



Registration Form for Trailblazer Homes

Homes interested in becoming a Medication Safety Trailblazer should review and complete this form. **Please submit the completed form to LTC@ismpcanada.ca at your earliest opportunity as registration will close when 100 homes have completed and submitted the form!**

Homes that register as Medication Safety Trailblazers will receive a confirmation letter and welcome package, including an invitation to the November 3rd Learning Session. **Contact LTC@ismpcanada.ca with any questions or concerns.**

Home Information

Home Name	
Home Mailing Address	
Number of Residents	
Ontario Health Region	
Trailblazer Team Lead	
Position / Title	
Phone # and Extension	
Email Address:	
Trailblazer Team Member – Director of Care	
Name:	
E-mail Address:	
Trailblazer Team Member – Nursing Staff	
Name:	
Position/Title:	
E-mail Address:	
Trailblazer Team Member – Nursing Staff	
Name:	
Position/Title:	
E-mail Address:	

Trailblazer Team Member - Pharmacist
Name:
E-mail Address:
Trailblazer Team Member – Medical Director
Name:
E-mail Address:
Trailblazer Team Member – Resident or Family Member
First Name only:
The listed Team Members have all indicated their support for becoming a Trailblazer Home and have given their permission to provide their names and e-mail addresses (if applicable). Select Yes or No
<u>Additional Questions</u>
Education/QI Support at the Home
Please select how many staff are currently dedicated to quality improvement work at the Home or are available to assist the Home If dedicated QI staff, are they assigned to any specific areas of focus? Select Yes or No If yes, please describe the areas of focus (e.g., Medication Safety, Falls prevention etc.)
Medication Safety Priorities
Please describe your medication safety priorities for the next year if they have been formalized.

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

- There are no medication system technologies in place in our Home
- Automated Dispensing Cabinets
- Bar Coding for medication selection during dispensing (pharmacy service provider)
- Bar Coding for medication administration in the Home
- Bar Coding to scan deliveries received by the Home
- Electronic clinical decision support for prescribers – integrated into computerized prescriber order entry (CPOE) or electronic prescribing (e-prescribing)
- Electronic clinical decision support that is integrated with the electronic health record only
- Electronic prescribing (computerized prescriber order entry)
- Electronic medication administration record
- Other; please specify: _____

Confirm Trailblazer Commitment

I have read and agree with the following Trailblazer Commitment. Select Yes or No

We will ensure that there is a Trailblazer team at the home that meets monthly and includes a Team Lead, Director of Care, Medical Director, pharmacist, one or two nursing staff, and a resident or family member. All Team members will be invited to monthly webinars and quarterly learning sessions. At least one Team member will participate in the quarterly learning sessions. We will commit time for discussion, decisions, implementing actions, and evaluating outcomes. We understand that the medication safety journey is continuous! It is estimated that the Team Lead will have **1 to 2 hours a week** dedicated to this work and team members will dedicate **2 to 4 hours a month** for up to 9 months.

Name:

Date:

Position/Title:

Support and Permission Acknowledgement

I give permission for the name of our Home to be shared publicly as a Trailblazer Home.

Name

Date:

Position/Title: