Implementing

Electronic Medication Reconciliation

in a Large Teaching Paediatric Hospital:

Approach, Workflow Design, Lessons Learned, Adoption



SICK CHILDREN

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About SickKids



SICK IS

Care Research Learning
UNIVERSITY OF
TORONTO



15,337
Inpatient
Admissions



6,668
Inpatient
Surgeries



65,705 Emergency Visits



221,579 Clinic Visits

SICKINS (S)



681
Physicians



1,248
Residents/
Fellows



3,225
Healthcare
Professionals

SICK/ICS

Medication Reconciliation (MedRec) and the Existing CPOE



How Does MedRec Fit In?





Admission MedRec 2008

Transfer MedRec 2011

The Goal

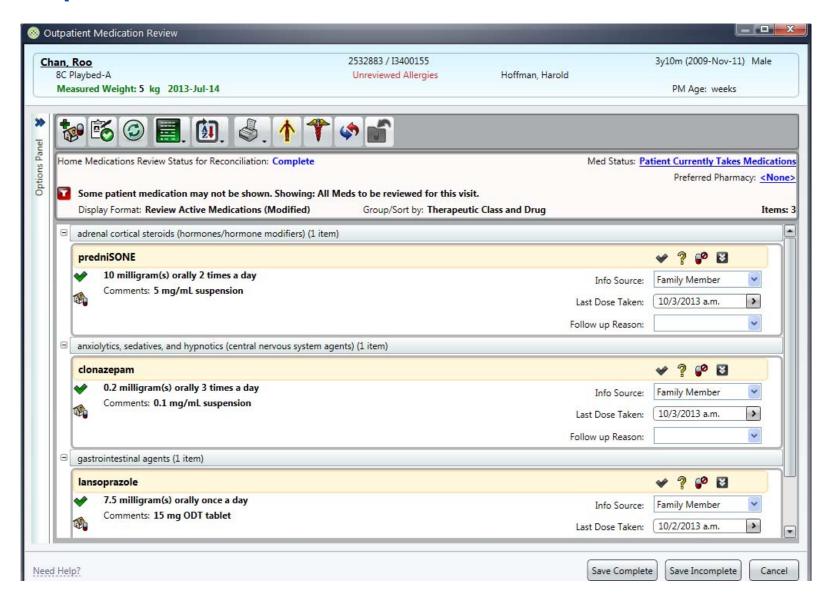




