

2026 Strategic Plan Update

August 16, 2023



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STRATEGIC PLAN
2026

Patient Experience: Quality Focus – Medication Reconciliation

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2026

OUR STRATEGIC DIRECTIONS



Equity, Diversity, & Inclusion

We all belong



Patient Experience

Empathy, compassion, and respect in every encounter



Staff Experience

This is where we want to work, grow and thrive



Research, Innovation, & Learning

Driven by the needs of our patients, our staff and our communities



Sustainable Future

Ensuring our Healthy Future

STRATEGIC PLAN



Patient Experience



Patient Experience

Empathy, compassion, and respect in every encounter



1. Lead the evolution of patient and family centred care embedding the principles of co-design, where each person is treated with compassion, respect and empathy.

OBJECTIVES

- 1.1 Design and implement a co-design framework to ensure a clear understanding by all staff, patients and families.
- 1.2 Embrace the principles of PFCC with a co-design approach to care planning.

2. Focus relentlessly on quality to deliver services that are free from preventable harm, accessible, appropriate and integrated.

OBJECTIVES

- 2.1 Promote and sustain continuous quality improvement, with focus on our unique patient needs.
- 2.2 Eliminate preventable harm by enhancing our safety culture.
- 2.3 Consistently deliver health services that are effective, well-coordinated and include seamless transitions.

3. Become experts in caring for and supporting patients with complex care needs due to multiple acute and chronic conditions, mental health and addiction issues, and social vulnerabilities.

OBJECTIVE

- 3.1 Enhance, better coordinate and support care for patients with complex health issues who are frequent users of hospital services.

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Med Rec Correlation



What is Medication Reconciliation

- ▶ A formal process in which the healthcare team collaborates with patients and family/caregivers/substitute decision makers to ensure an accurate and comprehensive medication history **is communicated across transitions in care.**
- ▶ Medication reconciliation requires a systematic and comprehensive review of all the medications a patient is taking (e.g., the patient's BPMH) to ensure that medications being added, changed, or discontinued are carefully **evaluated, documented and any discrepancies are resolved as the patient undergoes care transitions.**
- ▶ A **Communication Tool** that places medications in the spotlight!
- ▶ The **goal** is to prevent adverse drug events which can lead to patient harm.
- ▶ Involves **a collaborative approach** by pharmacy and nursing staff, prescribers (MD, NP, PA, RM), clerks, and patients/families, who work together to ensure accurate and comprehensive medication information is communicated consistently across transitions in care (admission, transfer, discharge).



Why Is Med Rec Important?

- ▶ More than 1 in 9 emergency department visits are due to drug-related adverse events, 68% of which are thought to be preventable
- ▶ A comparison of recorded medications in physicians' records and reported medication use by patients showed discrepancies in 76% of cases

72%

72 percent of post-discharge adverse events are related to medications.

