Patient engagement in medication safety at the point of care

September 15, 2016
Thank you to:

- World Health Organization Patients for Patient Safety Advisory Committee
- Patients for Patient Safety Canada Knowledge Transfer Working Group

Host: Canadian Patient Safety Institute

- Ioana Popescu
- Gina Peck
Moderator

Theresa Malloy Miller
Patient Champion, Patients for Patient Safety Canada
Objectives

Leave with at least one practical idea to advance patient engagement in medication safety as a result of the increased understanding of:

- The role and responsibilities of patients/families
- Different approaches to patient engagement
- Influencing factors
- Supporting resources and leading practices
Agenda

Welcome, logistics
  Helen Haskell
  Q&A
  Johanna Trimble
  Q&A
  Maryann Murray
  Q&A

Wrap up, evaluation, closing
Helen Haskell – President, Mothers Against Medical Error and Consumers Advancing Patient Safety; Steering Group, World Health Organization Global Patient Safety Challenge on Medication Safety
PATIENTS’ ROLE IN MEDICATION SAFETY

Helen Haskell
Co-chair, Patients for Patient Safety Advisory Group
President, Mothers Against Medical Error and Consumers Advancing Patient Safety
Lewis Blackman
1985-2000
Lessons

■ Lack of respect for the power of medications
■ Lack of knowledge
  – Dosing and risks
  – Indications
  – Contraindications
  – Tailoring to the patient
■ Excessive deference to authority
■ Reluctance to report
Patient and family contributions to medication safety

- Self-knowledge and knowledge of family members
- Managing/monitoring medications
- Coordinating among providers
- Research
- Reporting
- Helping guide improvement
Patient reporting yields different results from doctor-reported outcomes

- Clinicians systematically downgrade symptoms compared with patients
- Patient adverse symptom reports correlate better with functional status than clinician reports do

Basch E JNCI 2009, NEJM 2010
The scale of the problem

- US hospital patients are estimated to be exposed to one medication error per day
- 75% of hospital errors occur in the prescription or administration phases
- Approximately 1 in 20 medication orders have been estimated to be in error
- Medication errors are the leading cause of medical harm and extended stays in hospital patients
Global Patient Safety Challenge

- Recognizes medication safety as a global patient safety issue
- Proposes 50% reduction in medication error over five years
- Looks at major domains in medication errors: patients, health professionals, systems and practices, medications themselves
- Addresses areas of harm that are common worldwide
  - High-risk medications
  - Polypharmacy
  - Transitions of care
- Patients and the public will play a major role
Some goals for public campaign

- Empowering patients with information
- Helping patients gain ownership of their medical information
- Involving patients in reporting systems and processes
- Giving a human face to the problem
Johanna Trimble – Patient Champion, Patients for Patient Safety Canada and Patient Voices Network British Columbia
Is Your Mom on Drugs?
Ours was – and here’s what we did about it.

Patient engagement in medication safety at the point of care – roles, responsibilities

Johanna Trimble
isyourmomondrugs@gmail.com

Patients for Patient Safety Champion (Canada)
Honorary Lecturer, Department of Family Practice, UBC Faculty of Medicine
Public Member, Faculty, Call for Less Anti-psychotics in Residential Care (BCPSQC)
Public Member, Steering Committee, BC Polypharmacy Risk Reduction Initiative
Fervid experienced a puzzling and precipitous mental decline after entering the Care Centre to recover from the flu -- the family is starting to worry.
Fervid’s “family care team”: Johanna, Dale, Fervid and Kathie

Practical tip: talk to family members & get everyone on the same page.
Fervid’s delusional state was a drug interaction
Serotonin Syndrome or Toxicity
Caused by citalopram and tramadol (recently prescribed)

Practical tip:
“Assume that any new symptom you develop upon starting a new drug may be caused by the drug. If you have a new symptom, psychiatric or otherwise, report it to your doctor”

Public Citizen’s Health Research Group
www.worstpills.org
I would use the following reputable resources today.

**Practical tip: use reputable resources to look up drug information.**

http://rxisk.org/too-many-drugs/
look up drugs, interactions, side effects and more

5 Questions to Ask About Your Medications
(on the CaDen list below)

medstopper.com
(ranks medication lists in order of risk and efficacy)

CaDeN:
http://deprescribing.org/resources/helpful-links/
Why does the family discover the problem, not the medical staff?

Practical tip: trust that you know your loved-one best, advocate for them, be prepared to go higher if you have to.

