



Strengthening  
Med Safety in  
Long-Term Care



# Trailblazer Home Workbook

## Medication Reconciliation (MedRec)



**November 2022**

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

## Table of Contents

### Contents

<b>1. Introduction and Overview.....</b>	<b>3</b>
<b>2. MedRec Quality Baseline Audit.....</b>	<b>3</b>
<b>3. Set a SMART Goal.....</b>	<b>4</b>
<b>4. Map your Current MedRec Process .....</b>	<b>5</b>
<b>5. Design Tests of Change .....</b>	<b>6</b>
<b>6. Review and Update MedRec Model Policy.....</b>	<b>7</b>
<b>7. MedRec Activities - Overview at a Glance.....</b>	<b>9</b>
<b>8. Important Dates .....</b>	<b>10</b>
<b>Appendix A: Tools and Resources .....</b>	<b>11</b>
<b>Appendix B: MedRec Quality Audit Data Instructions .....</b>	<b>12</b>
<b>Appendix C: MedRec Quality Audit Data Collection Form.....</b>	<b>15</b>
<b>Appendix D: MedRec Quality Audit Data Excel Sheet.....</b>	<b>16</b>
<b>Appendix E: MedRec Policy Implementation Audit.....</b>	<b>17</b>

## 1. Introduction and Overview

Welcome to the Medication Reconciliation (*MedRec*) Stream!

Over the next 6 to 9 months, you will receive education, facilitation, and coaching from ISMP Canada staff in establishing or advancing effective MedRec processes in your home.

MedRec is a component of medication management that can reduce communication and medication errors that have the potential to cause harm at transitions of care. MedRec requires a systematic and comprehensive review of all the medications a resident is taking to ensure that medications being added, changed, or discontinued are carefully evaluated.

It is an essential component of medication management 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 medication use story. It is the cornerstone of 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. (LTC Getting Started Kit, 2017)

Check out the [tools](#) in Appendix A to support MedRec in long-term care. If you have any questions, please contact: [alice.watt@ismpcanada.ca](mailto:alice.watt@ismpcanada.ca)

## 2. MedRec Quality Baseline Audit

Meet with your team and complete the MedRec Quality Baseline Audit

### MedRec Quality Audit Data Collection Tools

These tools were designed for use in Long-Term Care and were developed to allow organizations to assess the quality of their MedRec (MedRec) practices and determine the areas requiring process improvement(s).

- [Instructions for LTC MedRec Quality Baseline Audit – Appendix A](#)
- [LTC MedRec Quality Audit Data Collection Form – Appendix B](#)
- [LTC MedRec Quality Baseline Audit Tool – Appendix C](#)

Describe the results of your completed MedRec Quality Baseline Audit

#### Strengths

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

#### Opportunities for Improvement

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### 3. Set a SMART Goal

What actions will you develop, implement, and evaluate to improve MedRec at your home?

#### Setting SMART goals for each action selected for implementation:

Writing down goals for each action increases the chances that the action will get implemented. It also provides a quick documentation of what changes were made, what the impact of the changes were and builds the organizational capability for change. The goals should be:

- Specific – tackle a clearly defined issue and have a clear scope;
- Measurable – can demonstrate impact on process and outcomes;
- Achievable – Is the action attainable with available resources and support by a defined date;
- Relevant – ensure that the action is appropriate to the situation and possible; and,
- Timely – have a timeframe for implementation.

1.

2.

3.

Meet with the team at your home to discuss improvements to MedRec!

#### 4. Map your Current MedRec Process

To improve your MedRec process, it is important to ensure a clear and common understanding of all the steps involved. There are often different views on who does what step of the process and when.

To understand the current state of the MedRec process and map it! See Figure 1 below for an example of a MedRec Process Map from Bendale Acres – City of Toronto.

