Provincial Update Webinar

September 20, 2022

Strengthening Medication Safety in Long-Term Care

Zoom Webinar Reminders

- **Maximize the ZOOM window on your computer**
- **Set the appropriate volume**
- **Audience is automatically muted, and video is turned off**
- **Enter questions and comments in the ZOOM Chat**

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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.[1] 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 traditional des Mississaugas, des Anichinabés, des Haudenosaunees et des Wendats. Nous voulons également reconnaître la pérennité de la presence des Premières Nations, des Métis et des Inuits. 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 verité et de reconciliation en matière de santé.

Find your land acknowledgement at https://native-land.ca/

1. https://www.tdsb.on.ca/Community/Indigenous-Education/Resources/Land-Acknowledgement

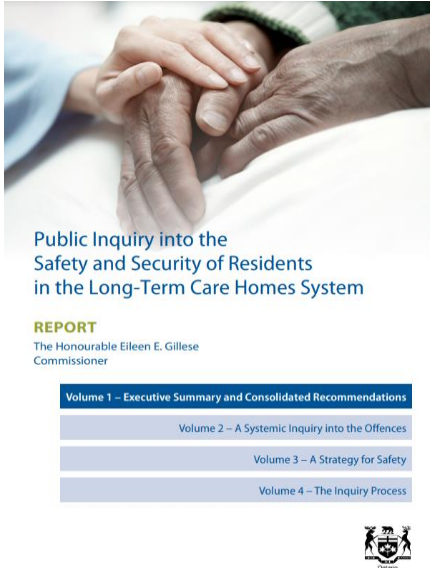
Agenda

- **Welcome and Introduction to Initiative**
- **Trailblazer Opportunity**
- **Champion Home Updates**
    a. *Incident Analysis Process*
    Shannon Demerchant/Jennifer Evans from Extendicare York Sudbury

    b. *ADC implementation or distractions project*
    Maricar Dulay from Fairview Lodge Whitby

    c. *Adapting a Model Policy for Use in a Home*
    Alex Lamsen from Upper Canada Lodge Niagara-on-the-Lake
- **Faculty Updates**

An Initiative to Support the Long-Term Care Sector



http://longtermcareinquiry.ca/wp-content/uploads/LTCI_Final_Report_Volume1_e.pdf

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

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

4 Key Areas of Collaboration and Support

Medication safety education and model practices

Teaching and coaching in ***quality improvement***

Build knowledge and ability to take action

Use QI methods to understand and improve medication processes

Use incident analysis to understand key risks at the home and target actions for improvement

Use tools/indicators to help target actions for improvement and evaluate progress

Workshops and facilitation in ***medication incident analysis***

Updated tools/indicators for ***measuring and evaluating*** medication safety

ISMP Canada LTC Team

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Project Manager

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Vice President

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Thank you Champion Homes!

Special thanks to the 10 Champion Homes that launched this initiative!

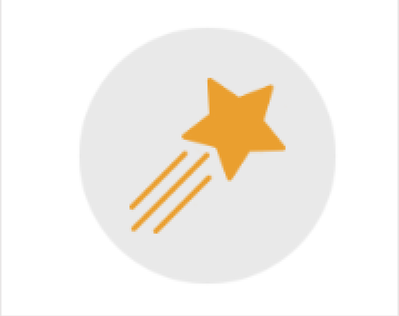
They are working towards completing med safety QI projects later this fall.

Their intensive efforts have informed the initiative tools and facilitation strategies.

Champion Homes

(Listed alphabetically)

- Bendale Acres Long-Term Care Scarborough
- Cedarvale Terrace Toronto
- Extendicare York Sudbury
- Fairview Lodge
- 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

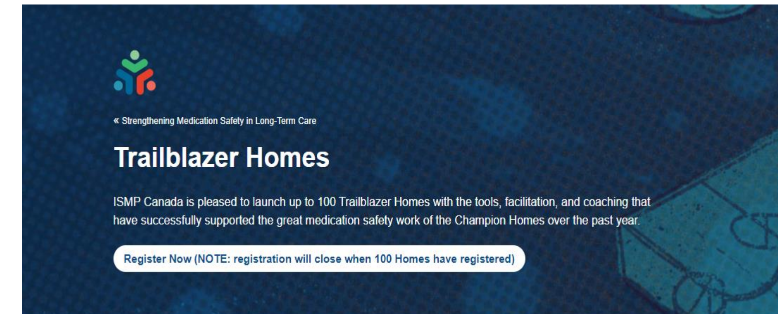


Trailblazer Homes

Ready to Blaze the Med Safety Trail?

Become a Medication Safety Trailblazer Home!

- Up to 100 Homes will be provided with the tools, facilitation and coaching that have successfully supported the great medication safety work in the Champion Homes
- Registration is now open on our website
- Registration will close when 100 homes have registered
- *New* menu of project options for homes – providing the targeted tools and facilitation for local med safety priorities



New Opportunity – Become a Medication Safety Trailblazer!

The Institute for Safe Medication Practices Canada (ISMP Canada) is pleased to announce that the *Strengthening Medication Safety in Long-Term Care initiative* is moving into an exciting NEW phase!

We are now launching up to **100** Trailblazer Homes with the tools, facilitation, and coaching that have successfully supported the great medication safety work of the Champion Homes over the past year.

Registration is free and limited to the first 100 homes to register!

For More Information

Register Now (NOTE: registration will close when 100 Homes have registered)

Initiative Overview

The goal of the *Strengthening Medication Safety in Long-Term Care* initiative is to reduce harm associated with medication management errors within Long-Term Care (LTC) in Ontario. This is a 3-year initiative funded by the Ontario Ministry of Long-Term Care[1]

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Ready to Blaze the Med Safety Trail?

