Backgrounder

The It's Safe To Ask Medication Card and Medication Reconciliation

How the *It's Safe To Ask Medication Card* can be an important medication reconciliation tool and improve patient safety:

- provides Manitobans the opportunity to gain and retain more knowledge about their medications
- enables providers to know current medications and helps ensure that medications are started or stopped correctly
- provides critical information for emergency responders in times of emergency
- reduces the possibility of medication errors and contributes to improved patient safety

The Basic Definition of Medication Reconciliation or "Med Rec":
It is the process of collecting an up-to-date list of medications that a patient is taking, using this list and deciding if a medication is to be continued, modified or discontinued, and communicating that information accurately to the next provider of service.

Examples of medication errors that can be prevented by reconciling medications:

- inadvertent omission of needed home medications,
- failure to restart home medications following transfer and discharge from health care facilities,
- errors associated with orders having incorrect doses.

The potential Impact of Medication Reconciliation on Patient Safety

- Medication reconciliation completed during admission to a community hospital demonstrated that a significant number of discrepancies can be intercepted before the patient is harmed (Nickerson, 2005)
- There is evidence that a successful medication reconciling process also reduces work and re-works associated with the management of medication orders. After implementation, nursing time at admission was reduced by over 20 minutes per patient. The amount of time pharmacists were involved in discharge was reduced by over 40 minutes (Rozich, 2004)

Who is doing medication reconciliation in Manitoba?

- 48 teams in Manitoba are enrolled in medication reconciliation as part of the Canadian campaign "Safer Healthcare Now", (SHN) a grassroots initiative aimed at reducing preventable deaths and reducing patient harm (other med rec initiatives are in place outside of the SHN enrollment)
- Medication reconciliation is a required organizational practice for patient safety of regional health authorities accredited by Accreditation Canada (at admission, referral and transfer)

Medication Reconciliation Successes in Manitoba's Safer Healthcare Now Teams

- Manitoba teams have reduced the "*undocumented intentional discrepancies"* by approximately 55%
  - where the intent was to change a medication previously taken by a patient but it didn't get communicated well in the orders.
  - Improvement means that documentation of reasons for not ordering was improved, which improves communication and reduces confusion about why or why not the medication was not ordered. (Source: Safer Healthcare Now)

- Manitoba Teams have reduced the "*unintentional discrepancy* (potential error) rate by 75%, which is better than the National improvements made. These are potential errors where a drug should have been, for example, ordered, or discontinued, or the dose or frequency changed, but was not. (Source: Safer Healthcare Now)

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***It's Safe To Ask* Medication Card project partners**

- The Manitoba Institute for Patient Safety,
- The Manitoba Pharmaceutical Association,
- The Manitoba Society of Pharmacists,
- The Winnipeg Regional Health Authority, and
- The Boni-Vital Council for Seniors.

***It's Safe To Ask* Medication Card sponsors**

- Government of Manitoba,
- Canadian Patient Safety Institute, and
- Industrial Alliance Insurance and Financial Services Inc.

***It's Safe To Ask* Medication Card can be folded to carry in wallets, purses or pockets and will fit into the ERIK kit.**

What is ERIK?

- Emergency Response Information Kit
- developed by team led by Boni-Vital Council for Seniors
- distributed through Seniors Resource Councils and Paramedics
- applied to fridge for easy access to medication list by Paramedics
- *It's Safe to Ask* Medication Card will be inserted into ERIK

What is the extent of Medication Related Errors in healthcare?

- Medication errors are a leading cause of patient harm and can result in increased hospital stay, readmission to hospital, increased time for providers to sort through problems.
- Studies have shown that approximately 50% of patients have at least one medication error upon admission to hospital, and about 40% of them have the potential to cause moderate to severe harm. Most of the medication errors (46.4%) consisted of the omission of a regularly used medication (Cornish, et al 2005)
- A study utilizing chart reviews identified that over half of all hospital medication errors occur at the interfaces of care, or, as patients are admitted to a facility, transferred within the facility, or discharged from the facility (Rozich JD, 2004)