

Perley Health Family and Friends Council

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Agenda

1. About CareRx
2. Clinical Service and Programs
3. Pharmacy and Therapeutics at Perley Health
4. Antimicrobial Stewardship
5. Q&A





About CareRx

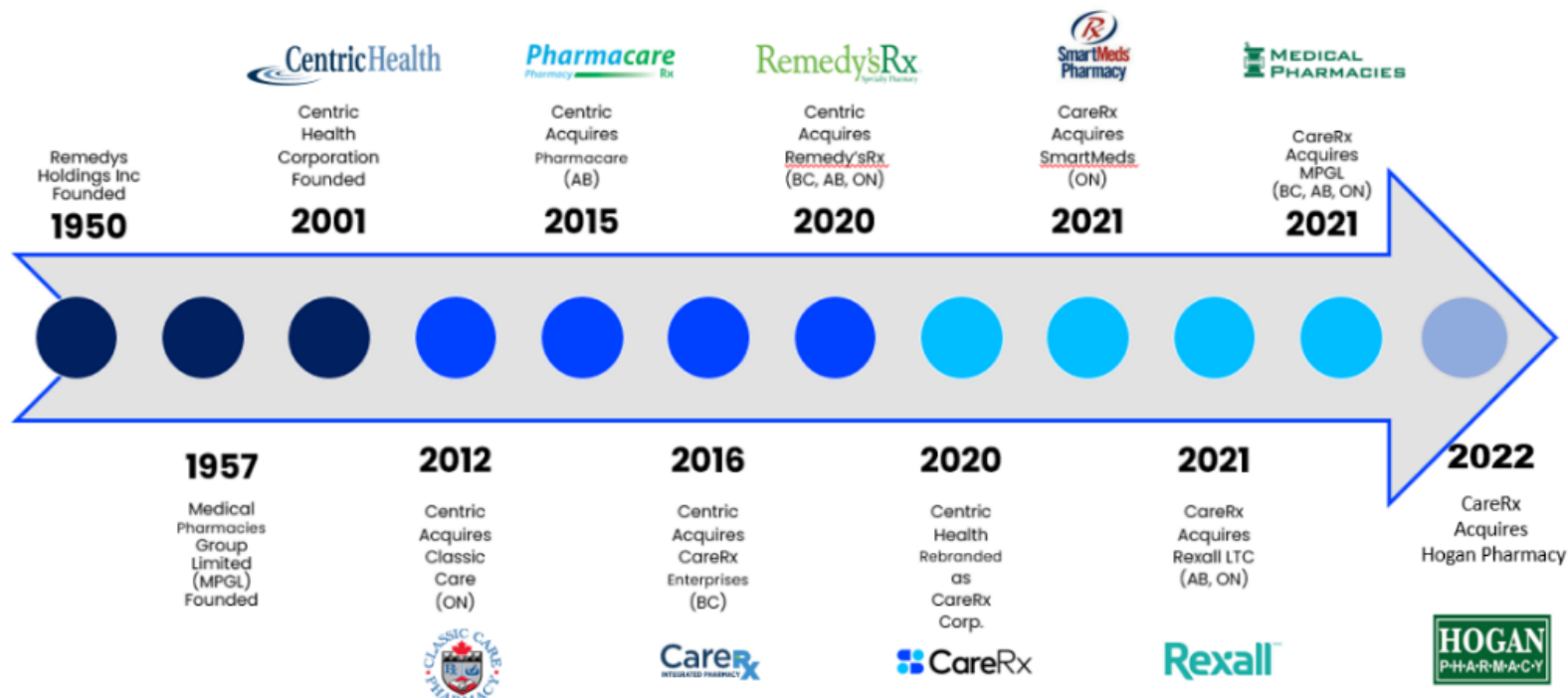


About CareRx