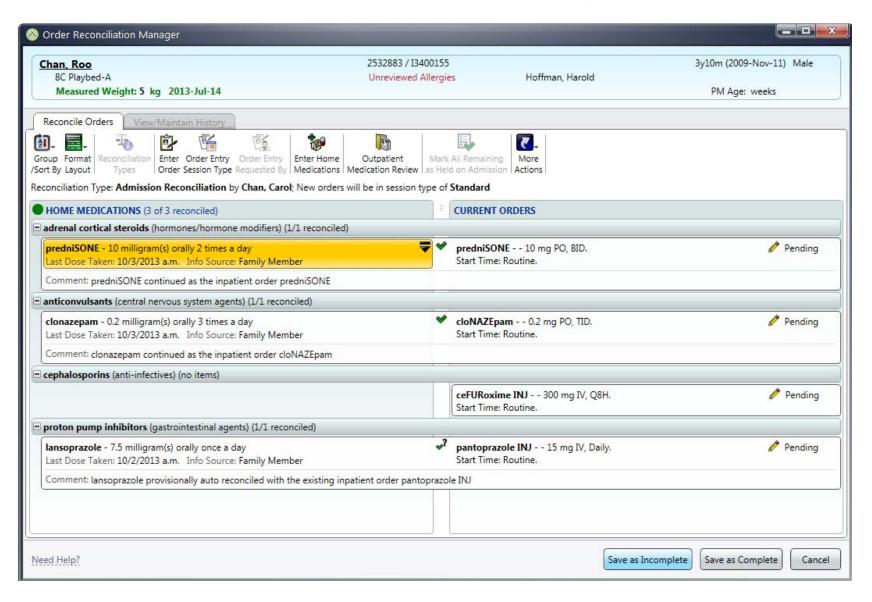
The Goal



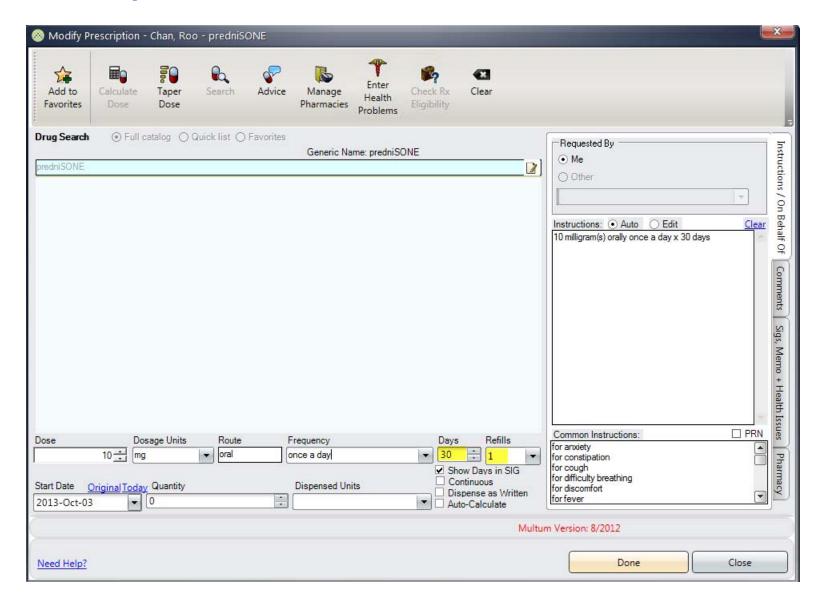
Outpatient Medication Review



Order Reconciliation Manager



Prescription Writer



Benefits













Objectives

Phase 1
6 Weeks
April – June 2014

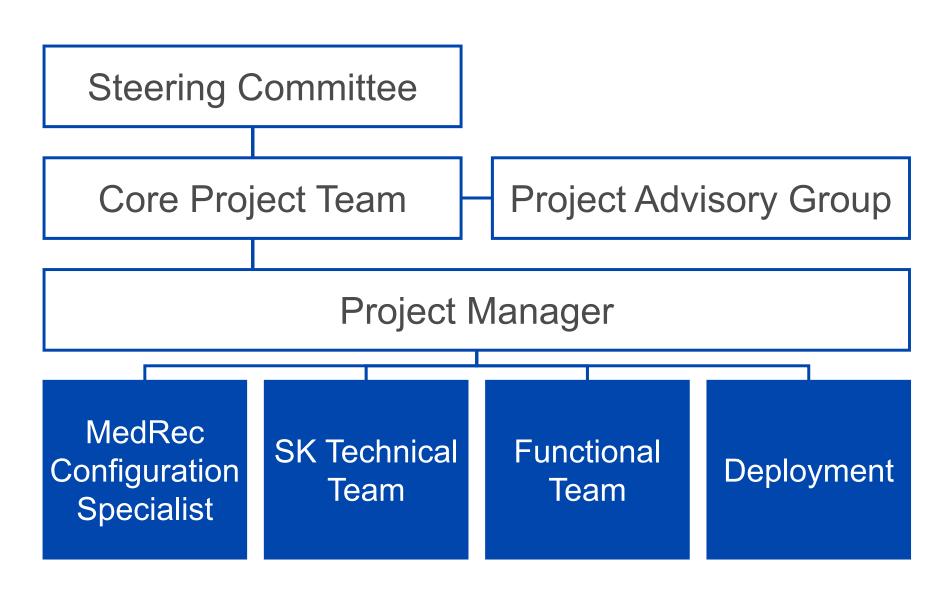
Phase 2
6 Months
June - Dec 2014

- 1. Neurology/ Neurosurgery
- 2. General Paediatrics
 Streamlined Care Unit

All Other Inpatient Areas

Approach





- Reporting Lead
- App. Support Analyst
- Clinical

Application
Support

Sk Technical Net Team

Technology

- Functional Quality Lead
- Functional Pharmacy Lead
- Informatics

Nurse

- Functional EduTeam
- [,] Project Analyst
- SME's

Pilot Units

