Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

Great Plains Quality Innovation Network
Serving Kansas, Nebraska, North Dakota & South Dakota

Medication Safety

by

CIMRO of Nebraska

Kansas Foundation for Medical Care

Quality Health Associates of North Dakota

South Dakota Foundation for Medical Care

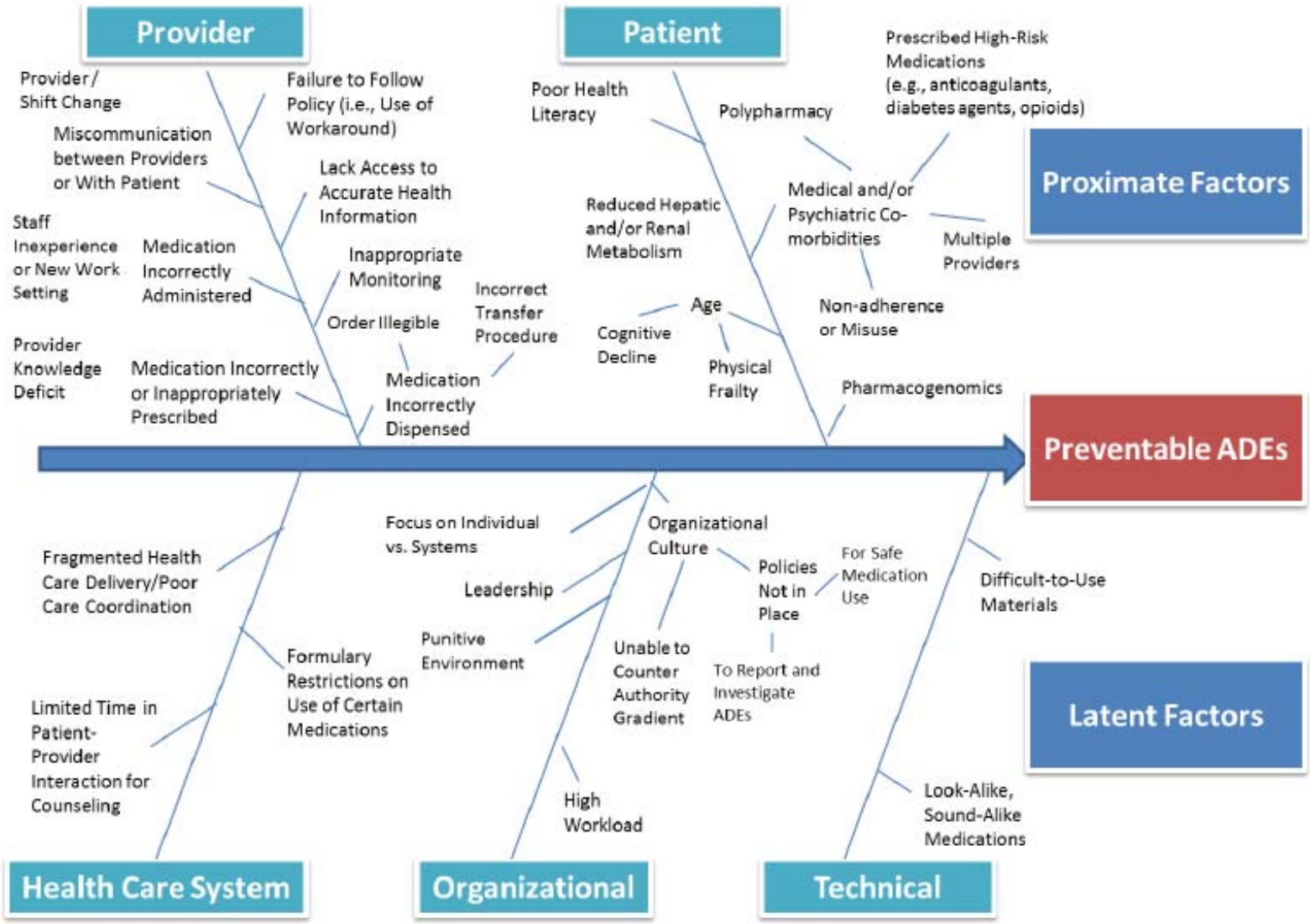
January 24, 2017

Welcome and Reminders

- Welcome!
- Q & As at end of presentations
- Slides and recording will be available on the GPQIN website: Calendar > Past Events