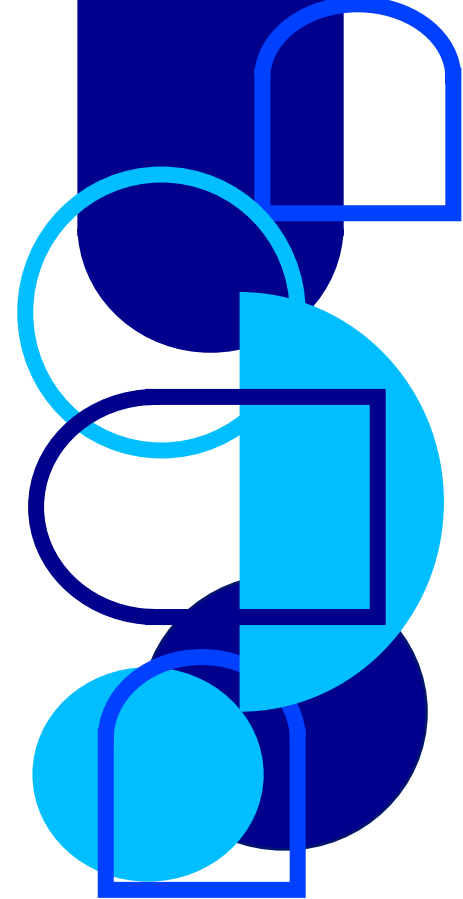
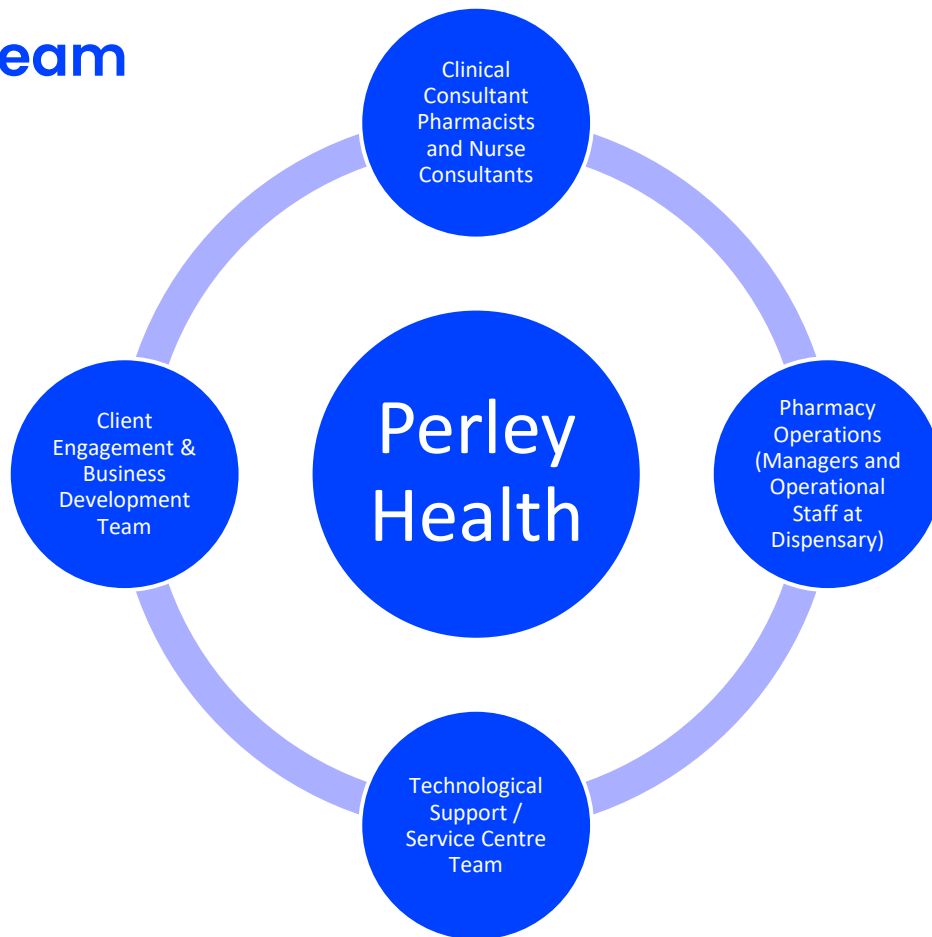
- Canadian Company serving seniors in Ontario, Alberta, BC, New Brunswick and Saskatchewan
- **Services Provided:**
 - Clinical experts, specializing in older adults
 - Daily delivery and 24/7 clinical service
 - Medication Management services

