA-LTC\)](#)

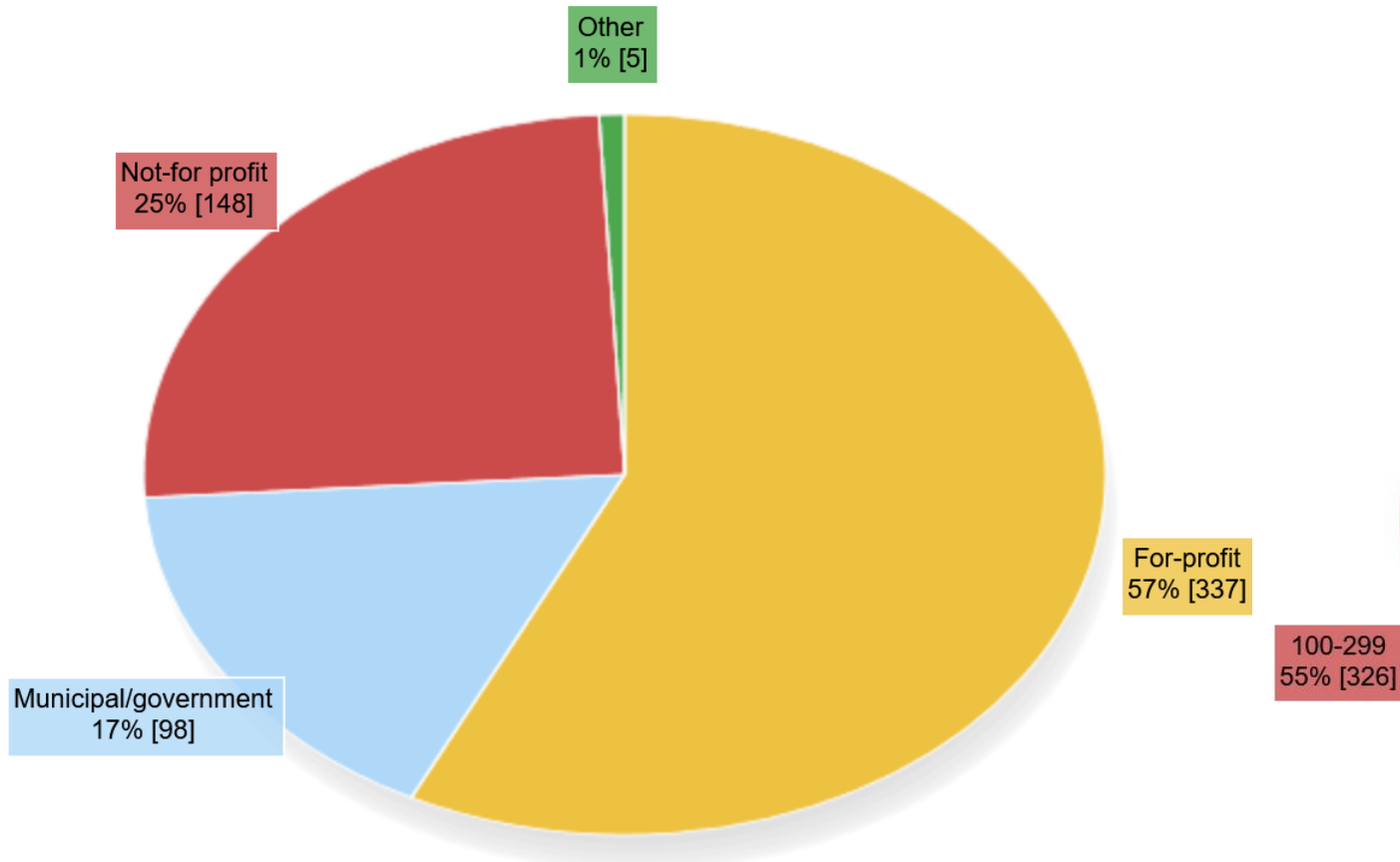
[\[Slides\]](#)