- Neurology/ Neurosurgery
- Paediatric

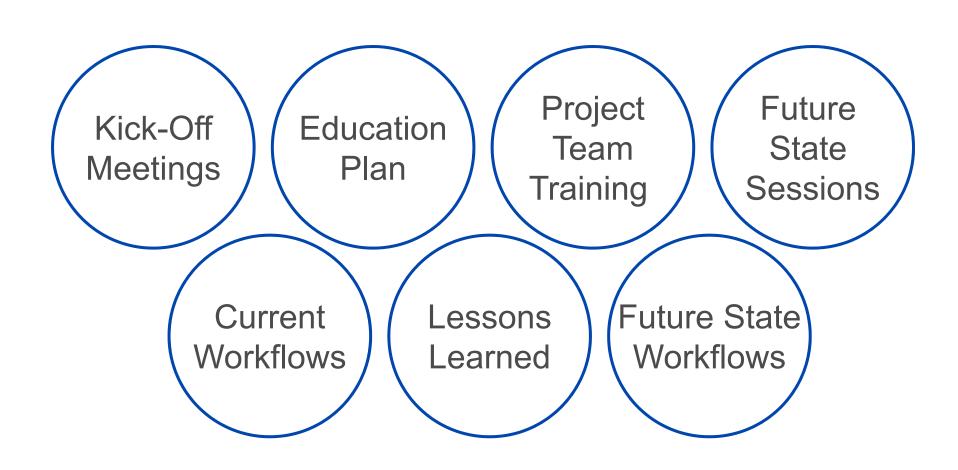
Medicine/

Streamlined

Deployment

 Remaining Inpatient Unit

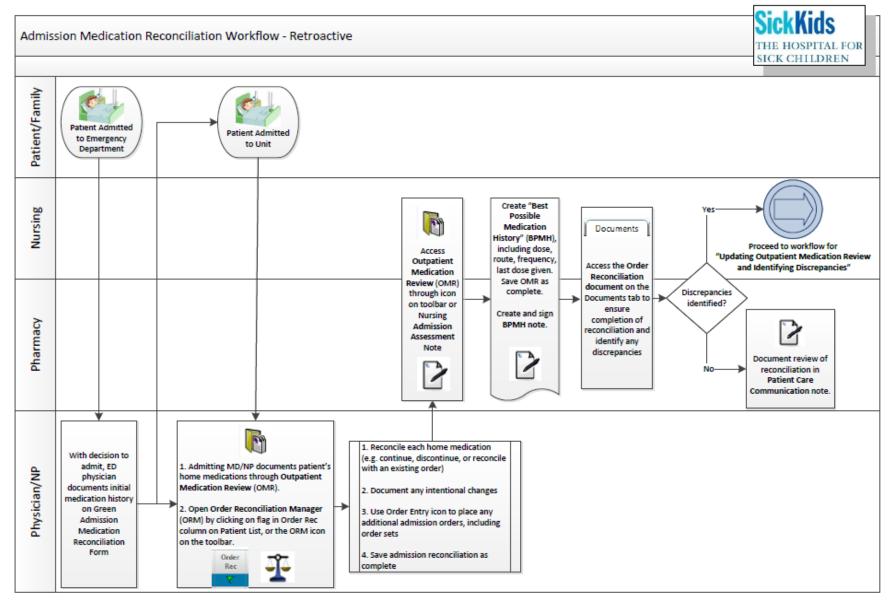
MedRec Configuration Specialist



3 Sessions

- Review Current/Future
 Workflows
- Decisions Affect
 Configuration of New System
- Stakeholders from Inpatient Units and Advisory Group

Example Workflow



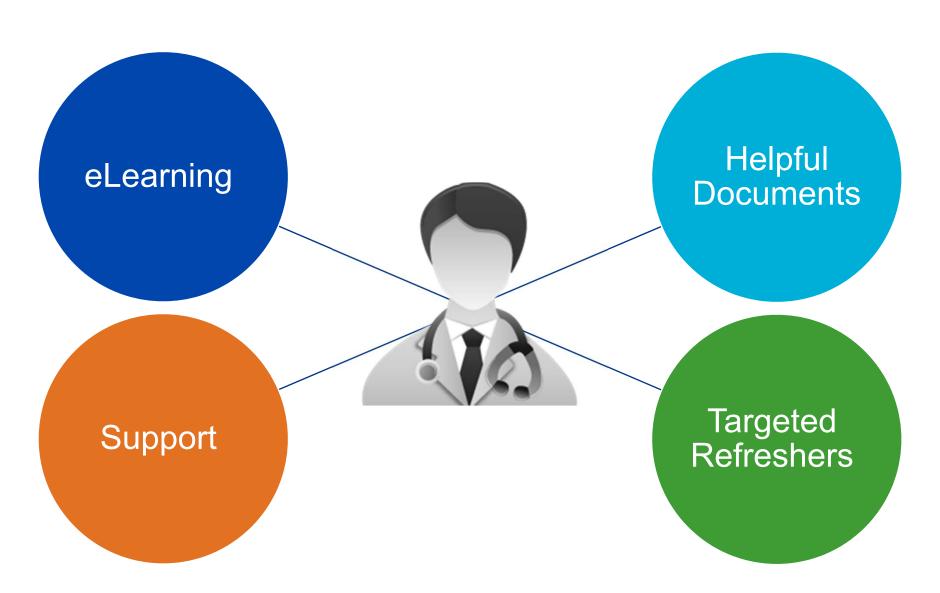
Approach – Workflow and Configuration Validation Sessions

- End User Representatives
 MDs, NPs, Pharmacists, RNs, Quality leaders, Managers
- Separate Sessions with Medical and Surgical Group
- Exposure to MedRec Module
- Validated Electronic and Hybrid Workflows