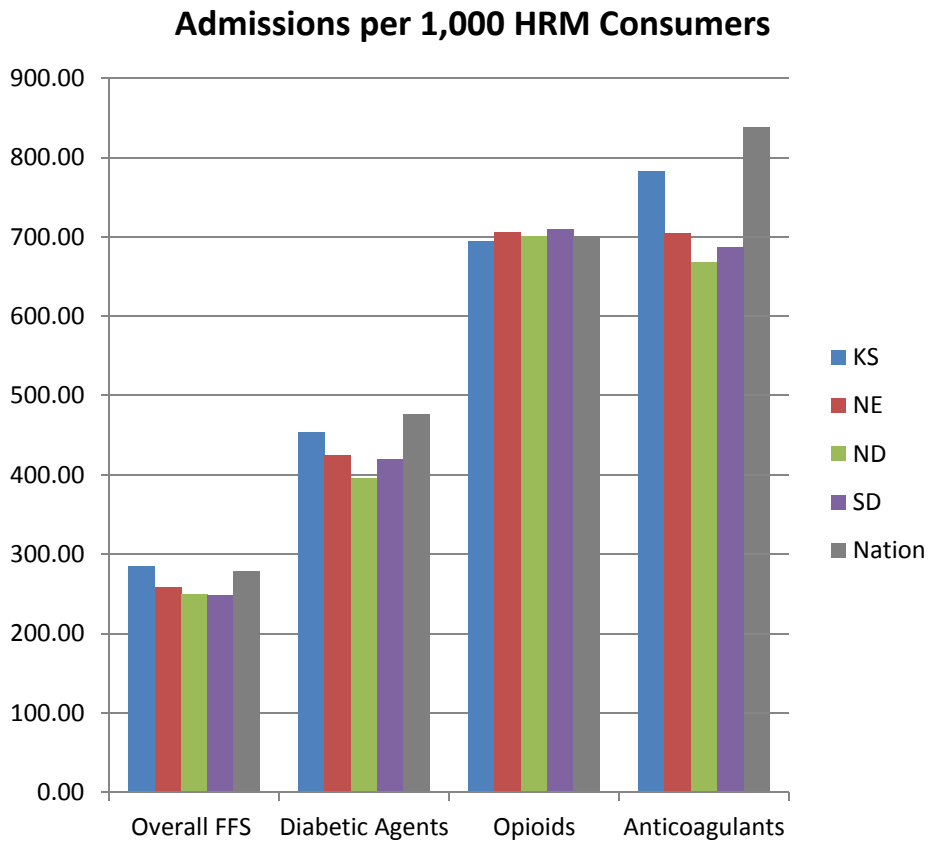
  http://greatplainsqin.org
- *2 to mute your line; *2 to unmute
- Utilize chat for questions and sharing

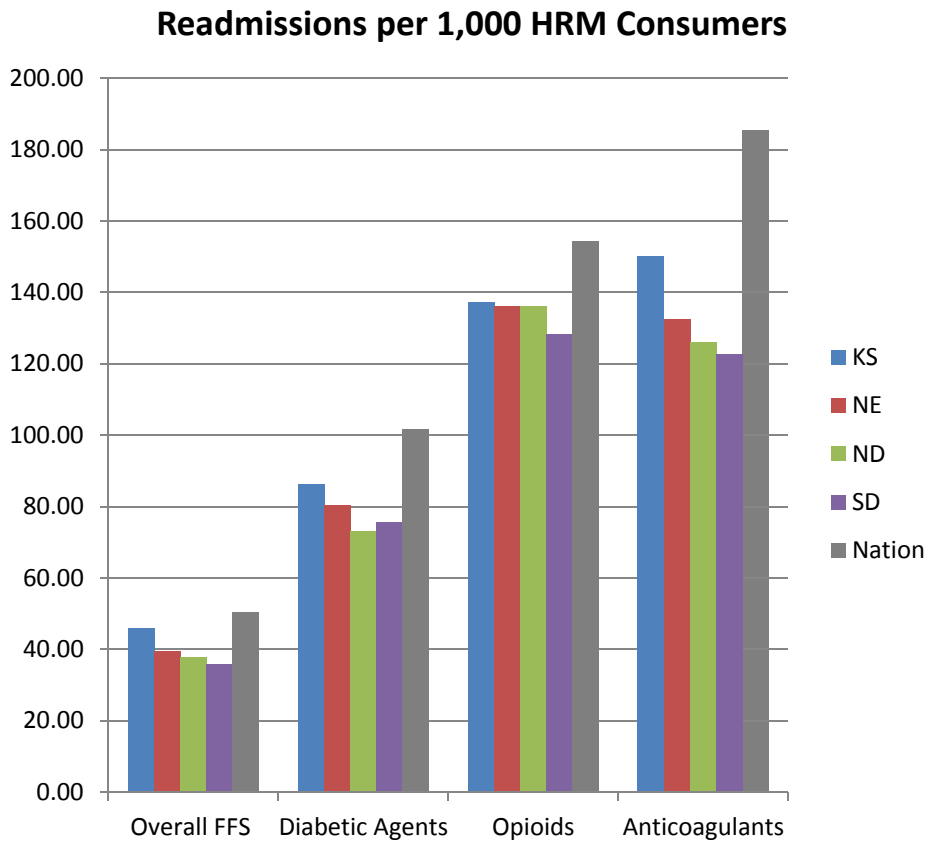
Medication Safety



Source: [National Action Plan for Adverse Drug Event Prevention]

