



A closer look at Medication Management

On-site Accreditation survey

May 31 to June 4, 2009

All BC Cancer Agency care and research centres

Our Medication Management Goal

The goal of Medication Management is to ensure the safe use of high-risk medications. Within this goal, there are six Required Organizational Practices (ROPs) that must be met in order to in order to successfully complete Accreditation. The ROPs require BCCA to:

- Standardize and limit the number of medication concentrations available
- Evaluate and limit the availability of heparin products and remove high-dose formats from patient care areas
- Evaluate and limit the availability of narcotic products and remove high-dose, high-potency formats from patient care areas
- Remove concentrated electrolytes such as potassium chloride, potassium phosphate and sodium chloride from patient care areas
- Reconcile medications with the patient upon admission to BCCA
- Reconcile medications with the patient at referral or transfer of care, communicating information about the patient's medications to the next health care provider

About Accreditation

The BC Cancer Agency will host Accreditation Canada surveyors at each of our care and research centres from May 31-June 4, 2009.

By participating in the Accreditation program, we are able to demonstrate our population-based cancer control program and our commitment to continuous quality improvement, patient safety, improved efficiency and accountability.

Six Quality & Safety Goals

In addition to Medication Management, the other Quality & Safety goal areas are:

POPULATION ONCOLOGY – deliver a population-based cancer control program across the continuum of care, from prevention to end-of-life care

WORKLIFE/ WORKFORCE – create a work life and physical environment that supports the safe delivery of care and service

CULTURE OF SAFETY – create a culture of safety throughout the BC Cancer Agency

INFECTION PREVENTION & CONTROL – reduce the risk of site-acquired infections and their impact across the continuum of care/service throughout the BC Cancer Agency

COMMUNICATION – improve the effectiveness and coordination of communication among care/service providers and recipients across the continuum



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Demonstrated Excellence

The Medication Management goal covers a wide range of standards to address managing medications safely and effectively. These include processes that are required for the complete medication cycle – procurement, storage, prescribing, preparation, dispensing, administration and disposal. The Medication Management goal focuses on:

- information and education about medications
- recognition of the potential for risk in drug selection due to look-alike, sound-alike medication products
- necessity for independent double checks
- benefits of available, accurate information about the patient's clinical status and medication use

MEDICATION CONCENTRATIONS, HEPARIN & NARCOTICS

ROP: BCCA to standardize and limit the number of medication concentrations available

Surveyor Question: Has the organization standardized and limited the number of medication concentrations available?

Evidence: All centres have standardized and limited the number of medication concentrations available. The Provincial Pharmacy Professional Practice Council (P4C) mandates reviews of any new formulary addition to ensure it is appropriate.

ROP: BCCA to evaluate and limit the availability of heparin products and remove high-dose formats from patient care areas

Surveyor Question: Has the organization evaluated and limited the availability of heparin products and removed high-dose formats from patient care areas?

Evidence: Pharmacy has reviewed the strength, size and formats of unfractionated and Low Molecular Weight heparin products on the formulary.

Only appropriated quantities are stored in patient care areas. An audit of all centres has been completed and high dose formats of unfractionated heparin products have been removed.

ROP: BCCA to evaluate and limit the availability of narcotic products and remove high-dose, high-potency formats from patient care areas

Surveyor Question: Has the organization evaluated and limited the availability of narcotic products and removed high-dose, high potency formats from patient care areas?

Evidence: Narcotic products are available in limited quantities in specific patient care areas in all the centres. High-dose, high potency narcotics, such as morphine and hydromorphone are only available in palliative care treatment areas. Routine medication area audits are performed by pharmacy staff.

MEDICATION MANAGEMENT

ROP: BCCA to remove concentrated electrolytes such as potassium chloride, potassium phosphate and sodium chloride from patient care areas

Surveyor Question: Has the organization removed concentrated electrolytes from patient care areas?

Evidence: Concentrated potassium, calcium and magnesium have been removed from ward stock at all centres. An audit has been completed to ensure compliance with this ROP.

MEDICATION RECONCILIATION

ROP: BCCA to reconcile medications with the patient upon admission

Surveyor Question: How do care providers reconcile medications upon admission?

Evidence: BCCA follows a formal medication reconciliation process that includes obtaining a complete and accurate list of each patient's current medications – including name, dosage, frequency and route – and comparing the physician's admission orders to that list. Discrepancies are brought to the attention of the prescriber and, if appropriate, changes are made to the orders. Any resulting changes in orders are documented.

The main goal of reconciliation is to prevent adverse drug reactions. Upon admission, the patient's complete medication history is documented. The list of medications is then verified by a second health care provider through:

- discussion with patient or family
- review of the patient's PharmaNet profile or
- examining medication containers brought from home



The physician then reconciles the patient’s medications to ensure complete and accurate medication orders.

ROP: BCCA to reconcile medications with the patient at referral or transfer of care, communicating information about the patient’s medications to the next health care provider

Surveyor Question: How does information about the patient’s medication get communicated to the next provider of service upon discharge from BCCA?

Evidence: After the physician completes the admission medication reconciliation form, any new medications are written on an ongoing medication order form that is separate from that used for other types of orders. Upon discharge, the physician reviews the admission medication reconciliation and ongoing medication order forms and writes a final list of discharge medications on the discharge medication reconciliation form. This form serves a number of purposes, including a:

- comprehensive list of medications that is scanned into CAIS
- prescription that can be filled at a community pharmacy
- list of medications to be given to the patient to ensure that they are fully informed as to their ongoing medication regimen

Get Involved

During the on-site visit, surveyors will tour the facilities and speak with staff, physicians, students, volunteers, patients and families. Individuals will be interviewed and observed, so it is important to understand our Accreditation program and our Medication Management goals.

If you are asked a question on an unfamiliar topic, please refer the surveyor to the appropriate department or individual, or to your manager.

Learn More

Between now and June, BCCA will provide ongoing education and support on each of the six patient safety goal areas, and host an Accreditation Fair.

For more information about Accreditation 2009 or the Medication Management goal, please ask your manager or visit the Accreditation folder at H:\Everyone\BCCA Accreditation 2009\Accreditation Theme Fact Sheets & Q&A\medication management.



POPULATION
ONCOLOGY



WORK LIFE/



WORKFORCE
CULTURE
OF SAFETY



INFECTION
PREVENTION



& CONTROL
MEDICATION
MANAGEMENT



COMMUNICATION