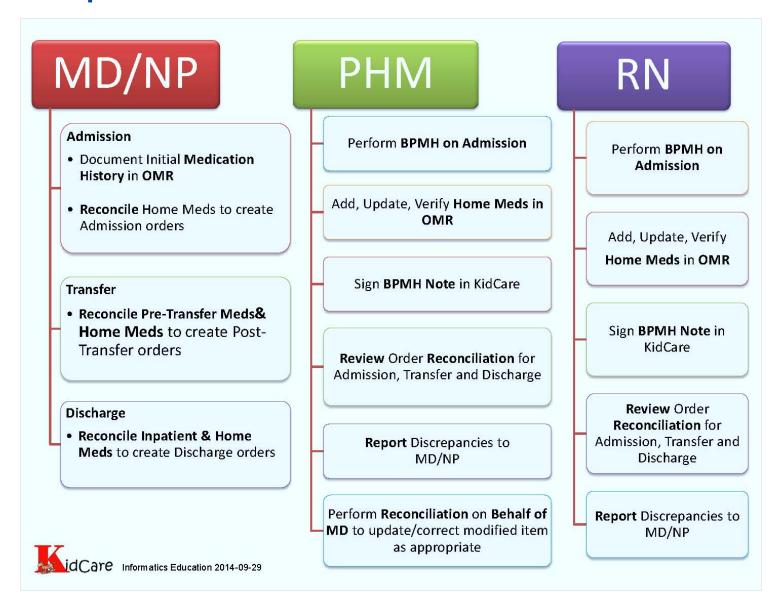
Approach - Education

| Awareness Session | eLearning as Pre- learning | Hands-on Simulation | Support | Targeted Refreshers |
|----------------------|-------------------------------------|------------------------|---------|------------------------|
| | | | | |

Approach - Education



Example Reference Workflow



Approach – Awareness and Communication Strategies



Approach – Change Management









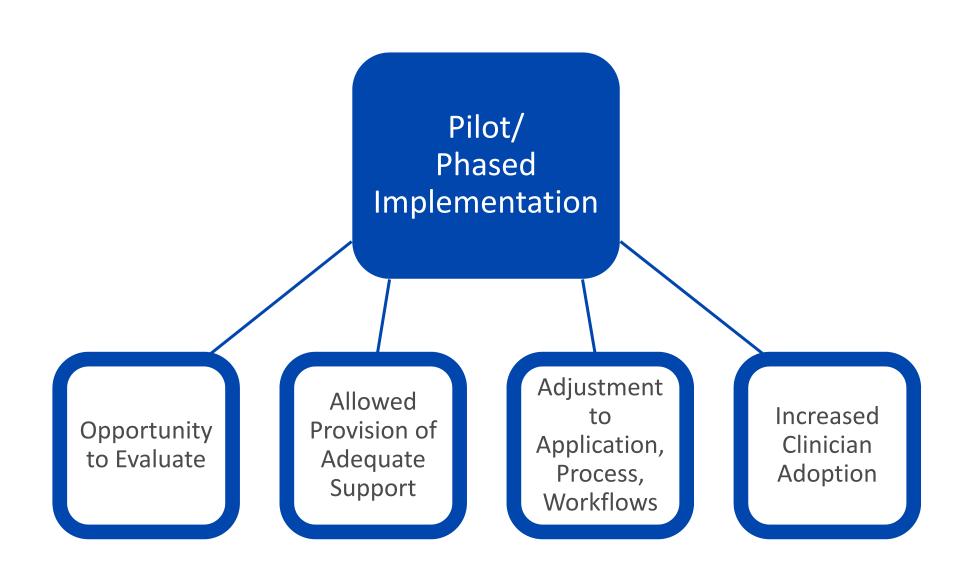




Success Factors



Success Factors – Implementation



Success Factors – Education

Compact Timeline – April to December 2014



1178
Total Trained
(306 Classes)



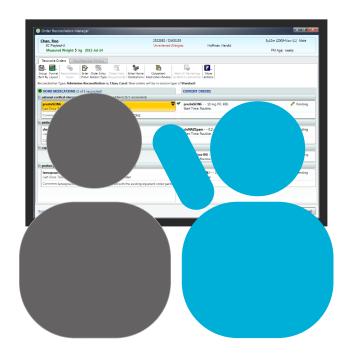
122
Total Super Users
Trained
(27 Classes)

Success Factors – Education

Pilot/Phased Implementation Allowed Us to Evaluate and Adjust Education Iteratively

Success Factors - Education

'Elbow to Elbow' Coaching



- Ensured Accuracy Critical for Confidence and Adoption
- Reinforced Processes
- As You Need It Education and Targeted Refreshers

Lessons Learned



Lessons Learned - Feedback Sessions

- Effective Support Model
- Electronic Process Well Received
- Improved Patient Safety
- Straightforward Home/Pre-Admission Medication Entry/Reconciliation Processes
- Accurate Electronic Medication Lists
- Hybrid Workflow and Discharge MedRec Challenging

Pilot End User Feedback

Just wanted to let you know that after a week of using the system many, many times, I have to say, that despite the little issues I'm really starting to enjoy it. There are a lot of benefits to this new system that I'm appreciating.