Become a Medication Safety Trailblazer Home!

- *Step 1* – Register online at ismpcanada.ca or send an e-mail to LTC@ismpcanada.ca
- *Step 2* – Submit your data for 4 Core Med Safety Indicators
- *Step 3* – Select from new menu of project(s) options
- *Step 4* – Participate in the November 3 Online Conference
- *Step 5* – Participate in regular online learning events to develop, implement, and evaluate your project(s)

Strengthening Med Safety in Long-Term Care

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4 Key Areas of Collaboration and Support

Tools and Support

Build knowledge and ability to take action

Quality Improvement

Use QI methods to understand and improve medication processes

Incident Analysis

Use incident analysis to understand key risks at the home and target actions for improvement

Measuring and Evaluating

Use tools/indicators to help target actions for improvement and evaluate progress

"As one of the 10 Champion Homes in the Strengthening Medication Safety in Long-Term Care initiative, our team applied quality improvement tools and took a deep dive into medication reconciliation finding paths to improvements. By analyzing what goes on behind the scenes, we identified and tested safer and more efficient ways to support resident safety. The project has brought the entire team together, allowing us to question and learn from each other."

Alice Jyu, Director of Nursing (Project Lead),
Bendale Acres, City of Toronto, Seniors Services and Long-term Care

Interested in making a commitment at your home for improving medication safety by joining a provincial collaborative to learn and test improvements with the help of experts?

Registration is free and limited to the first 100 homes to **sign up**.

Participating Homes will be invited to the *first Trailblazer Collaborative Learning Session* offered virtually and in-person on November 3rd, 2022, in Toronto.

Strengthening Medication Safety in Long-Term Care

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Ready to Blaze the Med Safety Trail?

Become a Medication Safety Trailblazer Home!

Menu of project(s) options

Choose one or more of these options

- ☐ Resident/family member engagement initiative
- ☐ Learn how to effectively report, learn, and act following a medication incident in your home (based on the Canadian Incident Analysis Framework)
- ☐ Improve your MedRec process
- ☐ Select one of the Medication Management Policies for adaptation, implementation, and evaluation locally
- ☐ Select a priority medication management process and improve it
- ☐ Discuss other options with the ISMP Canada Faculty!

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November 3, 2022
Online Conference for Champion and Trailblazer Homes!

Time	Topic	Presenter
9:00 am	Opening Remarks	Carolyn Hoffman
9:10 am	Greetings and Comments from the Ministry of LTC	Official from the Ministry of Long-term Care
9:30 am	Champion Home Highlights/Summary	Dr. Michael Hamilton -indicators Alice Watt - MedRec Rajiv Rampersaud – MSSA-LTC
10:00 am	Champion Home Rapid Fire presentations	Representatives from each Champion Home x 10 minutes
11:30 am	Overview of Trailblazer Home Options	Carolyn Hoffman
12:00 noon	Lunch	
12:45 pm	Break out rooms for each stream (Faculty plus Champion Home representative to compliment)	Anurag Pandey and Ali Shahzada – QI Alice Watt – MedRec Melissa Sheldrick – Resident & Family Carolyn Hoffman – Incident Analysis Shirley Drever – Model Policies
2:15 pm	Break	
2:30	Closing session	Carolyn Hoffman

