

Outcome Based Quality Improvement

Best Practices: Improvement in Management of Oral Medications

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Introduction:

Medication Problems in Home Care

- Worsening of acute or chronic condition often results in change in health status and patient response to drugs.
- Changes in existing medication regimen due to hospital stay increase problems upon discharge.
- Addition of new medications complicates previous regimen.
- Overall situation creates multiple opportunities for drug-related problems, adverse drug events and for patients to lack independence with managing their oral meds.

The Eddy Approach

- Make Patient Medication Management a priority through focused performance improvement related to improving patient's self management of their oral medications.
- Establish and expand relationship with Albany College of Pharmacy to develop and provide:
 - Clinical service
 - Academic activities
 - Research protocols
- Make medication management process begin prior to hospital discharge and continue throughout home care episode.
- Enhance awareness of medication management patient issues through implementation of highly visible pharmacy program.

Target Outcome Plan of Action:

Improvement in Patient's Management of Oral Medications

■ (MO780) Management of Oral Medications:

- 0 Able to independently take the correct oral medication(s) and proper dosages(s) at the correct times.
- 1 Able to take medication(s) at the correct times if:
 - a) Individual dosages are pre-poured in advance by another person; OR
 - b) Given daily reminders; OR
 - c) Someone develops a drug diary or chart.
- 2 Unable to take medication unless administered by someone else.
- NA No oral medications prescribed.

Eddy Visiting Nurse Association Home Health Compare – March 2004

Outcome	NYS	Nat'l Average
Percentage of patients who get better at taking their medicines correctly	39%	36%

Quality Improvement Team Members:

- Director of Patient Services
- Director of Branch Services
- Performance Improvement Coordinator
- Pharmacist
- Director of Support Services
- OASIS Analyst
- RN Staff
- Rehab Staff
- Supervising Community Health Nurse

Data Collection:

- Audit of patient's records where patient OASIS scores from SOC/ROC to Discharge did not improve.
- Interviews with clinical staff (Supervisor, RN and PT) regarding MO780 assessment process.
- Observation of clinical staff (RN and PT) completing SOC/ROC assessments in the home setting.
- Audit of patient's records for pharmacy referrals.
- Audit of patient records for RN/PT staff continuity.

Analysis of Data Collection Findings

- Inconsistent interpretation of MO780 among clinical staff
- Inconsistent assessment of MO780 among clinical staff – interview versus demonstration
- Inter and intra – rater reliability issues between RN and PT staff.
- Lack of written guidelines for referral to Medication Management Pharmacy Program.
- Lack of continuity of nursing staff caring for a patient.

Problem Statement:

- Inadequate assessment of patients' ability to manage oral medications, unwritten referral to Medication Management Pharmacy Program guidelines and lack of continuity of nursing personnel managing patient care plans results in lack of improvement in a patient's ability to manage his/her oral medications.

Care Behaviors and Processes Selected As Best Practice

- ❶ All clinical staff utilize consistent/standard assessment criteria to measure and assess patients' ability to manage oral medications.
- ❷ All clinical staff utilize written guidelines to assess patients for referral to Medication Management Pharmacy Program.
- ❸ Ensure continuity of nursing personnel

① All Clinical Staff Utilize Consistent/standard Assessment Criteria to Measure and Assess Patients' Ability to Manage Oral Medications

- **Development of standardized assessment methodology for MO780 across all disciplines for all patients.**

Hypothesis: Failure of patients to improve management of oral medications is a variability in patient status assessment.

Goal: Apply scripted assessment across all disciplines and patients.

① All Clinical Staff Utilize Consistent/standard Assessment Criteria to Measure and Assess Patients' Ability to Manage Oral Medications

Instructions: All patients will be rated by all clinical staff using the following script. The script consists of six questions.

1. Questions 1 - 3 must all be answerable in the affirmative for the patient to be rated independent in medications (MO780 = 0). Any questions answerable in the negative results in the patient failing independence.
2. Questions 4 – 6 must have one answerable in the affirmative for the patient to be rated MO780 = 1.
3. If all questions, 1 - 6 are no, then MO780 = 2.
4. There are no exceptions. Every patient fits into a category following this and only this script.