Thanks for all your work getting us up and going!

Cardiology Fellow Super MedRec Elf!



Lessons Learned - Education

- Senior Leadership Support for Sufficient Education and Adoption
- Application Needs to be More Intuitive
- Surgical Services are More Challenging
- Continual Challenge of Building Skilled Users

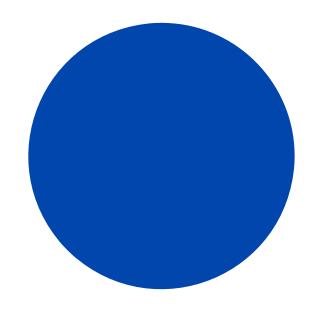
Lessons Learned - Process Change

- Process Change = More Education and Support
- Software Affects Process and Impacts Compliance
- Electronic Process Can Never be Exactly the Same as Paper Process

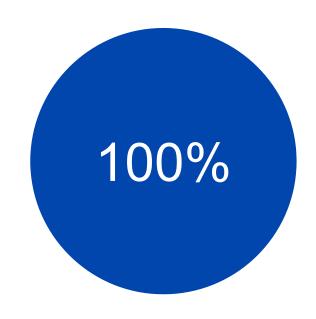
Evaluation



Evaluation – Compliance Reports



Paper Process
Reports Based on
Sampling



Electronic Process
Reports Based on
100% of Admissions

Evaluation - Compliance

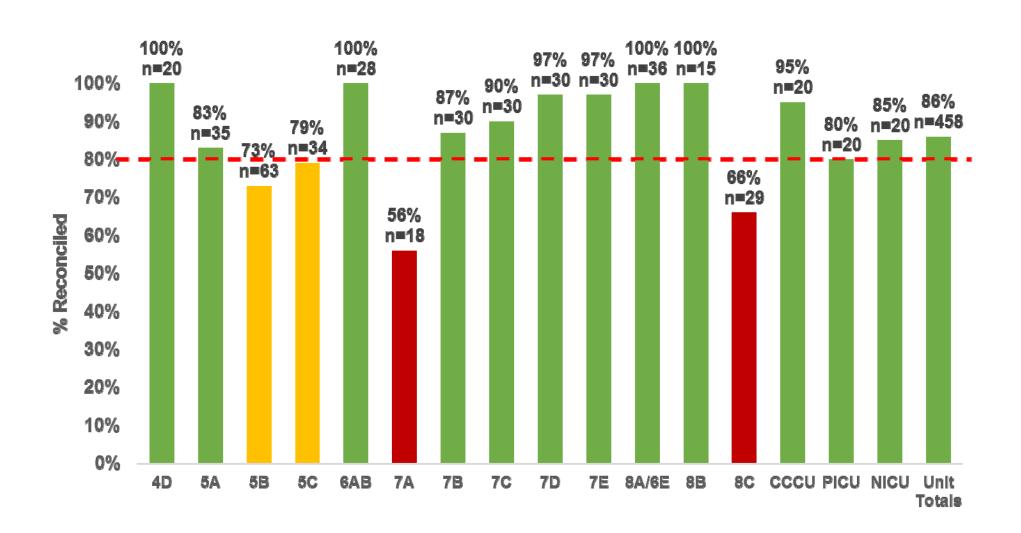


Admission/Transfer Reconciliation Flags

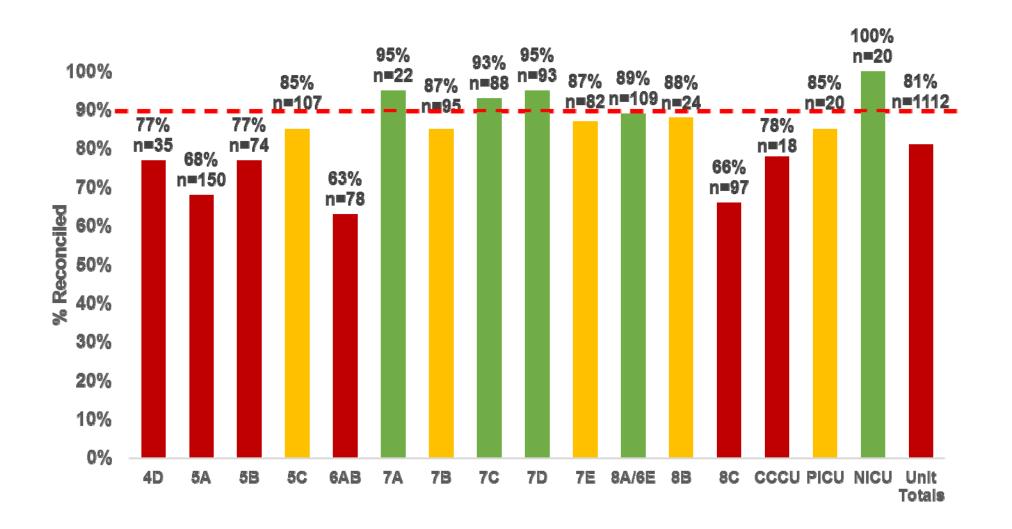


| Assigned Location | | | | Patient Name | | | | | | | 7 | | rder Rec | /Po | |
|---------------------------------|---------|-------------------------|---------|--------------------------|----------------------|-----------|------------------------------|----------|-------------|------------|----------------|----------------------|-------------|------------|--|
