Nuts & Bolts

Monthly GPQIN Recap

November 2023 Issue

Join Our Nursing Home Listserv

A platform for nursing home team members to engage in two-way communication to ask questions, share resources and training opportunities. This listserv is very active and has proven to be a valuable resource for nursing home team members in the Dakotas. Join today.

Use the QR Code to Sign Up!

To ensure information and resources are available for all nursing home team members, we have decided to capture all news-related content for each month and share it in this newsletter, *Nuts & Bolts*. Please print this newsletter and share it with team members, post it in your break rooms or share via email.

Scan to access the entire newsletter

Upcoming Events | December 2023

Visit the Great Plains QIN Calendar of Events for all upcoming events.

- Weekly BOOST Sessions | Thursdays at 4 pm CT
- Ensuring Medication for Opioid Use Disorder Webinar Series
- Great Plains QIN LAN Event: Advance Care Planning – What's New **| December 5, 2023**

Listen to our Podcast – Q-Tips For Your Ears

Looking for health care information and quality resources? If so, you have landed in the right spot. Q-Tips For Your Ears is designed for everyone; the intent is to share basic information on topics that matter.

The Series was developed by Great Plains QIN Quality Improvement Advisors. We hope you find what you were looking for. We welcome suggestions for content; AND be sure to check back often for new Q-Tips For Your Ears episodes.

Nursing Home Quality Measure Video Series

The Great Plains QIN team created the Nursing Home Quality Measure Video Series to assist in understanding the MDS and claims-based Quality Measures that comprise the Nursing Home Quality Measure Star Rating.

The goal is for nursing homes to attain a Five Star Quality Measure rating. These short videos can be viewed individually or as a series. Each presentation has a transcript accompanying the slides. Visit our Web site to learn more and access the videos.

Watch the Video Series

Great Plains QIN LAN Event: Advance Care Planning – What's New | December 5, 2023

Advance care planning (ACP) is a process that involves making decisions about your future health care. It typically involves discussions between individuals, their families, and their healthcare providers to understand and document a person's values, preferences and goals for medical treatment, especially in situations where the individual may not be able to communicate or make decisions due to illness or incapacitation. What's new in advance care planning? Attend this Webinar to find out.

Tuesday, December 5, 2023 | 3:00 – 4:00 p.m. (CT)

Register Today.

As a result of attending, attendees will be better prepared to:

- Describe how serious illness messaging affects advance care planning
- Identify three advantages to advance care planning
- Define two elements of an advance directive/healthcare directive

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Key components of advance care planning may include:

1. **Advance Directives:** Legal documents that specify what medical treatments an individual would like to receive or not receive in the event that they are unable to communicate their wishes. Common advance directives include living wills and durable power of attorney for health care.
2. **Healthcare Proxy or Durable Power of Attorney for Health Care:** Designates a trusted person (often a family member or friend) to make medical decisions on behalf of the individual if they are unable to do so.
3. **Living Will:** Outlines specific medical treatments or interventions a person would like to receive or avoid under certain circumstances.
4. **Discussion of Values and Goals:** Involves conversations with healthcare providers and family members to discuss personal values, beliefs, and goals for care. This helps ensure that medical decisions align with the individual's wishes.
5. **Documentation in Medical Records:** The outcomes of advance care planning discussions are often documented in a person's medical records so that healthcare providers are aware of and can respect the individual's preferences during times of critical illness.

Advance care planning is not only for individuals with serious or terminal illnesses but is relevant for anyone who wants to have a say in their healthcare, particularly during times when they may not be able to communicate their preferences. It's a proactive approach to ensure that medical care aligns with personal values and desires, promoting patient autonomy and dignity

Emergency Preparedness: Are you Ready??

Natural disasters, like floods, storms, and earthquakes, can strike at any time without warning and disrupt our normal lives. Being prepared can help protect your organization, those you care for and your community during an emergency.
The Centers for Medicare & Medicaid Services (CMS) requires organizations to have updated emergency preparedness plans in place to help ensure the organization is ready to respond effectively in the event of emergencies or disasters. These plans typically outline procedures for responding to a range of emergencies, such as natural disasters, industrial accidents, public health crises,

and other threats. They may include measures for evacuation, communication, medical response and coordination with local emergency services. The goal is to minimize the impact of emergencies and protect the safety and well-being of those served or within the community.