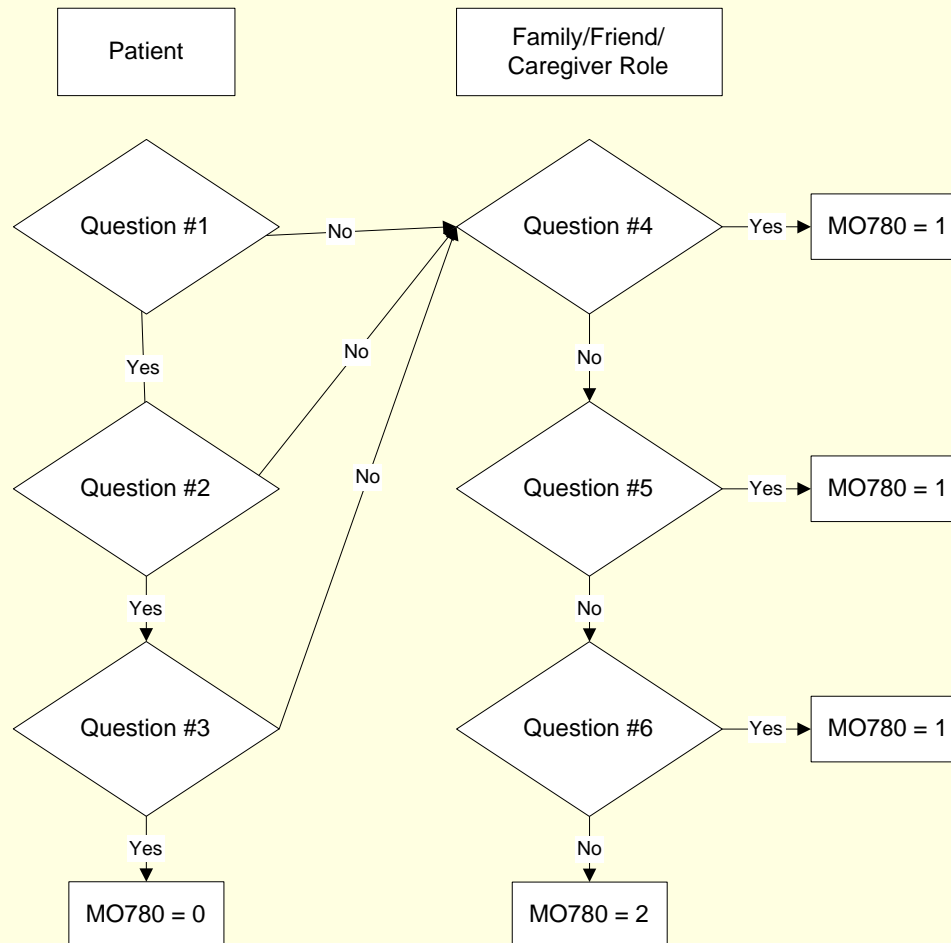
① All Clinical Staff Utilize Consistent/standard Assessment Criteria to Measure and Assess Patients' Ability to Manage Oral Medications

Questions to define patient ability:

1. Can the patient safely and reliably, with 100% accuracy, describe the medication names, strengths, doses, at the appropriate times/intervals for all physician ordered oral medications?
2. Can the patient safely and reliably, with 100% accuracy describe a system of daily dose administration that includes all physician ordered oral medication?
3. Does the patient have the physical strength/dexterity/vision to manipulate all of their medication storage/delivery containers/devices?
4. Can the patient safely and reliably, with 100% accuracy take the correct medication, strength, dose at the appropriate time/intervals if individual doses are prepped in advance by another person?
5. Can the patient safely and reliably, with 100% accuracy take the correct medication, strength, dose at the appropriate time/intervals if given daily reminders?
6. Can the patient safely and reliably, with 100% accuracy take the correct medication, strength, dose at the appropriate time/intervals if another person develops a drug diary or chart?

① All Clinical Staff Utilize Consistent/standard Assessment Criteria to Measure and Assess Patients' Ability to Manage Oral Medications

Algorithm:



① All Clinical Staff Utilize Consistent/standard Assessment Criteria to Measure and Assess Patients' Ability to Manage Oral Medications

Example:

- Patient is assessed with question #1 and is able to describe a system of dose administration by stating “I just take the medications out of the prescription bottles when I feel I need them.” Patient fails question # 1 – Reason: Patient is not able to safely and reliably take medications at appropriate time/intervals. Patient is self administering oral medications at his/her own prescribed intervals, not at the time/intervals prescribed by the physician.

① All Clinical Staff Utilize Consistent/standard Assessment Criteria to Measure and Assess Patients' Ability to Manage Oral Medications

■ Educational Material for Clinical Staff

MO780: Standardize the Assessment Process for Patient Independence with Oral Medications

Goal: Standardize assessment across all disciplines and patients to demonstrate improvement in the patient outcome of "Improvement in Management of Oral Medications"

A. All questions must be answered "yes" for the patient to be rated independent in medications (MO780 = 0)

Question # 1- Can the patient safely and reliably, with 100% accuracy describe the medication names, strengths, doses and dose times for all physician ordered medications?

Question # 2 – Can the patient safely and reliably, with 100% accuracy describe a system of dose administration that includes all physician ordered medication doses every day?

Question # 3 – Does the patient have the physical strength/dexterity/vision to manipulate/actuate all of their medication storage/delivery containers/devices.