Canadian Version III, 2021

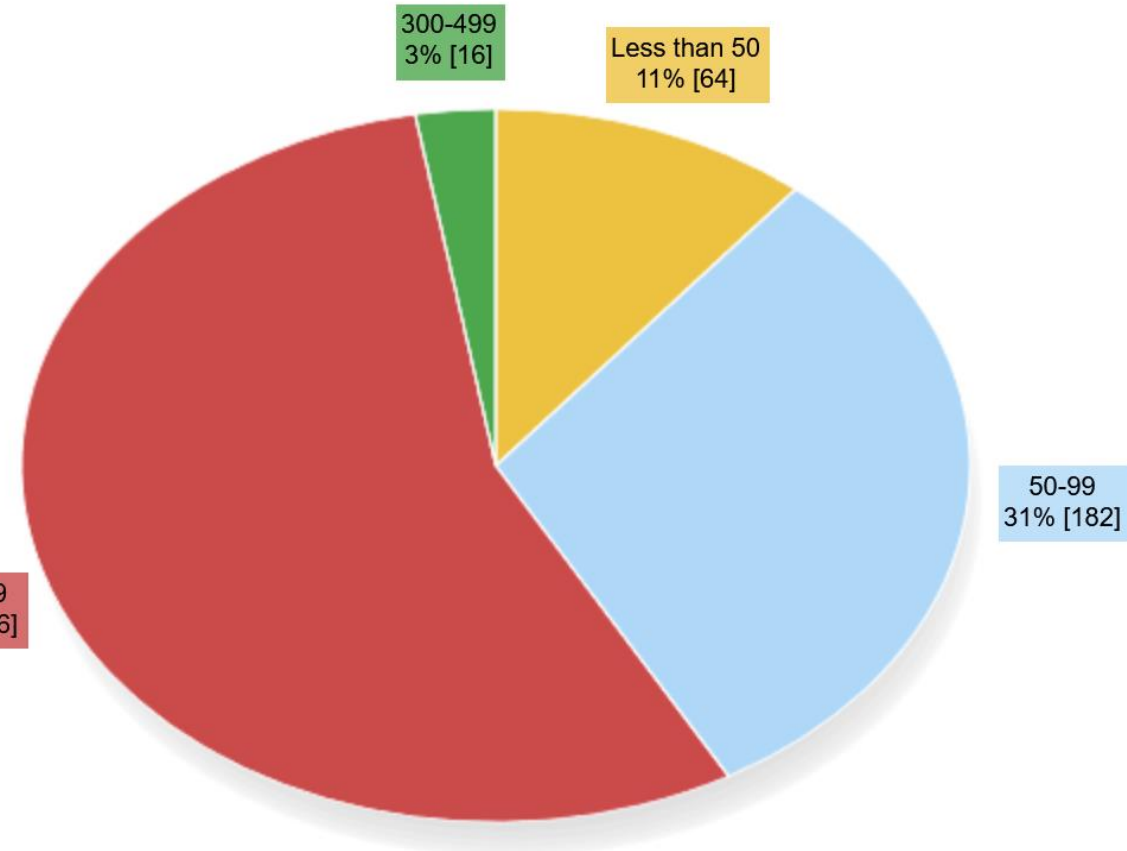


MSSA-LTC – Preliminary Analysis

Ownership (n=588)



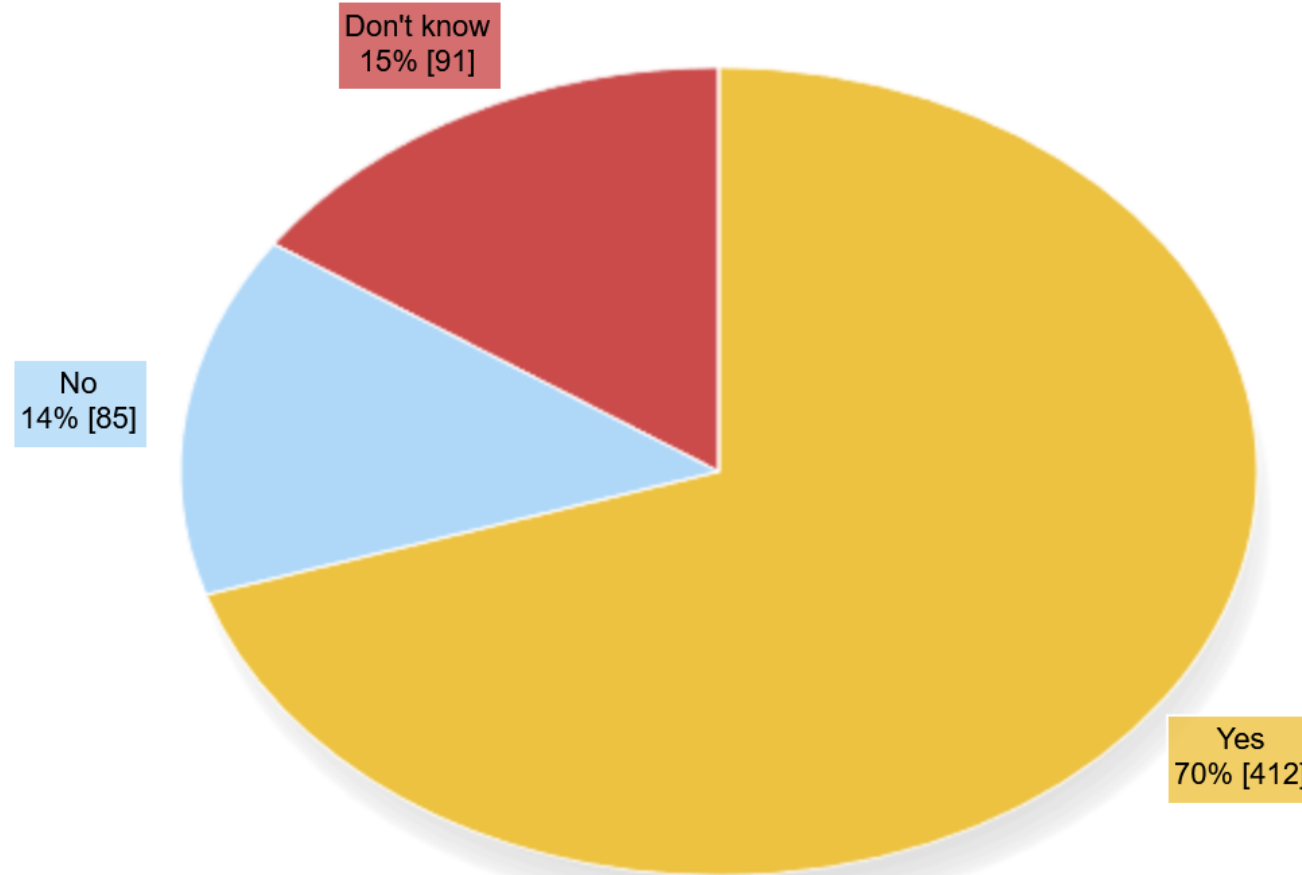
Residents (n=588)