##### Step One

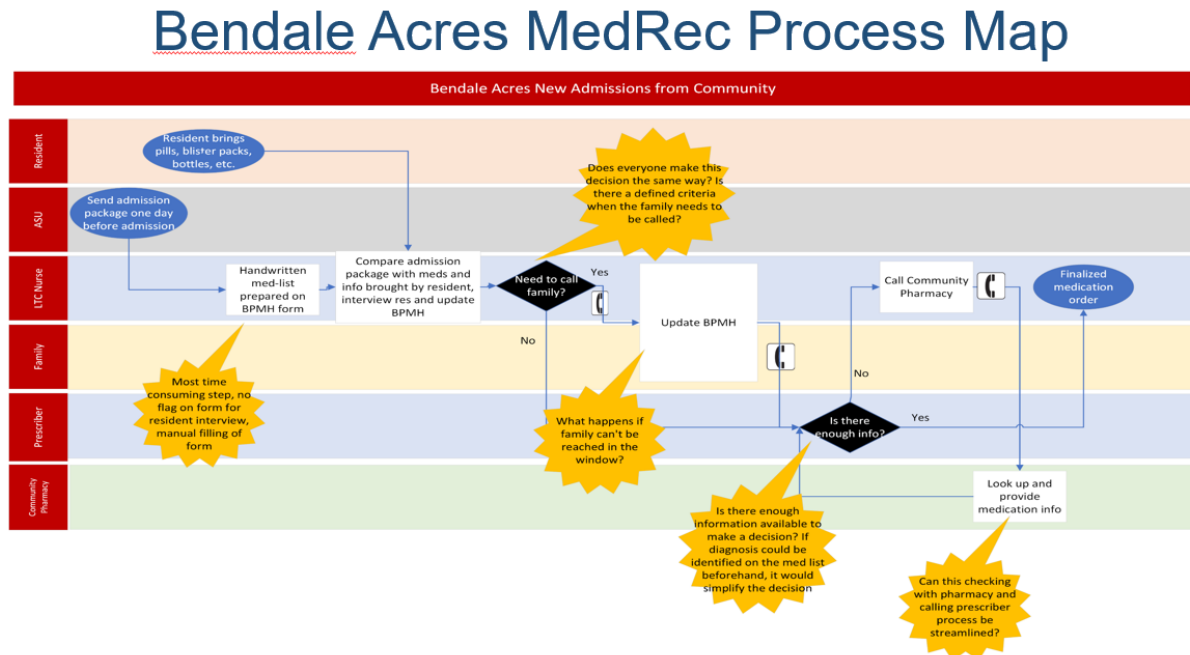
- i. Gather your team together and brainstorm the steps for each person involved in MedRec

##### Step Two

- ii. Identify potential/actual issues or gaps in the process together as a team

**Trailblazer Tip:** The Quality Improvement (QI) team at ISMP Canada has created eLearning modules that your team can access anytime. There are a variety of modules that you can choose from located [here](#). **Process Mapping – an Introduction** is one of the modules. These foundational courses will also support your improvement work going forward.

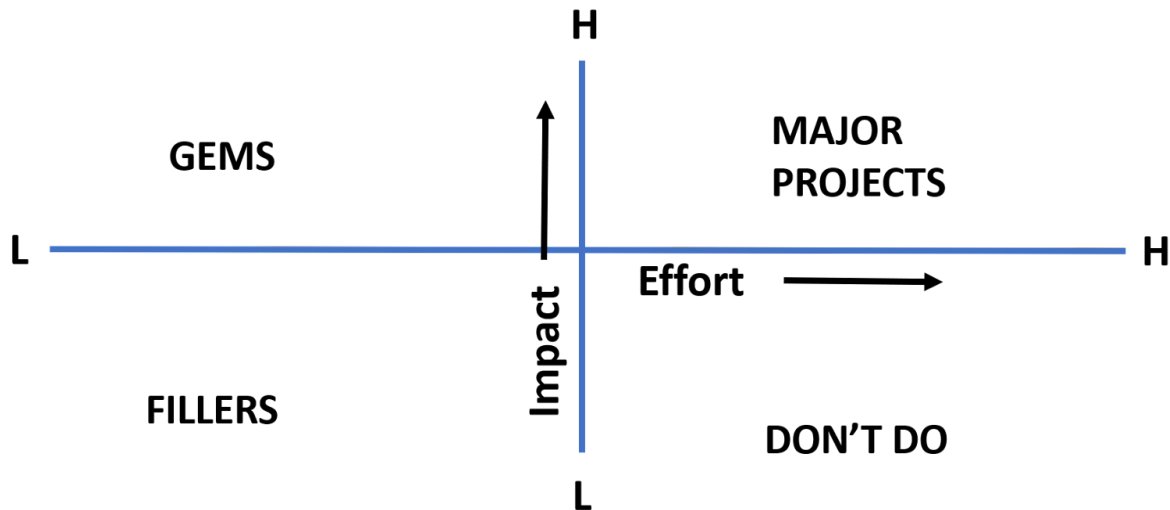
Figure 1 – Example of a MedRec Process Map



### Step Three

Take the time to share the draft process map with other staff, physicians, residents and families to ensure it is accurate before prioritizing where changes will occur using the Impact-Effort Matrix in Figure 2 below.

