



A Culture of Safety:



Supporting Safe Medication Practices by Unregulated Care Providers

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The term UCP



The term Unregulated Care Providers (UCPs) for this presentation means staff who are unregulated or in other words, do not require a license to work.

Does not include family, caregivers, volunteers...

Objectives

- **To communicate safe practices with medication assistance in community**
- **What role does the UCP play in client safety?**
- **What is the role for the client and family?**
- **To share lessons learned to promote a culture of safety across the continuum of care.**

- **Safer Healthcare Now-**
 - **Root cause analysis most frequent cause of adverse events related to medication**
= ineffective communication
- **Accreditation Canada has ROPs aimed at medication safety**

Literature

Forster, Clark, Menard, Dupuis, Chernish, Chandok, Khan & van Walraven (2004)

- **23% of clients D/C from hospital had adverse events**
- **72% of those were medication related.**

Gray, Mahoney & Blough (1999)

- **Increased risk of an event with cognitive impairment**
- **Clients continue to take whatever meds are at home even if they have been stopped in hospital.**
- **New meds don't get started after going home.**
- **Wrong dose**
- **Do not understand new regime.**

Literature con't

Dorman-Marek & Antle (2008) review of studies of older adults revealed that:

- **30% to 60% discrepancy in what was ordered and what was being taken**
- **73% clients were using at least one of their meds not as prescribed**
- **49% of community based clients had bottles of meds that had been d/c'd**
- **32% to 86% use OTC meds**
- **86% of clients with hypertension reported self medicating with OTCs that could result in adverse drug reactions.**



Safety issues related to



- **Medications in the home**
- **Older adults**
- **Transitioning between care facilities**
- **Improper use (d/c'd, wrong dose)**
- **Self medicating with OTCs**
- **Cognitive impairment**
- **Poor communication**

Medication Assistance Policy

- **Client safety is an organizational priority**
- **Interdisciplinary practice /standardization supports safe delivery of care and consistency across all services**

- **Medication Assistance policy**
 - implemented in community based Adult Day Programs (8 of 12 sites involved)
 - followed by Home Support Programs (13 of 23 sites involved)
- **VON Care and Service Model as the framework**
- **Developed by an interdisciplinary care team.**
- **Supported: integrated approach and team communication.**



VON Care and Service Model



*Touching Lives Since 1897
Au cœur de la vie depuis 1897*

VON Care and Service Model

HEALTH AND SERVICE IMPERATIVES

VON will be Canada's leading charitable organization addressing community health and social needs.

POPULATION HEALTH, COMMUNITY HEALTH, DETERMINANTS OF HEALTH

VON CARE AND SERVICE

VON VALUES

- Respect
- Participation
- Responsiveness
- Courage



PILLARS of VON

- Excellence
- Learning Culture
- Philosophy of Care
- Innovation
- Leadership
- Integration
- Partnerships

OUTCOMES

Healthy public policy through research, voice, influence and impact.

Positive health and social outcomes for individuals, families, communities and society.

Effective partnerships with clients, caregivers, families, the care and service team, communities, funders and governments.





What is Medication Assistance



Medication Assistance is:

Helping clients to take their required medications when they are unable to self-administer. It is a mechanical function that allows a client to obtain their medication (Sorrento, 2004).



What activities might be included



- **Opening a pill bottle;**
- **Handing the client a doscette;**
- **Pushing medications out of a blister pack;**
- **Helping a client to put their pills in their mouth;**
- **Mixing pre-crushed pills in pudding so the client can swallow them.**