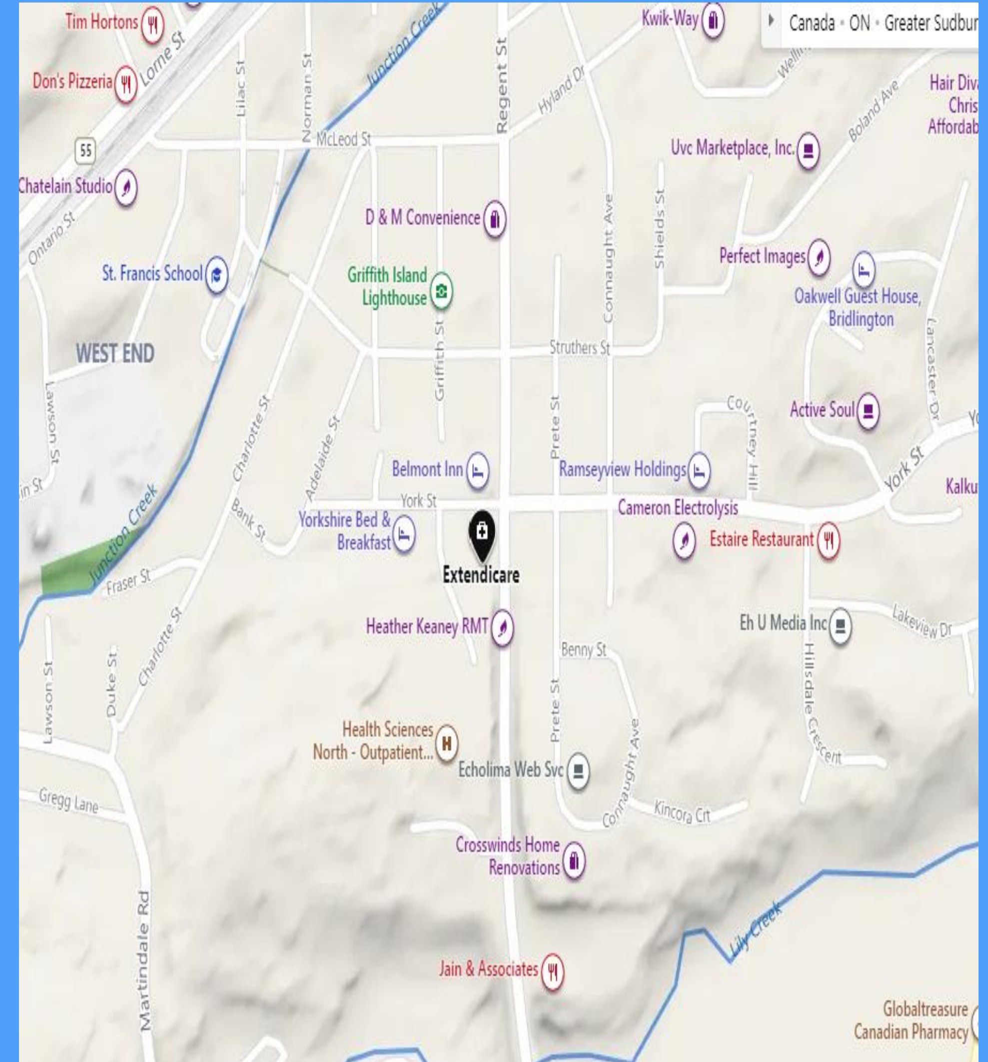
Champion Home Updates

Incident Analysis

Extendicare York

Shannon Demerchant, ADOC

Jennifer Evans, DOC



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Incident Analysis Using Canadian Incident Analysis Framework Templates

- Extendicare York Working Group members attended the Incident Analysis Workshop for Long-term Care offered by ISMP Canada

- Learned how to use the templates for comprehensive incident analysis contained in the Canadian Incident Analysis Framework (CIAF)

- Applied the learnings to two de-identified incidents in our Home

- Share one of them regarding a wrong resident error

TIMELINE – used to document the facts about the incident

***Adapted for presentation to ensure confidentiality of residents and staff**

Time	Information Item	Information Source
Background:	**Resident A is an elderly female with the diagnoses of: CHF and multiple bouts of shortness of breath and pneumonia with hospitalization. Noted to be weak, lethargic, and confused upon returning from hospital.**	**chart**
Day 1	**Treated for lower lobe pneumonia** with Ceftriaxone 1 Gm IV daily for 7 days and Levaquin 500mg daily for 7 days.	**chart**
Day 2	**Hypotensive – terazosin discontinues and increased monitoring**	**chart**
	Current medications for evening med pass are: enalapril 10mg, hydralazine 50mg, K-20 1500mg, Ventolin 100mcg 2 puffs by inhalation, Atrovent 20mcg 4 puffs by inhalation and other non-related meds.	
Day 16 19:00	**Resident A was administered Resident B's medications in error by RPN 1 (new grad). RPN was working alone instead of the usual process of having a partner RPN. RPN reported the error immediately to the RN1 on duty.** Medications were: Aventyl 75mg, Invega 3mg, pregabalin 75mg, **quetiapine 400mg**, hydralazine 25mg	**RPN documentation in chart**

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TIMELINE – used to document the facts about the incident

Day 16 (continued) 19:15	On-call **Dr A was notified of the incident by RN1. Orders** received to **administer Hydralazine 25mg and K-20 as per usual orders and HOLD all other meds. Neuro and vital checks ordered every 4 hours overnight.** Blood pressure taken and Hydralazine held due to parameters noted on order. **Resident was instructed to notify staff if she felt unwell.**	**Chart/EMAR**
	Power of attorney was notified and expressed no concerns	**chart**
Day 16 19:45	**Manager was notified of incident.**	**chart**
Day 17 00:35	RN2 measured **resident's blood pressure as 72/41, pulse 64 and respirations 16. Oxygen saturation was 98% on 2L/min oxygen. Resident was weak and lethargic.**	**RN interview**
9:58	**Dr B, her primary physician was notified of the error the previous night by RN3.**	**chart**
	Dr B extended neuro check order for 24 hours longer and held all medications until the resident was more alert.	**chart**
11:30	**Daughter visited the home and spoke to RN3 about the incident.**	**Progress notes**
11:49	**RN3 called Dr B ordered urine sample, bloodwork, and normal saline boluses and to send to ED if continues to decline.**	**chart**
13:15	**RN3 discussed with daughter palliative care and pronouncement in the Home for Resident A.**	**Progress notes**
14:44	**Bloodwork noted to be abnormal, and urine had increased leukocytes.**	**Lab report**

TIMELINE – used to document the facts about the incident

Day 17 14:44	Bloodwork noted to be abnormal, and urine had increased leukocytes.	Lab report
	Dr B called and stated that resident can go to hospital or stay as per family decision. Narcan ordered 0.4mg STAT	chart
15:10	RN3 administered Narcan as per order.	EMAR
16:47	RN4 noted that Resident A was lethargic and no longer responding verbally.	Progress notes
	RN4 spoke to daughter who stated she wanted to wait to see if her mom was aroused after second bolus of saline prior to transfer to hospital	RN3 interview
17:27	Due to continued lethargy, Resident A was transferred to hospital	chart
21:28	RN4 received notification from hospital that Resident A was being admitted for monitoring. Vitals stable. Narcan administered. ED physician noted that sedation related to quetiapine.	Progress notes
0:600	RN2 received a call requesting more info from the hospital as Resident A was experiencing shortness of breath and still unable to answer questions	Progress notes
Day 20	Hospital called to inform home that Resident A would be discharged in the next 1-2 days as she was back to herself again.	Progress note
Day 20 15:30	Resident returned from hospital with no lasting effects.	Progress note