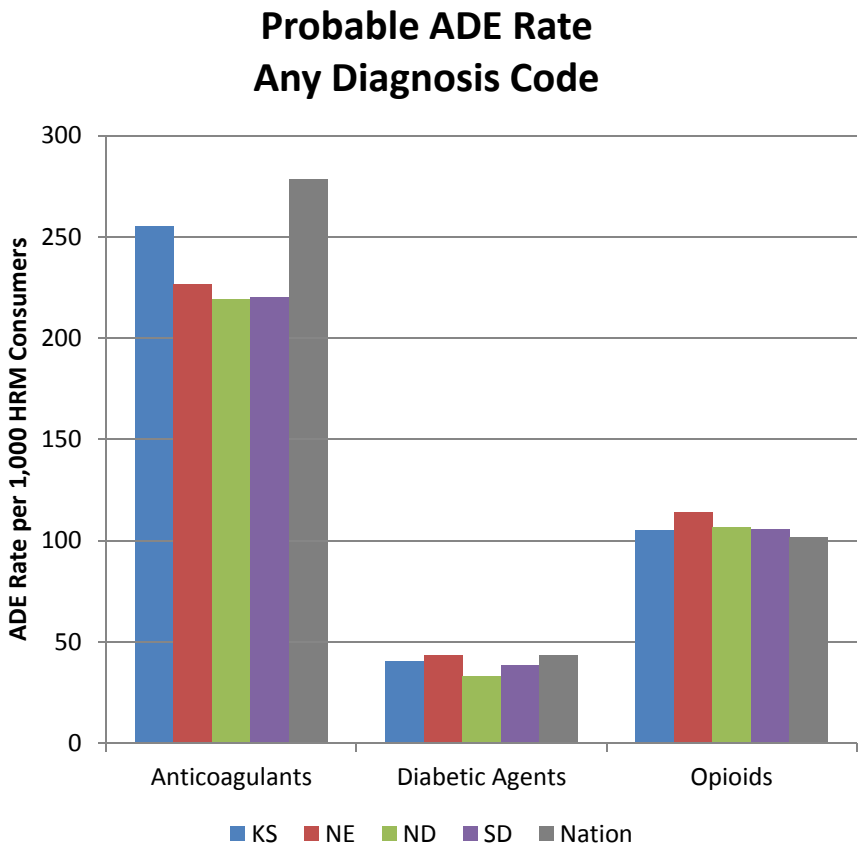
Medication Safety

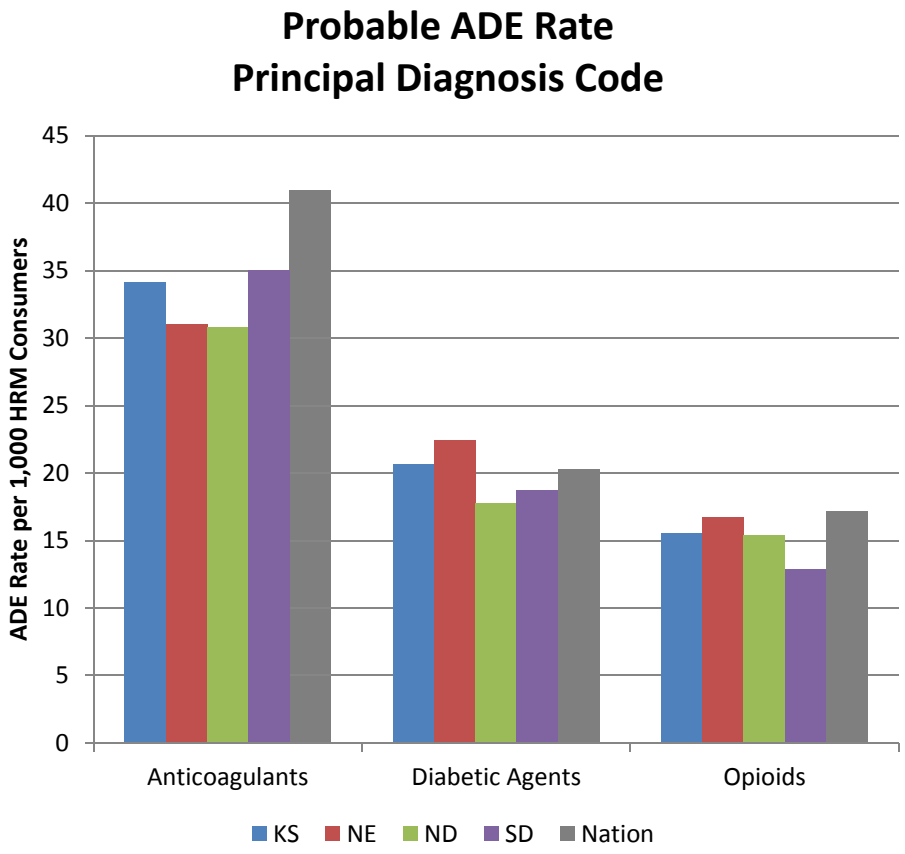




Source: QIN-QIO National Coordinating Center based on 2014 Medicare Part A & D claims

