

## A Prescription for Safer Care: Medication Reconciliation

Reducing medication-related errors is a priority for advancing safe, quality healthcare in Canada, and four national organizations are tackling it head on. Accreditation Canada, the Canadian Institute for Health Information, the Canadian Patient Safety Institute (CPSI) and the Institute for Safe Medication Practices (ISMP) Canada released a report titled *Medication Reconciliation in Canada: Raising the Bar*.

Medication reconciliation is a formal process of identifying a complete and accurate list of medications a patient is taking and using that list to provide correct medications for the patient at each transition of care. This new report identifies high-risk populations and effective approaches to medication reconciliation, as well as the challenges, trends and advances toward ensuring drug-related errors are avoided. Here are some of the insights found in the report:

- In 2009–2010, the estimated economic burden of preventable patient safety incidents in acute care in Canada was \$397 million. Medication reconciliation was identified as key to reducing this burden.
- One quarter of seniors have three or more chronic conditions that often need to be treated with multiple medications. These seniors are at higher risk of adverse events related to medication use, and unplanned visits to emergency departments and hospitals.
- Of the 288 healthcare organizations surveyed by Accreditation Canada in 2011, only 60% had a process for medication reconciliation at admission and 50% had a process for medication reconciliation at transfer or discharge.
- Medication reconciliation practices showed the highest improvement from 2010 to 2011, yet continue to be one of the greatest patient safety challenges.
- The National Medication Reconciliation Strategy, co-led by CPSI and ISMP Canada, is actively developing curriculum for healthcare practitioners, as well as tools, resources and technology supports – including medication checklists, a mobile software application (“app”) to help patients better manage their own medications and an interactive Web-based map of innovative medication reconciliation resources by region.

The work of the four partners, including *Medication Reconciliation in Canada: Raising the Bar*, supports the communication of medication information within the healthcare system, promotes consistent measurement and ensures approaches are continually reviewed and updated. Together, this group will continue to advance the national medication reconciliation agenda and will further support healthcare providers to make care safer for all Canadians. The report can be found online

at <http://www.accreditation.ca/uploadedFiles/Medication%20reconciliation%2010%2031%202012.pdf>.

## Canada Health Infoway’s ImagineNation Outcomes Challenge Announces Recipients of Momentum Awards

From patients with kidney disease in British Columbia whose clinicians use digital tools to manage their medications, to physiotherapy patients in Dartmouth, Nova Scotia, who schedule appointments electronically, a growing number of Canadians are benefitting from innovative health information technology (IT) solutions thanks to the efforts of teams participating in the ImagineNation Outcomes Challenge. Participating teams saw a 65% growth in users in just 10 months, from January to October 2012. The three teams in each category of the ImagineNation Outcomes Challenge who had the greatest increase in users between January and October 2012 received Momentum Awards:

**e-Scheduling (allows patients to book appointments online or with a mobile device):**

- First place: Centre Médical Westmount Square (Montreal, Quebec)
- Second place: Click4Time (Vancouver, British Columbia)
- Third place: Canopy Integrated Health (North Vancouver, British Columbia)

**Patient Access to Health Information (gives patients and their families access to their personal health information):**

- First place: Wise Elephant Family Health Team (Brampton, Ontario)
- Second place: Cancer Care Ontario (Toronto, Ontario)
- Third place: West Carleton Family Health Team (Carp, Ontario)

**Medication Reconciliation (helps healthcare providers work with patients, families and other clinicians to ensure accurate and comprehensive medication information is communicated consistently across transitions of care):**

- First place: Toronto East General Hospital (Toronto, Ontario)
- Second place: Central Community Care Access Centre (Newmarket, Ontario)
- Third place: Mount Sinai Hospital (Toronto, Ontario)

**Clinical Synoptic Reporting (improves communication among clinicians using structured summaries of patients' health and healthcare):**

- First place: Rouge Valley Health System (Toronto/Ajax, Ontario)
- Second place: North York General Hospital (North York, Ontario)
- Third place: Sunnybrook Health Science Centre (Toronto, Ontario)

The primary objective of the ImagineNation Outcomes Challenge is to accelerate the use and spread of innovative information and communication technology solutions, with the ultimate goal of contributing to the improvement of healthcare quality and the patient experience in Canada. To qualify for the Outcomes Challenge, teams are required to have a working solution in one of the four above categories. Additional information about the challenge, including how to join, challenge team profiles and videos and educational resources, is available at [www.imagineNationchallenge.ca](http://www.imagineNationchallenge.ca).

