



Strengthening
Med Safety in
Long-Term Care



Trailblazer Home Workbook

Completing a Quality Improvement Project



November 2022

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

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1. Introduction and Overview

Welcome to the Quality Improvement Project group!

Over the next 6 to 9 months, you will receive education, facilitation and coaching from ISMP Canada staff in how to facilitate and complete a medication related Quality Improvement Project in your home.

2. What is Quality Improvement

1. Follow Link: <https://elearn.ismp-canada.org/enrol/index.php?id=16>
2. Register for an ISMP Canada account
3. Complete Introduction to Quality Improvement Module

After completing the assessment answer the questions:

What structures does our home follow to improve quality?

- _____
-
- _____
-
- _____
- _____

What surprised you most from the module?

- _____
-
- _____
-
- _____
- _____

3. Selecting a QI Project

QI projects can be selected from a variety of sources, including stakeholder engagement, operational indicators/assessments (i.e., MSSA, Core indicators), or through the observation of error prone/lengthy processes.

Sample Project List

1. Reducing med pass times - (med cart redesign, reducing distractions, decluttering MAR, reducing tasks to be performed during med pass)
2. Standardizing med order processing for changes/new meds - (confirming pending orders, sending orders to pharmacy, double-checks)
3. Clinical indications on every medication order - (prescriber, nursing, pharmacy collaboration)
4. Redesigning a Med room - (quantities, location, labelling)
5. Automated Dispensing Cabinets implementation - (stat dose policy, standardized use)

Exercise

Using the Project Selection Template (provided during session) and raw data (Appendix A) identify your top 2 QI project ideas.

| Project Selection Template | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| <p>Working Groups may use this template to assist them in discussing their potential QI project topics after reviewing Baseline Assessments, Accreditation, and other relevant information. Consider the opportunity for improvement in your home.</p> <p>1. Replace Project idea with your own idea (e.g., Reducing med pass times, Reducing wastage of medications, MedRec, etc.)</p> <p>2. Check the boxes if the project idea meets the criteria.</p> <p>3. The template will display the two ideas with the most check marks. Bring these to the faculty meeting to discuss goals and indicators.</p> | | | | |
| Project Selection Considerations – “Would the selected projects - ?” | Project Idea 1 | Project Idea 2 | Project Idea 3 | Project Idea 4 |
| Improve the residents' quality of life at your home (would they “feel” the improvement)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have a direct or indirect impact on a sizeable number of residents at your home? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have a noticeable impact on one or more outcome indicators (listed in the | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Step 1
List all potential QI Projects

Step 2
Check off each project that satisfies each “Project Selection Considerations”

Step 3
Project with the most number of checks is the strongest QI project

Top 2 QI Projects:


- 1.
- 2.

4. Developing Indicators and Goals

- Indicators/goals are a necessary step in the problem solving process
- Allows teams to answer the questions:
 - Are we done yet?
 - Did we make an impact?
 - Indicators also allow for organizations to know if their solutions are being sustained

| | | |
|----------|--------------------|--|
| S | SPECIFIC | What will be accomplished? What actions will you take? |
| M | MEASUREABLE | What data will measure the goal? |
| A | ACHIEVABLE | Can the team reasonably accomplish this goal? |
| R | RELAVANT | How does the goal align to broader goals? Why is it necessary? |
| T | TIME BOUND | What is the time frame to achieving this goal? |

Using the Quality Improvement (QI) Goals, Indicators, and Project Plans worksheet (Appendix A):



Quality Improvement (QI) Goals, Indicators and Project Plans

Selected QI Projects and their Indicators and SMART goals

Step 1 – list project title

| QI Project 1: | | |
|-------------------|----------------------|--|
| Process Indicator | Outcome Indicator(s) | SMART Goal(s) <small>(What is the estimate of the improvement in the process indicator and in what time frame will that improvement be visible? You can write more than one goal, to ensure the improvement in one area doesn't compromise another)</small> |
| 1. | • | |
| | | |

Step 2 – Identify list of process indicators for this project

Step 3 – Identify list of outcome indicators for this project

Step 4 – Develop a SMART goal that summarizes the objective of the project

Selected QI Projects and their Indicators and SMART goals

| QI Project: | | |
|-------------------|----------------------|---|
| Process Indicator | Outcome Indicator(s) | SMART Goal(s) <i>(What is the estimate of the improvement in the process indicator and in what time frame will that improvement be visible? You can write more than one goal, to ensure the improvement in one area doesn't compromise another)</i> |
| • | • | |
| • | • | |

5. Developing a Project Plan

In effort to make your QI project progress as smoothly as possible, ISMP Canada has pre scheduled all training sessions into individual modules. In addition, the larger cohort will be split into smaller groupings where homes will be with homes working on similar projects.