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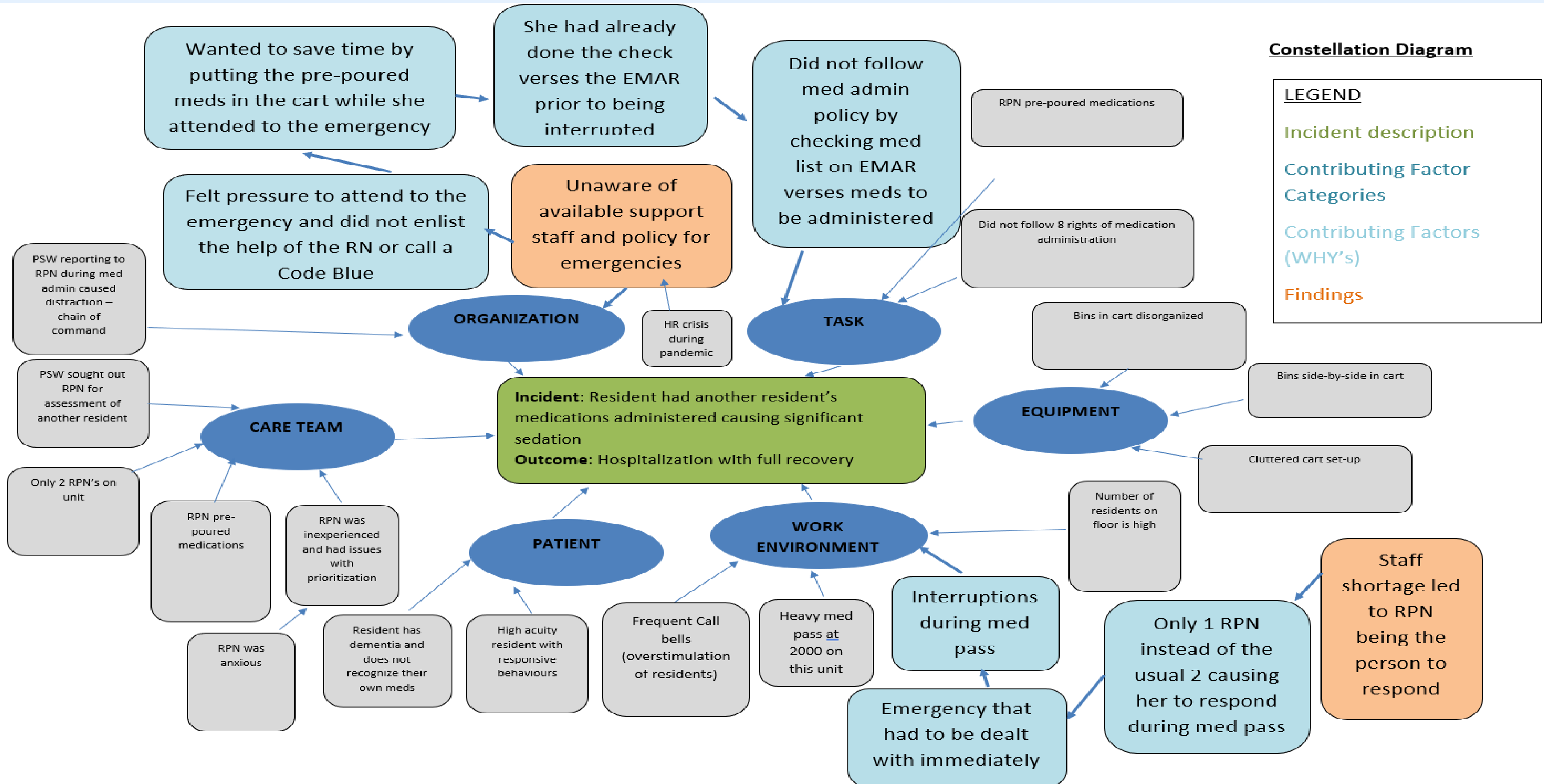
Constellation Diagram



Action Plan

Summary Statement 1: RPN's not understanding how to direct staff or access supports (RNs) for an emergency during the med pass increased the likelihood that the medications would be administered to the wrong resident causing hospitalization without lasting effect.

Summary Statement 2: Multiple interruptions from staff and families during the med pass increased the likelihood that the medications would be administered to the wrong resident causing hospitalization without lasting effect.

Recommendations/Actions	Specific	Measurable	Achievable	Relevant	Time-bound	Rank Hierarchy of Effectiveness	Priority	Accountability
Educate families about limiting interruptions during med pass at town hall and measure impact over 1 month	Yes	Yes – measure# interruptions from families before and after	Yes – using form to track	Yes	Yes	Low – person-based change	3	DOC, Admin facilitating town hall
Education of staff and families to the implementation of nurses wearing orange vests during the med pass over 1 month.	Yes	Yes – measure# interruptions from families/staff before and after	Yes – using form to track	Yes	Yes	Medium -system-based change	1	DOC, nursing leadership
Hiring blitz to fill all RPN and RN shifts over next 6	Yes	Yes - HR records	Yes	Yes	Yes	High – system-based change	2	DOC, Nursing leadership and HR

Thank you

Live, facilitated virtual workshops on Incident Analysis for Long-term Care offered Monthly

Next dates are October 13th, November 10th and December 8th

Free of charge for those working in Long-term Care in Ontario

March 2022
"Excellent workshop - Great work by facilitators and presenters!"