**Figure 2: Impact-Effort Matrix**

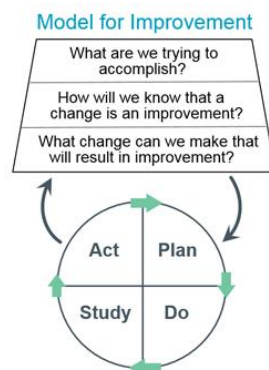


## 5. Design Tests of Change

### Testing the actions on a smaller scale before full implementation:

After the team has selected the actions and has put measurable goals (predictions) for each, it's time to test the ideas on a small scale before full-scale implementation. This has a few advantages – one, the team gets to see if the idea works in practice and if the predicted improvement happened, and second, it is a way to provide some comfort to team members or other staff members who might otherwise be reluctant to take the risk of trying something new.

The tests of change are called Plan-Do-Study-Act (PDSA) cycles and are also a component of IHI's Model for Improvement shown below.



**Figure 3: Model for Improvement**  
Developed by Associates in Process Improvement

Some important principles for conducting effective PDSA cycles are listed below:

- Document each component of the PDSA cycle (preferably on one page);
- Write down an explicit prediction for the test (from the SMART goals written earlier);
- In multiple iterations, incrementally increase the scale of the test; and,
- Use regular data collection over time (run charts) throughout all the iterative tests of change.

#### *Sustaining the improvements:*

After the improvements have been tested and the most effective actions have been selected for full-scale implementation, it's critical that the new processes are embedded into how work happens. Some of the steps that improvement facilitators and teams can perform to achieve sustainability are listed below.

- Involve the process owner (this is typically the manager or supervisor of the department where the new process is being implemented) in the planning for full-scale implementation.
- Create a new process map for the changed process (this enables staff to be easily educated in the new process).
- Educate staff in the new process.
- Demonstrate how the run charts are used to keep the process in control, so that backsliding is prevented.
- Create templates for auditing the process frequently so that the process owner is comfortable in compliance with the new process.

#### *Share learning*

The general lessons, good catches and findings should be disseminated within, and where applicable, outside the organizations to prevent harm recurrence.

Possibilities for sharing the lessons learned from MedRec include local staff/team members, the medication safety committee in the Home, Resident or Family Council meetings at the Home, and other organizations.

Without learning and sharing, the organization and/or external organizations, remain vulnerable because the same or similar incidents could happen again in another area.

The results of the MedRec Quality Audit should be shared with the senior leadership and Board. This learning may also be shared provincially and nationally.

## **6. Review and Update MedRec Model Policy**

### **1. Where do I start?**

Bring your Working Group together with representation from all aspects of the MedRec processes to review your current policy. Consider including managers, policy writers, front line registered staff, other members of the healthcare team

involved in medication management i.e., prescribers, pharmacists, and residents/family members.

Review the MedRec Model Policy for Testing: <https://ismpcanada.ca/wp-content/uploads/LTC-Model-Policy-1-Medication-Reconciliation.pdf>

2. Review, Provide Feedback and Test

- a) Allow 2 weeks for the members of the Working Group to provide feedback on your current MedRec policy and the Model MedRec Policy.
- b) Meet with the Working Group to gather and document feedback.
- c) Incorporate feedback into your revised draft MedRec policy.
- d) Using the PDSA cycle, pilot test the draft policy in a small area of the home i.e., one unit.
- e) Observe the test.
- f) Gather feedback from those involved in the testing and update the policy.
- g) Perform another PDSA cycle if needed.
- h) Gather feedback from those involved in the testing and complete a final update.

3. Spread and Evaluate

- a) Educate and implement the new MedRec policy in the whole home for 1 month.
- b) Gather feedback after implementation is complete from all parties.
- c) Audit the process (observation) to ensure implementation is accurate and complete after months. Audit template is provided in Appendix D.
- d) Provide audit feedback to staff, prescribers, and pharmacists.
- e) Regularly review the policy annually to ensure it reflects the latest evidence, including standards and legislation (suggest annually at minimum).

