Long-Term Care (LTC) Medication Safety Technology (MST) Program Funding Policy (Funding Policy)	Original Publish Date	**April 2021**

1.0 Purpose of Funding

LTC Home licensees (as defined in the Long-Term Care Homes Act, 2007) ("Licensee") are responsible for developing an interdisciplinary medication management system that provides safe medication management and optimizes effective drug therapy outcomes for LTC home residents in accordance with the requirements in the *Long-Term Care Homes Act, 2007* (LTCHA) and Ontario Regulation 79/10 (Regulation) under that Act..

The purpose of the MST program is to provide supplementary funding (Funding) to Licensees over a three (3) year period (from 2021 to 2024) to strengthen the safety and security of medication management systems. This Funding is provided to Licensees to acquire access to technologies to support:

- o The secure and accurate electronic transmission and handling of prescription information.
- o The optimization of medication regimes for LTC home residents, including the identification of opportunities for deprescribing and decision support at the point of prescribing.
- o The strengthening of the security of the drug supply.
- o The accurate administration of medication.
- o The oversight and monitoring of the medication use process.
- o The improved functioning of the medication management system in the LTC home.

The MST program supports the implementation of recommendations of the Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System (Gillese Inquiry).

This Funding Policy is the primary Applicable Ministry Policy Document in respect of the LTC Medication Safety Technology Program under Schedule A of the Letter of Agreement for Ministry Direct Funding to LTC Homes (Direct Funding Agreement, or DFA) between each Licensee and the Ministry of Long-Term Care (ministry).

2.0 Funding Eligibility

2.1   All Licensees that are party to a DFA with the ministry in respect of a LTC home will receive Funding from the ministry for the LTC home, in accordance with, and subject to, the terms and conditions of this Funding Policy and the DFA.

3.0 Funding Methodology and Payment of Funding

3.1 All eligible LTC homes will receive a per diem amount in accordance with the number of licensed or approved beds in operation in the LTC home. A minimum amount of Funding will be provided for smaller LTC homes in each of the three years of the program.

3.2 The ministry will provide Funding as follows:

Year 1: 2021-22	$0.72 in per diem funding or $16,667, whichever is greater
Year 2: 2022-23	$0.98 in per diem funding or $16,667, whichever is greater
Year 3: 2023-24	$0.98 in per diem funding or $16,667, whichever is greater

3.3 The allocation methodology is based on the number of beds licensed or approved under a licence for an LTC home issued under the LTCHA in operation, as determined by the ministry, as of April 1 of each fiscal year. Beds in abeyance and Elderly Capital Assistance Program (ELDCAP) beds are excluded from this determination.

4.0 Terms and Conditions of Funding

4.1 Funding can only be expended on technologies (software or hardware, and related services) that:

4.1.1 facilitate the secure and accurate electronic transmission and handling of prescription information.

4.1.2 support the optimization of medication regimes for LTC home residents, including the identification of opportunities for deprescribing and decision support at the point of prescribing.

4.1.3 enhance the security of the drug supply.

4.1.4 support the accurate administration of medication.

4.1.5 enhance oversight and monitoring of the medication use process.

4.1.6 support the improved functioning of the medication management system in the LTC home.

4.2 Subject to sections 4.1 and 4.10, Funding may only be expended on the following items:

	Technology	Definition	Potential Functionality
4.2.1	Computerized Prescriber Order Entry (CPOE) or	• CPOE is an electronic or computerized system into which an authorized prescriber directly enters	• Electronic development and transmission of prescriptions.