Jan 2022
"Enhance just safety culture"

Feb 2022
"Apply a standardized methodology in analyzing med incidents and to come up on action plans "

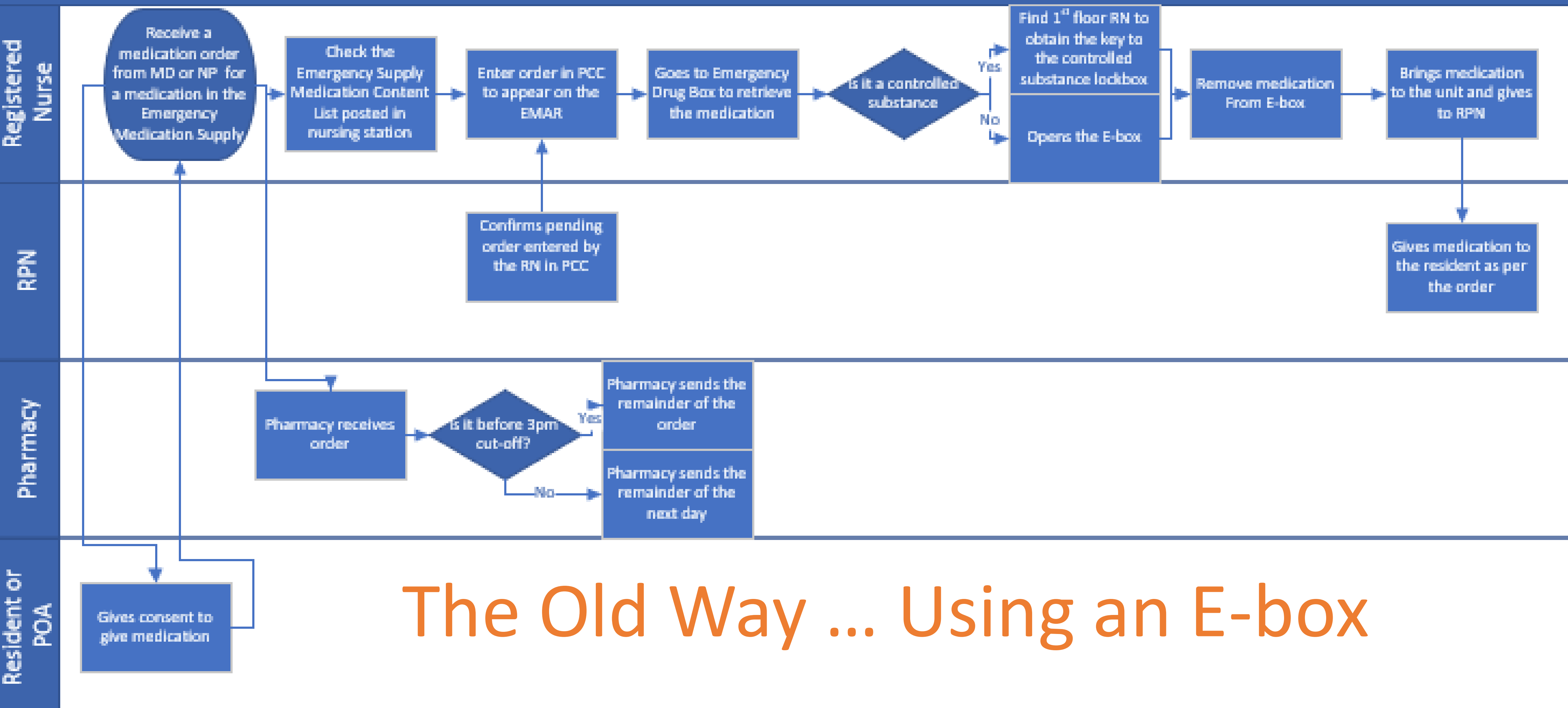
Participant feedback from previous Workshops

February 2022
"I will use the resources and templates for medication incident analysis and share with the team"

Fairview Lodge

A journey from E-box to ADC

Obtaining Emergency Supply Medications from E-box (Before ADC)



Data Collection the Old Way Using an E-box

Average time from order written to administration of medication to resident is **6 hours and 3 minutes**

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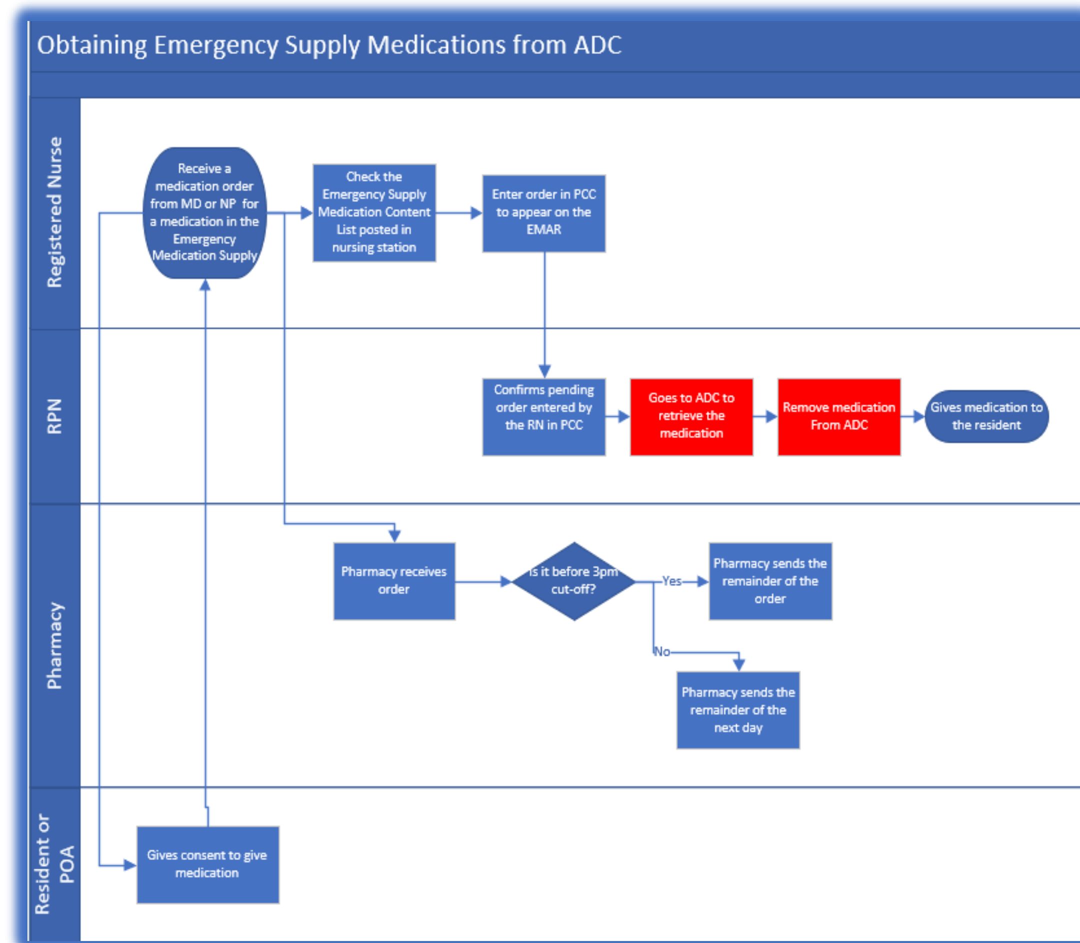
The New Way