4. Share – Provide your feedback on the ISMP Canada MedRec Model Policy

**Approximate timeline: June 2023**

- a) Based on your implementation and testing in the home, provide your feedback on how the Model Policy can be enhanced to incorporate your learnings from the adaptation and implementation process in your home.
- b) Submit feedback by email to [Alice.Watt@ismpcanada.ca](mailto:Alice.Watt@ismpcanada.ca) by **June 30<sup>th</sup>, 2023**.



## 7. MedRec Activities - Overview at a Glance

1. **Ready!** Complete a baseline LTC MedRec Quality Audit, set a Specific, Measurable, Achievable, Relevant, and Time-Bound (SMART) goal, and share results.
2. **Set!** Map your current MedRec process
  - Take the ***Process Mapping Workshop*** and **e-learning module**
3. **Go!** Share learning and take action
  - Discuss the results of the MedRec Quality Audit with staff and prescribers
  - Take the ***Designing Tests of Change workshop*** and collaboratively decide on changes that will improve your process (see tools/resources below)
  - Review and Update your MedRec policy by reviewing and comparing with the MedRec Model Policy.
  - Encourage reporting and sharing of MedRec good catches at huddles and rounds
  - Loop back to the team with personalized feedback for improvements when MedRec errors occur
  - Support providers and prescribers in accessing the following learning opportunities
    - ✓ Full-day BPMH facilitated virtual workshop on Nov 18<sup>th</sup>
    - ✓ e-learning module on MedRec & Best Possible Medication History (BPMH)
4. **Keep Going!** Track improvements and celebrate your success!
  - Perform follow-up MedRec Quality Audits, and share the learning, including good catches that prevented harm to residents.
  - Consider cross-sectoral collaboration with acute care organizations or other LTC homes to share learning.

## 8. Important Dates

Kick off – Full day\*

Workshop – Online Group based training (1 hr)

1:1 Coaching – Available upon request – email [alice.watt@ismpcanada.ca](mailto:alice.watt@ismpcanada.ca)

Huddles – Discussion time Q&A with other homes working on similar projects (1 hr)

Provincial Update – Dec 7, Mar 22nd, June 16

Trailblazer Learning Session – Feb 15th, April 19th

Full day BPMH facilitated virtual workshop on Nov 18th (free) please email

[alice.watt@ismpcanada.ca](mailto:alice.watt@ismpcanada.ca) to get registered.

November	December	January
Nov 3 – Kick Off Nov 24 – Huddle: Update on MedRec Quality Baseline data	Dec 1 – Workshop: Map Your Process Dec 7 – Provincial Update Dec 15 – Huddle: Share your Map	Jan 5 – BPMH Workshop Jan 25 – Huddle: Share Learning – Cross-sectoral Collaboration/Review MedRec Model Policy

February	March	April
Feb 2 – Workshop: Designing Tests of Change Feb 15 – Trailblazer Learning session Feb 23 – Huddle: Share learning from PDSA	Mar 2 – Workshop: Sustaining Improvements March 22 – Provincial Webinar	April - Repeat MedRec Quality Audit April 19 – Trailblazer Learning Session Apr 27 – Celebration Huddle: Share your Stories

### Workshop/Huddles Zoom Link:

<https://us02web.zoom.us/j/3166297577?pwd=eThWTHVNeIJkU2M1TkJYNXNPa1lFUT09>

Time: 1200-100 PM EST

Meeting ID: 316 629 7577

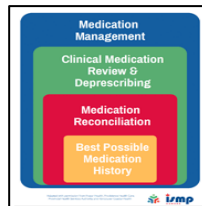
Passcode: vi4i6T

## Appendix A: Tools and Resources

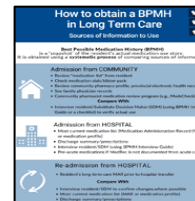
See [tools](#) below to support MedRec in long-term care. If you have any questions, please contact: [alice.watt@ismpcanada.ca](mailto:alice.watt@ismpcanada.ca)



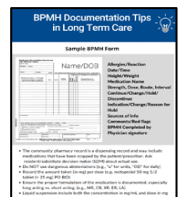
[Medication Safety at Transitions of Care for LTC Providers eLearning Module](#)



