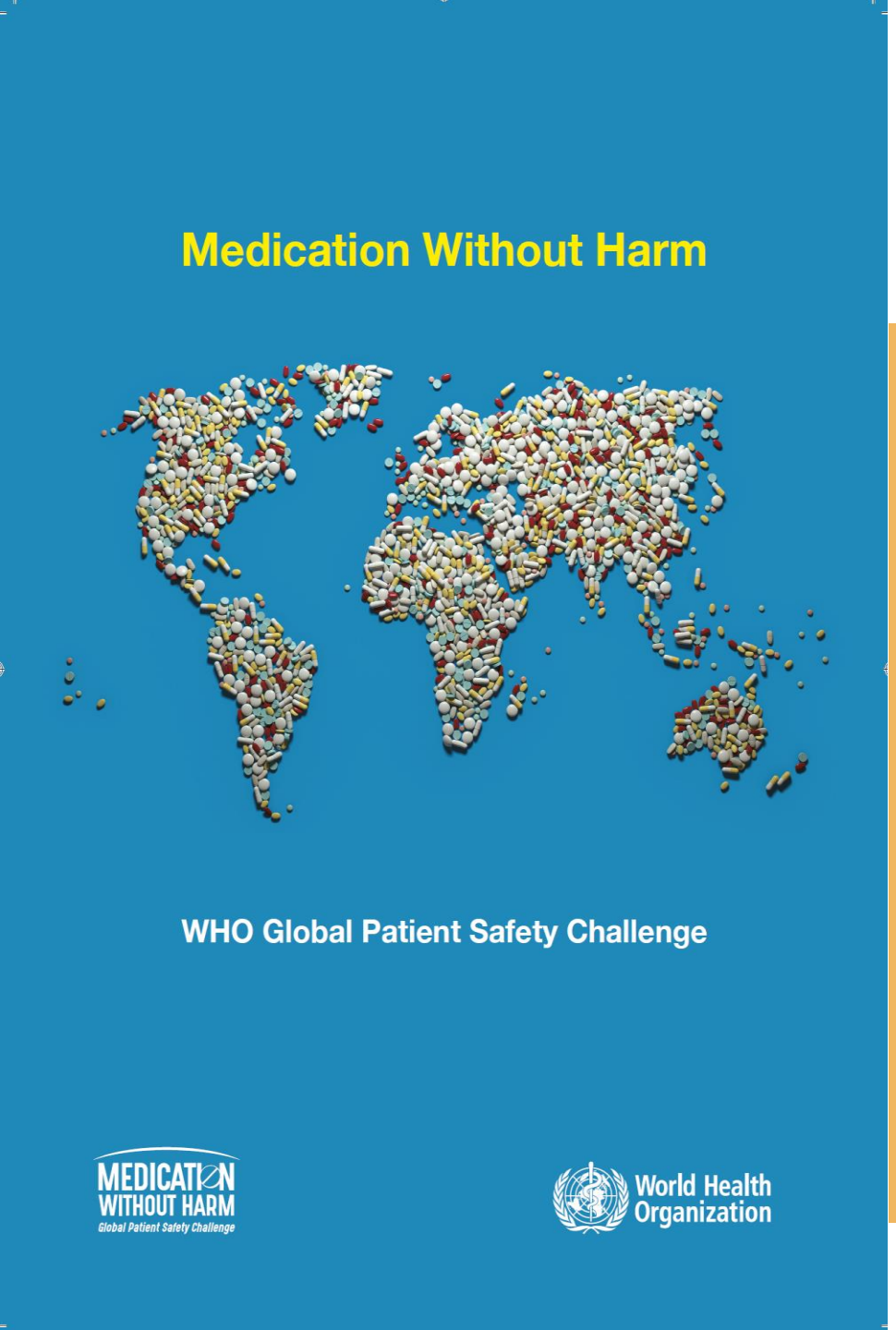

Introduction to the WHO Technical Report

"Medication Safety in transitions of care"