How is it different from Medication administration



**Assist means to help someone take
their medication**

**Administer means to give someone
medication**

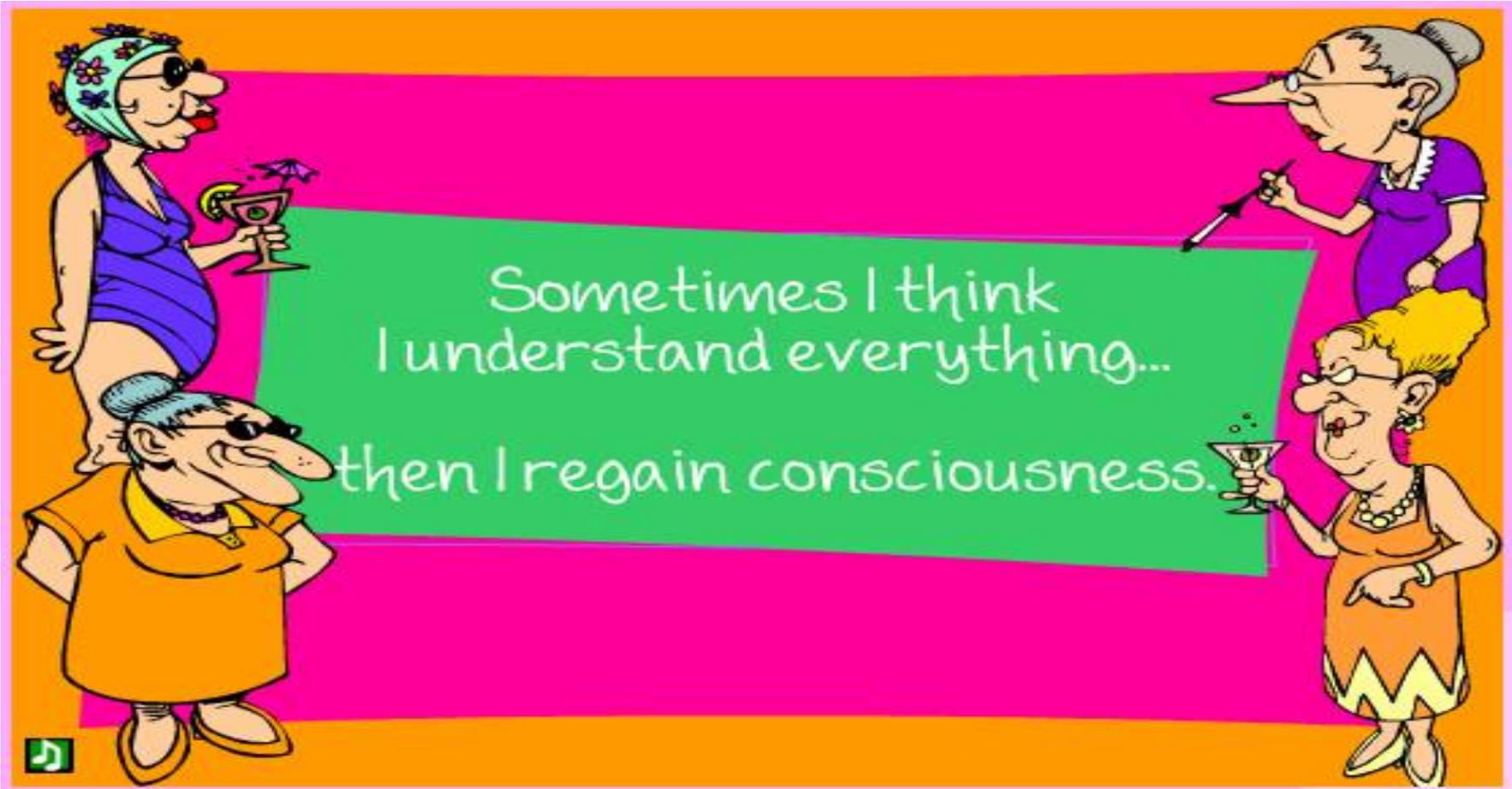
KEY Points

- 1. Knowledge of pharmacology is not required**
- 2. Client or caregiver retain responsibility**
- 3. Meet client and caregiver needs**
- 4. Medication assistance activities are within the UCP scope and preparation**
- 5. Clients with “stable and predictable” medication needs- Activities of daily living-outcome is predictable**

Policy focus

- **Client and Provider safety**
- **Appropriate use of Unregulated Care Providers**
- **Prescribing health professionals involved**
- **Driven by client/caregiver choice**
- **Clearly defined roles and responsibilities.**

Humor Break



(Computer Performance, 2008)



What are the Responsibilities?



- **Competency education at orientation and ongoing**
- **Managers/supervisors negotiate the plan with the client/caregiver**
 - **Client is responsible**
 - **Only meds on the plan will be assisted**
 - **UCPs are not regulated health professionals**
- **Make sure it is appropriate and meets any program specific guidelines**

- **Includes an emergency/ contingency plan**
- **Obtain informed, written consent**
- **The Medication Plan is documented in the client record**
- **Medication list is to be verified with the prescribing health professional (even OTCs)**



Responsibilities continued



- **Supervision when needed**
- **UCP have reporting process for errors/omissions**



UCP Responsibilities



- **Follow the policy**
- **Be aware of their role and abilities**
- **UCPs to self identify if they have not been checked for competency or they feel they need more training**
- **Check the plan, labeling, and condition of the pills**
- **ID check requires two sources**

UCP continued

- **Assist only with what is on the plan**
- **Report any changes in the client condition, errors, and or omissions.**
- **Follow the emergency/contingency plan**
- **Document**



Information given to our UCPs



- **Provide assistance according to the clients level of need:**
 - **self directed care**
 - **maintain control**
- **Consider client and own safety**
- **Do a visual check**



Additional information for UCPs



- **When to withhold a medication:**
 - **If a client gives you an indication that they do not want to take their medication**
 - **If the client is unable to take their medication.**
 - **If the medication appears changed**
- **Report this immediately**

Lessons

- **Documentation tools developed for use in ADP and HS—standardize**
- **Guidelines developed for consistent implementation.**
- **Education developed and available for staff to use**
- **Know the before and after.**
- **Plan for re-education**
- **Embed in agency processes**



Questions?



For Further Info



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References

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