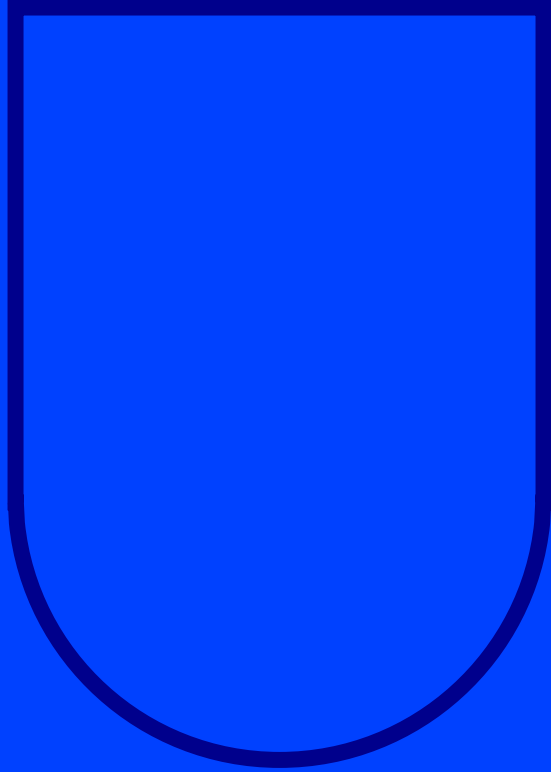


Evolution of CareRx:



CareRx Team





Clinical Services and Programs



Clinical Consultant Pharmacist

Resident Level Support

- On site Clinical Pharmacist
- Referral reviews
- Medication reconciliation at admission

Home Support

- Education and training
- Safety and Quality Assurance Audits
- Participation in home committees
- Narcotic safety





CareRx Clinical Education



Influenza Prevention



Fracture Risk Reduction



Dementia Care



High Alert Medications



Influenza Protocol



End of Life Care



Managing Behaviours



Safe Mobility



Managing Diabetes
in the Elderly



Integration into a long-term
care home through BOOMR



Regulatory Education in
Retirement Homes



Pain Management

BOOMR[®]

Transitions Made Easy

Admissions are completed by our dedicated clinical pharmacist team

Aims to minimize adverse health outcomes as residents transition through the healthcare system

Reduces hospital visits, unnecessary medications, and system costs

Assists residents transitioning into long-term care or retirement homes



Medication Reconciliation

Perley Health Pharmacy and Therapeutics Committee

Every LTC home in Ontario is required to have a quarterly interdisciplinary team meeting to evaluate the medication management system:

- Review drug utilization trends and patterns, including psychotropic and high-risk medications
- Review reports of any medication incidents and adverse drug reactions
- Identify changes to improve the system in accordance with evidence-based practices
- Ensure the facility meets compliance with LTC standards

Medication Incidents

Each LTC home shall ensure that every medication incident involving a resident is:

- *Documented, together with a record of immediate actions taken to assess and maintain the resident's health; and*
- *Reported to the resident, the resident's substitute decision-maker, if any, the Director of Nursing and Personal Care, the Medical Director, the prescriber of the drug, the resident's attending physician or the registered nurse in the extended class attending the resident and the pharmacy service provider.*

Medication Incidents

- All medication incidents are analyzed by the Managers of Resident Care, the Clinical Pharmacist, and a Quality Assurance Pharmacist.
- If necessary, opportunities for change and improvements are reviewed and immediately implemented.
- A Medication Incident Working Group meets to analyze trends and develop education and action plans to improve resident safety.