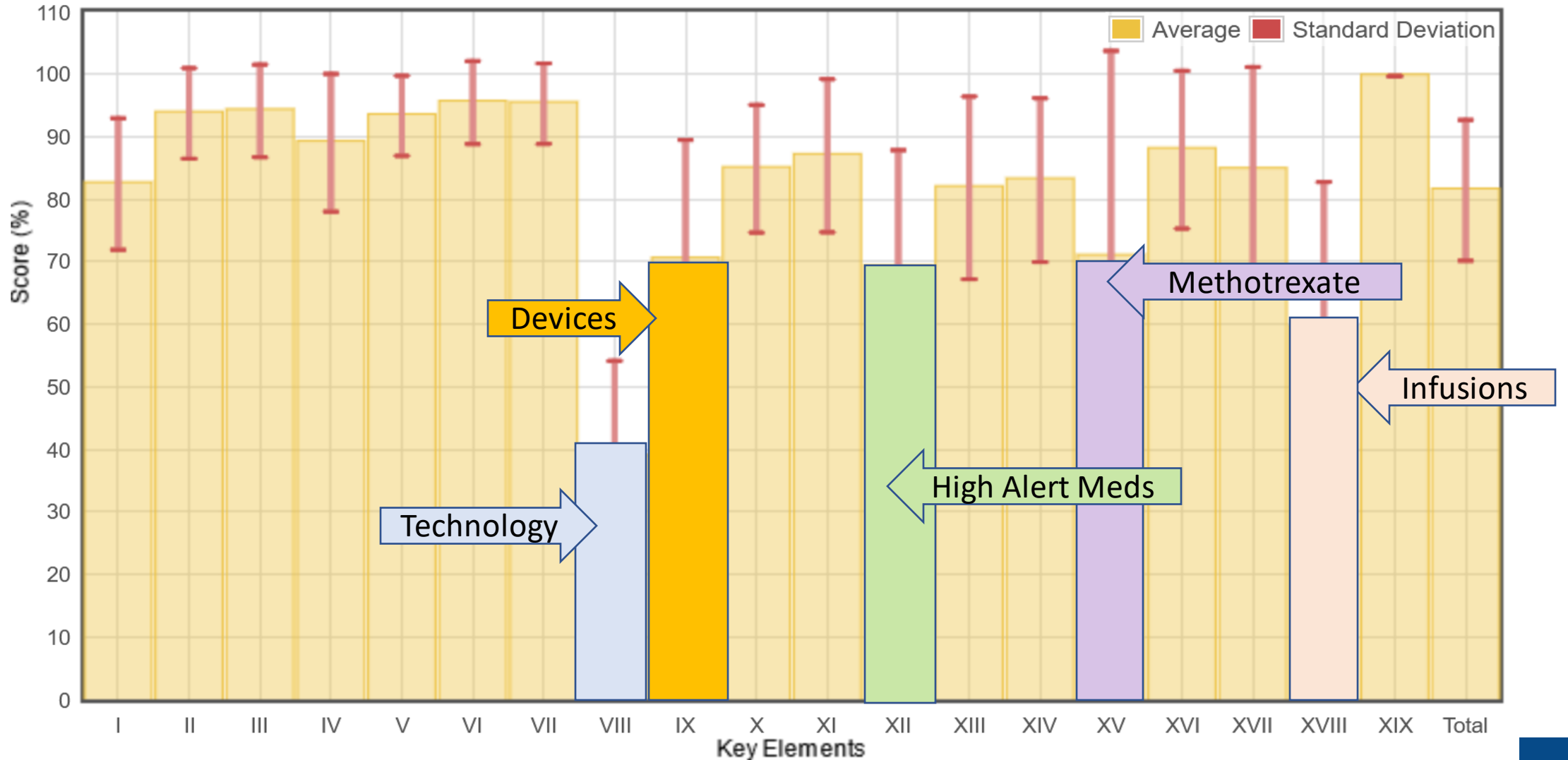
Previous Use of MSSA?

Prev MSSA (n=588)