| 4D-4823-A | | | | Testmedrec, Sveta MLMtwo | | | | | | | T | | ! | | |
| 4D-4828-A | | | | Testmedrec, Carol Piglet | | | | | | | | • | ~ | | |
| Sickl THE HO SICK CH | SPITAL | | Room | Current | | | ion Trans Reconcilia Unit: 7 | ation Au | dit Repor | | Sony: | Transfer | Transfor | rpt-mra-01 | |
| Service | MIKIN | Name | Koom | Provider | Date | | Order Rec | Note | completed | on From | ce | Date | Order Rec | | |
| General Surgery | 2533188 | Incredible, Dash | 7C-7883 | Gerace, Rocco | 2014-03- 11 14:07 | | Outstanding | Complete | | 8C | Immun ology | 2014-09- 17 11:22 | Outstanding | Not Done | |
| Cardiology | 2533156 | Stefanovic, Test Mpi | 7C-7853 | Hellmann, Jonathan | 2014-02- 26 14:36 | Complete | Complete | Not Done | | | | | New | Complete | |
| GI/Hepatol ogy/Nutritio n | | Matharu, Pruby | 7C-7853 | Mclorie, Gordon | 2014-02- 26 11:01 | Not Done | Outstanding | Not Done | | | | | New | Not Done | |
| Allergy | 2533143 | Matharu, Lilly | 7C-7854 | Hilliard, Robert | 2014-02- 24 14:31 | Complete | Outstanding | Complete | Chan, Carol | | | | New | Not Done | |
| | 2438091 | Smith, Joe | | Hoffman. | 2044 00 | Incomplet | 0 11 | | Chan, Carol | | | | New | Incomplete | |

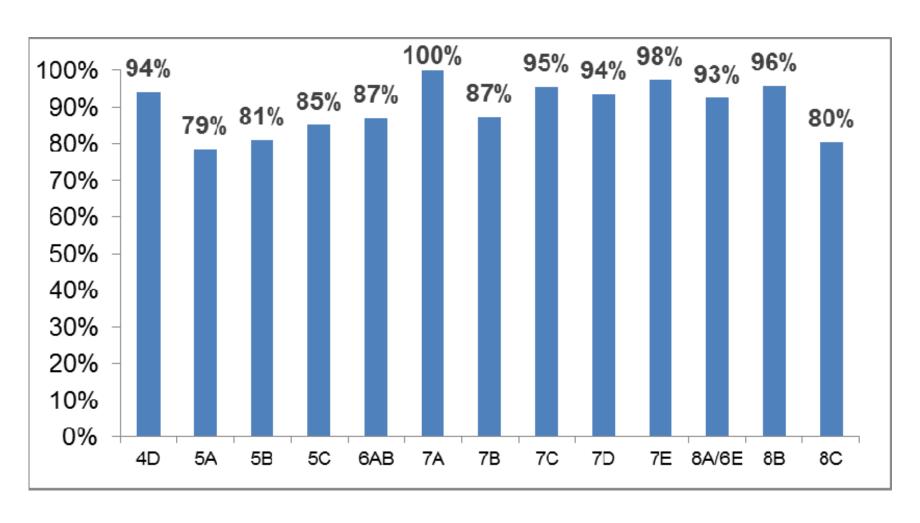
Admission Paper MedRec Compliance December 2013