Using an ADC

- Fewer process steps
- Less time RPN waiting for RN
- Reduced workload for RN

But does it make a difference in the time it takes for the medication to be administered to the resident?



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Data Collection The New Way Using ADC

Average time from order written to administration of medication to resident is 5 hours and 59 minutes – a savings of 4 minutes on average

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Initial Thoughts…

1. **Safety**

Even though the time difference is not that significant yet, we know from the literature that the use of the ADC is a safer option than using an e-box for emergency supplies.

- With this change to ADC the residents are profiled with two identifiers (name and DOB) so the medication is accessed and documented for a specific resident.
- High alert medications are stored in single product drawers to reduce the risk of incidents in product selection.

2. Reliability of Inventory

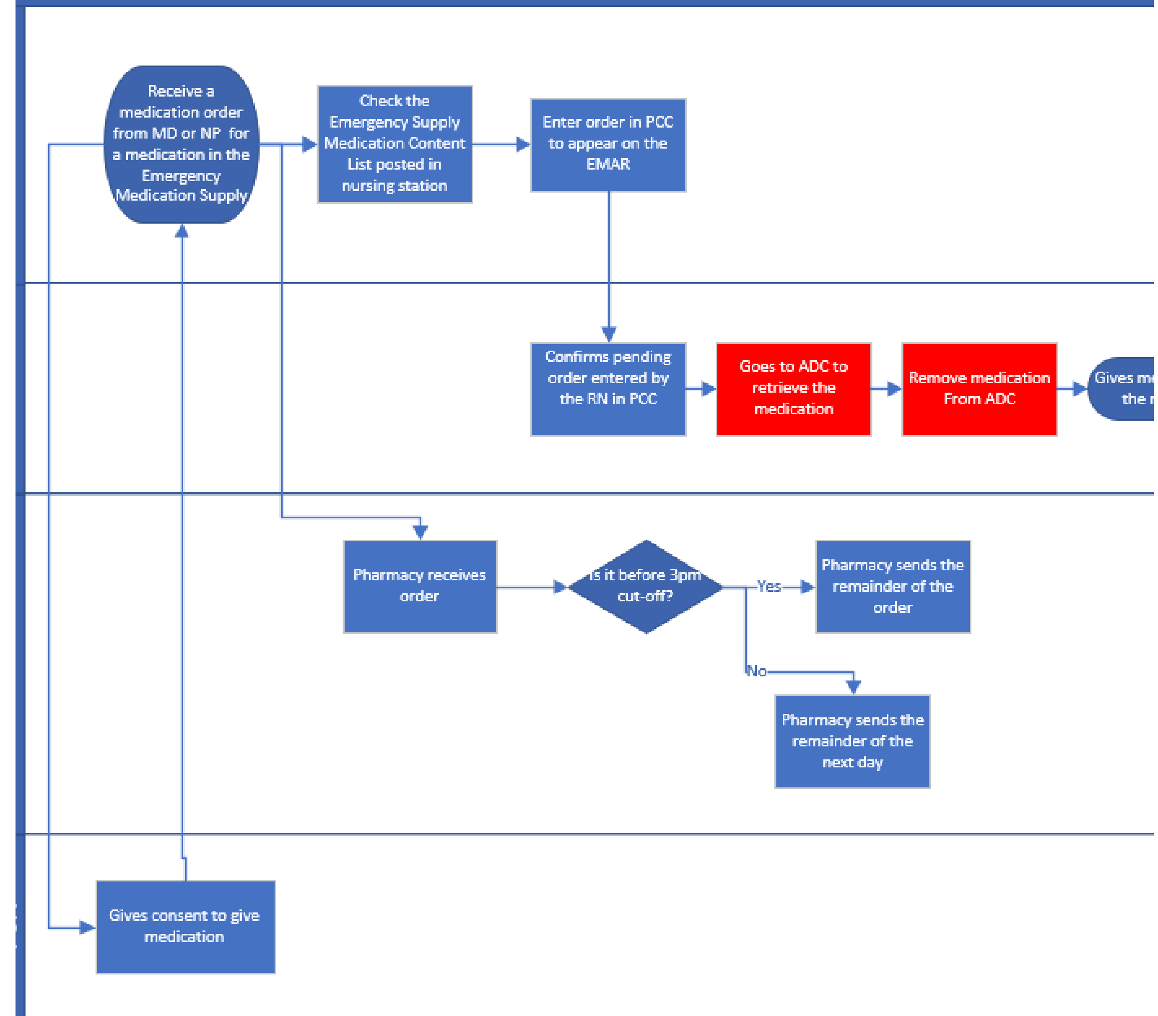
Nurses no longer have to re-order to replenish the supply of the ADC as there is automatic replenishment.

