



Medication Safety Newsletter

Issue 4 – Summer 2017

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NH Medication Safety & Quality Committee

The NH Medication Safety & Quality Committee (NHMSQC) provides leadership, strategic oversight, and governance for safe and appropriate use of medications throughout NH and is accountable to NH Executive and NHMAC. There are currently two subcommittees with the following updates:

Parenteral Therapy Working Group Update

- Alaris pumps implemented in all NI sites and most NE sites. Most NW sites will be implemented this fall, leaving Terrace and Fort St. John for 2018.
- The PCA/Epidural pump standard for NH in past has been CADD. This may be revisited in 2018 because Alaris modules are another option. If you would like to be on a regional working group reviewing pump standards, please message nicole.dahlen@northernhealth.ca
- Bi-monthly review and communication of Alaris and Sigma V8 continuous quality improvement reports outlining compliance in using master drug library (MDL). Overall there has been improvement across region in using MDL with Alaris & Sigma V8; January 2017 NH average MDL usage 84% vs June 2017 at 87% for a 3 % improvement across the region. Some sites and departments remain under target.
- Regional CADD Solis HPCEA MDL created for acute care and vetted across region. It is now available for sites with CADD pumps that can accept a MDL.



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Antimicrobial Stewardship Working Group Update

- Dr. Abu Obeida Abdelaal Hamour is the official Antimicrobial Stewardship and Infection Prevention Medical Co-lead
- Empiric Treatment for Common Infections in Adults – clinical tool – 2017 update available through Document Source
- Dosing adjustments for Antimicrobials in Adults with Renal Dysfunction – clinical tool – 2017 update available through document source
- Probenecid plus once daily ceFAZolin IV is available again for outpatient management of uncomplicated skin and soft tissue infections
- Regional Sepsis order set revisions in progress
- Regional COPD exacerbation order set under development

Regional outpatient IV antimicrobial order set and clinical practice standard under development

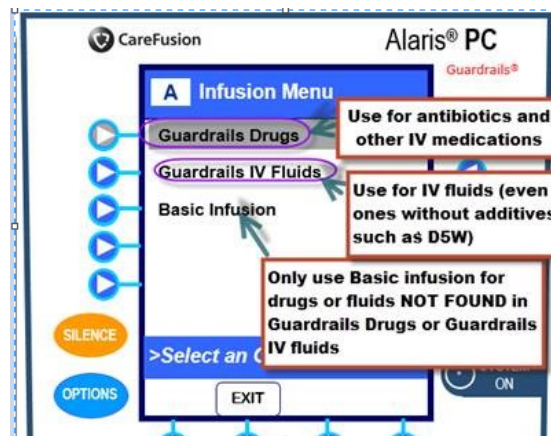
Parenteral Therapy Enhancements

Continuous Quality Improvement (CQI) Reports - Alaris/Sigma

The NH parenteral therapy working group reviews and shares the Alaris /Sigma V8 CQI reports with clinical and operational site leads every 2-3 months. These reports are presented by care areas. Generally departments correspond to a particular care area; however, there may be times that more than one care area is used by a department.

For example:

- Medical/Surgical units use the Med/Surg profile.
- Emergency Rooms and Intensive Care generally use the Critical Care MDL but on occasion may use a medication in the Med/Surg profile.



The MDL is to be used for *all infusions* including non-medicated IV Fluids, blood, and blood products. The **Basic Infusion** option on Alaris pumps should **ONLY** be utilized if the medication or fluid cannot be found in either the Guardrails Drugs section (where you find antibiotics and other IV medications) or the Guardrails IV Fluids section (where you find IV Fluid for an IV fluid without an additive e.g. D5W, NS).

If a medication that you use regularly is not listed in the MDL – please submit a request using the [IV Drug Library Feedback and Change Request Form](#) (10-100-7019) located on OurNH → Clinical & Patient Care → Medications → Parenteral Therapy → Key Links. These requests are reviewed according to urgency.

Order Set Enhancements

OurNH | DocuSource | Staff Directory | Webmail | i-Site | IDC

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Our Northern Health > Clinical & Patient Care > Medications > Order Sets

Order Sets

NH is cleaning up paper order sets (formerly called pre-printed orders) to meet accreditation standards and to create a sustainable process for ongoing review (at least every 3 years).

If your team uses an order set (regional or site-specific), we might ask you to review it to make sure it aligns with current best practice.