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07 June 2022

Medication Without Harm

- Reduce serious, avoidable medication-related harm by 50% over 5 years

People at greater risk of harm…
…and the priorities for improvement

- Polypharmacy
- Transitions of care
- High-risk medication (A PINCH)
  - Antimicrobials, Potassium/electrolytes IV, Insulins, Narcotics (opioids), Chemotherapy including methotrexate, Heparins and anticoagulants; Diuretics?, NSAIDs?
- High-risk patients (e.g. renal impairment, age, critically ill, cognitive impairment…)

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Beijer HJ et al. Pharm World Sci 2002; 24: 46-54
Rodriguez-Monguio R et al Pharmacoeconomics 2003; 21: 623-50
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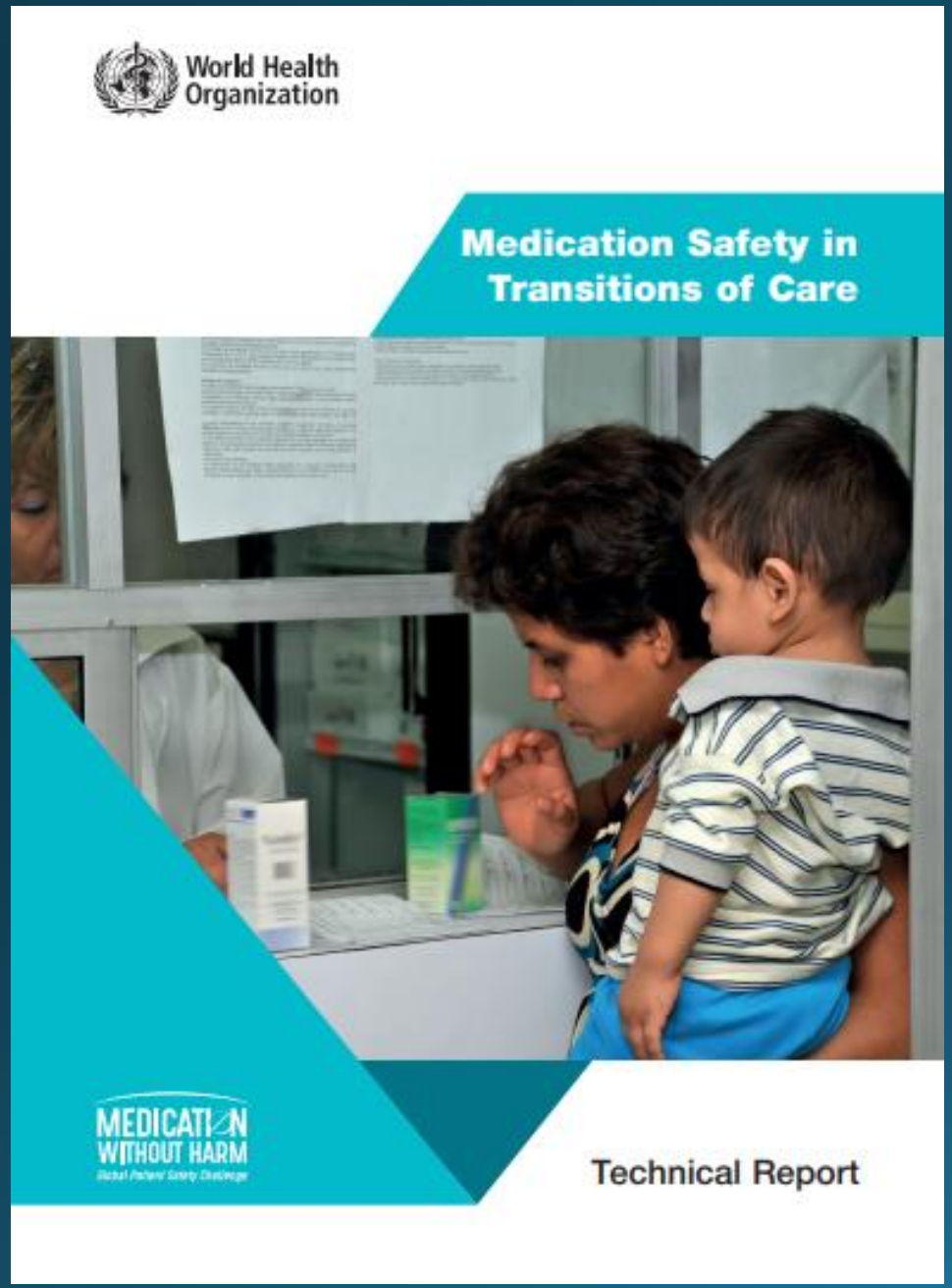
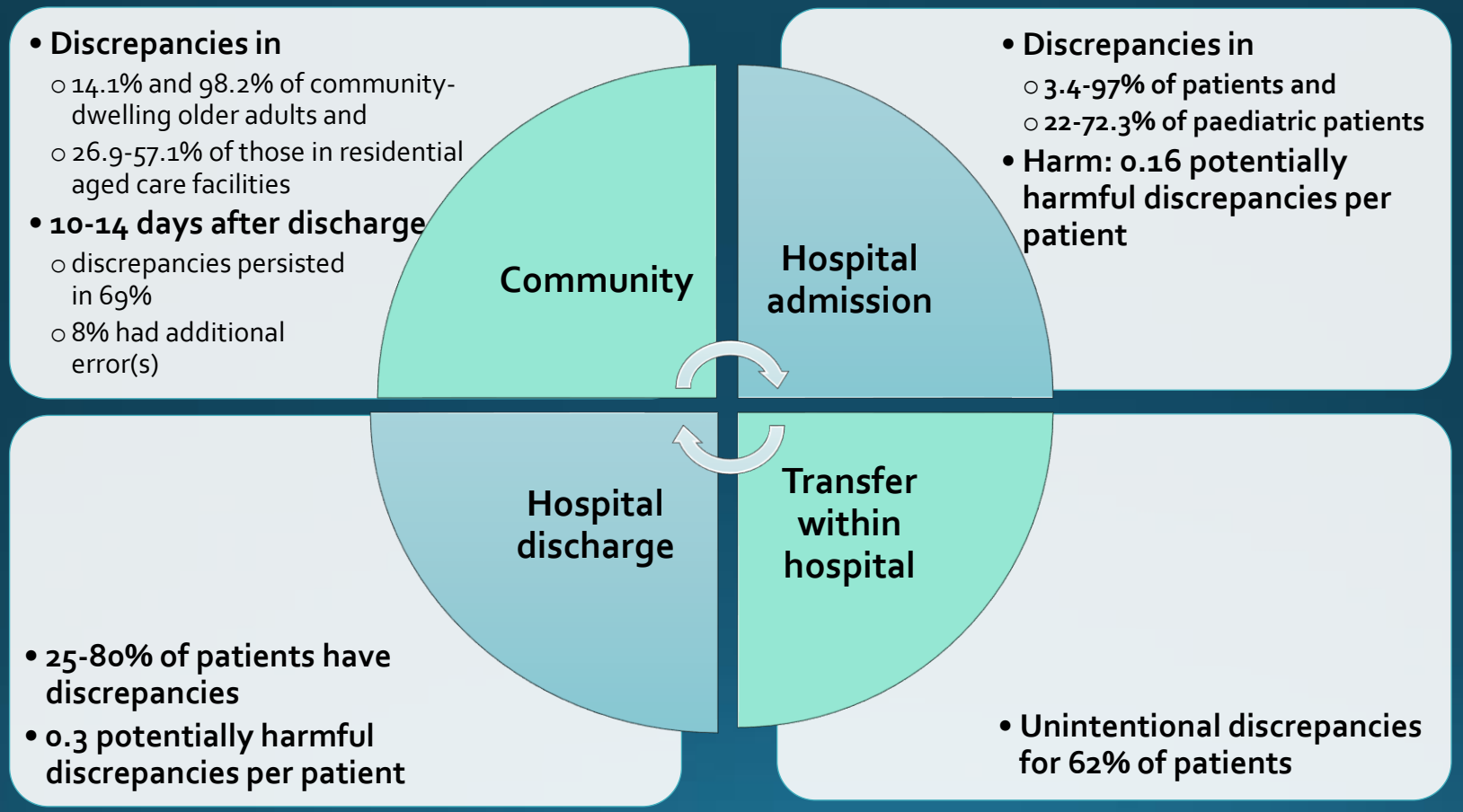

World Health Organization
Medication Safety in Transitions of Care
MEDICATION WITHOUT HARM
Technical Report

Large burden of discrepancies and harm



Lehnbom Ann Pharmacother 2014
Salanitro BMC Health Services Research 2013
O'Riordan Int J Clin Pharm 2016

What needs to be done?

