# northern health

### Safe Medication Order Writing Auditing & Reports NH MAC Nicole Dahlen June 20<sup>th</sup>, 2018

## **Objectives**

- Explain why SMOW is an accreditation and NH focus
- Identify resources available to physicians
- Explain how SMOW adherence data will be communicated to physicians
- Identify goals for NH



## **Safe Medication Order Writing**

- Medication errors result in 9,000-24,000 preventable deaths annually in Canada, and many more instances of harm (Baker et al., 2004)
- "On average, hospitalized patients are subject to at least one medication error per day" (Radley et al., 2013, p.470)
- Of all the stages of the medication process, order writing has the highest amount of errors (39-49%) (Bates et al., 1995; Hagop et al., 2004).
- Accreditation Canada Required Organizational Practice
  - SWOW policies must include ISMP Do Not Use abbreviations
  - Applied to all medication related documents
  - Compliance is audited with feedback loop for quality improvement



## History of SMOW in NH

- Safe medication order writing identified as an issue
  - NH SMOW policy created and endorsed by NH MAC
- SMOW education module created and improved (20 mins)
  - Mandatory for NH residents
  - Low number of NH physicians have completed
- Medical leadership requesting data over the years
  - Scan Rx process implemented but data was not reliable or presentable
  - Process moved over to Cerner in 2018



## Safe Medication Order Writing in NH

### **NH Clinical Practice Standard:**

1-20-6-4-010 Safe Medication Order Writing

### **NH Education Modules:**

NH Safe Medication Order Writing E-Course for Prescribers

NH Safe Medication Order Writing E-Course for Non-Prescribers

### **Cerner Auditing Process**

- quantitative, reportable data now available
- adherence reports for medical leadership and each physician
- category breakdown and site filtering, trending



## **SMOW Auditing Reports**

### Initial email and/or paper copy (Summer 2018)

- VPM overall results for NHA
- Medical Directors overall results for each HSDA
- Chief of Staff overall results for each facility category breakdown
- Individual Physicians individual result compared to average for region including category breakdown and providing unique identification number

### Ongoing email and/or letter (Q2monthly)

- VPM overall results for NHA with trends
- Medical Directors overall results for each HSDA with trends
- Chief of Staff overall results for each facility with trends including category breakdown for all physicians to be posted at each facility (blinded by unique identification number)

### Where is best place to post for each facility?



### Example of SMOW adherence report for VP Medicine

(this is preliminary data, will receive data that is for May/June/July) Dear Dr. Chapman,

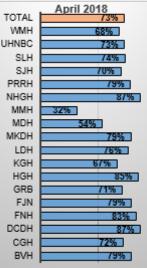
This communication includes the overall, HSDA, and site specific results for March and April 2018 outlining physician adherence to the NH Safe Medication Order Writing (SMOW) policy. The target goal for NH is to achieve 95% adherence with this policy. As a reminder physicians can access the SMOW education module on the <u>kearning Hub</u>

- Log in or create account
- Search: <u>NHA PHAR Safe Medication Order writing for Prescribers</u>

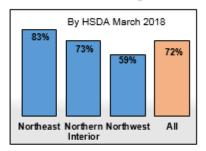


March 2018 TOTAL 74% WMH 76% UHNBC /1% SLH 79% SJH 74% PRRH 79% NHGH 74% MMH 783 MDH 73% MKDH 79% LDH 70% KGH 70% HGH 86% GRB 82% FJN 83% **FNH** 74% DCDH 84% CGH /6% BVH 81%

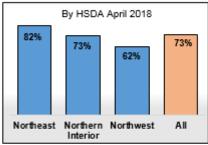
Overall Site Adherence April 2018



HSDA Adherence Average March 2018







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### Example of SMOW adherence report for Medical Directors and Chief of Staff

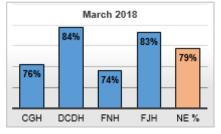
(this is preliminary data, will receive data that is for May/June/July)

#### Dear Becky Temple,

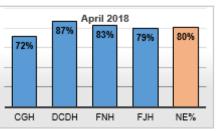
This communication includes the NE overall and site specific results for March and April 2018 adherence to NH Safe Medication Order Writing (SMOW) policy. The target goal is that NHA will achieve 95% target adherence with this policy. The lowest 10% of physicians are highlighted in red and a conversation with medical leadership is required (medical director and/or chief of staff). As a reminder physicians can access the SMOW education module on the Learning Hub

- Log in or create account
- Search: <u>NHA PHAR Safe Medication Order writing for Prescribers</u>

#### Overall Site Adherence March 2018



#### Overall Site Adherence April 2018



#### Physician Category Break Downs Per site

- See last page for key to show what physician is which number
- lowest 10% is highlighted in RED and warrants conversation with medical leadership (medical director and/or chief of staff)

#### CGH March 2018

	Missing Dose	Missing Frequency	Missing PRN Reason	Missing Route	Unapproved Abbreviations
Physician671		3	8	1	5
Physician534	1		8		10
Physician449		2	18		2

#### CGH April 2018

	No - Missing PRN Reason	No - Missing Route	No - Unapproved Abbreviations
Physician671	10		31
Physician534	3	1	4
Physician449	3		1

