

A Prescription for Safer Care: Medication Reconciliation

Reducing medication-related errors is a priority for advancing safe, high-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 have 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 towards ensuring that 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 for 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 that 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 benefiting 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, videos and educational resources, is available at www.imagineNation-challenge.ca.

Canadians Continue to Wait for Care

While progress has been made in some areas – most notably high-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 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.

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 recognizes that the provinces and territories have primary responsibility for delivering health services. Finding viable ways to enhance healthcare delivery is at the heart of this process, which will initially involve eight of the regional health authorities in 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 and others) than does the rest of the country.

New Report from National Nursing Organizations Shows Record-High Number of RN Grads

According to a new report from the Canadian Nurses Association (CNA) and the Canadian Association of Schools of Nursing (CASN), the number of graduates of entry-to-practice registered nurse programs has risen steadily in the past decade. In 2011, there were 10,827 graduates, a 6.9% increase from 2010 and a record high. The 2010–2011 Registered Nurses Education in Canada Statistics report also indicates that almost 40% of permanent RN faculty members are 55 years of age or older, suggesting that additional qualified faculty are needed if rising enrolment rates are maintained.

Key 2010–2011 findings from Registered Nurses Education in Canada Statistics:

- In 2011, there were 10,827 graduates from RN entry-to-practice programs. This represents a

- 6.9% increase from 2010 and a record high.
- 15,370 students entered entry-to-practice programs in 2010–2011. This represents a decrease of 1.5% from 2009–2010, the first dip in 10 years.
- Entry-to-practice baccalaureate programs were offered in every province and territory (in 81% of the 111 nursing schools) except Yukon, where no nurse education programs exist.
- Following a substantial drop in 2008, the number of students admitted to nurse practitioner (NP) programs rose in 2008–2009 and in 2009–2010. It remained stable in 2010–2011, with 465 students entering NP programs.
- 7,554 RN faculty members were employed by schools of nursing in 2011. Only 30.7% of those positions are permanent.
- 38.3% of permanent RN faculty in 2011 were over the age of 55.

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.

Canadian Nurse Leader Joins ICN Staff as New Consultant for Socio-Economic Welfare

Former chief executive officer of the Ontario Nurses Association Lesley Bell will be joining the staff of the International Council of Nurses (ICN) in the new year as its ICN Nurse Consultant, focusing primarily on issues of socio-economic welfare (SEW). She assumes the position formerly held by Elizabeth Adams, who has returned to Ireland to take up the position of director of professional development at the Irish



Nurses and Midwives Organisation.

Since 1993, Bell has held the position of CEO of the Ontario Nurses Association, providing organizational leadership and direction to advance the ONA's vision and mission. ONA is a

union representing 59,000 registered nurses and allied health professionals and more than 13,000 nursing students.

Revised ICN Code of Ethics for Nurses Reflects Importance of Positive Practice Environments and Evidence-Based Practice

The International Council of Nurses' newly revised Code of Ethics for Nurses highlights the importance of work environments and evidence-based practice. A guide for action based on social values and needs, the Code has served as the standard for nurses worldwide since it was first adopted in 1953.

The 2012 revised edition includes the nurse's role in developing and sustaining a core of professional values, creating a positive practice environment, maintaining safe, equitable social and economic working conditions, sustaining and protecting the natural environment and contributing to an ethical organizational environment.

The ICN Code of Ethics is regularly reviewed and revised in response to the realities of nursing and healthcare in a changing society. It makes clear that inherent in nursing is respect for human rights, including the right to life, to dignity and to respectful treatment. Used as a guide by nurses in everyday choices, it supports their refusal to participate in activities that conflict with caring and healing.

Health Canada Grants Nurse Practitioners More Prescribing Authority

The Canadian Nurses Association (CNA) applauds Health Canada for publishing new regulations giving greater prescribing authority to nurse practitioners (NPs), midwives and podiatrists.

Current legislation and regulation authorize NPs to diagnose and treat health conditions independently but limit prescribing authority. The new regulations will allow NPs in all jurisdictions (except Yukon) to prescribe

controlled substances under the federal Controlled Drug and Substances Act, enabling them to provide more timely and comprehensive care to patients.

There are more than 3,000 NPs in Canada. Yukon is the only jurisdiction that does not license NPs, but the territory has introduced legislation to include them among its region's healthcare providers.

For information about CNA's NP campaign, visit www.npnnow.ca.

Dr. Judith Shamian Stepping Down as President & CEO of VON Canada

VON Canada's board of directors recently announced that Judith Shamian has stepped down from her role as its president and chief executive officer, but she will be assuming an emeritus role with the organization.

For almost nine years, Dr. Shamian has held the post of president and CEO. Under her leadership, VON Canada developed a stronger governance model (ONE VON), effective and robust government relations and public policy influence and has improved its technical capacity. These changes have resulted in additional resources for front-line staff and better client care.

This decision, mutually agreed upon between the board and Dr. Shamian, will allow her to dedicate the time required to seek the office of president of the International Council of Nurses, which is based in Geneva, Switzerland, while at the same time giving VON the benefit of continued access to her strategic advice and services.

Dalhousie University School of Nursing Welcomes New Director



Dr. Kathleen MacMillan recently joined Dalhousie University as director of its School of Nursing. Dr. MacMillan is a graduate of the Toronto East Hospital School of Nursing (diploma) and the University of Toronto (BSc 1980, MA

1983, MSc 1992 and PhD 2005). She has experience in clinical nursing practice, administration, research, education and health policy, and is the author of numerous publications and invited presentations. She has been recognized as a distinguished alumna of the Faculty of Nursing at the U of T and received a Centennial Achievement Award from the Canadian Nurses Association in

2008. Dr. MacMillan was the first provincial chief nursing officer for the Ontario Ministry of Health and Long-Term Care (1999–2001) and executive director of the Office of Nursing Services for First Nations and Inuit Health Branch of Health Canada (2001–2004). Most recently, she was dean of the School of Health Sciences at Humber Institute of Technology and Advanced Learning in Toronto. She holds graduate faculty appointments at both the University of Prince Edward Island and the University of New Brunswick schools of nursing. Her research interests are in patient safety, nursing human resources, nursing history and inter-professional collaboration.

Nova Scotian Families Receive New Mental Health Support

Nova Scotian children with behavioural or anxiety problems, and their families, now have access to more support as the province continues to implement its mental health and addictions strategy. The province is investing \$350,000 annually to expand its Strongest Families program. The 12-week, phone-based treatment program gives Nova Scotians access to trained coaches who provide the tools, skills and support that 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, a strategy that 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 – an approach that 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 in patients with diabetes; and diagnosis and treatment of dry-eye, itchy eye and painless red-eye diseases. Enabling optometrists to provide such 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 (HQO) recently announced that Mark Rochon will join the organization as interim president and chief executive officer. 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 best-PATH – aimed at accelerating health system transformation.

Rochon is a part-time associate with KPMG's Global Healthcare Centre of Excellence and its 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 has been appointed to a newly created combined position responsible for developing and leading their 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.

More than 400,000 patients are expected to pass through the facility in its first year. This includes visits to the School of Dentistry and the Glen Sather Sports Medicine Clinic. When the Kaye Edmonton Clinic is fully operational, nearly one million patients a year will benefit from its 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, heart 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.