1. Leadership commitment and planning
   Strategy, governance, resources, research, collaboration

2. Quality improvement programme
   Goals, measures, key elements

3. Key components
   1. Partnering with patients, families and caregivers
   2. Medication reconciliation capacity and capability
   3. Information quality and availability at care transitions

4. Measurement

Partnering with patients, families and caregivers

- The patient is the one constant in their healthcare
- Patient knowledge and patient-held information hugely aids safe transitions

- Partnering between patients, families and health care professionals to

  - discuss proposed medication and changes and help patients manage safely
  - have an up-to-date medication list, app or smart card and bring it to healthcare appointments and pharmacy

BEFORE YOU TAKE IT...

KNOW your medication

CHECK the dose and time

ASK your health care professional

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BEFORE YOU GIVE IT...

KNOW your medication

CHECK you have the right
- ☑ patient
- ☑ medicine
- ☑ route
- ☑ dose
- ☑ time

ASK your patient if they understan

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Before you take it...

KNOW your medicines and keep a list

CHECK that you are using the right medicine the right way

ASK your healthcare professional if you're unsure

My pharmacy's name	
Phone number	
My family doctor's name	
Phone number	
Emergency contact name	
Phone number	

What is My Medicines List?
My Medicines List is a list of all the medicines and supplements you take.

Why should I use it?
Keeping an up-to-date list can help you know your medicines. It can also help you when discussing your medicines with a healthcare professional.

How should I fill it in?
To fill out My Medicines List, you need all your medicines in front of you. Another option is to ask your pharmacist to print out a list for you. Make sure you include all prescribed and over-the-counter medicines and supplements.

How should I use it?
Keep your list up to date. Bring it with you when attending any healthcare appointment. You may find it useful to keep a photo of this list on your phone.

How can I get another form?
To get another copy, you can print from www.safermeds.ie or ask for a copy at your local pharmacy.

Information for people who take medicines and their families

My Medicines List

KNOW
CHECK
ASK

My medicines

My allergies and how I react:

Name | Date of birth | Date I filled out this form

Name of medicine or supplement	Strength	How much I take each time	I take it	I take it every day (Yes / No)	Why I take it?	My notes
Example: ABC Tablets	25mg	2 tablets	Once in the morning	Yes	For my heart	Take with food

This document belongs to the person named above. If taking a copy, return the original to the person.

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5 Moments for Medication

Introducing Mobile Application on 5 Moments for Medication Safety

Download on the App Store

GET IT ON Google Play

World Health Organization

WHO medsafe

WHO medsafe app

Will guide you through the 5 key moments where your action can reduce the risk of medication-related harm.

Ask your health care professional important questions, keep the answers in a structured way to better manage your medications. Stay Healthy!

Starting a medication

- What is the name of this medication and what is it for?
- What are the risks and possible side-effects?

Taking my medication

- When should I take this medication and how much should I take each time?
- What should I do if I have side-effects?

Adding a medication

- Do I really need any other medication?
- Can this medication interact with my other medications?

Reviewing my medication

- How long should I take each medication?
- Am I taking any medications I no longer need?

Stopping my medication

- When should I stop each medication?
- If I have to stop my medication due to an unwanted effect, where should I report this?

