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What Is The Issue?

With a greater push for keeping seniors safe and healthy at home, medication management has taken on greater emphasis. As seniors age, many develop a progressively complex mix of health conditions that require a growing number of medications to prevent the development of more serious illness. A survey released by Medco Health Solution in December 2009, highlighted that more than 50% of the seniors polled took at least 5 different prescription drugs regularly and 25% of seniors took between 10 to 19 pills each day¹. This is four times more over the counter medications than any other age group. With many seniors taking multiple drugs on a daily basis, the risk of potential drug interactions or adverse drug events increases.

The statistics related to medication-related adverse events is even more striking. A study by Wu, Bell and Wodchis² showed that in 2007, \$13.6 million spent in Ontario was related to adverse drug event related emergency department visits and subsequent hospitalization in seniors. Furthermore, the Safety at Home study³ conducted by the Canadian Patient Safety Institute showed that medication-related adverse events were one of the top three reasons for hospitalizations and were responsible for an incidence rate of 2 clients per 10,000 client-days. Therefore, to keep seniors living independently at home, it is crucial that medication management is a key component to quality patient centered care.

Preventable Medication related adverse events occurring in home settings include the omission of needed inadvertent home medications, failure to home restart medications following transfer and discharge, duplicate therapy at discharge resulting from brand/generic combinations or formulary substitutions, and errors associated with incorrect doses or dosage forms.





Collaborative Approach on Medication Administration in Community Care

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What Did We Measure?

was client The measurement primary medication errors per 10,000 resident days. Medication errors were defined as "any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer"⁴. In the community setting context, an error occurred if the following principles weren't adhered to – right client, right medication, right time, right dose, and right route.

What Did We Find?

Prior to 2010, the number of client medication errors per 10,000 resident days was 2.85. Following the implementation of the medication management program, the number reduced to 2.68 and 2.37 in 2010 and 2011 respectively. In March 2016, the number of client medication errors hit a nadir of 1.20. This reduction is supported by literature, which shows that health care aides were significantly less likely to cause errors of moderate severity than other nursing staff in a long-term care environment.

Conclusions

Medication management can be safely implemented within a community care model establishing a strong collaborative bv relationship with a pharmacy. A structured approach to procurement and delivery of services will led to decreased hospitalization rates and ultimately keep seniors independent in their homes for longer durations.

References

Medco Health Solution survey December 2009

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