		Technology	Definition	Potential Functionality
		electronic prescribing (e-Prescribing)	medical orders, including medication orders. CPOE systems ideally also offer integrated clinical decision support. • Electronic prescribing is the secure electronic creation and transmission of a prescription between an authorized prescriber and a patient/resident's pharmacy, using clinical electronic health record (EHR) and pharmacy management software.	• Ability to be integrated with LTC pharmacy systems and avoid the need for prescriptions to be transcribed. • Ability of the system to have resident-specific clinical decision support at the point of prescribing (e.g. alerts for high-alert medications, Beers List medications, possible contraindications given an LTC resident's condition or medication regimen). • Ability for secure and timely electronic communication between pharmacists and prescribers (and other members of the interdisciplinary team) when integrated with the pharmacy's system and/or the LTC home's EHR.
4.2.2		Electronic medication administration record (eMAR)	• An electronic record of medication use that is maintained digitally on a computer system. An eMAR indicates medications to be administered on a computer screen and doses are recorded through data entry.	• Ability to record medication administration activity electronically. • Ability to prompt nursing staff as to when medication administration is required for each LTC resident. • Ability to be integrated into existing EHRs and accessed remotely by care team members who require access. • Ability to be integrated with/linked to the pharmacy service provider (PSP)'s system. • Ability to fulfil the LTC licensee's requirements for documenting medication administration. • Ability to display LTC resident allergies and other alerts on a

	Technology	Definition	Potential Functionality
			display screen as medication administration is documented.
			• Ability to run reports, for example:
			○ missed or late doses can be generated and tracked;
			○ type of medication (e.g. anti-psychotic can be tracked in the system showing number of doses, strength taken).
4.2.3	Machine-Readable Coding for Medication Administration (e.g. bar code medication administration)	• Machine-readable coding uses an encoded identifying mark (e.g., bar code) representing data that can be read with a computerized reading device, such as a scanner or imager for the purposes of medication administration.	• Ability to scan medication packaging and LTC home resident identification information in order to support accurate medication administration. • Ability to be linked to/integrated with eMAR, EHR, and pharmacy systems.
4.2.4	Automated Dispensing Cabinet (ADC)	• A drug storage device or cabinet that electronically dispenses medications in a controlled fashion and tracks medication use. • There are different types of ADCs. For the purpose of this funding policy, the type of ADC (and associated functionality) being referenced are the ward-based systems described in the Final Report of the Gillese Inquiry (see pages 98 to 104 of Volume 3 the Final Report). *Note: Every Licensee must retain a PSP that is responsible for providing drugs to the LTC home*	• Ability to secure and monitor (i.e. access and transactions are recorded) access to medication. • Ability to be integrated/interfaced with eMAR, EHR and pharmacy systems. • Ability to facilitate a real-time interface between the pharmacy information system and the dispensing cabinet and by allowing access to medications only through the pharmacist-reviewed resident profile of the unit. • Ability for PSP to review medication orders and update ADC profiles remotely and to release medications upon review by a pharmacist.

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	Technology	Definition	Potential Functionality
		or arranging for their provision as per the Regulation. LTC homes must work with their contracted PSP and ensure all requirements of the LTCHA and the Regulation are met.	• Ability to dispense medications on a unit-dose basis. • Ability to generate screen alerts (e.g. related to high-alert medications).

4.2.5	Electronic Clinical Decision Support System (eCDSS)	• An electronic tool that that is integrated or interfaced with the EHR and assists health care providers in making medical decisions, and, specifically, decisions about a resident's medication regimen.
		
		• eCDSS can be integrated with CPOE/e-Prescribing systems to provide real-time alerts in response to data in the EHR at the point of prescribing.
		
		• They can also be systems that are not integrated with CPOE/e-Prescribing systems (while still being integrated with the EHR) and used to support other points in the medication use process beyond initial prescribing, such as medication reviews.
		
		• Examples of eCDSS include:
		  o software that provides real-time alerts at the point of prescribing.
		
		  o software to support electronic medication reconciliation.
			• Ability to be integrated/interfaced with EHR and other systems as necessary.
			