Obtaining and Keeping Drugs



O. Reg. 79/10, s. 122 Purchasing and handling of drugs

122. (1) *Every licensee of a long-term care home shall ensure that no drug is acquired, received or stored by or in the home or kept by a resident under subsection 131 (7) unless the drug,*

(a) has been prescribed for a resident or obtained for the purposes of the emergency drug supply

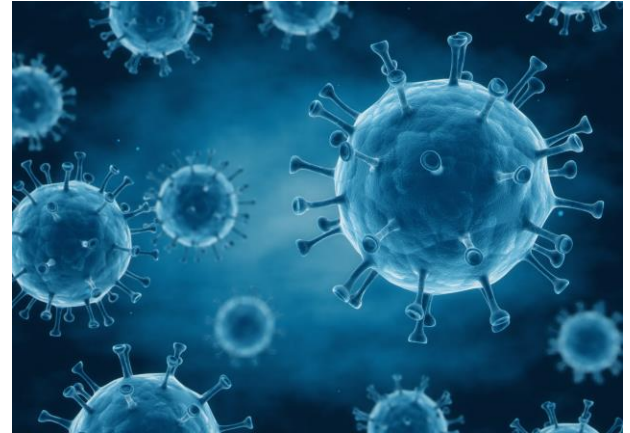
(b) has been provided by, or through an arrangement made by, the pharmacy service provider or the Government of Ontario.

O. Reg. 79/10, s. 131 Administration of drugs

131. (1) *Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident.*

Antimicrobial Stewardship (AMS)

- AMS is a coordinated program to promote the appropriate use of antimicrobials, such as antibiotics, antivirals, and antifungals.
- The goal is to improve patient outcomes, reduce the development of drug-resistant organisms (AMR), and decrease side effects from unnecessary use.



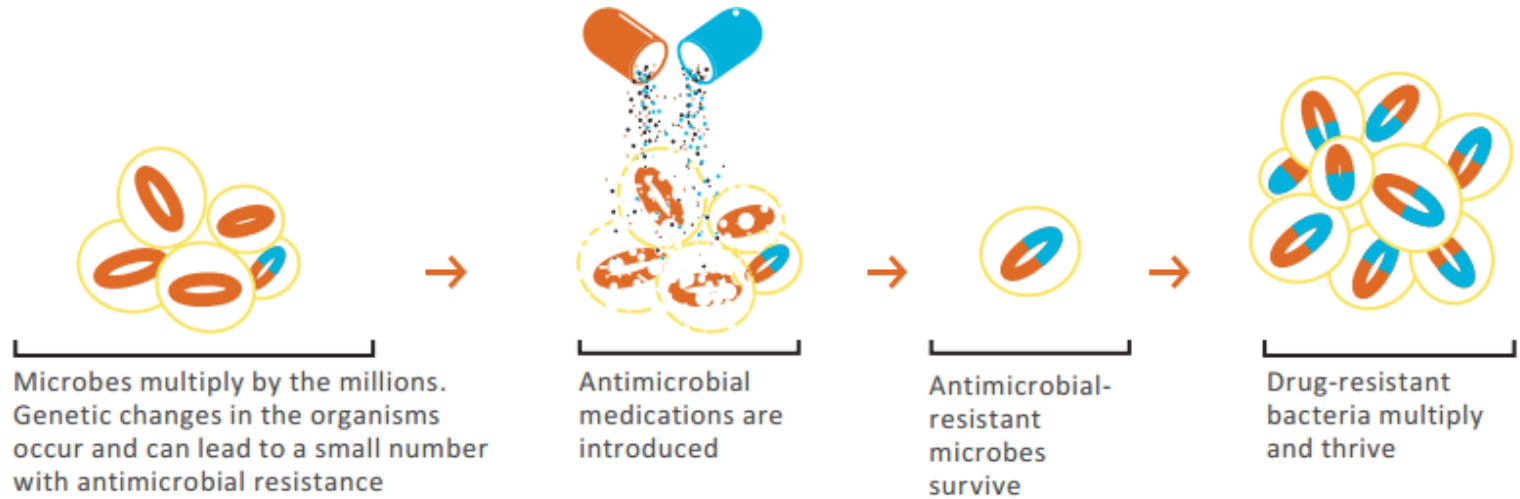
Why is AMS Needed?

In 2021, WHO declared antimicrobial resistance (AMR) to be one of the top 10 global health threats facing humanity.