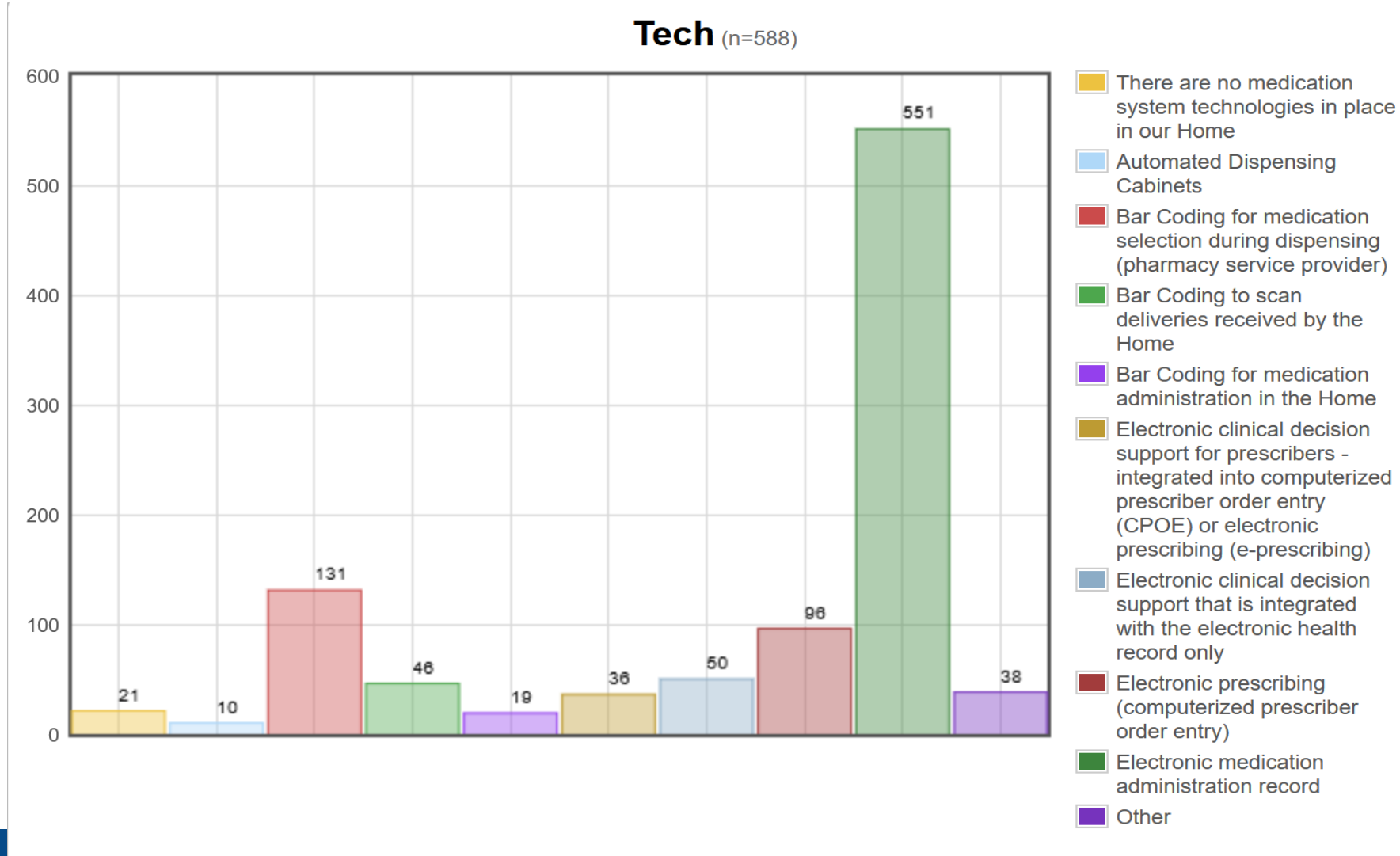


Overall Results: Possible Opportunities





Technology Implementation





Using Individual Home Results

LTC

[Introduction](#)

[Instructions](#)

[FAQs](#)

[Printable Version](#)

[Compare Own Data](#)

Assessments

June 2021 ▼

[View Assessment](#)

[Print Results](#)

[Export Own Results](#)

[Graph Results](#)



Institute for Safe Medication Practices Canada

Medication Safety Self-Assessment for Long-Term Care - Submitted on June 9, 2021

Demographics

1. Province

Ontario

2. Which category best describes the size of the community served by your Home?

Small population centre (1,000 - 29,999)

3. Which category best describes your Home?

Mental Health Facility

4. How many residents live in your Home

100-299

5. Is your pharmacy service provider:

Internal (on-site pharmacy within your organization)?

6. Which medication system technologies have been implemented in your Home? (Check all that apply.)

Automated Dispensing Cabinets

Bar Coding for medication selection during dispensing (pharmacy service provider)

Electronic prescribing (computerized prescriber order entry)

Electronic medication administration record

7. How are medication incidents reported in your Home for internal quality improvement?

By staff and physicians completing an electronic form using an on site system

8. How is your Home owned?

Municipal/government

9. Is your Home part of a larger health care organization or corporate group with common governance?

No

10. Has your Home previously completed the ISMP Canada Medication Safety Self-Assessment for Long-Term Care?

Yes



Viewing/Analyzing Individual Home Results

I: Resident and Family Engagement and Partnership

- N** Not Implemented – Select "Not Implemented" for items that are not in use at this time (e.g., medication system technologies). These items are designed to proactively inform safeguards if or when the practice applies in the future.
- R** Select "Rarely" for items that are implemented and in practice less than 25% of the time
- S** Sometimes – Select "Sometimes" for items that are implemented and in practice 25-50% of the time
- O** Often – Select "Often" for items that are implemented and in practice 50-75% of the time
- A** Always – Select "Always" for items that are implemented and in practice more than 75% of the time.

Core characteristic 1: Residents or their substitute decision makers are included as active partners in their care through education about their prescribed medications and ways to prevent harm associated with medication use.		Response	Score
1.1	The medication safety committee includes resident/family caregiver representatives.	N	0/4
1.2	During care conferences and other interactions with residents/family caregivers, prescribers and other members of the health care team discuss health priorities (i.e., What matters to you?) and encourage active participation in shared decision-making about medication therapy (for example, using resources such as 5 Questions to Ask About Your Medications).	O	3/4
1.3	Residents and family caregivers are given the opportunity to learn about their medications and how they can help to prevent errors (e.g., if able, provide their name when asked during medication administration).	O	3/4
1.4	When a new medication is prescribed, a practitioner (e.g., prescriber, nurse, consultant pharmacist) informs the resident or family caregiver of the name and dose of the medication, the general purpose for use, expected outcomes and important side effects and obtains informed consent.	A	4/4
1.5	All harmful or potentially harmful medication incidents that reach a resident are fully disclosed to the resident and/or family caregivers in a timely manner. FAQ	A	4/4
1.6	When a resident experiences a medication incident, the resident and/or their family caregivers are given an opportunity to share their perspective as part of the information gathering step of an incident analysis and are invited to provide input into possible preventive actions.	R	1/4
Core characteristic 1 - Total		63%	15/24
Core characteristic 2: Essential resident information is obtained, readily available in useful form, and considered when prescribing, dispensing, and administering medications.		Response	Score
2.1	The medication administration record contains current resident photographs to assist staff in identifying residents for medication administration. FAQ	A	4/4
2.2	In electronic systems (e.g., electronic health record, electronic prescribing screens, eMAR, pharmacy order entry systems), medication allergies/ sensitivities/ intolerances and other details, such as swallowing difficulties or the need to crush medications, are listed and clearly visible on all resident-specific pages or computer screens as a visible reminder to those prescribing, dispensing and administering medications.	A	4/4
2.3	In paper systems (e.g., prescriber order sheets, Medication Administration Records, including back-up paper processes for electronic system downtime), medication allergies/ sensitivities/ intolerances and other details, such as swallowing difficulties or the need to crush medications, are accurately listed and clearly visible on all pages as a visible reminder to those prescribing and administering medications.	A	4/4
Core characteristic 2 - Total		100%	12/12
Key Section I. Resident and Family Engagement and Partnership - Total		75%	27/36