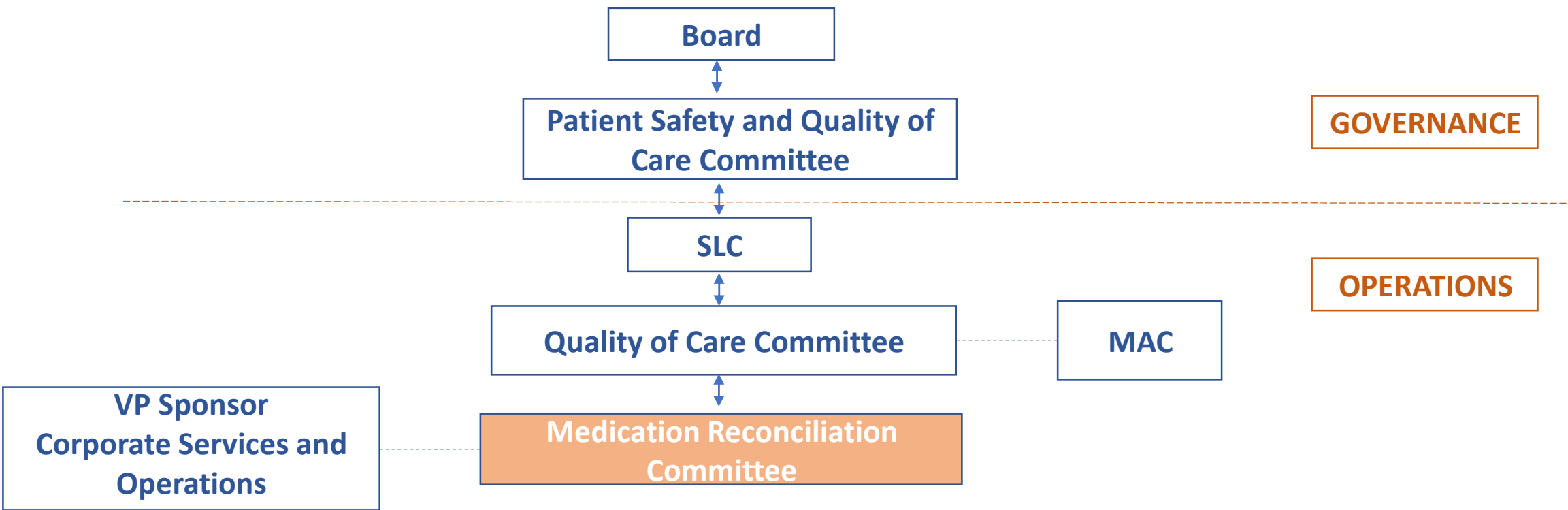
40%

40 percent of medication errors are attributed to inadequate handoffs.

20%

The average hospitalized patient is subject to at least one medication error per day, about 20 percent of which will result in harm.