Medication reconciliation

- Formal structured process
- Collaborative – medical, nursing and pharmacy
  - Agreed roles and responsibilities – evidence for pharmacy-led
  - Supported by tools and technology but not a replacement
- Where staffing is inadequate
  - Plan and invest in increased workforce capacity and capability, including under- and post-graduate education and training
  - Prioritize patients at higher risk of medication-related harm

Medication reconciliation

1. Build the Best Possible Medication History
   - Patient interview
   - Verify with at least one **reliable** information source
   - Back to patient
2. Reconcile and update list
3. Adjust medication in line with new patient conditions and experience with medication (adverse drug events, adherence)
4. Communicate about changes with **patient** and future healthcare providers

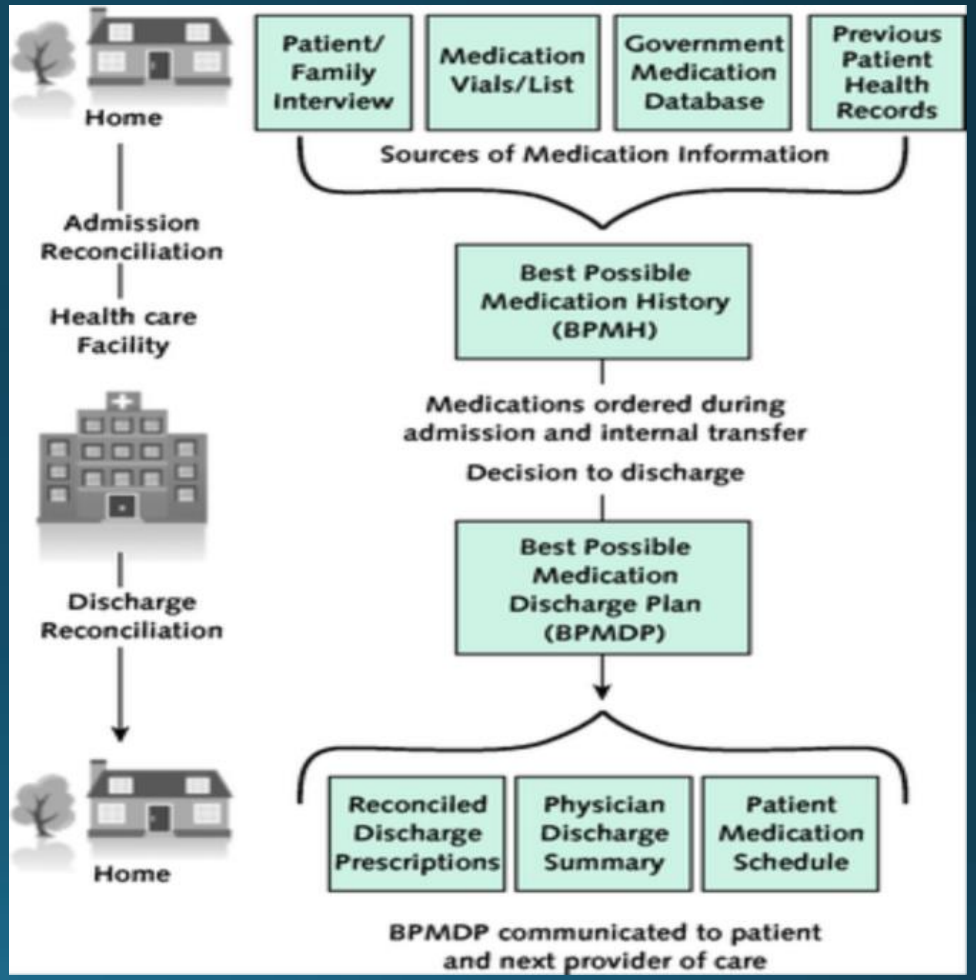

Figure adapted from Fernandes OA. Medication reconciliation. Pharmacy Practice. 2009;25:26
In Kwan et al. Ann Intern Med. 2013; 158(5 Part 2): 397-403. Copyright American College of Physicians

Measurement

Percentage of patients with at least one outstanding unintentional discrepancy

$$= \frac{\text{Number of patients with at least one outstanding unintentional discrepancy}}{\text{Number of eligible* patients}} \times 100$$

Percentage of patients receiving medication reconciliation

$$= \frac{\text{Number of eligible* patients receiving medication reconciliation}}{\text{Number of eligible* patients admitted}} \times 100$$

Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?

- ☐ Yes, completely
- ☐ Yes, to some extent
- ☐ No
- ☐ I did not need an explanation
- ☐ I had no medicines

Take home

- Unintended medication discrepancies affect nearly every patient that moves across transitions of care.

- We can and must change this.

Join us in achieving...

Medication Without Harm

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