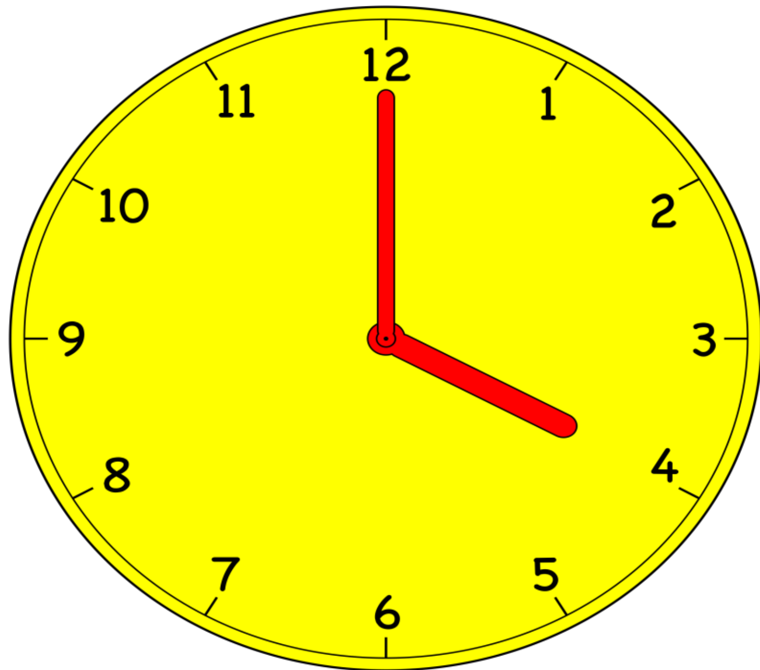
We can rely on the emergency medication supply being on hand when we need it.

3. NEW Process

This is the first data collection since implementing the ADC so there are still kinks to be worked out.

The staff still going through change management and there is potential to improve over time as comfort level improves.





4. Delays in Administration

It has been a great learning experience to find out through the data collection that the biggest delay in administration of meds from the emergency supply is the nursing decision to delay administration to the next scheduled dosing time.

We need to evaluate why this decision to delay therapy is happening.

What is best for the resident?

If they need an antibiotic from the emergency supply does it make sense to wait until morning to give it?

Possible need for a policy on the administration of first doses of antibiotics which account for most medications accessed from the emergency supply.

Project Improvement Steps

- **Completed Designing Tests of Change Workshop**
- **Brainstormed ideas to shorten the time to first dose administration**
- **PDSA cycles started for testing changes**
- **Informed prescribers when writing antibiotic orders to document first dose as a STAT**
- **Staff education on importance of immediate administration of first dose**
- **Develop a FIRST DOSE policy**

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Model Policies Update

The first 8 Model Policies for testing are available on the ISMP Canada website for interested LTC homes to test and provide feedback:

Long-Term Care | ISMP Canada ismp-canada.org

- Medication Reconciliation
- High Alert Medications
- Monitoring for Preventable Harm from Medications
- Quarterly Medication Assessments
- Emergency Medication Supply
- Drug Destruction and Disposal
- Medication Storage (posted soon)
- Automated Dispensing Cabinets (posted soon)
- COMING SOON: Incident Reporting and Learning

SENIORS SERVICES

Alex Lamsen, Upper Canada Lodge

Implementing Model Policies

Niagara Region

Project Progress

1. Medication Incident Analysis
2. MSSA Assessments (Year 1 and 2)

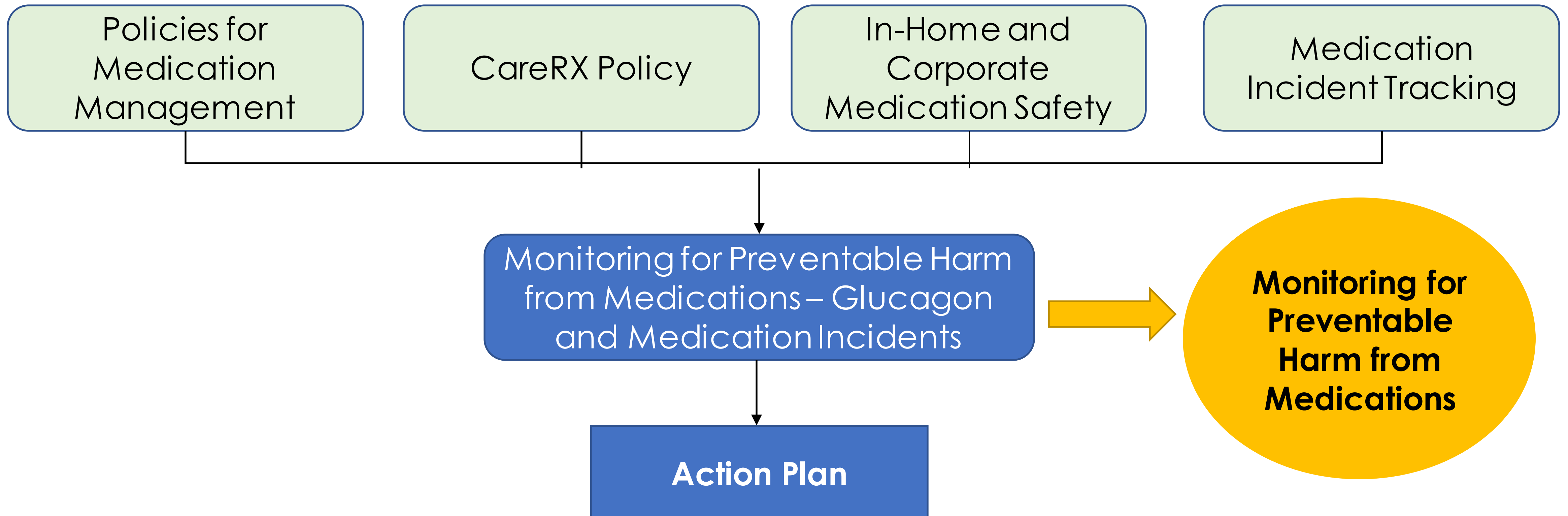
1. Resident and Family Engagement
2. Quality Improvement
3. Two QI projects