Any question answered no means that the patient is NOT independent in the management of oral medications and must be assessed for MO780 = 1 or 2

B. At least one question must be answered "yes" for the patient to be rated MO780 = 1.

Question # 4 – Can the patient safely and reliably, with 100% accuracy take the correct medication, strength, dose at the appropriate time/intervals if individual doses are preprepared in advance by another person?

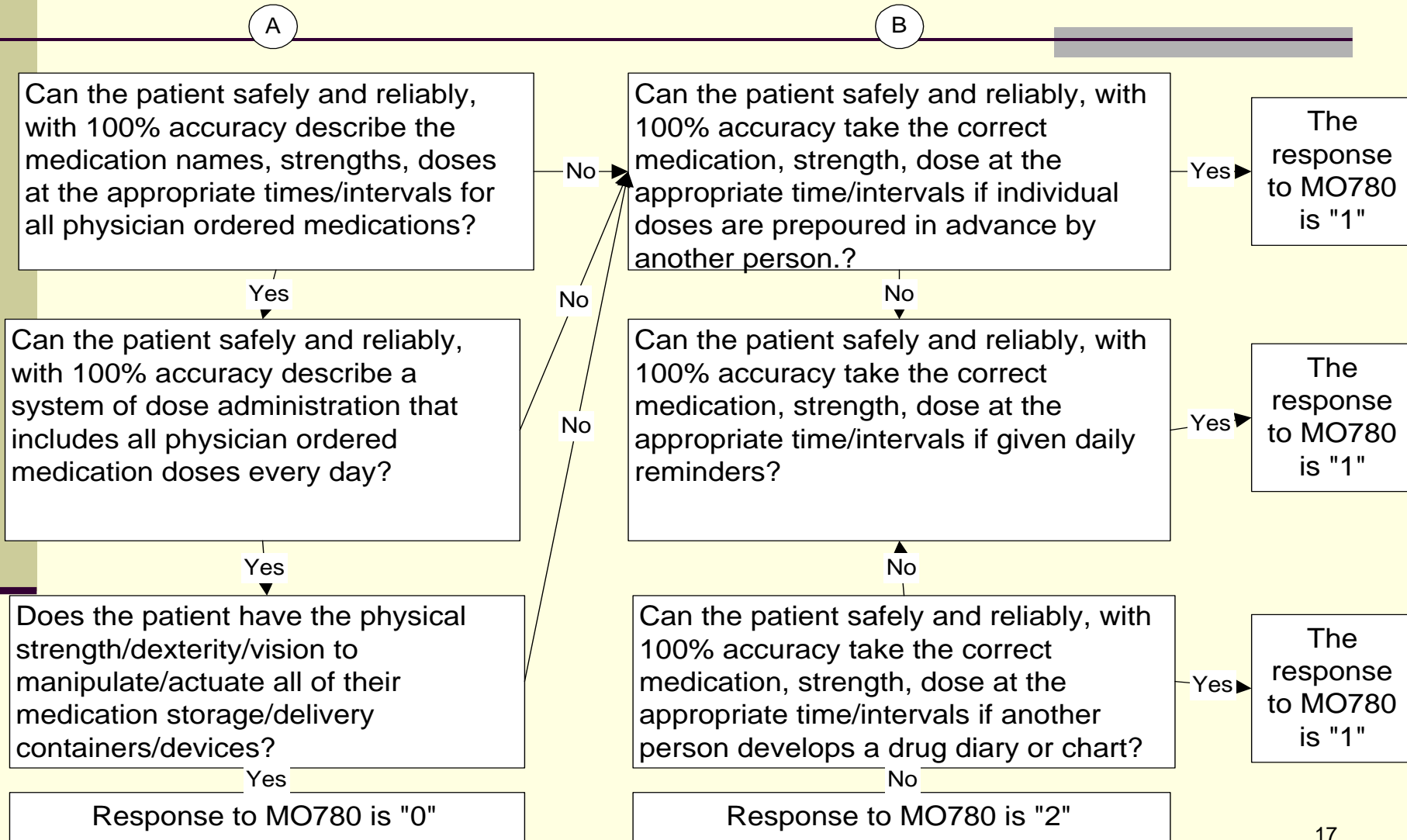
Question # 5 – Can the patient safely and reliably, with 100% accuracy take the correct medication, strength, dose at the appropriate time/intervals if given daily reminders?

Question # 6 – Can the patient safely and reliably, with 100% accuracy take the correct medication, strength, dose at the appropriate time/intervals if another person develops a drug diary or chart.

C. If questions 4 – 6 are answered 'NO' then MO780 = 2.

There are no exceptions.