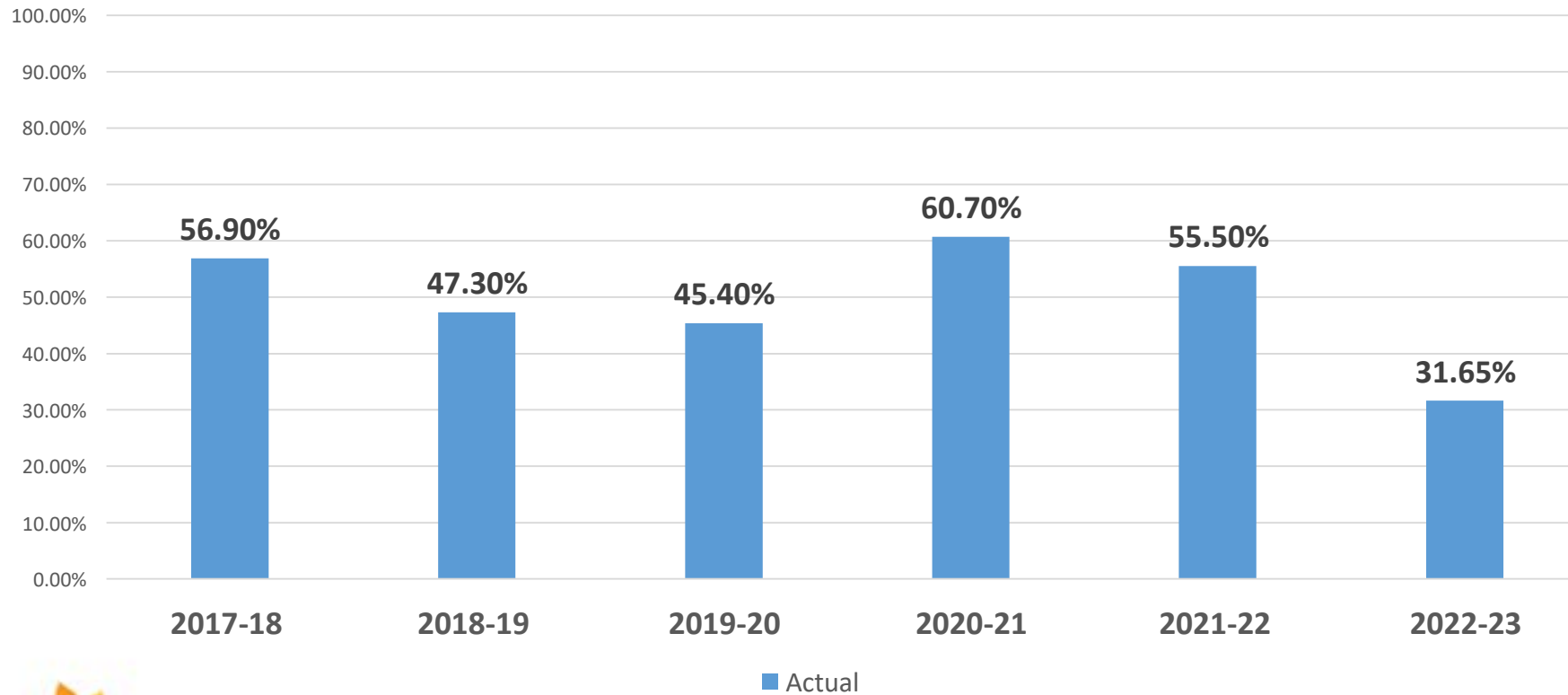
Med Rec Committee Governance



Med Rec Committee

| Gap | Status | |
|--|-------------------|---|
| Oversight of Medication Reconciliation (Med Rec) | ✓ | Complete - Medication Reconciliation Committee to provide oversight |
| Hospital policy & procedure requires revision/updating | ✓ | Complete - hospital policy and inpatient procedure revised and approved |
| Determine which ambulatory areas require Med Rec, including frequency | ✓ | Complete – formally identified which ambulatory areas to perform Med Rec (where medication management is a major component of care) ; stated in hospital Med Rec policy |
| Ambulatory care areas require procedures for program specifics | ✓ | Complete - developed procedures (14) for ambulatory areas |
| Education | On-Time | Education Plan developed (in collaboration with Inter-professional practice) Targeted group: Physicians, Outpatient nursing involved in Med Rec |
| Physician Engagement | On-Time | Additional engagement with education roll-out |
| Process/Forms cumbersome | Moderately Behind | Forms currently being updated but require financial support for implementation |
| Lack of metrics/quality audits | Moderately Behind | Due to limited resources, audits have not been competed regularly |
| Resources (e.g. pharmacy technicians and pharmacists) | Moderately Behind | Pharmacy continues to struggle with HHR challenges around pharmacists. |
| Sustainability | ✓ | Ongoing- with current oversight and re-focused initiatives |

In-Patient Med Rec On Admission Completion Rates by Year (2017-2023)



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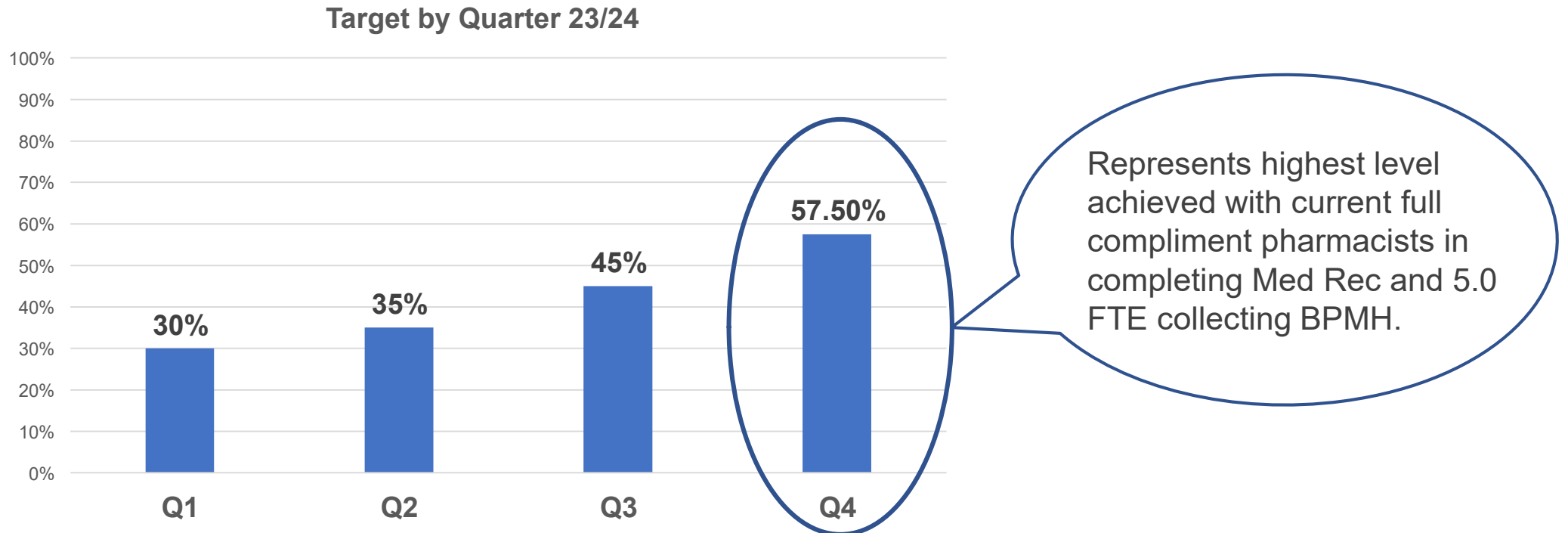
Medication Reconciliation