Analyzing Individual Home Results

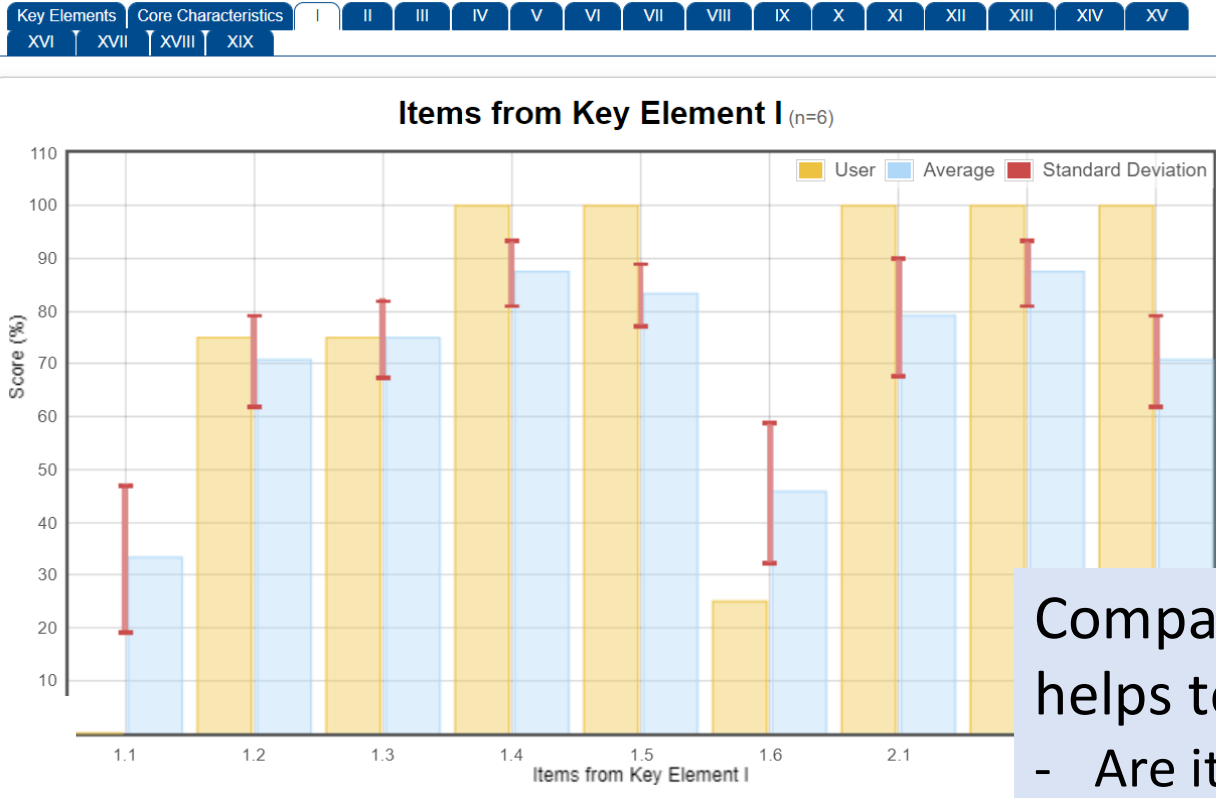
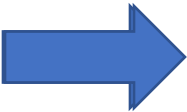
1. Strengths – Items with a score of “Always” (score 4/4)
 - Areas where your Home is doing well
2. Vulnerabilities and improvement opportunities
 - Items not implemented – score of 0/4
 - Items where scores are lower than expected
 - E.g., areas where a policy/procedure exists but scores are 1-2 out of 4
3. For items identified under # 2:
 - What is the level of risk associated with the item?
 - Are there plans to address any of these items in the near future?
 - Is there alignment with current improvement initiatives?



Comparing to the Aggregate Dataset

LTC

- Introduction
- Instructions
- FAQs
- Printable Version
- Compare Own Data
- Assessments**
- June 2021 ▾
- View Assessment
- Print Results
- Export Own Results
- Graph Results



Comparison to the aggregate helps to provide context

- Are items you are assessing widely implemented?
- Are there best practices you could learn from?

Legend:

- No coloured bar = not implemented
- Gold bar = your Home's response
- Blue bar = aggregate response
- Red line = standard deviation (range of responses)



Developing a Quality Improvement Plan

Considerations:

- Which items are most critical for resident safety?
- Are any quick fixes possible?
- Are some items interconnected?
- Is there a sequence requirement?
- Which items require a long-term strategy?



Developing a Quality Improvement Plan

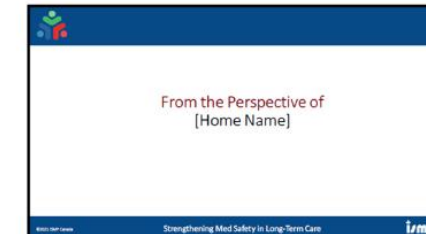
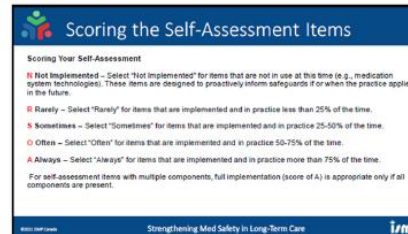
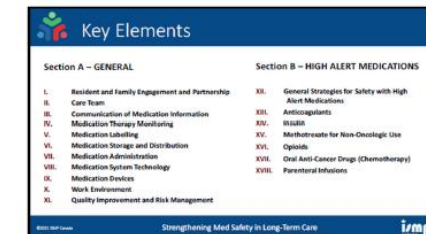
Project planning considerations:

- Who should be involved in planning and testing the change?
- Is the change feasible and can it be sustained?
- What is the estimated cost?
- How long will it take to implement the change?
- Will the change affect other processes or team members?
- Is it possible that the change could have unexpected negative consequences?



Sharing Your Results

- Sharing learning from MSSA supports enhancement of a culture of safety in your Home
- Presentation template available from: <https://www.ismp-canada.org/images/presentation.png>
- If you would like to share your results outside your organization, email mssa@ismpcanada.ca at least 2 weeks prior for data review and appropriate acknowledgment.





Measurement

- What is measurement for?





Measurement

- Baseline Medication Safety Self Assessment
 - MSSA-LTC
 - Selected Indicators
 - Number of Medication Errors that alter a Resident's Health Status or Require Enhanced Resident Monitoring per resident per quarter
 - Number of Resident transfers to Emergency Department per quarter
 - Number of Reported Medication Incidents
 - per Resident per quarter
 - by category of Harm
 - Number of Usages of Glucagon/or Number of Cases of Severe Unresponsive Hypoglycemia per resident per quarter
 - One-time MedRec Quality Audit of 20 charts reconciled within 48 hours of admission/readmission.