### **Giving Finally Exceeds Pre-recession Levels as Canadian Hospitals Raised More Than \$1.35 Billion Last Year**

Donors to Canada's healthcare institutions increased contributions by \$151 million last year, 12.5% more than in fiscal year 2010. Cash donations and pledges in fiscal year 2011 totalled \$1.355 billion, according to the Association for Health Care Philanthropy's *AHP Report on Giving – Canada*.

The improved fundraising in fiscal year 2011 primarily enabled Canadian hospitals and healthcare systems to pay for up-to-date equipment, which accounted for more than 53¢ of every donated dollar. Other important purposes for which donations were expended included funding construction and renovation projects (13.3%), providing resources for research and teaching (9.8%) and general operations (8.3%).

As in past years, more than eight of every 10 donors were individual givers, who contributed almost \$6 of every \$10 raised. Most such donors were from the healthcare institution's surrounding community, while persons with direct ties to the facility, such as patients, staff, physicians and board members, represented more than 37% of all individual donors. Slightly more than one in 10 donors was a business or foundation. Their contributions exceeded \$3 of every \$10 raised.

### **Canadians Continue to Wait for Care**

While progress has been made in some areas – most notably priority surgeries – people continue to wait at nearly all points of their journey through the healthcare system, conclude two new reports from the Canadian Institute for Health Information

(CIHI). *Health Care in Canada, 2012: A Focus on Wait Times* looks at people's experiences in accessing care across the health system. *Seniors and Alternate Level of Care* provides further insight into hospitalized patients waiting for long-term care or home care services.

CIHI's data reveal that after entering an emergency department (ED), one person in 10 is there for eight hours or more. The overall average length of stay is longer than four hours. Compared with countries such as Australia, the United Kingdom and the United States, Canada actually has the highest percentage of patients waiting four hours or more in the ED before being treated.

The *Seniors and Alternate Level of Care* report shows that among seniors who waited for care in a more appropriate setting, more than half (54%) were discharged to a long-term care facility. The median wait for placement in residential care was almost a month (26 days). Those discharged home with home care services in place had shorter waits, at about a week. The reports are available from CIHI's website, at [www.cihi.ca](http://www.cihi.ca).

### **International Award for CHUM Research Centre**

The future Centre Hospitalier de l'Université de Montréal (CHUM) Research Centre (CRCHUM) has received the Infrastructure Investment Award for Best Social Project, 2012, from Great Britain's *World Finance* magazine. This award is intended to identify and give international exposure to major infrastructure projects and their developers. *World Finance's* authorities noted that CRCHUM received this award because of the major social value of the future research centre, a health research infrastructure reference. Moreover, the future CRCHUM was awarded this distinction because it will bring together the largest concentration of biomedical researchers in Quebec.

The construction of this new facility, which will include the CRCHUM and the Centre intégré d'enseignement et de formation, got under way in 2010 and has moved forward quickly and on schedule. Located adjacent to the hospital, CRCHUM will house 350 researchers, 450 graduate students, postdoctoral fellows and 500 technical and administrative personnel currently working in several different sites throughout Montreal.

### **Canadian Foundation for Healthcare Improvement Announces Historic Pan-provincial Atlantic Healthcare Project**

The Canadian Foundation for Healthcare Improvement (CFHI), with the participation of 17 regional health authorities and the support of four Atlantic provincial health departments, has announced the launch of the Atlantic Healthcare Collaboration for Innovation and Improvement in Chronic Disease, a three-year initiative that runs to June 2015. CFHI

## Quarterly Change

recognizes that the provinces and territories have primary responsibility for delivering health services. Finding viable ways to enhance health delivery is at the heart of this process, which will initially involve eight of the regional health authorities tackling 11 improvement projects. Participants will delve into a gamut of challenges touching the patient/family continuum of care: everything from how to enhance education for healthcare providers tasked with early diagnosis, to improving the navigation system for clients, to identifying gaps in care.