2023/24 QIP Indicator and Target

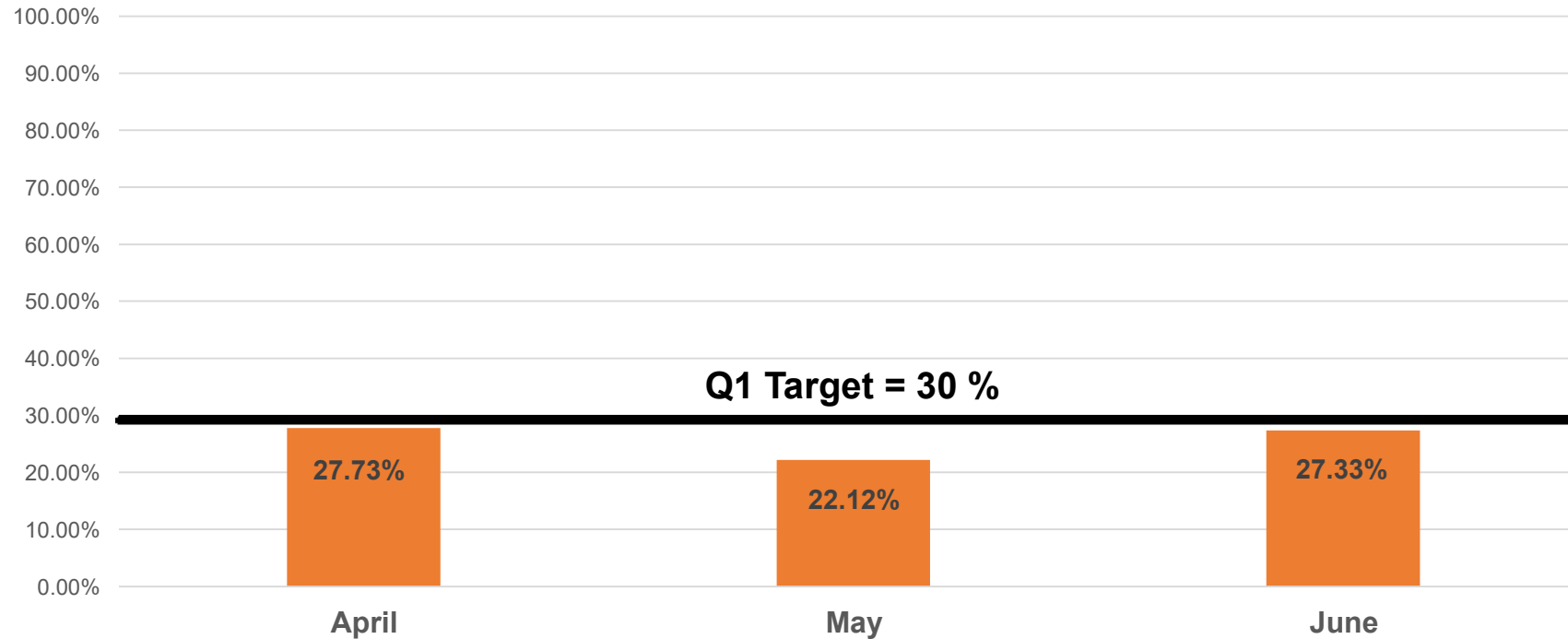
▶ Indicator

- ▶ Total number of admitted patients for whom medication reconciliation is completed within 48 hrs of admission as a proportion of the total number of patients admitted.