			• Ability to use EHR data about LTC home residents, including medication conditions and medication regimens to identify immediate concerns (e.g. allergies, interactions, dosing issues, potentially inappropriate medications, etc.) as well as opportunities for deprescribing and otherwise optimizing LTC home residents' medication therapy.
			
			• Ability to generate reports to support medication reviews.
			
			• Ability to be integrated into CPOE/e-Prescribing platforms as appropriate.

Technology	Definition	Potential Functionality
	○ electronic deprescribing tools. ○ electronic medication review tools.	

4.3   Other items within the scope of section 4.1 may be considered at the ministry's discretion by the Licensee sending a request for approval to MLTC.correspondence@ontario.ca.

4.4   The ministry may review the medication safety technologies listed in section 4.2 periodically and update the list as necessary.

4.5   Funding may be used to cover expenditures to support the implementation (e.g. support in developing a technology plan, change management, staff training, implementation support) of eligible items, including costs associated with the integration of the selected item into the LTC home's existing technology infrastructure.

4.6   Funding cannot be used to cover expenditures that are already funded through other provincial and federal government programs.

4.7   Funding must be used to acquire (or access) technologies listed in section 4.2 that had not been in place as of April 1, 2021.

    4.7.1   Where a technology is already in place and a Licensee wishes to add additional functionality, Funding may be used to pay for the costs associated with this additional functionality.

    4.7.2   Where Automated Dispensing Cabinets (ADCs) had been installed in an LTC home prior to April 1, 2021, Funding may be used to cover the costs associated with their ongoing use and maintenance.

4.8   Licensees must follow all the requirements in the LTCHA and the Regulation related to drugs and medication management.

4.9   To be eligible to retain the Funding, eligible expenditures must be made by the LTC home within the same April-to-March period in which the Funding was received, and the items purchased must be received by the LTC home within that same Funding period.

4.10   To maintain continuous eligibility for Funding, LTC homes must satisfy the accountability and reporting requirements outlined in section 5.0.

5.0   Reporting Requirements and Accountability for Funding

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5.1   Each LTC home will complete a needs assessment process that will result in the development of a technology plan to support the selection and implementation of MSTs.

5.2   As part of the needs assessment process, each LTC home will complete a Medication Safety Self Assessment for Long-Term Care (MSSA-LTC) developed by the Institute for Safe Medication Practices Canada (ISMP Canada) by September 30, 2021 and submit this electronically to ISMP Canada using ISMP Canada's online portal. LTC homes will complete the MSSA-LTC by September 30 of each of the three years of the initiative.

5.3   Each Licensee is required to report the expenditures funded from their MST allocation in a separate line in Section I in the Licensee's audited LTCH Annual Report for a defined 12-month period in accordance with the form and manner set out in the "LTCH Annual Report Technical Instructions and Guidelines".

5.4   Homes will report expenditures for the April-to-December and January-to-March periods in their respective calendar years. For example:

- Homes will report expenditure for the April 1, 2021 to December 31, 2021 period in the 2021 LTCH Annual Report
- Homes will report expenditure for the January 1, 2022 to March 31, 2022 in the 2022 LTCH Annual Report
- In the 2022 reconciliation, expenditure for the April 1, 2021 to December 31, 2021 period in the 2021 LTCH Annual Report will be added to expenditure for the January 1, 2022 to March 31, 2022 in the 2022 LTCH Annual Report, matched against funding for the April 1, 2021 to March 31, 2022 period, and unused funds recovered.

5.5   Unused Funding will be recovered as part of the annual reconciliation process.

5.6   Each LTC home will complete a supplementary report, using a template developed by the ministry, and submit this to the ministry on or before September 30, 2021 to identify:

- Technologies which are eligible for the MST program that were already in place or being accessed by the LTC home as of April 1, 2021.
- Name and description of the technology(ies) selected for implementation.
- Name of the vendor from which the technology is procured.
- The status of implementation.

Subsequent reports will be submitted to the ministry on or before September 30, 2022 and September 30, 2023.