Teams are requested to book off the dates in their calendars. Official invites will be sent shortly after the Nov 3, 2022 kick off.

Take the time to review the schedule and identify what tasks you and your team need to perform to ensure your project is ready for the various training sessions.

- Provincial Update – 1 hour (optional)
- Workshop -2 hour/month
- Cohort Session – 1 hour/month

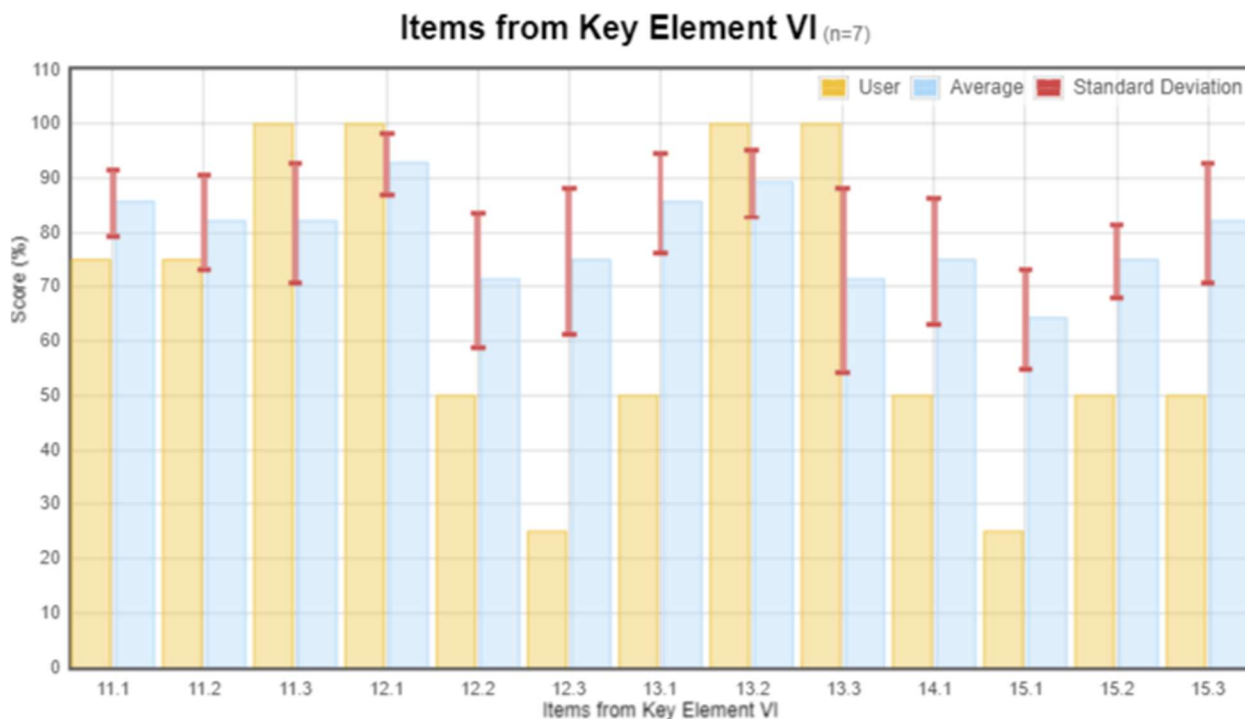
Table 1: Project Planning Template

[illegible]

6. Next Steps

1. Confirm QI project
2. Send completed Indicators/Goal Worksheet to ISMP Canada Coach
(ali.shahzada@ismpcanada.ca / anurag.pandey@ismpcanada.ca)
3. Begin completing Online QI Modules
 - a. (<https://ismpcanada.ca/resource/ltc/quality-improvement/#e-learning>)
4. Block identified dates in schedule
 - a. Meeting invites to follow
5. Connect with ISMP Canada Process Improvement Coaches if you have any questions

Appendix A – Raw MSSA Data



VI: Medication Storage and Distribution

1. **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.
2. **R** - Select "Rarely" for items that are implemented and in practice less than 25% of the time
3. **S** - Sometimes – Select "Sometimes" for items that are implemented and in practice 25-50% of the time
4. **O** - Often – Select "Often" for items that are implemented and in practice 50-75% of the time
5. **A** - Always – Select "Always" for items that are implemented and in practice more than 75% of the time.