▶ Overall Target: 57.5%



In-Patient Med Rec On Admission Completion Rates April – June (Q1) 2023-24



Q1 Total = 25.67%



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GOALS

2023/24 Med Rec QIP Goals

1. Continue to **increase dedicated staffing** for Med Rec
 - Currently below target with HHR shortages
2. **Increase Prescriber Engagement and Compliance** in completing med rec
3. Ultimate goal of **90% compliance rate** in next 2-3 years
 - Requires continued full staffing of pharmacy technicians and increased resources for pharmacists
 - HIS upgrade will drastically change the process with technology and help drive this high compliance rate (estimated go-live 2025)
 - Implement recommendations from design event



Change Ideas

Methods

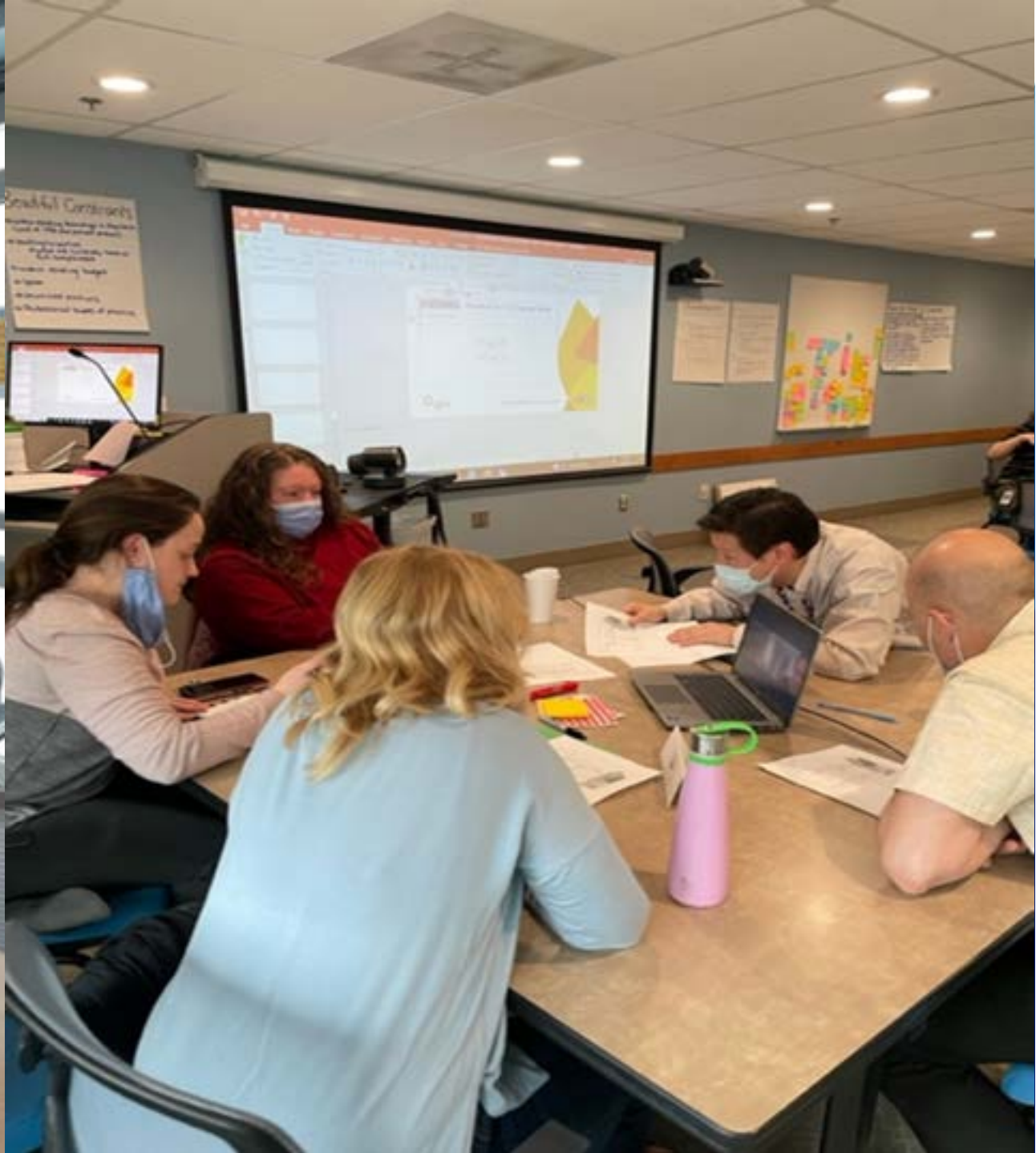
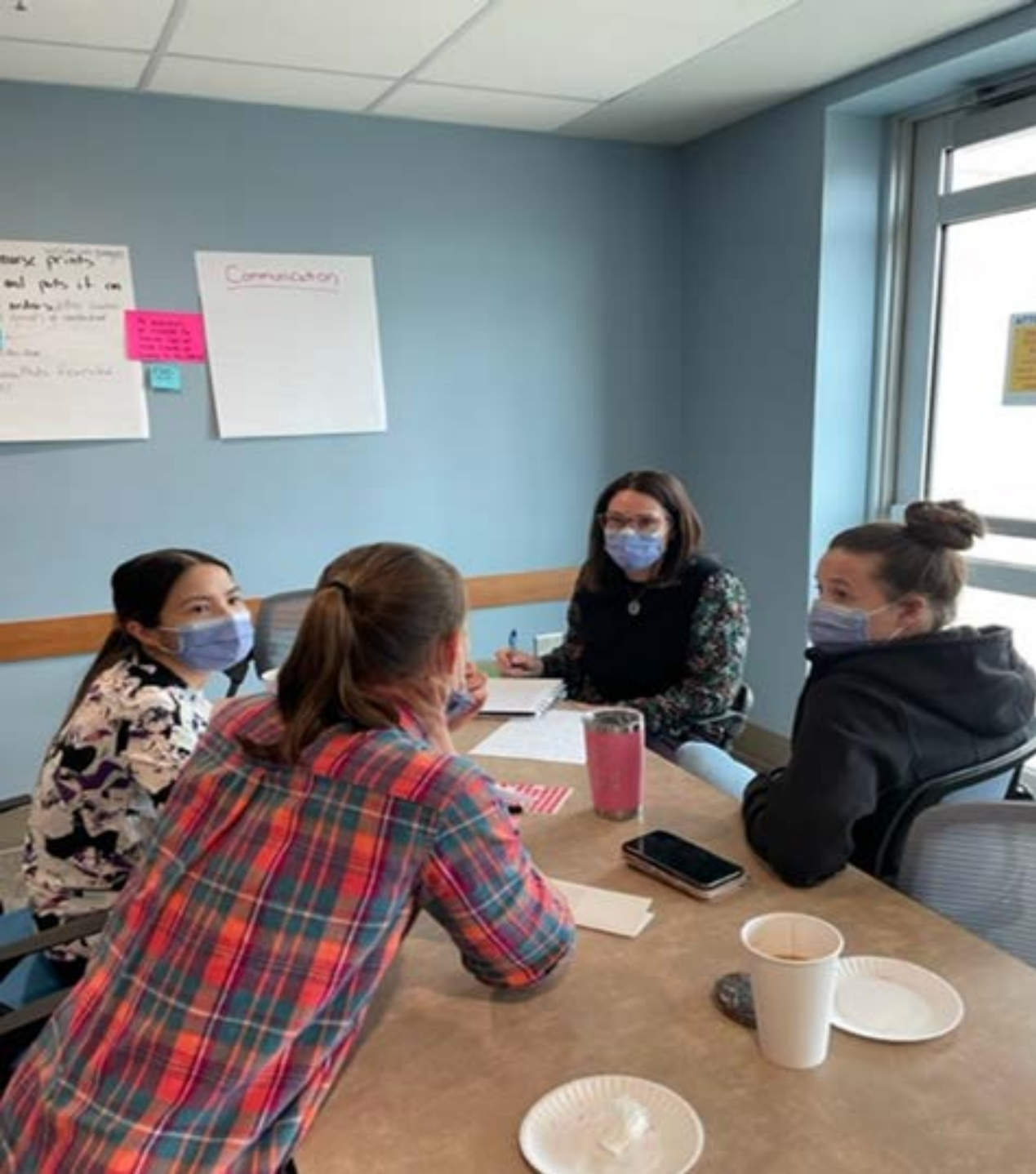
| | | | |
|--|----|----|--|
| <ul style="list-style-type: none">• Improve <u>process</u> for completing Med Rec on Admission• Develop <u>process</u> for capturing work done by MRP (completing intervention) | 01 | 01 | <ul style="list-style-type: none">• <u>Design Event</u> - Med Rec on Admission |
| <p>HHR: Increase number of staff performing BPMH (RPhT and Students) and completing Med Rec (RPh)</p> | 02 | 02 | <ul style="list-style-type: none">• Determine what additional resources are needed• Aggressive <u>recruitment incentives</u> for RPh, RPhT and students to continue |
| <ul style="list-style-type: none">• <u>Educate staff</u> and professional staff on role in completing Med Rec on Admission• Develop LMS for all staff | 03 | 03 | <ul style="list-style-type: none">• Embed within Med Rec Education Committee Work plan |



What is a Design Event?