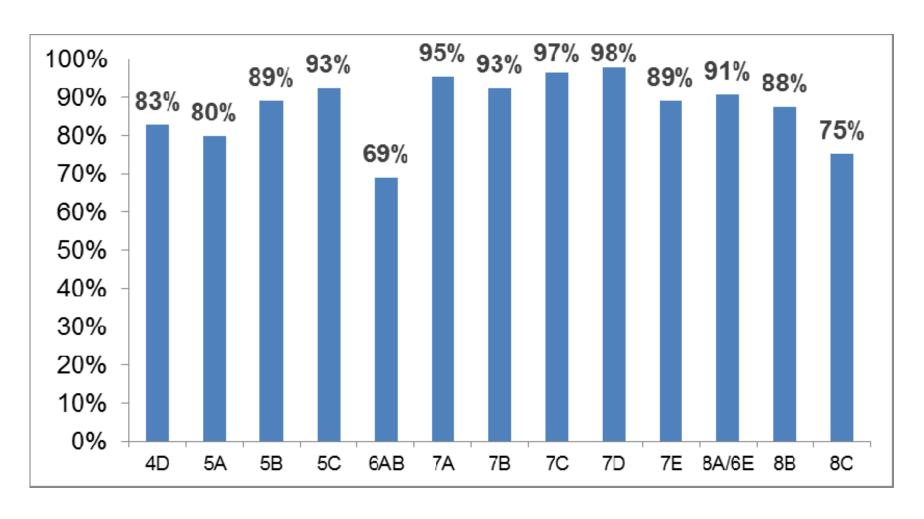
Admission <u>Electronic</u> MedRec Compliance December 2014



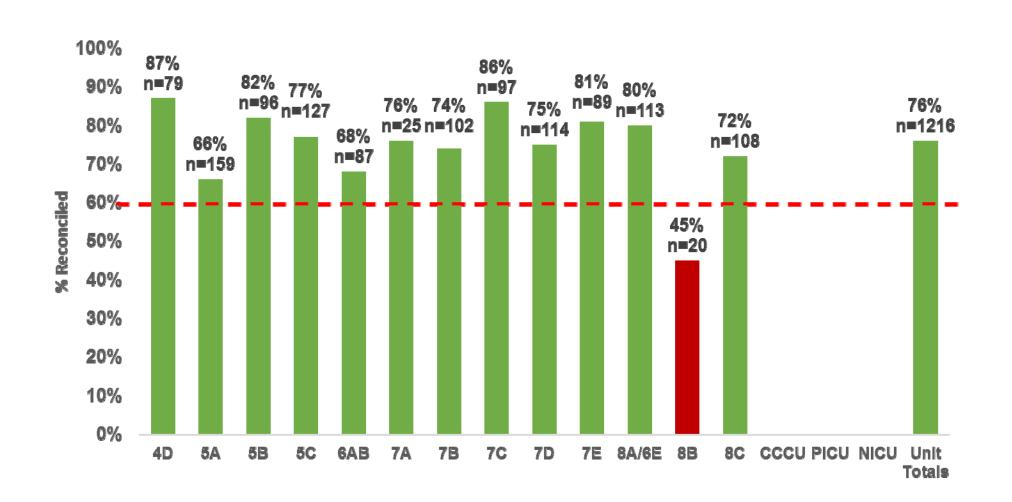
December 2014 Admission Orders Rec Compliance (MD/NP)



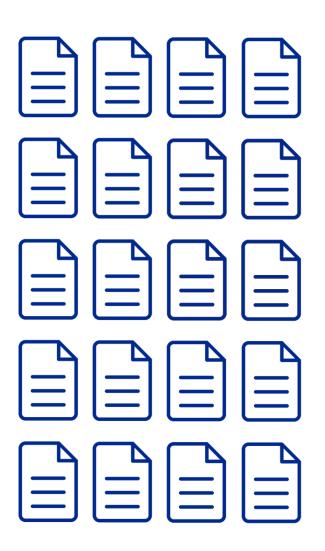
December 2014 BPMH Compliance (RN/Phm)



