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Medication Reconciliation at transitions of care:

Medication Reconciliation has been an Accreditation Canada Required Operational Practice (ROP) since 2005 – one of the earliest ROPs identified, but remains the ROP with the lowest level of success. Medication Reconciliation now accounts for 3 ROPs, and yet many hospitals are still not in compliance with this practice. Results from a 2011 report on hospital compliance found the following¹:

- A. Develops and implements a plan for medication reconciliation throughout the organization (61% met)
- B. Conducts medication reconciliation at admission (47%)
- C. Conducts medication reconciliation at transfer (36%)

Initial program implementation often focuses primarily on admission to hospital, but the transition of care between wards within the hospital and transfer of care to outside the hospital also introduces risk. Communication regarding the dose of particular medications, timing of when the last dose was given, and recently added medications not being added to a profile are all examples of when medication incidents may occur at transition points.

Written paper communication is a common means of transferring this information. In the example below, a common Hospital Information System platform shared by all hospitals in a Local Health Information Network (LHIN) combined with a shared after-hours telepharmacy service helped prevent a medication incident on transfer.

After Hours Case Study:

A patient empirically prescribed vancomycin 1750 mg IV q12h was transferred from a rural hospital to the ICU of a larger hospital on a weekday evening. On transfer to ICU, the physician entered the vancomycin into the Computerized Prescriber Order Entry System as 1000 mg IV q12h. The next dose was due at midnight. The North West Telepharmacy Solution's telepharmacist was reviewing the orders and noticed the patient's weight was approximately 160 kg and also determined the original vancomycin dose administered at the rural hospital was 1750 mg.

The telepharmacist contacted the physician and explained how the patient would likely be under-dosed with the vancomycin 1000 mg dose. The physician agreed and increased the dose to the previous one. A clinical intervention was also started so that the onsite pharmacist could follow up on the patient and vancomycin levels the next morning.

Outcome:

Had a pharmacist not been reviewing orders in the evening, the patient would have received a subtherapeutic 2nd dose. This would put the patient at risk for treatment failure and development of drug resistance. There is a distinct possibility that the 1000 mg dose would have been perpetuated and continued without further evaluation.

¹ Accreditation Canada, *How safe are Canadian health organizations? 2011 Report on required organizational practices*. Available at: <http://www.accreditation.ca/sites/default/files/report-on-rops-en.pdf>

Let North West Telepharmacy Solutions be your Hospital's Solution:

North West Telepharmacy Solutions understands patient safety is number one priority for healthcare. That explains why we don't stop working at 4 pm. We offer 24/7 Around-the-clock pharmacist medication order review and after-hours On-Call Service. Or, if you have a remote hospital not well serviced with effective hospital pharmacists, we need to talk.

For more information on adding our services to your hospital, visit our website at www.northwesttelepharmacy.ca or contact:



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North West Telepharmacist Feature: Introducing Melissa Horner



Melissa Horner graduated from Memorial University of Newfoundland with a Bachelor of Science in Pharmacy in 2002. She completed an Accredited Canadian Pharmacy Residency with the Winnipeg Regional Health Authority in 2007 and worked as a Bone Marrow Transplant pharmacist with the Winnipeg Regional Health Authority before joining Northwest Telepharmacy Solutions as a Hospital Telepharmacist in 2008 as part of her quest to improve patient care to remote and underserved Canadians. In November 2010, Melissa received a Certificate of Achievement in Anticoagulation Therapy Management from the Certificate Program at the University of Southern Indiana to help support North West Telepharmacy Solution's pharmacist-assisted warfarin dosing program. Melissa enjoys working clinically with patients and the health care team and attending patient care rounds. She has a special interest in Bone Marrow Transplant, and Anticoagulation. Melissa enjoys spending time with her family and friends and with two growing boys, she has started spending a lot of Saturday afternoons in hockey rinks.