Prescriber Engagement

“Without physician and prescriber involvement and leadership in medication safety or quality improvement initiatives, the chances of success are quite low.”

A. Pandey, 2021



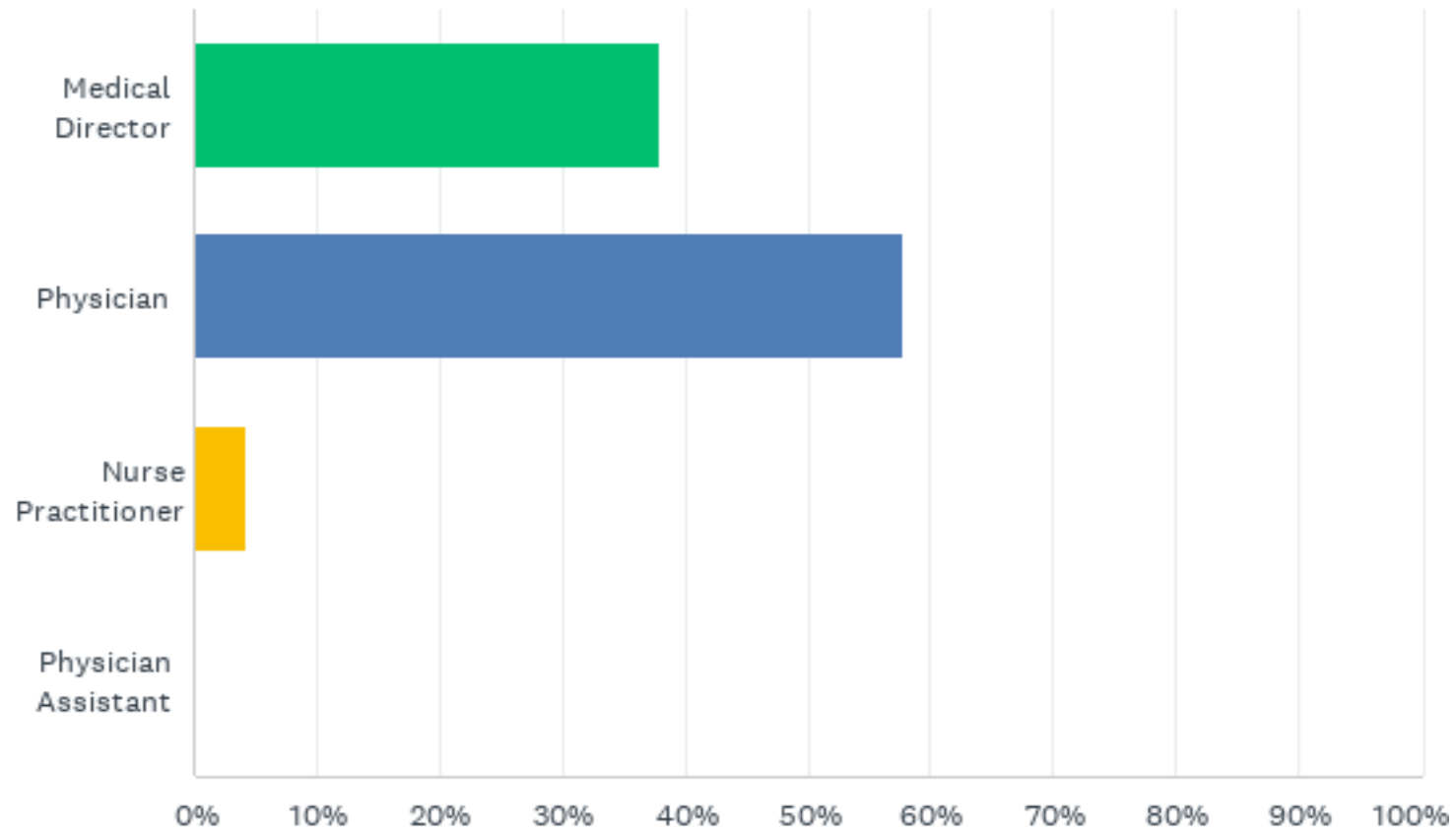
Prescriber Engagement

Prescriber Engagement Survey

- 79 responses
- Thoughtful written feedback



What is your role at the Home?