Eddy Visiting Nurse Association Medication Management Flow Chart



① All Clinical Staff Utilize Consistent/standard Assessment Criteria to Measure and Assess Patients' Ability to Manage Oral Medications

■ Implementation of Standardized Assessment

- Conduct Supervisory and RN/PT staff inservices
- Post standardized assessment methodology in weekly newsletter/bulletin boards, etc...
- Review standardized assessment methodology at RN/PT team meetings.
- Include standardized assessment methodology during RN/PT new hire orientation.

① All Clinical Staff Utilize Consistent/standard Assessment Criteria to Measure and Assess Patients' Ability to Manage Oral Medications

■ Evaluation of Success of Standardized Assessment Methodology

- OBQI reports
- Joint home visits
- Chart audits
- Clinical staff focus group meetings

② All Clinical Staff Utilize Written Guidelines to Assess Patients for Referral to Medication Management Pharmacy Program

■ Development of Written Referral Guidelines for Clinical staff

- **Poor renal function (elevated serum creatinine, dialysis, etc...)**

Intervention: Pharmacists will review drug profile and recommend dosage adjustments if needed.

- **Congestive heart failure**

Intervention: Pharmacists will perform home visits, review medications, provide counseling and make recommendations to prescribers if needed.

- **Fall in home reported**

Intervention: Pharmacist will review medication profile for drugs that may contribute to falls and will make recommendations to prescribers if needed.

- **Pain poorly controlled**

Intervention: Pharmacist will review drug profile and recommend dosage adjustments if needed.

- **Adverse drug reaction suspected**

Intervention: Pharmacist will review drug profile, consider likelihood of event being drug-induced and communicate assessment to prescriber.

- **Poly pharmacy: Patient on 10 or more medications**

Intervention: Pharmacist will review drug profile for reducing medication and communicate assessment to physician.

② All Clinical Staff Utilize Written Guidelines to Assess Patients for Referral to Medication Management Pharmacy Program

▪ Development of Written Liaison RN Protocols

Before facility discharge:

- Identify complex patients and consider medication management issues.
- Address medication issues as inpatient whenever possible.
- Initiate pharmacy referral process to shorten time to pharmacist involvement.
- Communicate identified medication management issues to Central Intake Department for use by Admit RN during assessment process.

② All Clinical Staff Utilize Written Guidelines to Assess Patients for Referral to Medication Management Pharmacy Program

- **Development of written RN Case Manager Role with Medication Management Pharmacy Program**
 - Continue to focus on medication management as priority.
 - Assess patient abilities in light of objective baseline assessment.
 - Interact with pharmacy staff when formal referrals have been made.
 - Make ongoing use of pharmacy resources throughout, regardless of referral
 - Drug information
 - Assistance in problem resolution

② All Clinical Staff Utilize Written Guidelines to Assess Patients for Referral to Medication Management Pharmacy Program

■ Development of Written Pharmacist Role with Referrals

- Obtain patient consent
- Pharmacist performs home visit
- Completes comprehensive in-home medication inventory
- Compares/contrasts in-home medications to VNA orders, removes inappropriate meds
- Counsels patient/family on proper use
- Confers with RNs on care plan
- Interacts with prescribers to resolve problems

② All Clinical Staff Utilize Written Guidelines to Assess Patients for Referral to Medication Management Pharmacy Program

- **Implementation of Protocols for Patient Referrals to Medication Management Pharmacy Program.**
 - Educate, educate, educate! (In services, inclusion in orientation, weekly reminders and updates in newsletters).
 - Pharmacists located in clinical area
 - Referral packets labeled and located on forms shelves.

② All Clinical Staff Utilize Written Guidelines to Assess Patients for Referral to Medication Management Pharmacy Program

- **Evaluation of Protocols for Patient Referrals to Medication Management Pharmacy Program**
 - Compare number of Medication Management Pharmacy Program referrals pre implementation and post implementation.
 - Audit patient records for medication management pharmacy referrals using referral guidelines.

3 Ensure Continuity of Nursing Personnel

- **Development of “Buddy Nursing Teams” Guidelines**
 - RN’s on each team paired together to enable coverage of patients when one “buddy” is absent.
 - Buddies work together and are empowered to plan coverage of patients during vacations.
 - Each RN is required to give patient report to their “Buddy” and Supervisor to ensure continuity of nursing care plans

③ Ensure Continuity of Nursing Personnel

■ Implementation of Buddy Nursing Teams

- Pilot program conducted with one nursing team.
- Findings from the pilot used to revise guidelines.
- Buddy Nursing Teams expanded to other teams.

3 Ensure Continuity of Nursing Personnel

■ Evaluation of Buddy Nursing Teams

- Audit of patient records to determine use of buddy nurses visiting patients during an episode.
- Audit of patient records (a) MO780 on SOC/ROC and Discharge OASIS (b) identification of clinical staff member who completed forms.
- OBQI Reports for percentage of patients showing improvement with management of oral medications.

Question and Answer

- Resource: OASIS in Detail
A Clinician's Pocket Guide