Our goal is to have all outdated order sets discontinued, revised, or replaced by regional ones on or before June 30th, 2017.

The revision date is at the bottom of the first page of all order sets.

NOTE: If you plan on bulk ordering order sets from DocuSource, please log into DocuSource first (this will make the ordering process much more seamless).

Search Order Sets

Search by: keyword Search

Facility: [All Facilities]

Browse by Title

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Browse by Category

- Clinical System Last Updated
- Department Last Updated
- Diagnosis Last Updated
- Regional Order Set View/Print Order Set Order from DocuSource

New Regional Order Sets

Form Last Updated

NEW Order Set site

- ✓ Located on OurNH under clinical & patient care
- ✓ Easy access to all current approved order sets
- ✓ Easy searching by keyword, name, number, diagnosis, system, or department.
- ✓ Highlights regional order sets (new and revised)

Alert - If you see an order set on your ward that is NOT available on OurNH Order Set page (or on docusource) it is an unapproved document and should be pulled from the ward. Other indications that the order set is unapproved is the lack of a review date, a review by date, or an order set number at the bottom of the page. Please do NOT photocopy order sets. Print them off of the OurNH Order set page or order from docusource when you need more.

The order set development process is in place to protect patients first but also to protect NH, employees, and physicians from liability issues that arise from using unapproved order set documents.

New Regional Order Sets

- 10-111-5148 [BCG Order Set](#) – led by Alice Christensen
- 10-111-5169 [Pediatric Parenteral Nutrition Orders](#) – led by Courtenay Hopson
- 10-111-5247 [Parenteral Nutrition Orders 3-in-1 Solution](#) – led by Courtenay Hopson
- 10-111-5140 [Parenteral Nutrition Orders Adult Weekend 3-in-1](#) – led by Courtenay Hopson
- 10-111-5286 [Telemetry Order Set](#) – led by Kyla Redlon
- 10-111-5036 [Adult Enteral Nutrition Orders](#)– led by Courtenay Hopson
- 10-111-5211 [Percutaneous Radiologic Gastrostomy \(PG\) Post-Procedure Orders](#) – led by Courtenay Hopson
- 10-111-5251 [Pediatric Eating Disorders Unstable Patient](#) – Daney Disher
- 10-111-5065 [Post Renal-Adrenal Biopsy Orders](#) – led by Debbie Johnston
- 10-111-5064 [Post Biopsy Orders](#) – led by Debbie Johnston
- 10-111-5066 [Post Lung Biopsy](#) – led by Debbie Johnston
- 10-111-5067 [Post Liver Biopsy](#) – led by Debbie Johnston
- 10-111-5262 [Continuous Renal Replacement Therapy \(CRRT\) Heparin](#) – led by Barbara Hennessey
- 10-111-5276 [Adult Heart Failure Orders](#) – led by Barbara Hennessey
- 10-111-5277 [Continuous Renal Replacement Therapy \(CRRT\) Orders](#) – led by Barbara Hennessey

- 10-111-5001 [Code Trauma Initial Orders](#) – led by Oliver Jordan
10-111-5252 [Labour and Birth Gestational Diabetes Management Orders](#)
– led by Ashley van der Meulen
10-111-5278 [Elective Cardioversion](#) – led by Kerri Hickson
10-111-5286 [Telemetry Order Set](#) – led by Kyla Redlon

Many order sets are under revision by teams to meet accreditation standards. The NH goal is to have all outdated order sets discontinued, revised, or replaced by regional ones on or before Oct 31, 2017.

You may be contacted if an order set that is used on your ward is due for review or does not meet accreditation standards. Before starting work on any new order set, please contact nicole.dahlen@northernhealth.ca or kendra.clary@northernhealth.ca and check if a regional order set is already under development.

Medinet Access

OurNH Medinet Access - NH has recently streamlined the Medinet access process. The supervisors of employees who require Medinet access are now forwarded the link to the forms that are to be filled out right after a **hiring event** is completed. If you have an employee that needs Medinet access that was not captured in the hiring process, you can now request this access through the User Access Portal: uap.northernhealth.ca (there is a Medinet checkbox). Regardless of which process is followed the supervisor and employee will need to fill out the **Undertaking of Confidentiality and Acknowledgement of Disclaimer form(s)**. Recently NH has converted this into a fillable pdf form. Please fill out the form as indicated in the required fields then print to sign. A handwritten signature is required by both the authorized person (i.e. the person that is requesting access) and another NH employee as the witness. Electronic signatures are not acceptable. Completed form(s) to be scanned and emailed to: MedinetAdministrators@northernhealth.ca. Once the request is approved access will be enabled and a training link with a temporary password will be sent to the employee's NH email address.