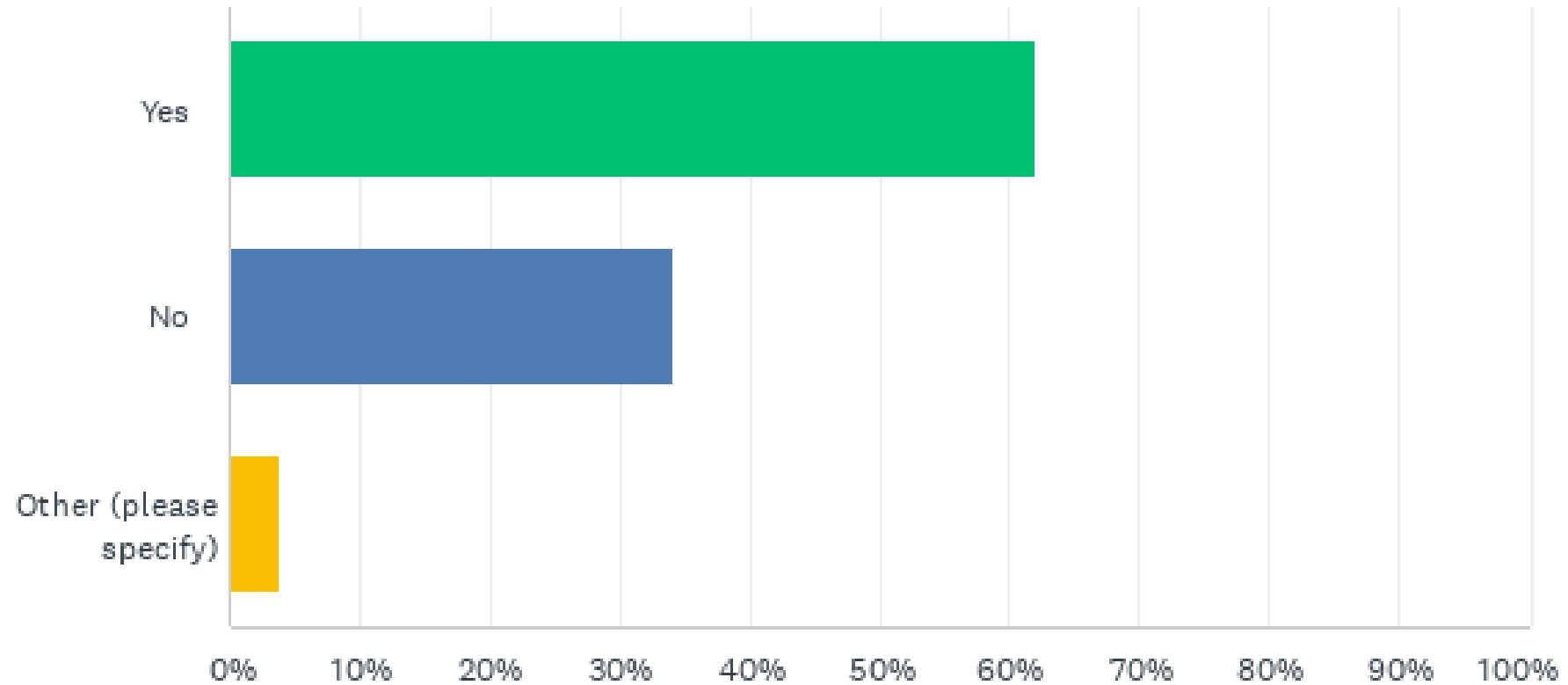


What currently happens to incidents reported by the Home?

ANSWER CHOICES	RESPONSES	
Usually reviewed, major incidents are analyzed, and actions are taken to reduce the likelihood of recurrence	64.10%	50
Usually reviewed and major incidents are analyzed but few actions are taken to reduce the likelihood of recurrence	15.38%	12
Usually reviewed by applicable manager/leader	12.82%	10
No visible systematic use of the reported incidents	3.85%	3
Don't know	3.85%	3
TOTAL		78



Have you ever participated in the analysis of an incident at the Home?





Why have you not participated in incident analysis?

ANSWER CHOICES	RESPONSES	
Lack of time	31.03%	9
Lack of remuneration	13.79%	4
Low priority compared with other duties	17.24%	5
Not trained in incident analysis	24.14%	7
Not interested in contributing	3.45%	1
Lack of confidence in being able to contribute	10.34%	3
Worried about medicolegal implications	3.45%	1
Never been asked to participate	82.76%	24
Unaware of any safety event reviews in the Home	13.79%	4
Other – please specify	10.34%	3
Total Respondents: 29		



Prescriber Engagement

Next steps

- Further analysis
- Identify prescribers' programming needs in medication safety
- Develop interventions to increase engagement



LTC MedRec Model Policy & MedRec Quality Audit

Strengthening Medication Safety in Long-term Care
Model Policy 1
To support LTC Homes in their review and updating of medication management policies

Medication Reconciliation (MedRec)

Purpose:
The purpose of this policy is to outline the Medication Reconciliation process in long-term care. Medication reconciliation (MedRec) at transitions of care is a key step to ensure medication safety.¹ MedRec has been identified as an integral part of the solution to improve medication management upon care transition from hospital to LTC.²
(See Appendix A: Key Terms)

Scope:
This MedRec policy applies to long-term care practitioners involved in the:

- admission/re-admission MedRec process
 - admission/re-admission from acute care or admission from another LTC Home
 - admission from community
- transfer MedRec process to acute care or another organization.

Overview of Process:
Medication reconciliation should be performed at all transitions of care. This involves both admission (e.g., from acute care, community, another Long-Term Care Home) or readmission to the Home (e.g., a resident has been absent from the Home for a defined number of days during which their bed was held), and at discharge.
Medication reconciliation in the long-term care setting is a 3-step process:³

- Step 1 - Create a complete and accurate Best Possible Medication History (BPMH) of the resident's medications including name, dosage, route, and frequency. This includes: a systematic process of interviewing the resident/ substitute decision maker (SDM)* where possible, and a review of at least one other reliable source of information.
- Step 2 - Reconcile medications: Use the BPMH to create admission orders; identify and resolve all differences or discrepancies within 48 hours.
- Step 3 - Document and communicate any resulting changes in medication orders to the relevant providers of care and resident and/or SDM wherever possible.

The process of MedRec is interprofessional, interdependent and reliant on a team approach. Resident and/or SDM engagement is important and the BPMH process must be designed to ensure this occurs. A standardized MedRec process that is reliably implemented supports safe medication management and applicable Accreditation requirements.⁴

Model Policy for review and adaptation by LTC Homes
Note: each Home is unique therefore additions or deletions to the Model Policy are required. Page | 1

	Admit via	B. MedRec Performed within 48 hours	C. BPMH using more than 1 source	D. Actual med use verified by resident/SDM source	E. Each med has drug name,dose, strength,route ,frequency on BPMH and admission orders	F. Every med in BPMH is accounted for in Admission Orders	G. Prescriber has documented rationale for 'Holds' and 'Discontinued' meds	H. Discrepancy communicated, resolved and documented	MedRec Quality Score
Resident	Acute, Home, Res Care, Other	Select Yes, No (done after 48 hours), No; If No, go to the next chart	Select Yes, No or Unclear	Select Yes, No or Unclear, Unable to Perform	Select Yes,No	Select Yes or No	Select Yes, No,Unclear, or N/A	Select Yes, N/A No, Unclear	Total Quality Score
1									0
2									0
3									0
4									0
5									0
6									0
7									0
8									0
9									0
10									0
11									0
12									0
13									0
14									0
15									0
16									0
17									0
18									0
19									0
20									0
Total		0	0	0	0	0	0	0	0
RESULT		0%	0%	0%	0%	0%	0%	0%	0%
Measure		MedRec-LTC 1	MedRec-LTC 2	MedRec-LTC 3	MedRec-LTC 4	MedRec-LTC 5	MedRec-LTC 6	MedRec 7	MedRec-LTC 8

<https://www.ismp-canada.org/LTC/medication-safety.htm>



MedRec Tools

Medication Reconciliation

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

We have developed tools to support MedRec in long-term care, starting with tools to support a systematic process to obtain and document the best possible medication history (BPMH).