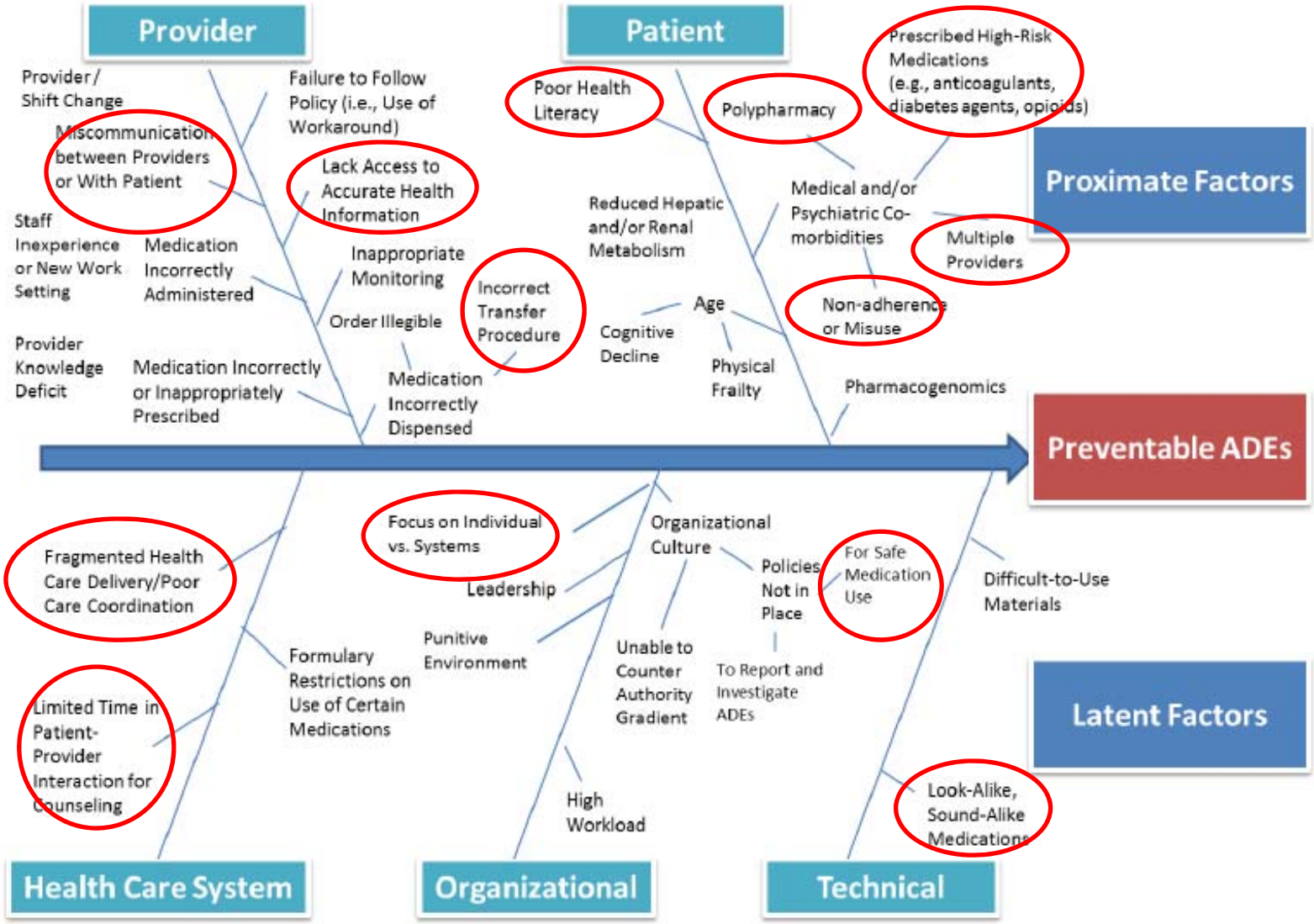
Medication Safety





Source: QIN-QIO National Coordinating Center based on 2013 Medicare Part A & D claims