All forms are housed on [OurNH >Clinical& Patent Care>Medications>Medication Reconciliation>Resource Documents](#)
[Emergency Department Access to PharmaNet](#)
[Hospital Access to PharmaNet](#)
[Physician for Hospital Access to PharmaNet](#)

Note: If an employee is working in both the Emergency and Hospital wards then both Emergency and Hospital Access forms are required by PharmaNet.

NH Applications to PharmaNet have recently been approved for IPT and MH&A teams. Training links and temporary passwords have been forwarded to the employee NH email addresses.

Medication Reconciliation Enhancements

OurNH | Our Sites | DocuSource | Staff Directory | Webmail | i-Site | IDC

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Dahlen, Nicole

Our Northern Health > Clinical & Patient Care > Medications > Medication Reconciliation

Medication Reconciliation

"Med Wreck" or "Med Rec"? YOU can make the difference.

ADMISSION	TRANSFER	DISCHARGE
<p>At Admission: The goal of admission medication reconciliation is to ensure there is a complete, accurate list of the patient's medications to prevent omissions or identify the medication regimen that a patient has been taking at home.</p> <p>Compare: Best Possible Medication History (BPMH) vs. Admission Medication Orders (AMO) to identify and resolve discrepancies</p>	<p>At Transfer: The goal of transfer medication reconciliation is to ensure not only what the patient was receiving on the transferring unit but also medications they were taking at home that may be appropriate for continuation, repeat, discontinuation or modification.</p> <p>Compare: Best Possible Medication History (BPMH) and the Transferring Unit Medication Administration Record (MAR) vs. Transfer Orders to identify and resolve discrepancies</p>	<p>At Discharge: The goal of discharge medication reconciliation is to resolve for discharge for patient is taking prior to admission and those initiated in hospital, with the intention to stop at the time of discharge to ensure all changes are acknowledged and documented per request prior to discharge.</p> <p>Compare: Best Possible Medication History (BPMH) and the Last 24 hour Medication Administration Record (MAR) plus New medications started upon discharge to identify and resolve discrepancies and prepare the Best Possible Medication Discharge Plan (BPMDP)</p>

Image: Adapted from Safer Healthcare Now!

Each year, Canadians experience preventable adverse events due to medication errors during hospital admission, internal transfer, and discharge. Accurate and thorough medication reconciliation during each step is key in preventing errors and preventing significant patient harm.

The Northern Health Medication Reconciliation page offers various tools, supports, and education for staff to complete accurate and thorough medication histories and achieve a standard of excellence in providing the best possible patient care.

Resources

New Med Reconciliation site

- ✓ Located on OurNH under clinical & patient care
- ✓ Supports all healthcare professionals in performing medication reconciliation and achieving a standard of excellence in NH.
- ✓ Many resources available, including a tool kit.
- ✓ can be found at Our Northern Health > Clinical & Patient Care > Medications > [Medication Reconciliation](#)

Any questions contact:
barbara.falkner@northernhealth.ca

Collaboration to Improve Medication Safety

Community of Practice for Pharmacy Technicians

- Members complete ward stock audits and repeat every 6 months
- Data compiled from audits reviewed by medication safety team to determine need for high risk high alert variance requests
- Roll out of regional strategy for new narcotic books and narcotic book tracking.
- Distribution of paper copies of the Medication Safety & Quality Newsletters
- Updates as appropriate from the various medication safety working groups
- Wardstock and inventory standardization
- Starting the medication fridge policy roll out
- Promote use of current and approved order sets and clinical practice standards

Some sites do not have Pharmacy Technicians. For those sites we are looking for whomever is involved in local medication storage and inventory to join us. Please contact kendra.clary@northernhealth.ca

Technology Enhancements

ScanRx Oncology & ScanRx Performance

ScanRx Oncology is now officially live at all NH sites that have Oncology orders. Thanks to all the users who helped us test in oncology and have been very engaging throughout the project. We know that there are ongoing performance issues with ScanRx. There are a number of teams with ITS working on resolving these issues as soon as possible. This work will continue until our end users are satisfied with the performance of ScanRx. ITS and especially CIS Pharmacy appreciate your continued patience as we work to resolve these performance problems.