| | | | | |
|---|--|--|-----------------|--------------|
| Core characteristic 11: <i>Medications are delivered to care units in a safe and secure manner and are available for administration within a time frame that meets essential resident care needs.</i> | | | Response | Score |
| 11.1 Medications are delivered from the pharmacy to the Home or care unit under the direct control of authorized pharmacy personnel and are handed off to authorized nursing staff, with a documented accountability trail. | | | O | 3/4 |
| 11.2 Time frames established between the Home and the pharmacy service provider for dispensing of newly prescribed medications are appropriate to meet resident care needs. | | | O | 3/4 |
| 11.3 The provision of medication samples directly to the Home by physicians, nurse practitioners, nursing staff and pharmaceutical vendors is prohibited, and this policy is clearly communicated. In rare circumstances, if drug samples are required, the drug is prescribed via standard procedures, dispensed through the pharmacy (including electronic allergy/ interaction checking and appropriate labelling and packaging for resident-specific use), with administration documented on the Medication Administration Record. FAQ | | | A | 4/4 |
| Core characteristic 11 - Total | | | 83% | 10/12 |
| Core characteristic 12: <i>Medications available as wardstock in the Home are limited and are securely stored.</i> | | | Response | Score |
| 12.1 A limited emergency/after-hours stock of medications has been established for urgently needed items (e.g., glucagon, naloxone) and times when medication is not readily available from the pharmacy service provider (e.g., antibiotics required on evenings/weekends). | | | A | 4/4 |
| 12.2 Audits of medication storage areas in the Home are conducted and documented at defined intervals by a designated consultant pharmacist, pharmacy technician or nursing staff member to ensure that only approved medications are stocked, quantities are within agreed-upon limits, discontinued or expired medications are removed or safely disposed, and that the storage area is configured to minimize the risk of selecting the incorrect product. | | | S | 2/4 |
| 12.3 A standardized process is followed in investigating discrepancies in counts of narcotics, controlled drugs, benzodiazepines and other targeted substances that includes reviewing previous incidents and discrepancies to assess for possible diversion. | | | R | 1/4 |
| Core characteristic 12 - Total | | | 58% | 7/12 |
| Core characteristic 13: <i>Cold chain procedures are in place to ensure appropriate storage of medications requiring refrigeration.</i> | | | Response | Score |
| 13.1 Medications and vaccines are stored in designated refrigerators that are not used to store food. | | | S | 2/4 |

| | | |
|---|-----------------|--------------|
| <p>13.2</p> <p>A standardized process is in place to monitor and document minimum and maximum temperatures for medication/ vaccine refrigerators at least daily (or in accordance with regulatory requirements/guidelines) and a notification process is in place to manage variances.</p> <p>FAQ</p> | A | 4/4 |
| <p>13.3</p> <p>Refrigerators used to store medications are connected to the Home's emergency power system.</p> | A | 4/4 |
| Core characteristic 13 - Total | 83% | 10/12 |
| <p>Core characteristic 14:</p> <p><i>Hazardous chemicals are safely sequestered from residents and are not accessible in medication preparation areas.</i></p> | Response | Score |
| <p>14.1</p> <p>Hazardous chemicals and cleaning compounds are kept in areas where medications are not stored or prepared (i.e., not in the medication rooms or other medication storage/preparation areas).</p> | S | 2/4 |
| Core characteristic 14 - Total | 50% | 2/4 |
| <p>Core characteristic 15:</p> <p><i>Processes are in place to ensure secure storage and appropriate disposal of discontinued and expired medications.</i></p> | Response | Score |
| <p>15.1</p> <p>To prevent accidental administration of a discontinued medication, a standardized process exists to remove these items from resident supplies or clearly identify them in a multi-drug package until a new supply is available.</p> | R | 1/4 |
| <p>15.2</p> <p>Discontinued, expired, or otherwise unusable medications are placed in an appropriately secured area or container until timely removal by pharmacy or authorized destruction occurs (following approved procedures).</p> | S | 2/4 |
| <p>15.3</p> <p>Medications are disposed/destroyed in a timely way in accordance with documented procedures that are consistent with applicable legislation and guidelines, such as federal/provincial/territorial legislation (including the Controlled Drugs and Substances Act, environmental guidelines, long-term care regulations, hazardous waste guidelines).</p> | S | 2/4 |
| Core characteristic 15 - Total | 42% | 5/12 |
| Key Section VI. Medication Storage and Distribution - Total | 65% | 34/52 |



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