Overuse of antibiotics is associated with:

- Increased risk of adverse drug events
- *Clostridium difficile* infection (CDI)
- Increased risk of antimicrobial-resistant organisms (AROs), resulting in more severe infections, increased hospitalizations, and increased risk of death.

Antimicrobial Resistance



Antimicrobial Resistance (AMR) is a Threat to Public Health

AMR is undermining modern medicine as infections become more difficult to treat. The effectiveness of antibiotics to prevent infections is also reduced, making routine surgery and cancer therapy more risky. Overuse of antibiotics is contributing to rising antimicrobial resistance. Since many antibiotic prescriptions are unnecessary, AMR is a problem we can all help to address.

1.27 Million

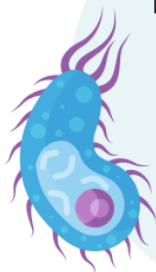
Annual global deaths due to AMR.¹



6 Ontarian lives lost per day due to AMR.²

↑30%

Increased odds of death.



In Ontario, bloodstream infections caused by AMR bacteria increase the odds of death by 30% compared to susceptible bacteria.³

1 in 4

Antibiotics prescriptions are not needed.



At least 25% of antibiotics prescribed in the community are for conditions that don't need antibiotics.⁴

Why is AMS Needed?



What is the problem?

50%

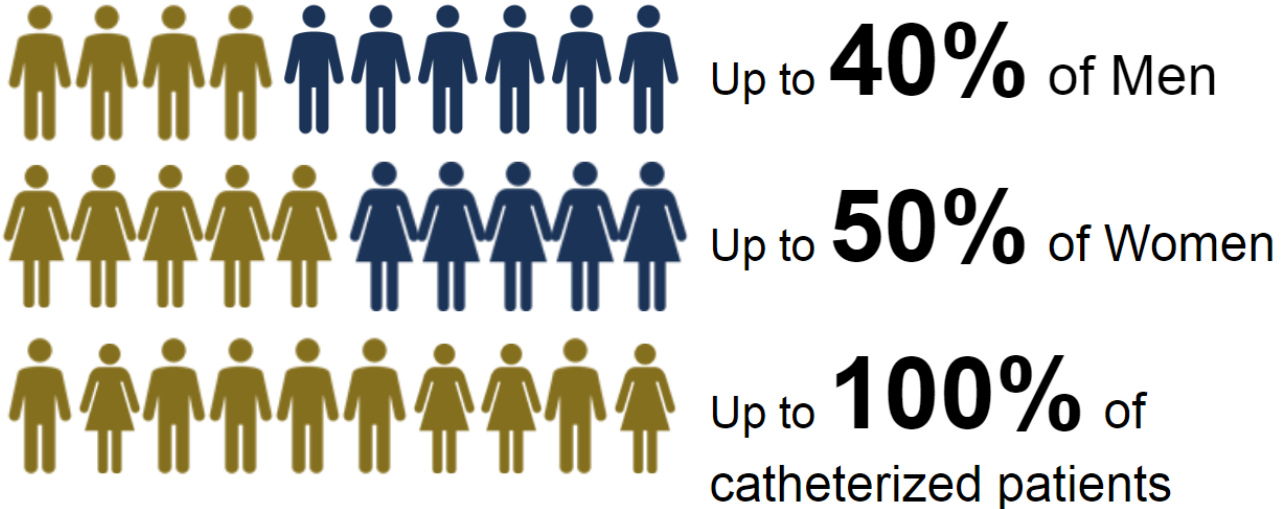
of antibiotic courses are unnecessary¹

78% 

of residents receive at least one antibiotic course each year²

Asymptomatic Bacteriuria

- Asymptomatic bacteriuria is the presence of bacteria growing in the urine in the absence of signs or symptoms of a urinary tract infection



Urine Cultures

Urine cultures should only be ordered when a resident has:

- New difficult or painful urination OR
 - Two or more of:
 - Fever
 - Flank pain or suprapubic pain/tenderness
 - Blood in urine
 - Increased frequency

Urinary Tract Infections

The following are not signs or symptoms of a UTI:

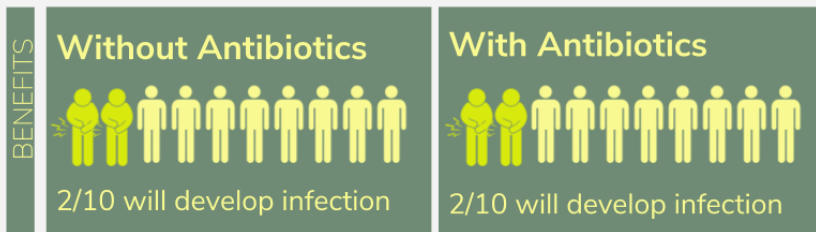
- Smelly, cloudy or dark coloured urine
- Confusion
- Dehydration
- Change in behaviours associated with dementia
- Falls

Symptom Free Pee...Let it Be!

- Encourage Fluids
- Monitor for other causes:
 - Dehydration, electrolyte imbalances
 - Pain
 - Constipation
 - Change in environment
 - Sleep changes
 - Liver, Kidney changes
 - Changes in diet
 - Other medical causes

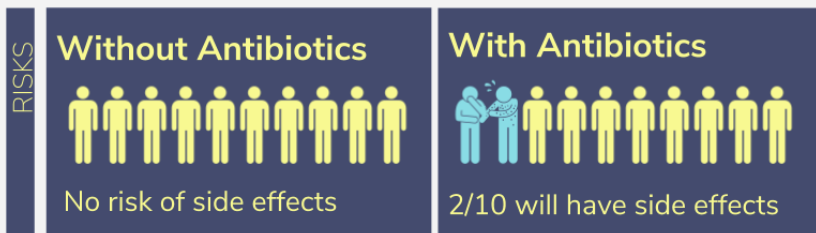
Antibiotics do not help in those without symptoms.

In older people, bacteria in the urine without symptoms is common (symptoms include painful urination, stomach or back pain, and fever). Foul smelling urine, cloudy urine, or confusion alone are not symptoms of infection. Giving these patients antibiotics does not help them improve any faster or prevent infection.



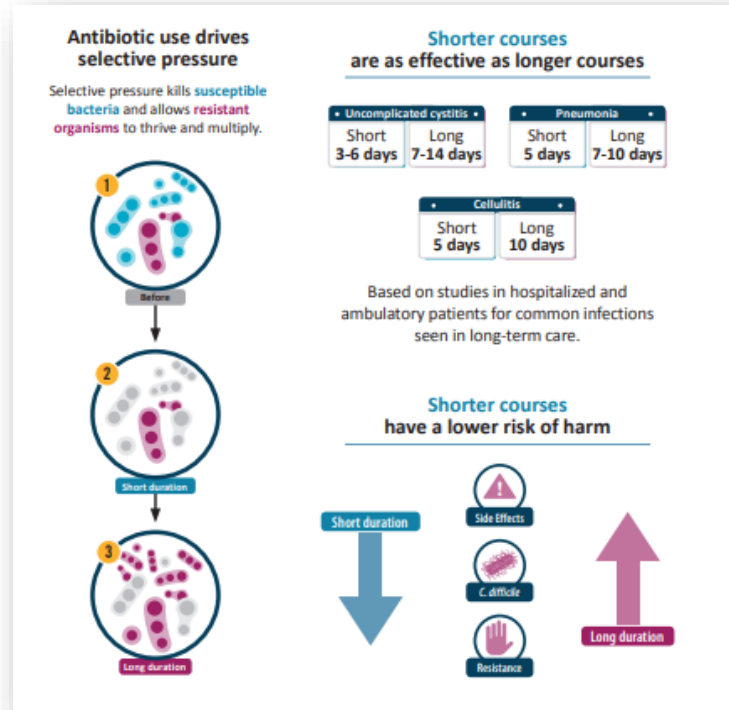
Antibiotics can cause side effects.

Antibiotics come with known risks. Two out of ten patients who receive an antibiotic will have side effects including upset stomach, diarrhea, and rash.



Shorter is Better!

- Shorter courses of antibiotics equally as effective as longer courses, with less risk of harm (side effects, resistance)



Questions?

