# MEDICATION SAFETY IN PRIMARY CARE EDMONTON, OCTOBER, 2012



# UNIQUE FEATURES IN PRIMARY CARE

- > Physical space, equipment and resources
- ➢Funding models
- Governance
- Care model (Health centre, FHT, alternative funding models, fee for service)

>Care locations: Rural/urban, walk-in clinics, emergency rooms, long term care, hospitalists, Collaborative emergency centres



# ISSUES

- Medication sampling
- > Maintenance of medication lists
- > Drug coverage
- Drug interaction programs
- Polypharmacy
- > Frail Elderly
- Communication between providers





# ISSUES

- > Allergy documentation
- > Patient adherence
- > OTC medications/ holistic remedies
- Public education (taking family member's medication, non-prescribed meds)  $R_{X}$

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 $R_X$ 

- Hand writing
- > Instructions
- ➤ Access
- > Time!





# SOLUTIONS

- ≻ Teams
- Electronic Medical Records
- > Drug Information Systems
- Medication samples



# TEAMS

- > Two or more people involved in care
- Building on strengths
- > Increased capacity
- Improved access



#### TEAMS

- > Role clarity
- > Optimized Scope of Practice
- Highly integrated team
- > Communication strategy (team meetings, consistency, standards)
- > Focus on team education/ competency development
- > Development of systems to support guidelines based care
- > Focus on patient safety, quality and quality improvement

# ELECTRONIC MEDICAL RECORDS

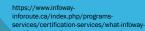
- Legible
- > Accurate, time stamped information
- Medication lists
- Easy access to history
- > Automatic cross check for interactions/allergies
- > Searchability: recalled medications

Caution: defaults and drop down lists



### DRUG INFORMATION SYSTEMS

"A drug information system is a tool that enables authorized health care providers to access, manage, share and safeguard patients' medication histories. A component of an electronic health record (EHR) system, a drug information system supports the storage and retrieval of patient prescription and medication information, and may provide application services supporting dispensing activities such as drug-usage evaluation."



#### DRUG INFORMATION SYSTEMS: BENEFITS

- Increased Provider productivity 32%
- > Improved Drug cost management 10%
- Reduction in Adverse Drug Events 20%
- Reduced Prescription Abuse 16%
- Improved Patient compliance 21%

https://www2.infoway-inforoute.ca/Documents/dis/DIS\_GEN\_2\_Study\_Executive\_Summary\_en.pdf

#### DRUG SAMPLES

- > Secure storage
- > Ensure regular review
- Provide thorough patient education
- > Ensure age-related quality and security
- > Properly dispose of unused samples
- > Arranged systematically by classification

http://www.wrha.mb.ca/professionals/familyp ysicians/files/PCOG14MedStorage.pdf

### DRUG SAMPLE LABELING

- Patient name and date
- $\succ$  Reason for the medication
- > Amount and frequency
- $\succ\,$  Special precautions (How and when)
- > Any significant side effects
- > Reconstitution instructions (if applicable)

http://www.ismp.org/newsletters/ambulatory/archives/2 00703\_1.asp

#### AND MORE SOLUTIONS ....

- Accreditation process/ quality assurance (culture of quality)
- Integrated reconciliation process
- > Adverse drug reaction reporting systems
- > Patient records (self-management)
- > More research

ISMP: Medication records http://www.knowledgeisthebestmedicine.org hp/en/

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