Staff who do the work design what a new process will look like, how it will work and measure success.





Attendees

- ▶ Dr. Jermey Mozzon, Chief of General and Family Practice
- ▶ Dr. Samantha Biggs, Family Medicine
- ▶ Dr. Holzapfil, Locum Medical Oncology
- ▶ Dr. Arnold Kim, Hospitalist
- ▶ Dr. Rosie North, ER Physician (on mat leave, calling in)
- ▶ Dr. Nathan Kyryuk, ER Resident
- ▶ Dr. Philip George, Physician Lead- Pharmacy
- ▶ Dawne Gleeson, Patient Flow Coordinator
- ▶ Christian Popa, Nurse Practitioner Emerge
- ▶ Terri Eaton, 2C NP
- ▶ Carolyn Gagnon, 2C NP
- ▶ Rajesh Talpade, Nurse Practitioner, Internal Medicine Clinic
- ▶ Brett Glana, Physician Assistant, Emergency
- ▶ Katie O'Quinn, CNS, Surgery
- ▶ Becky Ross, Pharmacy Tech
- ▶ Erika Granholm, Pharmacist
- ▶ Eric Willmore, Pharmacist
- ▶ Andrea Winters, Information Systems
- ▶ Larry Bertoldo, Lead, Clinical Pharmacist
- ▶ Shanna Betts-Buob, Emerge Nurse
- ▶ Heather Campbell, Surgical Nurse
- ▶ Terah White, Medical Nurse Admitting, Change Management Lead
- ▶ Jodi-Lynn James, pre-admin clinic nurse
- ▶ Lindsey Rae, Women and Children's Program
- ▶ Shelley Sanderson, ED - Operations Coordinator
- ▶ Peter Hayes – ED CNS
- ▶ Laura Hogan, Inpatient Clerk
- ▶ Hilary Sheppard, Emerge Clerk
- ▶ Tram Dao, Manager Quality and Risk
- ▶ Saravana Loganathan, Quality Improvement Lead
- ▶ Sondra Seibel, Regional Director, Nursing Informatics
- ▶ Amanda Gerow – Performance Improvement Consultant

Reason for Action

- ▶ Current compliance with Medication Reconciliation on admission is significantly below target which increases the risk of medication errors and adverse drug events.
- ▶ Work together to identify opportunities for improvements in the med rec process to ensure proper communication of medical information between health care providers. In turn, creating a more efficient process to reduce the risk of medication errors and adverse events for patients.
- ▶ This design event will focus on medication reconciliation on admission, where patients enter the facility through the emerge department.