- Family knows the baseline
- Spending hours at the bedside
- Noticing changes
- Noticing new drugs
- Are there multiple prescribers?
- Who’s in charge then?
- Staff sees what they are used to seeing in that population (a UTI not a drug interaction)
- A “dementia” label stops further investigation
Fervid over-medicatated  
Fervid back to normal
Shared Decision-Making with Patients & Family
Practical tip: consider quality of life goals not just “disease prevention”.

“Quality of life goals may be more important to patients than submitting to every conceivable attempt to defy decline and death. What is optimal care for a single condition, often becomes a risk factor in the presence of other conditions and therapies [e.g. multiple drug therapies].”

Steven Lewis,
Adjunct professor, Health Policy, SFU
The “evidence-free zone”
From “A Bitter Pill” (2009) by John Sloan

- Frail elders are almost never the population involved in drug research trials.
- Trials are never done on the effects of taking many drugs simultaneously.
- Trials are not done on patients with reduced liver/kidney function and muscle mass.
- Basing treatment on drugs and dosages from guidelines developed for a different population and a single condition can be dangerous to elders.
We learned a lot from Fervid in her remaining time (4 yrs)
Why we need to do this work.
BC Polypharmacy Risk Reduction Initiative: http://sharedcarebc.ca/initiatives/polypharmacy

For clinical resources and tools click here

Taking multiple medications, or polypharmacy, is a risk factor for serious adverse events for our elderly community, especially for the frail elderly. With each medication taken, the risk of confusion, falls and other negative impacts rises exponentially.

The Shared Care Polypharmacy Risk Reduction initiative aims to reduce risks of polypharmacy in the elderly by providing physicians with tools and strategies to reduce medications for improved safety and quality of life.

This initiative is being implemented in phases, focusing on prescribing in the following care settings:
A picnic in the garden with Fervid
Maryann Murray – Patient Champion, Patients for Patient Safety Canada; Patients and Public Workgroup, WHO Global Patient Safety Challenge on Medication Safety
MEDICATION SAFETY: PATIENT AND FAMILY ENGAGEMENT IN THE COMMUNITY

MARYANN MURRAY
MEDICATION AT HOME

- A partnership between professionals and the patient is imperative
- Patients/families need tools and information
- Motivation may come with understanding the importance of their role
A STORY OF HARM
IDENTIFYING WHEN RISK IS GREATEST

- High risk medication – inform the patient and elevate the vigilance
- Polypharmacy – sharing information with the patient so they can make informed decisions
- Transitions of Care – including the patient
- Using information and tools to help patients and families reduce the risk
Moments that Matter

1. When a medication is prescribed
2. When the prescription is filled
3. When a patient starts taking medication
4. When additional medication is prescribed
5. When a patient stops taking medication
What Patients and Families Want

- We want to help safeguard our loved ones
- We want to recognize the moments that matter
- We want to be able to report incidents of harm
- We want the tools to help make informed decisions to maintain health and prevent harm
TOOLS THAT HELP

5 QUESTIONS TO ASK ABOUT YOUR MEDICATIONS when you see your doctor, nurse, or pharmacist.

1. CHANGES?
   Have any medications been added, stopped or changed, and why?

2. CONTINUE?
   What medications do I need to keep taking, and why?

3. PROPER USE?
   How do I take my medications, and for how long?

4. MONITOR?
   How will I know if my medication is working, and what side effects do I watch for?

5. FOLLOW-UP?
   Do I need any tests and when do I book my next visit?

Keep your medication record up to date.

Remember to include:
- drug allergies
- vitamins and minerals
- herbal/natural products
- all medications including non-prescription products

Ask your doctor, nurse or pharmacist to review all your medications to see if any can be stopped or reduced.

Visit safemedicationuse.ca for more information.
So what can each of us do?

- How will you increase medication safety?
- What tools and supports will you use?
- How will you make a difference?
- 5 Questions to Ask about your Medications:  
  https://www.ismp-canada.org/medrec/5questions.htm  
  https://youtu.be/BJl1ToB-Dv8
- List of high risk medication: https://www.ismp.org/tools/highalertmedications.pdf
- Rxisk – Making Medicines Safer for All of Us: http://rxisk.org/too-many-drugs/
- http://medstopper.com
- Canadian Deprescribing Network (CaDeN):  
  http://deprescribing.org/resources/helpful-links/
- BC Polypharmacy Risk Reduction Initiative:  
  http://sharedcarebc.ca/initiatives/polypharmacy
- The Institute for Safe Medication Practices Canada – tools for consumers  
  https://safemedicationuse.ca/
- Global Patient Safety Alerts: www.globalpatientsafetyalerts.com
- Johanna Trimble’s Advice on Medications for Elders and Families: read here