Model Policy (2)

- Monitoring for Preventable Harm from Medication
- Medication Storage

S U C C E S S

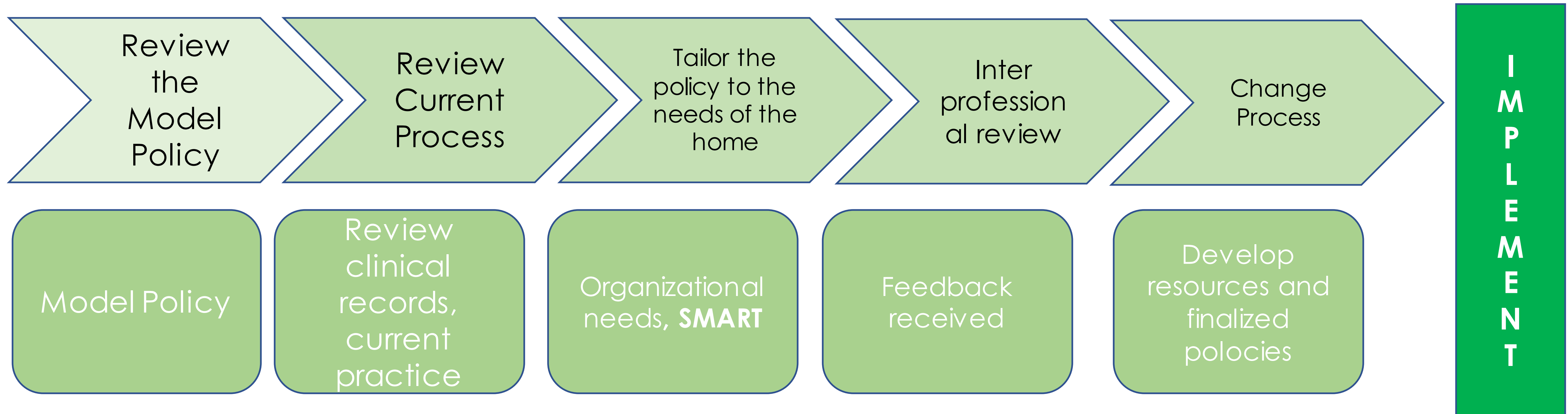
Current Process



Model Policies

- ISMP Canada provides Model Policies for testing and feedback to LTCHs, including the Champion Homes
- Model Policies made by the experts in Medication Management and Medication Incidents

Process



Model Policy

- ❑ Comprehensive process in assessing resident's condition
- ❑ Follow-up
- ❑ Maintain resident safety
- ❑ Assist corrective action plan and practice changes

Questions?

Multi-Incident Analysis and Safety Culture Assessment Workshop

Oct 1st and 2nd

Multi-Incident Analysis: 7 Step Process

1. Identify topic for analysis and gather background information
2. Gather all relevant medication incidents
3. Determine the main themes
4. Categorize incidents according to the main themes
5. Determine the sub-themes and categorize
6. Identify potential contributing factors
7. Share what was learned

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Medication Safety Culture Assessment Reference for Group Activities

Core Event Description		
	Level 1: Report fully complete	The medication incident report provides sufficient information to describe the medication incident and contributing factors.
	Level 2: Report semi-complete	The medication incident report provides sufficient information to describe the medication incident. No information is provided about contributing factors.
	Level 3: Report not complete	The medication incident report provides insufficient information to allow meaningful qualitative analysis.

Maturity of Culture to Medication Safety			
Grade D: Pathological	Grade C: Reactive	Grade B: Calculative	Grade A: Generative
The medication incident report focuses on individual human behaviours and fault instead of a systems-based approach.	The medication incident report treats the incident as an isolated event. No solutions are offered to prevent future recurrence.	The medication incident report uses a systems-based approach to describe the root cause. No solutions are offered to prevent future recurrence.	The medication incident report uses a systems-based approach to describe the root cause and develop possible solutions to prevent future recurrence.

Figure 1. Medication Safety Culture Indicator Matrix (MedSCIM)

		Maturity of Culture to Medication Safety [4,8]			
		Grade D: Pathological	Grade C: Reactive	Grade B: Calculative	Grade A: Generative
Core Event	Level 1: Report fully complete				
	Level 2: Report semi-complete				
	Level 3: Report not complete				

New Resources Available

Developed in response to feedback from provincial webinar participants

Benefits of the DEPRESCRIBING process on resident safety:

Reduce pill burden

Reduce drug interactions

Reduce adverse drug events

"What Questions to Ask"

for residents and families when a medication error occurs

Information and resources for Long-Term Care Homes interested in advancing a Just Culture in their organization

Opportunities for all homes

- Become a TRAILBLAZER home!
- Access and use various tools available on the website and provide feedback
- Model polices
- Resident and family engagement tools
- MedRec Quality audit
- Indicators (Launch Guide)
- Workshops -Incident Analysis, BPMH and MedRec, Multi-Incident Analysis Workshops
- QI modules

What's Coming Next...

- Concise Incident Analysis Workbook
- Advanced Quality Improvement Workshops
- Additional Model policies
- Additional Med Safety signals

Thank you for participating

Any Questions or Comments?
Use Chat box

For follow-up
LTC@ismpcanada.ca