[Components of Medication Management](#)



[How to obtain a BPMH in LTC](#)



[Key features and Tips: BPMH form](#)



[Top Ten Practical Tips BPMH in LTC](#)



[BPMH Self-Evaluation Checklist](#)



[MedRec in LTC Getting Started Kit v.3](#)



[MedRec & BPMH Workshop](#)

## **Appendix B: MedRec Quality Audit Data Instructions**

### **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 MedRec (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 Trailblazer Homes with an Excel Spreadsheet to compile the results (MedRec LTC Audit Results).
- All Trailblazer Homes are asked to audit each of the charts for the most recent 20 residents that were admitted/readmitted in the past 6 months.
  - If there are less than 20 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.

### **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/readmitted 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.
- 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.

#### **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.

**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! MedRec Quality Audit Tool - Acute Care, Long-Term Care and Rehab Instructions and Legend for Completing the MedRec Quality Audit Form. Accessed: [https://www.patientsafetyinstitute.ca/en/toolsResources/psm/Documents/Packages/MedRec/MedRec-LTC\\_Quality-Audit\\_Instructions.pdf](https://www.patientsafetyinstitute.ca/en/toolsResources/psm/Documents/Packages/MedRec/MedRec-LTC_Quality-Audit_Instructions.pdf)

## Appendix C: MedRec Quality Audit Data Collection Form

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

Data Collection Form

Date: (dd/MM/yy): \_\_\_\_\_ Auditor Name: \_\_\_\_\_

Resident #	A: Admit via	B: MedRec Performed within 48 hours	C: BPMH using more than 1 source	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 has documented rationale for 'Holds' and 'Discontinued meds	H: Discrepancy(ies) communicated, resolved, and documented
	<input type="checkbox"/> Acute <input type="checkbox"/> Home <input type="checkbox"/> Res Care <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"/> Acute <input type="checkbox"/> Home <input type="checkbox"/> Res Care <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"/> Acute <input type="checkbox"/> Home <input type="checkbox"/> Res Care <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"/> Acute <input type="checkbox"/> Home <input type="checkbox"/> Res Care <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"/> Acute <input type="checkbox"/> Home <input type="checkbox"/> Res Care <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

#### Instructions

1. Using the paper Word document, perform a retrospective audit of the last 20 residents admitted/re-admitted within the last 6 months<sup>1</sup>. 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 with the team.
3. Share learning and good catches with team and ISMP Canada.
4. Transfer data to the MedRec LTC Quality Baseline Audit Excel worksheet and send the file to ISMP Canada through the file sharing folder.
5. Any questions? Email: [alice.watt@ismpcanada.ca](mailto:alice.watt@ismpcanada.ca)

<sup>1</sup> Some Homes may have less than 20 admissions/readmissions in 6 months; if more than 20, use the most recent ones.

Page \_\_\_\_ of \_\_\_\_



## Appendix D: MedRec Quality Audit Data Excel Sheet

See link to download file: <https://www.ismp-canada.org/download/LTC/LTC-MedRec-Quality-Baseline-Audit-Tool-FINAL.xlsx>

LTC Baseline MedRec Quality Audit Tool									
		Timeliness	Quality						
	Admit via	B. Was 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; (but done after 48 hours), No; MedRec not done (if No; MedRec not done, 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		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Measure		MedRec-LTC 1	MedRec-LTC 2	MedRec-LTC 3	MedRec-LTC 4	MedRec-LTC 5	MedRec-LTC 6	MedRec-LTC 7	MedRec-LTC 8



## Appendix E: MedRec Policy Implementation Audit

1. Has there been a reduction in incidents related to this medication management process since the implementation? Y/N

Compare results for past year and identify trends.

2. Has the implementation of the new MedRec policy made the medication management process?

Less time-consuming? Y/N

Less prone to errors? Y/N

Less confusing for front-line staff? Y/N

3. Have the gaps identified in the former policy been addressed? Y/N

4. Have any new concerns developed as a result of the implementation of the new policy? Y/N

Please describe:

5. Have any upstream or downstream issues resulted from the implementation of the new policy. Y/N

Please describe:

Action Plan to address audit concerns.

Please describe:



Strengthening Medication Safety in Long-Term Care