Medication Safety and Care Coordination



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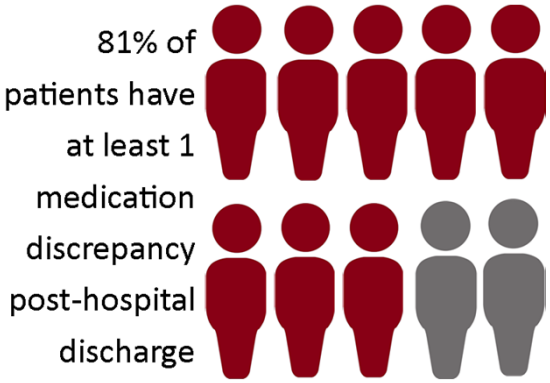
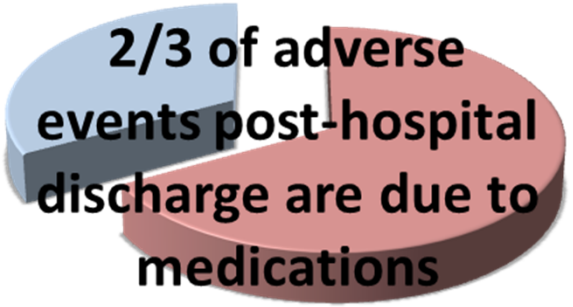
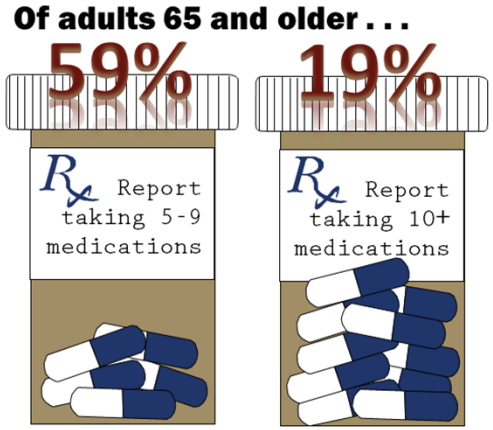
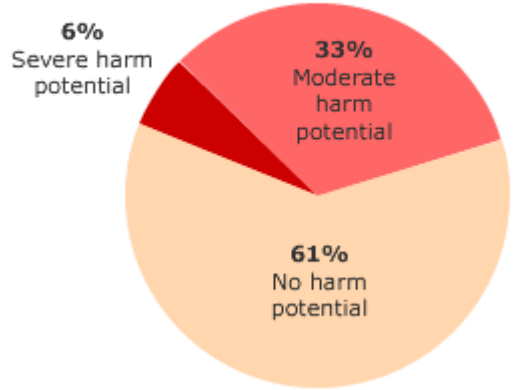
Medication Safety and Care Coordination







More than half of patients have ≥ 1 unintended medication discrepancy at hospital admission



Sources: National Action Plan for Adverse Drug Event Prevention
Armor BL, Wight AJ, Carter SM. Evaluation of Adverse Drug Events and Medication Discrepancies in Transitions of Care Between Hospital Discharge and Primary Care Follow-Up. Journal of Pharmacy Practice 2016, Vol. 29(2) 132-137. Last accessed 1/11/17 at http://journals.sagepub.com/doi/pdf/10.1177/0897190014549836
Cornish PL, Knowles SR, Marchesano R, et al. Unintended medication discrepancies at the time of hospital admission. Arch Intern Med. 2005;165:424-429. Last accessed 1/11/17 at http://jamanetwork.com/journals/jamainternalmedicine/fullarticle/486421

Community Discharge Medication List Program

Carrington, ND

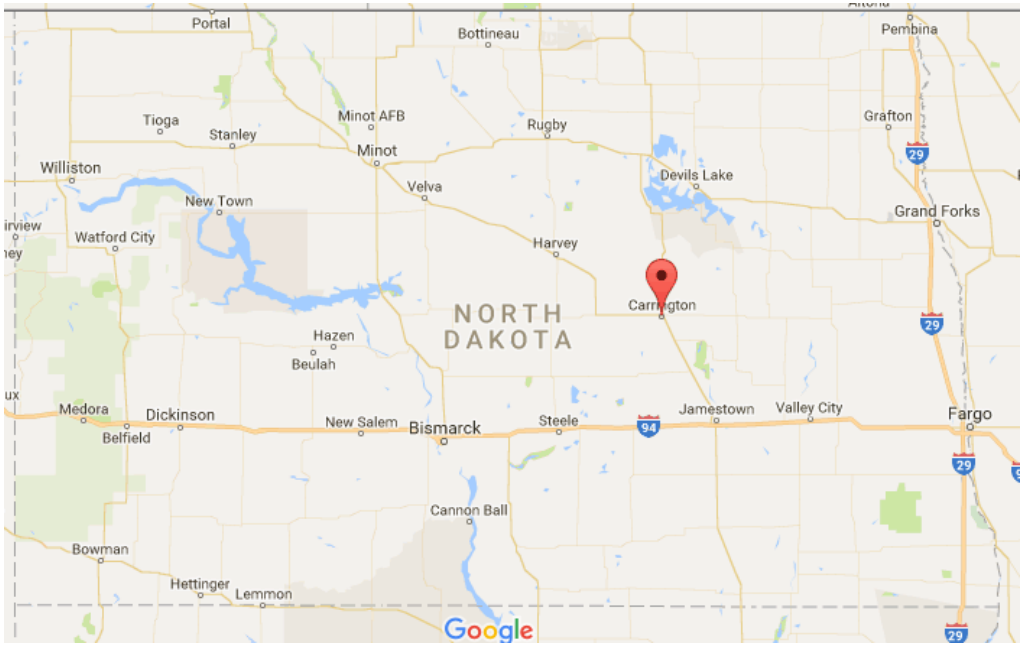
Jesse Rue, PharmD
Carrington Medical Center
Matt Paulson, RPh
Carrington Drug
Shane Wendel, PharmD
Central Pharmacy

