Strengthening Maine’s Safety Net
About the Maine Health Access Foundation

Our mission is to promote affordable and timely access to comprehensive, quality health care, and improve the health of every Maine resident.

- Largest health care foundation in Maine
- Emphasis on addressing the needs of people who are uninsured and medically underserved
- *Strengthening Maine’s Safety Net* is one of the Foundation’s three priority areas
- Medication access, effective medication management, and medication safety is a focus area for MeHAF’s *Safety Net* work because these challenges exists at the nexus of cost, access and quality concerns – maximizing the potential for impact
Strengthening Maine’s Safety Net Investments

Our investments in the Safety Net are broad, and cover many topics. Those related to medication access, improved medication management, and medication safety include:

- Support for effective community implementation of Part D in Maine
- Convened Medication Stakeholder Group to increase information sharing, encourage collaboration, and improve policy development
- 10 community-based programs to help people navigate affordability challenges and begin to improve medication management challenges
  - *Improving Medication Management: A Review of the Evidence*
  - *Comprehensive Evaluation*
  - *Group Learning Opportunities*
- Convened Medication Stakeholder Group to increase information sharing, encourage collaboration, and improve policy development
- 14 Critical Access Hospitals with each hospital creating and completing a Medication Safety Project in their hospital/community
  - *Patient Safety Collaborative with Maine Quality Forum*
Maine CAH
Patient Safety Collaborative
The Medication Safety Initiative

2009 International Symposium on Pharmaceuticals in the Home & Environment
October 19, 2009
Building the Collaborative

- Grew out of conversations with 14 Maine CAH CEOs, Office of Rural Health, MeHAF and Maine Quality Forum
- MeHAF provided grant funding to establish first initiative “Medication Safety”
- Muskie provides facilitation and technical assistance
- Planning period – 6 months – self-assessments, review of best practices
- Grant funding for 15 month project
- Representation at Collaborative meetings
  - Monthly conference calls
  - Quarterly face-to-face meetings
  - Project updates, guest speakers, networking
  - Coordinating activities (VA, MQF, Quality Counts, Pharmacy Schools, Maine Medical Center, Office of Rural Health, MHA, etc.)
Collaborative

14 different Medication Safety Projects

Learning to tell the story

Group trip to Institute for Healthcare Improvement Annual Meeting in Orlando

Moving on to the next phase...
Telling the Story
Stealing Encouraged
Medication Safety Projects
Mayo Regional Hospital
Dover Foxcroft, Maine
Barcoding
Millinocket Regional Hospital
Smart Pumps
Pyxis Automated Dispensing
Houlton Regional Hospital
CPOE
Redington-Fairview General Hospital
The Book Club

UNDERSTANDING PATIENT SAFETY

LANGE

ROBERT M. WACHTER, MD
Chapter Activity
Telepharmacy
Penobscot Valley Hospital
The Green Folder Project
Bridgton Hospital
Blue Folder Project
Blue Hill Memorial Hospital
Pharmacy-Centric Interventions

• In-patient and out-patient anticoagulation management by pharmacists
  – Protocol development and hard-wired processes

• Medication reconciliation at the bedside by pharmacy technicians
  – 7 step training process developed by pharmacists
Sebasticook Valley Hospital
New System for Housing Drug Supply
Other Med Safety Interventions

• Pediatric medication safety
  – protocols, training and special equipment

• Medication Safety events
  – Community brown bags, health fairs, drug destruction events

• Community provider/pharmacy partnerships

• Dangerous abbreviations

• Transitions in care
  – Patient education, discharge information

• Decision support protocols through EMR
What we have learned so far...

• Medication reconciliation is a tough nut and a moving target
• There is a place for both high-tech and low-tech in medication safety
• Multi-disciplinary teams work best – with physician champions
• Change can happen quickly in small hospitals
• Challenges occur with “island” thinking
• Collaboration provides shared learning and “short-cuts”, exposure to best practices, benchmarking
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