According to the latest data released from Statistics Canada, Atlantic Canada experiences higher rates of self-reported chronic diseases (mental health, diabetes, cardiovascular disease, chronic obstructive pulmonary disease etc.) than does the rest of the country.

### **Creation of the NEOMED Institute: Renewing Biopharmaceutical Research in Québec**

AstraZeneca Canada and Pfizer Canada are forming a partnership with the Quebec government to create the NEOMED Institute, a new kind of life sciences research centre. A total of \$100 million will be invested to establish and support the research centre over five years.

The NEOMED Institute will act as a catalyst in two ways: first, by creating a bridge between academic research and the life sciences companies and, second, by providing an environment that will create synergies between the main biotech industry players. The non-profit research hub will seek to bring key stakeholders in the research and development chain – including researchers, universities, biotechnology and pharmaceutical companies and venture capital funds – under the same roof, working together in an open, collaborative environment. More than 100 highly qualified employees are expected to be working there when it reaches full capacity.

AstraZeneca Canada is donating \$35 million to the NEOMED Institute. This includes land, the neuroscience basic research facility and leading-edge laboratory equipment. It also includes the donation of intellectual property to three AstraZeneca pain molecules and projects, as well as \$5 million to support the activities of the institute. Pfizer Canada is providing a financial contribution of approximately \$3.5 million, and the Quebec government is contributing \$28 million toward the project.

### **Medbuy Corporation Leverages GHX to Automate Contract Data Sharing with Canadian Healthcare Providers**

Healthcare provider members of Medbuy, a Canadian national group purchasing organization (GPO), now have greater access to accurate contract data with little or no manual intervention based on a new agreement between Medbuy and GHX. Medbuy has agreed to add automated contract data sharing with

its members through GHX to improve transaction accuracy and process efficiency.

The GHX contract and price management tool is a near real-time repository of GPOs and local contract pricing for the healthcare industry. When an order is placed through the GHX exchange, the tool performs a three-way price match between the purchase order, acknowledgement and contract price to help ensure the right product is purchased at the right price. GHX customers often save up to 3% of their contract spend by paying the correct contract price, and can achieve significant labour savings by reducing manual work.

### **Saint Elizabeth Health Care Receives Canada Order of Excellence**

Saint Elizabeth Health Care (SEHC) has been recognized by Excellence Canada with its highest level of achievement, the Canada Order of Excellence Award. SEHC earned the prestigious award in the category of Excellence, Innovation and Wellness (formerly Quality and Wellness). His Excellency the Right Honourable David Johnston, governor general of Canada, is the vice-regal patron of the Canada Awards for Excellence.

This is the third time SEHC has received recognition from Excellence Canada. The Canada Order of Excellence is awarded to organizations that have met or exceeded strict criteria related to leadership, planning, programs, customer/client focus, people engagement, process management and partner relations. SEHC is the first home and community care service provider to have earned this ranking.

### **CAIR-Nanos Survey Shows Specialty Residents Losing Confidence in Job Prospects**

The Canadian Association of Internes and Residents (CAIR) recently released key findings from their 2012 National Resident Survey. New research offers useful insights into the current situation of resident physicians. Results showed that one in five residents described their current situation as “still looking for employment for after graduation.” Of the 19.4% who were still looking, the majority (87%) were in specialty-training programs.

When asked about their confidence in future job prospects, confidence among family medicine residents was high (97% confident or somewhat confident). By contrast, residents in surgical specialties were the least likely to feel confident (48% confident or somewhat confident).