Discharge Medication Reconciliation December 2014



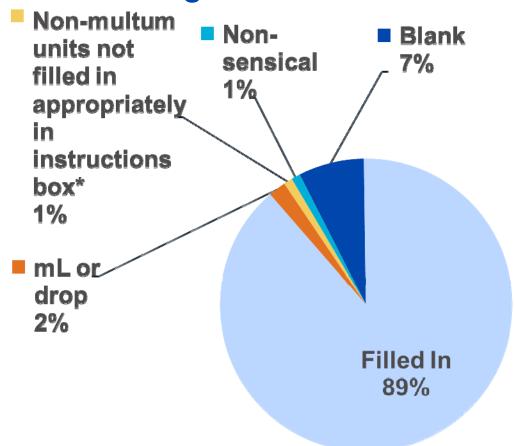
Evaluation – Quality Audits

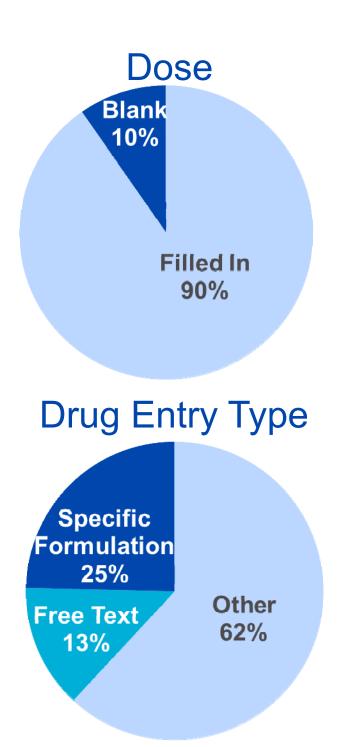


Quality Chart Audits Feedback/ Refreshers

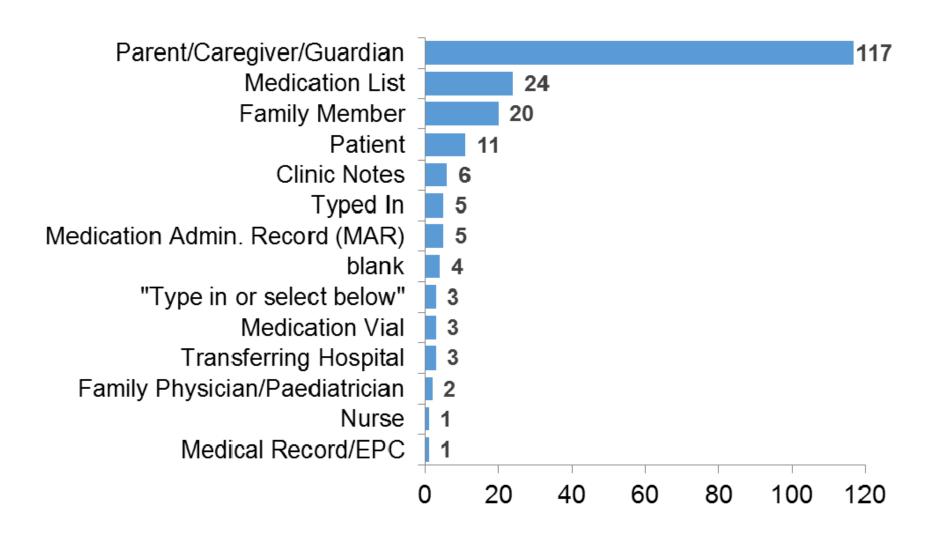


Different Types of Dosage Units Used

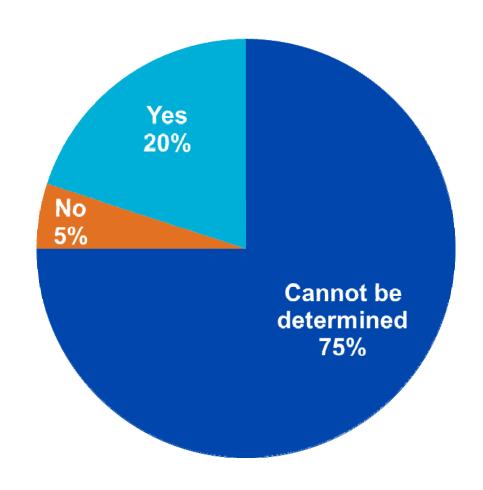




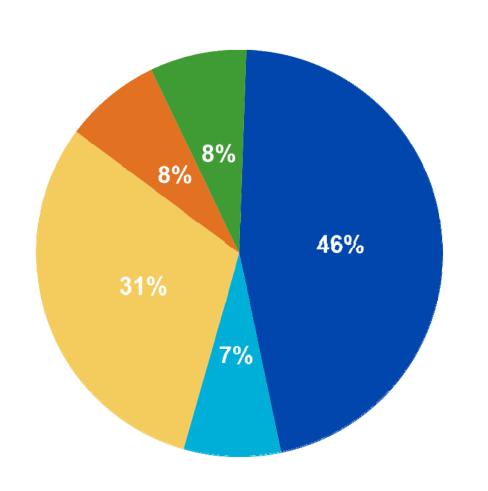
Information Source



Are Undocumented Discrepancies Resolved?



Types of Changes Made to Home Meds after Reconciliation Completion



Added home med

- Added home med, Discontinued home med, changed home med dosing instructions
- Changed home med dosing instructions (dose, route, frequency)
- Discontinued home med

■ Discontinued home med, changed home med dosing instructions

Summary

eMedRec
Implemented
in All Inpatient
Units Except
Critical Care
Areas

Next Steps



Fall 2015

Implement eMedRec in NICU, PICU and CCCU

Perfection is not a claim, it is an aim.

Thank you!