Alaris Infusion Pump Rollout

Northern Health is continuing to move towards one model of Infusion Pumps for Large Volume Infusions. This year we rolling out to all NW sites except for Terrace. Go-lives will be happening throughout September and October for the following sites:

- Atlin
- Bulkley Lodge, Bulkley Valley District Hospital
- Houston
- Wrinch
- Stikine
- Prince Rupert
- Kitimat
- Stewart

PSLS Highlights

PSLS reports on medication errors are reviewed by our NH Medication Safety team to identify what could have been done to prevent this from happening again.

Top Three Drugs Involved in PSLS reports AND Causing Harm the last two Quarters (Jan 1, 2017 to June 30, 2017)

1. Hydromorphone
2. Nitroglycerin
3. Fentanyl

These three medications are continually high offenders and warrant close attention when ordering, dispensing, and administering.

Independent double checks (IDC's) **must** be completed for all three of these medications. When done correctly, IDC's have prevented errors and harm to our patients. Please take time to review [1-20-6-3-260 High Risk/High Alert Medications Requiring an Independent Double Check](#) and ensure *proper* independent double checks are embedded within your day to day practice.

Transdermal Patches continue to be a source of significant medication errors with 40 errors reported from January - March, 2017.

Story of a Real Patient and Why PSLS reporting could have prevented the event:

Pharmacist noted naloxone was given for a post-operative patient. This triggered an investigation into why naloxone was required. The pharmacist and CNE investigated and discovered the following:

- Opiate naïve patient had a site specific supplemental order set for IV-PCA order set completed by their physician
- Hydromorphone sustained release was ordered regularly as an option on the site specific order set
- Patient began to show signs of opiate toxicity, and was assessed to confirm
- Opiate toxicity was attributed to the hydromorphone sustained release, requiring naloxone to reverse the effects.
- Further investigation with staff revealed similar instances have occurred with other patients at this site in past but no PSLS reporting was conducted. The site specific order set was created in 2012 and was due for review 2015.

Investigation triggered the following:

- Immediate removal of hydromorphone sustained release from order set, Cerner pharmacy build, and MAR
- High priority local team review of the outdated site specific PCA/Epidural order sets to ensure current best practice
- Considerations of future strategies to engage staff in reporting PSLS's

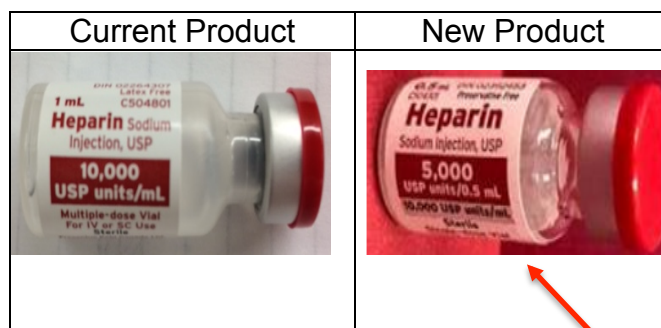
This specific event would not have occurred if:

- PSLS had been reported for past instances of patients requiring naloxone administration to counter opiate toxicity when physicians used this site specific order set.
- PSLS reporting on over sedated patients that did not require naloxone administration
- Regular 2-3 year team review of site specific order sets being used to ensure current best practice, as per ISMP

Formulary Updates

Package Size Changes

Insulin NPH, regular, and lispro is now available in a 3 mL vial and will replace 10 mL vials.



heparin 10,000 units/ 1mL will be supplied as heparin 5,000 units/0.5 ml

Discontinued Medications

- pilocarpine 1% ophthalmic drops
 - alternate is pilocarpine 2% ophthalmic drops
- sulfamethoxazole 40 mg trimethoprim 8 mg per mL (Cotrimoxazole) oral suspension 100 mL
 - alternate is for pharmacy to compound

New [NH Health Antidote Stocking Guidelines](#)

- available on OurNH > Clinical & Patient Care > Medications > Formulary Listing > NH Master Antidote Guidelines (right hand side of page, half way down)

All current formulary and recent updates can be found on the [Formulary Listing Page](#) on OurNH. Questions regarding formulary can be addressed to nancy.dyck@northernhealth.ca or gordon.harper@northernhealth.ca

DID YOU KNOW?

Unintended harm was experienced by patients in 1 of every 18 hospital stays in Canada.

Read the full report at [Canadian Institute for Health Information \(CIHI\)](#)