Community Discharge Medication List Program

- Goal of program:
  - Create the opportunity for the patient, clinic, hospital and pharmacy to have an identical medication list at time of discharge in our community

Community

- Carrington, ND
  - Population: 2,065
  - County Seat
  - Service areas include portions of 4 counties



Community

- CHI St Alexius Health Carrington Medical Center
  - Critical Access Hospital
  - Attached clinic, ER, Same Day Care Center
  - Another clinic 15 miles north in New Rockford
  - Meditech EHR in hospital/ER
  - Allscripts AEHR in clinics

Community

- Three Independent Community Pharmacies
  - Carrington Drug
  - Central Pharmacy Carrington
  - Central Pharmacy New Rockford

Program Design – Hospital and Clinic

- Began in October 2015
- Patient discharge medication list created in hospital at discharge includes
  - Drug name (brand and generic)
  - Directions for use
  - Indication
- Copy created for hospital pharmacy and clinic
- Clinic staff reviews list and enters and changes into the AEHR prior to patient's post-discharge clinic visit

Program Design – Community Pharmacy

- With patient permission, hospital sends copy of medication list to designated local pharmacy
- Community pharmacy
  - Reviews list for changes
  - Contacts patient to provide counseling or re-labeling services, offer in-person visit
    - Standing order from local providers allows local pharmacies to provide updated labeling in certain circumstances for discharge dose change
  - Fills out tracking form