	No - Illegible Order	No - Missing Dose	No - Missing Frequency	No - Missing PRN Reason	No - Missing Route	No - Unapproved Abbreviations
Physician652			1	12	4	8
Physician612				15	1	1
Physician382	1		2	13	2	12
Physician288	2	1		18	1	5

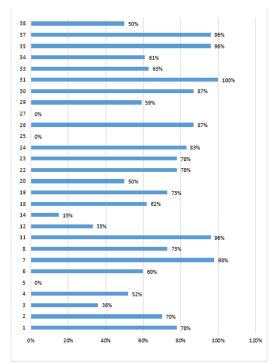
FNH April 2018



#### May 28, 2018

### Example of SMOW adherence report for Individual Physicians

(this is preliminary data, will receive data that is for May/June/July)



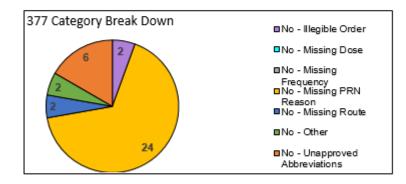
This communication includes your personal results and category breakdown for March and April 2018 adherence to NH Safe Medication Order Writing (SMOW) policy as well as the average for FSJ hospital and NH overall. The target goal is that NHA will achieve 95% target adherence with this policy. Blinded results for all of your facility will be posted by your Chief of Staff. Your blinded Physician ID is **377**.

#### Your personal SMOW adherence is 80.19%

The average SMOW adherence for NH is 73%

The target goal for SMOW adherence for NH is 95%

Your personal non-adherence category breakdown for March and April 2018:

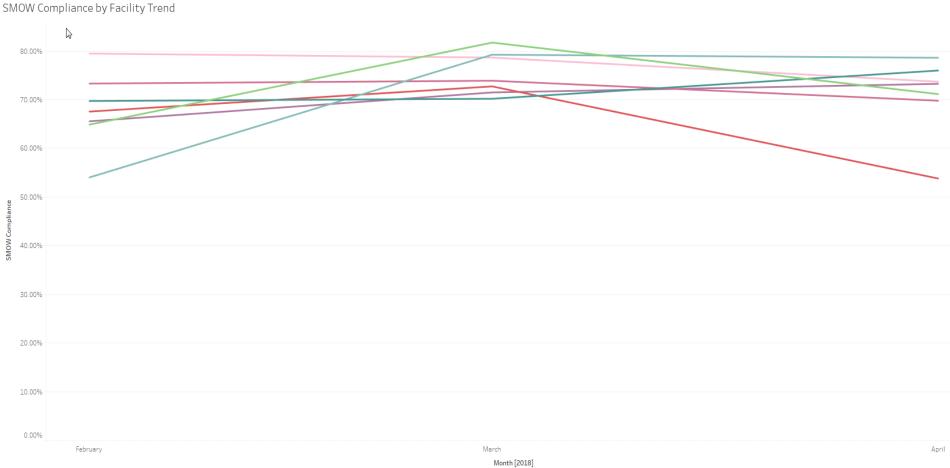


See back side for the blinded physician adherence specific to FSJ hospital, which will be posted every 2 months by your chief of staff moving forward. Any questions, please feel free to contact me.

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## **Example of SMOW adherence trends**





## **Communication Plan**

Activity	Lead	Apr	May	Jun	Jul	Aug	Sep	Outputs
Develop SMOW education plan - review with Anne Scott	MSIP	х						Communication plan
Bring SMOW plan and first report to NHMSQ committee	MSIP		Х					Briefing Note, Key Messages Presentation
Bring SMOW plan and first report to Medical Directors	MSIP		х					Power point Poster - roll-out Newsletter Articles - physicians
Bring SMOW plan and first report to NHMAC, NEMAC, NWMAC, NIMAC, UMAC	MSIP			X	Х			
Provide High Level overview to stakeholders (nursing, pharmacy, executive)	MSIP		Х	X				Newsletter Article - med safety -
Initial reports sent out to physicians, then bimonthly to medical leadership	MSIP/MSPT				X	X	X	Email/Letters 1 pager with top non- adherence items Physician Newsfeed
Quarterly report to NHMSQ	MSIP						Х	
Recognition given to physician(s) with highest adherence	MSIP/MSPT						х	Poster Prizes



## **SMOW** audit/reporting Goals

	Objective	Baseline March/18	Goal June/18	Goal Sep/18	Target Jan/19
1	Handwritten orders are 95% adherent by January 2019.	72.34%	75%	80%	95%
2	Pre-printed orders are all adherent.	98%	100%	100%	100%
3	SMOW adherence reports and notification system in place, where physician leadership given a report bi- monthly.	0%	0%	100%	100%
4	Medical directors or chief of staff have a discussion with lowest 10% of prescribers (remind that SMOW education module available)	0%	0%	100%	100%
5	Medical directors or chief of staff have discussion with lowest 10% of prescribers for two reporting periods in a row (suggest SMOW education module)	0%	0%	0%	100%



## **Key Messages**

- We have a Safe Medication Order Writing (SMOW) Policy to enhance patient safety and minimize risk
- NH is measures adherence to SMOW policy and quantitative reporting is now available
- This data will be used to target SMOW quality improvement efforts moving forward
- Next steps initial letters distributed in July/August



## **Questions/Comments**