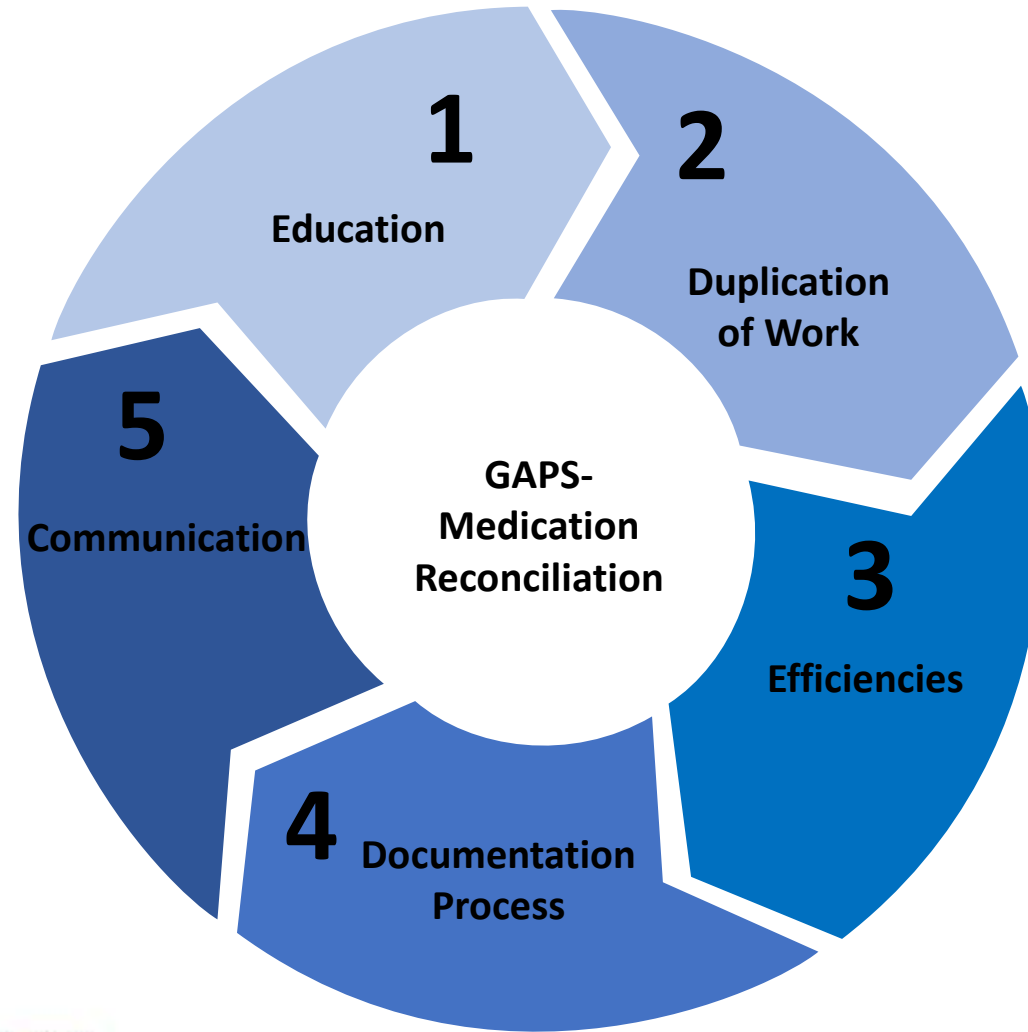


Ideal State

- ▶ Fully Staffed Pharmacy
- ▶ Patient Safety
- ▶ Prospective Approach
- ▶ Standardized
- ▶ Electronic
- ▶ Defined roles and responsibilities
- ▶ Clear Communication
- ▶ Timely and easy access
- ▶ Efficient



GAPS



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Change Ideas

Quick Wins

Develop Flow Map (Desired Future State)

- Streamlined Process
- Clearly Defined Roles and Responsibilities

LMS Dual Code

- 1) Detailed for BPMH Staff
- 2) Overall for General Staff

Quality Huddles

- Incorporate data into weekly huddles
- Align with education coordination
- Add to quality board after LMS launch

Standardized Checklist

- Follows patient from ER/admission
- Remove med box from ER face sheet
- Incorporate involving BPMH pharmacy staff when admitted and waiting for hospitalist to admit
- Completing Interventions
- Med Rec Tab

Parked Items

Provider to work with techs in real time to order/reconcile meds

Public communication on bringing updated list of medications to ER

Consultation Service

Remote Services

Roles & Responsibilities

- ▶ **Executive Sponsor:** Peter Myllymaa
- ▶ **Process Owner (s):** Carina Desramaux and Quality and Risk
- ▶ **Support for Process Owner:** Professional Practice
- ▶ **Change Champions:**
 - ▶ **Pharmacy:** Larry Bertoldo, Clinical Lead Pharmacy
 - ▶ **Physician:**
 - ▶ Dr. Nick Holzapfel, Medical Oncology
 - ▶ Dr. Philip George, Physician Lead Pharmacy
 - ▶ **Emergency Department:**
 - ▶ Shelly Sanderson, ED Operations Coordinator
 - ▶ Rajesh Talpade,, Nurse Practitioner, Internal Medicine Clinic
 - ▶ **Nursing:** Heather Campbell, Surgical Nurse



Next Steps

- ▶ Real work truly begins to close gaps
- ▶ Confirm time lines and measures/data to track
- ▶ Determine project teams and leads
- ▶ Official project team launch
- ▶ Resource allocation
- ▶ Continuous feedback and oversight to Medication Reconciliation Committee



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