Components of Medication Management Infographic

This infographic describes the components of medication management and how they inter-relate. It begins with an accurate and reliable Best Possible Medication History, the



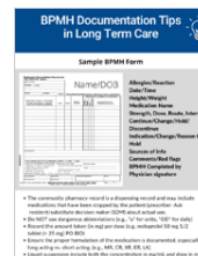
How to obtain a BPMH in Long-Term Care

This resource provides the information to help providers choose the best sources of information to use and provides a step-by-step guide to obtain a BPMH.



BPMH Self-Evaluation Checklist

This BPMH self-evaluation checklist can help to ensure that a systematic process has been used to obtain a BPMH from a resident or their substitute decision maker.



BPMH Documentation Tips for LTC

Tips for documenting the BPMH for practitioners in LTC.



Top Ten Practical Tips BPMH in Long-Term Care

Top ten tips to obtain the BPMH for practitioners in LTC.



Medication Reconciliation (MedRec) in Long-Term Care Version 3 Getting Started Kit

This kit provides guidance to implement medication reconciliation in Long-Term Care.

<https://www.ismp-canada.org/LTC/medication-safety.htm>



QI Fundamentals – E-Learning (The What)

AVAILABLE TO EVERYONE AT: [Long-Term Care | ISMP Canada \(ismp-canada.org\)](https://www.ismp-canada.org)



Solve a Problem...

An Introduction to the Quality Improvement Method

CONTINUE

Strengthening Medication Safety in Long-Term Care



Process Mapping

An Introduction

Strengthening Medication Safety in Long-Term Care



Fewer footsteps, more time for care

Using Spaghetti Diagrams

Strengthening Medication Safety in Long-Term Care



Pictures Talk

Using Visual Work Instructions in Healthcare

Strengthening Medication Safety in Long-Term Care



Prevent mistakes by making the abnormal obvious

Strengthening Medication Safety in Long-Term Care



Workplace Organization

An Introduction to the "5S" Technique

Strengthening Medication Safety in Long-Term Care



Use Data to take Action

Run Charts – the basics

Strengthening Medication Safety in Long-Term Care



Select the fewest ideas for the most impact

Impact-Effort Analysis

Strengthening Medication Safety in Long-Term Care





Selecting QI Projects

Would the selected projects –

- improve the residents' quality of life at your home?
- have a direct or indirect impact on a sizeable number of the residents at your home
- have a noticeable impact on one or more outcome indicators (e.g. Number of resident transfers to Hospital ED by quarter)?
- have a realistic chance of being completed in 9-12 months?
- be prioritized at your home by either stopping/deferring/merging existing initiatives to create the bandwidth that this project requires?
- simplify medication management and freeing up more time for direct care of residents?

Model policies update

First 3 Model Policies will be available soon (on our website) for interested LTC homes to test and provide feedback:

- Model Policy for Medication Reconciliation (MedRec)
- Model Policy for Independent Double Check (IDC) for High Alert Medication
- Model Policy for Monitoring for Preventable Harm from Medications

Next 3 to be released will be: Drug Destruction, Quarterly Medication Assessments and Emergency Medication Supply

Last 3 are: Medication Storage, Automated Dispensing Cabinets and Incident Reporting and Learning

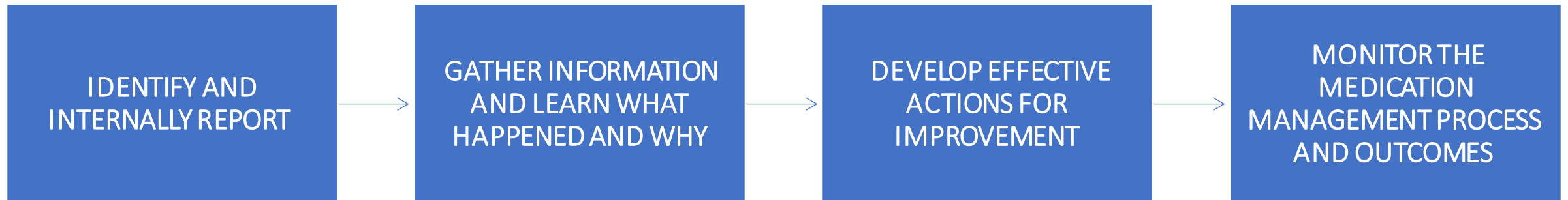
[Long-Term Care | ISMP Canada ismp-canada.org](https://www.ismp-canada.org)



Why is Incident Analysis Essential for Improving Medication Safety in LTC?

There are many ways that medication issues or incidents can occur in the delivery of long-term care services.

To address this, each Home needs a standardized process to:



Incident Analysis in LTC Workshops

- 133 participants from across Ontario have attended the Incident Analysis for LTC Workshops since the launch of the initiative!
- 98.6% of respondents surveyed post-workshop indicated that they intend to use the information covered in the workshop to improve incident analysis processes in their LTC home.
- Scheduled second Thursday of every month in 2022
- January 13th session is already full, next available session is Feb 10th
- No cost to attend – see our website for registration information



Medication Incident Reporting Pathways

Practitioners can report via our website:



Reporting can also be done via the National System for Incident Reporting (NSIR):



Canadian Institute
for Health Information

Institut canadien
d'information sur la santé

Residents & family members can report via www.mederror.ca:

Medication errors happen.

We can help you, and you can help your fellow Canadians by submitting a medication error report.

Thank you for participating!

For further information...

Website: ismc-canada.org/LTC/

E-mail: LTC@ismcpcanada.ca