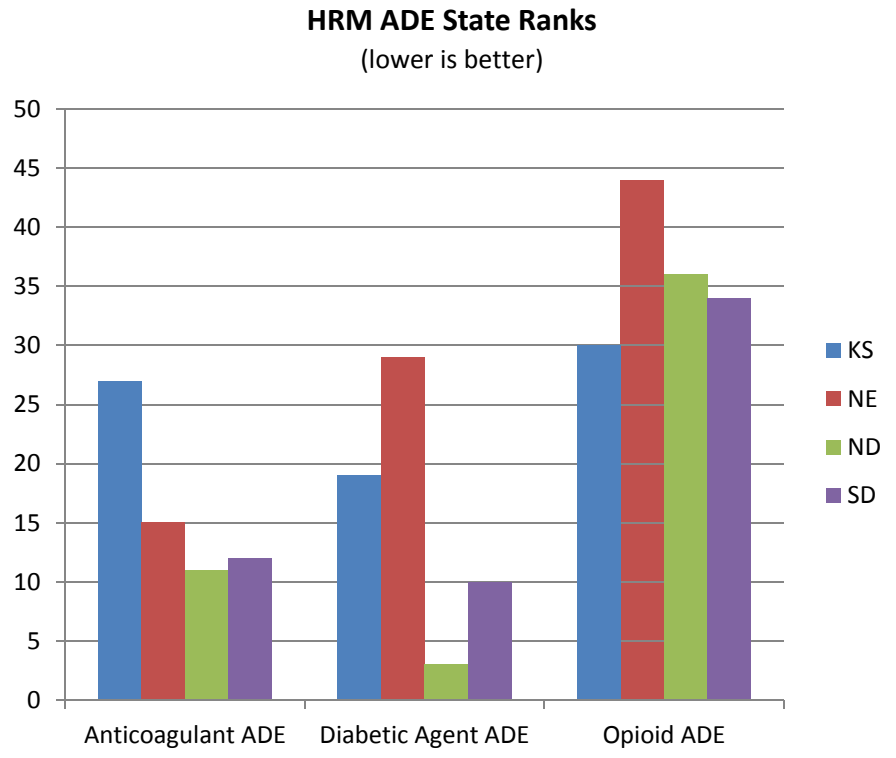
Data Collection

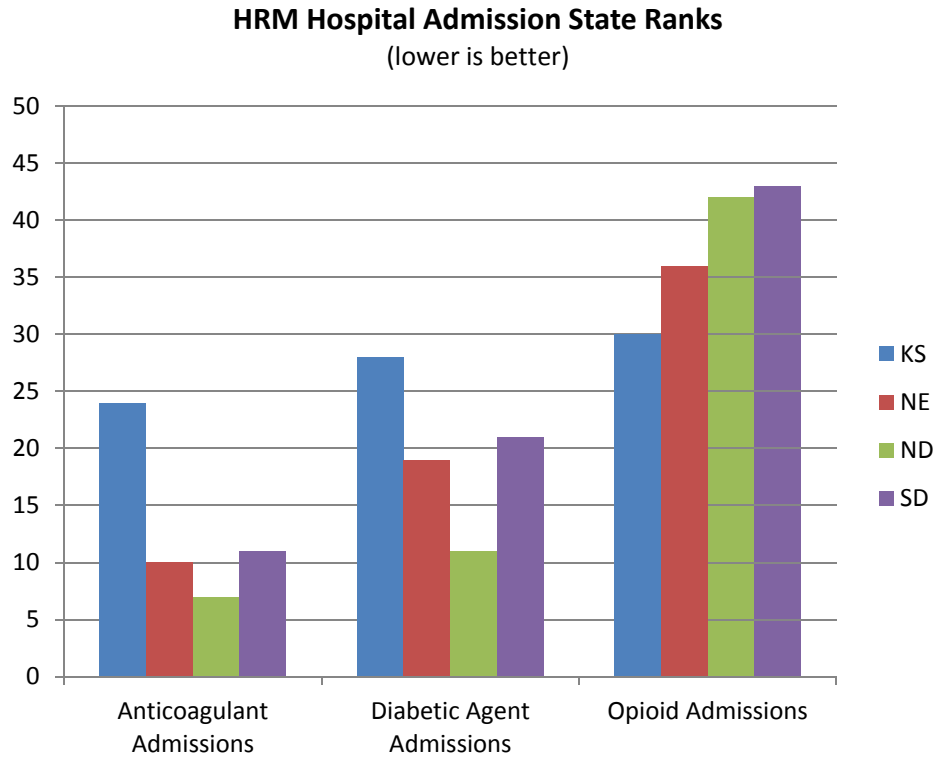
- 19 data fields tracked by hospital pharmacy
- 9 data fields tracked by community pharmacy

Challenges

- Pharmacy tracking forms needed several adjustments over first months – **PDSA!**
- Hospital staff turnover – Unaware of procedures
- Incomplete form from hospital staff
- Medication list not shared with local pharmacy
- Irregular hospital pharmacist engagement in hospital admission/discharge medication reconciliation

Opioid Safety





Source: QIN-QIO National Coordinating Center based on 2013 Medicare Part A & D claims

Prescription Drug Monitoring Programs

Melissa J. DeNoon, R.Ph.
Prescription Drug Monitoring Program Director
South Dakota State Board of Pharmacy

SOUTH DAKOTA
BOARD OF PHARMACY

Prescription Drug Monitoring Programs (PDMPs) continue to be among the most promising state-level interventions to improve opioid prescribing, inform clinical practice, and protect patients at risk.

SD PDMP History and General Information

The SD Prescription Drug Monitoring Program was established by the State Legislature in 2010 (SDCL 34-20E) to improve patient care and to reduce diversion of dangerous drugs; operations began in March 2012 with data submitted retroactive to July 2011

PDMP Program Highlights

- Dispensers "must" submit reports at least weekly to the database – with the exception of federal facilities (VA, AFB, IHS) – which are not required to submit, although IHS and VA do submit
- Reports generated are tools in prescribers' and dispensers' practices to "improve patient care" and to aid prescribers, dispensers and law enforcement in preventing and detecting illicit use of prescription controlled drugs
- Overarching "Ultimate Goal" – Prevent overdose deaths due to prescription drugs while preserving access for those in need of narcotic pain relievers and other controlled substances

Integration—The Future of Prescription Drug Monitoring Programs

- A solution via health IT for the underutilization of the considerable, important data collected by PDMPs
- Integration of PDMP data into health system electronic health records (EHR) and pharmacy software systems
  - Addresses a major concern of prescribers and pharmacists which is accessing the PDMP requires additional steps that are not in the clinical workflow
  - Integration benefits include:
    - Immediate improvement in the patient care process
    - User workflows are streamlined and improved
    - Pharmacist and prescriber satisfaction are highest when technology automates the majority of workflow tasks

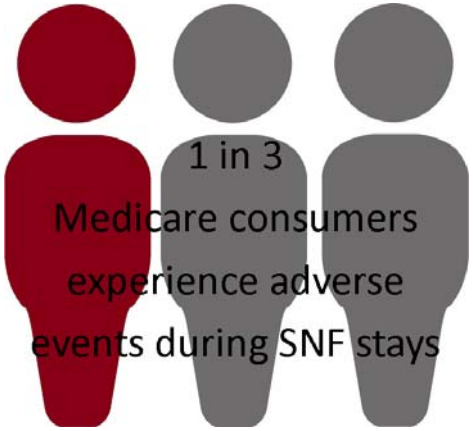
SD PDMP/Avera Meditech Integration

SD PDMP Approved Users November 2016	AWARxE Account Users	Percentage	AWARxE Acct Users PLUS Avera Integration Users	Percentage
Pharmacists	1071	86%	1147	92%
Prescribers*	1456	35%	2528	60%