Another insight coming out of the survey was that more than three in four residents said they had made errors at work due to the *consecutive* number of hours they were required to work, and more than half said they had been in potentially hazardous driving situations due in part to work-related fatigue. This is a clear indication that a reduction in the number of consecutive hours worked may be needed to ensure the continued safety of patients and their physicians.

### Chris Halyk Appointed Chair of Rx&D Board of Directors



Canada's Research-Based Pharmaceutical Companies (Rx&D) recently announced the appointment of Chris Halyk, president of Janssen Inc., as chair of the board of directors for 2012–2013. Halyk assumed the role during Rx&D's annual general meeting held in Toronto on November 14, 2012.

Halyk was appointed president of Janssen Inc. and joined the Rx&D Board of Directors in early 2006. Under his leadership, Janssen has become one of the country's top pharmaceutical companies, with a focus on bringing innovative products, services and solutions to patients across Canada.

### Nova Scotian Families Receive New Mental Health Support

Nova Scotian children with behaviour or anxiety problems, and their families, now have access to more support as the province continues to move forward with its mental health and addictions strategy. The province is investing \$350,000 annually to expand the Strongest Families program across the province. The 12-week, phone-based treatment program gives Nova Scotians access to trained coaches who provide the tools, skills and support families need to manage their children's mental health issues.

The service is currently available through mental health programs at the IWK Health Centre, Cape Breton District Health Authority and Cumberland District Health Authority. Families in need of support now have access to it no matter where they live as part of Nova Scotia's mental health and addictions strategy.

### Expanded Roles for Health Providers Will Increase Access to Care in PEI

Prince Edward Island will allow more healthcare professionals to make the best use of their training, which will increase access to healthcare for the island's population. Expanded roles and responsibilities will help health professionals provide better care:

- Nurse practitioners will collaborate with family physicians to share the patient caseload. Health PEI will initiate a pilot project to allow nurse practitioners to take on an independent caseload of patients while still collaborating with family physicians. This will reduce the number of Islanders on the patient registry and improve access to timely primary care services.

- Audiologists will perform hearing tests as well as interpret the tests for the referring health professionals. Master's degree-prepared audiologists will now be able to bill medicare directly for hearing tests they perform as a result of a referral – rather than billing the patient – which will improve access to the tests.
- Optometrists will be able to treat patients without a referral for four types of eye care: screening for eye disease for patients with diabetes; and diagnosis and treatment of dry-eye, itchy eye and painless red-eye diseases. Enabling optometrists to provide this treatment directly will reduce the need for patients to see their family physician or wait in emergency departments and walk-in clinics for non-urgent eye care.

### Mark Rochon Appointed Interim President and CEO of Health Quality Ontario



The Board of Directors of Health Quality Ontario (HQQ) recently announced that Mark Rochon will join the organization as interim president and chief executive officer (CEO). Over the course of his 25 years of leading successful healthcare

organizations, Rochon has built a reputation based on positive organizational and health system change. This experience will serve HQO well as the organization continues to implement initiatives – such as the recently launched bestPATH – aimed at accelerating health system transformation.

Rochon is a part-time associate with KPMG's Global Healthcare Centre of Excellence and the national healthcare practice in Canada. Rochon's previous leadership roles include president and CEO of the Toronto Rehabilitation Institute, CEO of the Health Services Restructuring Commission and president and CEO of Humber Memorial Hospital. He recently served as interim CEO for the Ontario Hospital Association and was chair of the Institute for Clinical Evaluative Sciences Board of Directors.

### Hospital for Sick Children, Centre for Addiction and Mental Health and University of Toronto Create Child and Youth Mental Health Program



With more than 1.2 million children and youth in Canada affected by mental illness each year – and a youth suicide rate among the highest in the industrialized world – bold and collaborative leadership is required. The Hospital for Sick Children (SickKids), Centre for Addiction and Mental Health (CAMH) and University of Toronto (U of T) have announced that Dr. Peter Szatmari

## Quarterly Change

has been appointed to a newly created combined position responsible for developing and leading an integrated child and youth mental health program. The SickKids/CAMH/U of T collaborative program will focus on three key areas: integrating clinical care so that young people receive enhanced evidence-based treatments; training future psychiatrists and mental health practitioners to help fill the gaps in service; and developing a specialized research program to discover answers to child and youth mental illness and addictions. Dr. Szatmari will fill the combined position of chief of the child and youth mental health collaborative at the two hospitals, as well as director of the Division of Child and Adolescent Psychiatry at the University of Toronto, starting March 1, 2013.

