MEDICAL PHARMACIES TABLET

Drug information and news for health care providers

January 2014

RISK MANAGEMENT THROUGH MEDICATION RECONCILIATION

In past few issues of the *Tablet*, we have been focusing on Required Organizational Practices (ROPs) as published by Accreditation Canada in the *Required Organizational Practices Handbook*. In this issue, we will review the processes that meet the ROP requirements for medication reconciliation in the long-term care environment.

WHAT IS MEDICATION RECONCILIATION?

Medication reconciliation has been defined as "a structured process in which healthcare professionals partner with clients, families, and caregivers for accurate and complete transfer of medication information at transitions of care."[1]

Evidence suggests that over one-half of patients admitted to hospital have at least one medication discrepancy upon admission.[1] Discrepancies may include issues such as omissions, duplications, and dosing errors associated with medication use.

MEDICATION RECONCILIATION PROCESS

Medication reconciliation is a three-step process:[2]

1. Collect the best possible medication history (see next section) with the involvement of the client, family, caregiver, and others, as appropriate.
2. Compare what the client is actually taking with what is prescribed in order to identify discrepancies.
3. Communicate and resolve medication discrepancies.

The team uses the reconciled admission orders to generate a current medication list that is kept in the resident record.

THE BEST POSSIBLE MEDICATION HISTORY

The best possible medication history—or BPMH—refers to documentation of ALL current medications, including drug name, dose, frequency, and route that is currently being used by the resident.

It is very important that clients and caregivers be prompted to include nonprescription drugs and medications other than those in pill form—such as eyedrops, ointments, nasal sprays, inhalers, patches, injectables, and liquids—when discussing current medication use.

When creating the list of current medications, it is critical that health professionals be certain of the correct spelling of the drug and utilize safety measures to ensure that the drug will not be mistaken for another drug with a name that sounds or looks similar. Utilization of TALL Man Lettering (see the January QI) is a useful strategy in this regard.

TIPS FOR CREATING A BPMH[3]

- Use multiple sources of information (e.g., list from pharmacy, client and caregiver information, acute care transition notes, medications that client has brought along).
- The BPMH should include drugs that the client is actually taking vs. what was prescribed (but ensure that all caregivers know what was originally prescribed).
- Inquire about medications "on hold" or infrequently used. Common examples include skin creams and medications that are given infrequently (e.g., monthly injections).

GATHERING INFORMATION FROM CLIENTS

Strategies that may be used to ensure that you are getting accurate and complete information from clients and caregivers include the following:[3]

- Ensure that client/caregiver knows you are asking about ALL medications.
- Use non-biased questions (i.e., don't lead client/caregiver to believe that you expect a particular response).
- Ask simple questions with no medical jargon.
- Pursue unclear answers—if necessary, call the resident's pharmacy, physician, and/or obtain previous medical records for clarification.

Continued on back

RESOURCES

There are many resources available for further education about medication reconciliation, such as:

- Safer Healthcare Now: Medication Reconciliation in Long-Term Care
  - http://www.saferhealthcarenow.ca/EN/Interventions/medrec/Documents/Long%20Term%20Care/Med%20Rec%20(Long%20Term%20Care%20)%20Getting%20Started%20Kit.pdf
- Institute for Safe Medication Practices Canada (ISMP): Medication Reconciliation
  - http://www.ismp-canada.org/medrec/
- Medication Reconciliation: Recent changes introduced by Accreditation Canada
  - http://www.slideshare.net/PatientSafetyCanada/medication-reconciliation-recent-changes-introduced-by-accreditation-canada **MPT**

References:

1. Accreditation Canada. 2013 Required Organizational Practices Handbook.
2. Medication Reconciliation: Recent changes introduced by Accreditation Canada. http://www.slideshare.net/PatientSafetyCanada/medication-reconciliation-recent-changes-introduced-by-accreditation-canada
3. Safer Healthcare Now. Medication Reconciliation in Long-Term Care. March 2012. http://www.saferhealthcarenow.ca/EN/Interventions/medrec/Documents/Long%20Term%20Care/Med%20Rec%20(Long%20Term%20Care%20)%20Getting%20Started%20Kit.pdf

Jentadueto® (linagliptin/metformin 2.5 mg/500 mg, 2.5 mg/850 mg, 2.5 mg/1000 mg tablets)

Jentadueto® is a new combination drug (linagliptin/metformin) indicated in addition to diet and exercise (+/- sulfonylurea) for glucose control in adults with type 2 diabetes who are not adequately controlled with metformin (or metformin plus sulfonylurea) alone. Jentadueto® is also indicated in individuals with type 2 diabetes who are currently taking metformin and linagliptin as separate therapies.

Dose & Administration

The recommended dose of Jentadueto® is one tablet of the dose appropriate to the patient's needs, taken twice daily with meals.

Adverse Effects

The most common adverse effect associated with Jentadueto® use is diarrhea (0.9%). When used in combination with a sulfonylurea, the most common adverse effect was hypoglycemia (22.9% vs. 14.8% in placebo group). The rate of serious adverse effects reported in clinical trials was 3.1% in Jentadueto® groups vs. 3.1% in placebo groups.

Precautions

Lactic acidosis is a rare (< 1/10,000), but serious, metabolic complication that can occur due to metformin accumulation during treatment with Jentadueto®. The risk increases with conditions such as renal impairment, sepsis, dehydration, excess alcohol intake, hepatic impairment, and acute congestive heart failure. **DN**

Please refer to Jentadueto® product monograph for more comprehensive information.

New Treatment for Onychomycosis Approved

Jublia® (efinaconazole 10% topical solution) was approved by Health Canada for treatment of mild to moderate onychomycosis (toenail fungus) in October 2013. Onychomycosis is a common and destructive nail infection caused mostly by dermatophyte fungi.

Jublia® represents the first new treatment for this condition in over ten years. It is applied daily to the nail with a bottle that has a built-in flow-through brush applicator. In studies, 17.8% of patients were completely cured with Jublia® after one year of treatment compared with 3.3% of those treated with vehicle only. In a second study, 15.2% were cured with Jublia® and 5.5% of those treated with vehicle.

It is expected that Jublia® will be released in the Canadian market in the near future. **DN**