*MD, DO, DPM, CNP, APRN, PA

Medication Safety in Long Term Care

- 2014 OIG Report



Source: Adverse Events in SNFs: National Incidence among Medicare Beneficiaries, Department of Health and Human Services, Office of Inspector General report OEI-06-11-00370. Last accessed 1/16/2017 at https://oig.hhs.gov/oei/reports/oei-06-11-00370.pdf

Enhancing Medication Safety in the Long-Term Care Setting

Mackenzie Farr
Community Pharmacy
Gretna, NE

What's Happening Right Now?

- Acuity is increasing in the long-term care facility setting
  - Patient health needs are becoming more complex
  - Patients are discharging in a more fragile state
- Lacking/Non-existent medication reconciliation processes
- Trying to stay ahead of the ever-changing landscape

Challenges the Industry is Facing

- Handling the complex patient
- Distance
- Hospital formulary challenges
- Hospitalists vs. Primary Care Physician orders
- Private insurance
- Are medications or prescriptions being sent with the resident upon discharge?
- When will the resident be discharging?

Community Pharmacy Standards

- Our Goal: To be the strongest link in the chain of transition
  - We saw a need for ensuring the safe transition from both the hospital and home setting into the long-term care setting
- Work with prescribers and hospitals
- Increasing our service offerings
- Utilizing resources

Additional Efforts We Have Put in Place

- Taking the lead to help clarify orders
  - Taking the burden of addressing questions or issues out of the hands of the facility
  - Working together to create partnerships with facilities
- Leading the charge with medication reconciliation
- Interfacing with EHR Systems
- Dedicated pharmacy staff assigned to each facility

Continuing to Evolve

- Continue to create partnerships
  - Working with both facilities and prescribers to navigate unfamiliar waters
- Spreading the word
  - Informing entities we partner with about pharmacy requirements
- Staying ahead of the curve
  - Get involved!
  - Stay informed!

Questions and Discussion

- Questions for our speakers
  - Via phone or chat
  - *2 to mute your line; *2 to unmute

Leave in Action

- Questions to run on:
  - In what way(s) can medication safety be improved in your setting?
  - What is one action you will take to improve medication safety in your setting?

Leave in Action

- Website Resources
  - Great Plains QIN Care Coordination and Medication Safety Quarterly Report
    - http://greatplainsqin.org/initiatives/coordination-care/
    - Under Related Documents > Category – Tool
  - Great Plains QIN Medication Safety Resources
    - Links to many tools
    - http://greatplainsqin.org/initiatives/medication-safety/

Contact Information

Vanessa Lamoreaux, BA
Project Manager
vlamoreaux@kfmc.org
Kansas Foundation for Medical Care
2947 SW Wanamaker
Drive Topeka, KS 66614-4193
P: 785.271.4120

Paula Sitzman, RN, BSN
Quality Improvement Advisor
paula.sitzman@area-a.hcqis.org
CIMRO of Nebraska
1200 Libra Drive, Suite 102
Lincoln, Nebraska 68512
P: 402.476.1399, Ext. 512

Sally May, RN, BSN, CH-GCN
Senior Quality Improvement Specialist
sally.may@area-a.hcqis.org

Jayme Steig, , PharmD, RPh
Quality Improvement Specialist-Pharmacy
jayme.steig@area-a.hcqis.org
Quality Health Associates of North Dakota
3520 North Broadway
Minot, ND 58703
P: 701.852.4231

Linda Penisten, RN, OTR/L
Program Manager
linda.penisten@area-a.hcqis.org
South Dakota Foundation for Medical Care
2600 West 49th Street, Suite 300
Sioux Falls, SD 57105
P: 605-444-4124

Coming Events . . .

February 28, 2017 ▪ 12:00-1:00 p.m. CT

Coaching Calls

Medication Safety
Call: 888.585.9008
Passcode: 302681380
Go To Meeting: https://global.gotomeeting.com/join/873196077

Reducing Rehospitalizations
Call: 888.585.9008
Passcode: 643345468
Go To Meeting: https://global.gotomeeting.com/join/570631117

Chronic Disease Management
Call: 877.567.1262
Passcode: 6252783
Go To Meeting: https://global.gotomeeting.com/join/607233021

Coming Events . . .

March 28, 2017

12:00-1:00 p.m. CT

Chronic Disease Management

Click here to register.

All future events can be located on the Great Plains QIN calendar:

http://greatplainsqin.org/calendar-2/upcoming-events/

This material was prepared by the Great Plains Quality Innovation Network, the Medicare Quality Improvement Organization for Kansas, Nebraska, North Dakota and South Dakota, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 11S0W-GPQIN-ND-C3-96/0117