### **Michael Routledge Appointed Chief Provincial Public Health Officer for Manitoba**

In September 2012, Dr. Michael Routledge was appointed Manitoba's chief provincial public officer of health. Dr. Routledge graduated from the University of Manitoba Faculty of Medicine in 1998. He received certification from the College of Family Physicians of Canada in 2001 and a fellowship in community medicine (now public health and preventive medicine) from the Royal College of Physicians and Surgeons in 2004. He completed a master's degree in community health sciences at the University of Manitoba in 2004.

Routledge has practised family medicine since 2001 and currently practises part time as a family physician at the ACCESS River East primary care centre in Winnipeg. He has been an assistant professor in the Department of Community Health Sciences at the University of Manitoba since 2004. Between 2004 and 2007, he worked as a medical officer of health in Manitoba Health's Office of the Chief Medical Officer of Health. In 2007, Routledge joined the Winnipeg Regional Health Authority (WRHA), dividing his time as a medical officer of health in population and public health and medical director for the region's home-care program. In 2010, he was appointed medical director of the WRHA Population and Public Health Program.

### **New Referral Methods Speed Up Medical Care**

Saskatchewan patients are benefiting from innovative scheduling options that reduce the time spent waiting for consultations with specialists in order to receive surgery and other treatments. Eight groups of specialists have adopted the streamlined process called pooled referrals, and a new provincial service is making it easier for specialists to participate even if they don't share an office.

Pooling referrals improves patient choice by offering patients the option of seeing the next available specialist. Patients are consistently assigned to an appropriate specialist with the shortest wait time; alternatively, they can choose to see a specific

specialist. Referral Management Services confirms the receipt of the referral with the referring physician and contacts the patient within two weeks about an appointment. Specialists receive regular reports about the types of medical conditions being handled, the length of patient waits and other information that can be used to manage future demand and further improve healthcare delivery.

### **Kaye Edmonton Clinic Named after Generous Donor of \$30 Million**

People living in northern Alberta will have improved patient care and access to specialized services and technologies with the opening of a new cutting-edge outpatient clinic. The new Kaye Edmonton Clinic combines a wide range of services, health professionals, medical students and researchers under one roof. The clinic is named after Edmonton philanthropist Donald Kaye, who is donating \$30 million to the University Hospital Foundation in support of this innovative facility. This is the largest one-time donation to healthcare in Alberta's history.

It is expected that more than 400,000 patients will come through the facility in its first year. This includes visits to the School of Dentistry and the Glen Sather Sports Medicine Clinic. When fully operational, nearly one million patients a year will benefit from the Kaye Edmonton Clinic's integrated network of care.



### **Aubrey J. Tingle Prize Presented to Dr. Bruce McManus**

Dr. Bruce McManus, one of Canada's pre-eminent medical researchers, received the Michael Smith Foundation for Health Research (MSFHR) Aubrey J. Tingle Prize in October at a special presentation hosted by the University of British

Columbia Faculty of Medicine Island Medical Program, located at the University of Victoria. The \$10,000 prize, named after MSFHR's founding president and CEO, is presented annually to a clinician scientist or scholar practitioner whose work in health research is internationally recognized and has significant impact on advancing clinical or health services and policy research.

As a leading-edge researcher in cardiovascular research, Dr. McManus has made many contributions in the areas of heart injury and failure, and organ transplantation. Some of his most significant contributions include work regarding the diagnosis and treatment of heart muscle injury in relation to viral infection, as well as the prediction, diagnosis, treatment and management of immune and inflammatory damage in organ transplant recipients, and in distinct forms of heart failure.