Emergencies and disasters can strike anywhere and at any time, bringing workplace injuries and illnesses with them. Employers and workers may be required to deal with an emergency when it is least expected and proper planning *before* an emergency is necessary to respond effectively. From having a system in place to properly identify and prevent potential disasters to having a strategy for handling the response and recovery, every step-in emergency management matters. Being prepared can reduce fear, anxiety, and losses that accompany disasters.

Great Plains QIN has created a comprehensive document with resources, templates and checklists that may be helpful for long-term care facilities developing and updating emergency preparedness plans.

"As your organization is developing or reviewing your emergency preparedness plan, we encourage you to refer to these national and state-based tools as they can be useful in helping you prepare for an emergency," shared Jennifer Everson, RN, BSN, MHA, CPHQ; Great Plains QIN Quality Improvement Advisor.

Access the Long-Term Care (LTC) Emergency Preparedness Plan (EPP) Resource Document

Additional Resources

- CMS Emergency Preparedness
- CMS Emergency Preparedness for Every Emergency

Preventing Respiratory Infections in Nursing Facilities

Pneumonia is the second most common cause of infection in nursing facilities. A seasonal increase in pneumonia occurs due to influenza and unfortunately, many nursing home residents do not survive.
The most common pneumonia pathogens in the nursing facility are *Streptococcus pneumoniae, Haemophilus influenae and Klebsiella pneumoniae.* Residents at risk for pneumonia are those with decreased clearance of bacteria from the airway, altered throat flora, poor functional status (such as limited mobility), presence of a feeding tube, swallowing difficulties or history of aspiration and inadequate oral care.

Strategies to help reduce the risk of infection that can lead to pneumonia.

- Inadequate oral care can cause the germs in the mouth to multiply rapidly and trickle down in the lungs during sleep. These germs can then cause pneumonia. Removing the biofilm from the teeth with regular brushing can help prevent pneumonia.
- Ensure adequate nutrition and hydration, elevate the head of the bed 3 – 45 degrees during tube feedings and for at least 1 hour to decrease aspiration, perform hand hygiene after contact with respiratory secretions, use gloves for suctioning and cleaning respiratory equipment, provide twice daily oral care to prevent bacteria from accumulating and reduce the risk of pneumonia if aspiration occurs.
- The facility's role in respiratory infection prevention is to ensure policies reflect current recommended practices, ensure staff competency upon hire and at least annually, establish an adherence monitoring program for measuring prevention care practices, and prove feedback to frontline staff and leaders.
- Prevent pneumonia through vaccination. It is important to promote pneumococcal vaccines, annual influenza vaccines and stay up- to-date with COVID-19 vaccination for nursing home residents and staff.

Access the CDC's pneumonia overview page or management and prevention guidelines.

Great Plains QIN Additional Resources:
Vaccinations, Quality Measures and Infection Prevention

- Connecting the Dots – Antibiotic Stewardship, Immunization, Sepsis
- Nursing Home Vaccination Change Package
- #GetVaccinated Long-Term Care Provider Toolkit
- Influenza Quality Measure MDS Coding Tip Sheet
- Pneumococcal Quality Measure MDS Coding Tips
- Vaccination Quality Measure Checklist
- Electronic Vaccination Log – Excel File

- Examples of Available Metrics for Risk Calculation of Respiratory Illness [fillable form)
- Infection Prevention Orientation Checklist

The Biden-Harris Administration: Improve Health and Wellbeing by Addressing Social Determinants of Health

The social and economic conditions of the environments where people are born, live, learn, work, play, worship and age affect a wide range of health, functioning and quality-of-life outcomes.

White House and the U.S. Department of Health and Human Services (HHS), through the Centers for Medicare & Medicaid Services (CMS), recently released several resources to help support federal agencies, states, local and tribal governments to better coordinate health care, public health and social services.

1. U.S. Playbook to Address Social Determinants of Health

This Playbook is a launchpad, not a final, comprehensive strategy for addressing Social Determinants of Health (SDOH) and outlines an initial set of framework actions that federal agencies are undertaking to support health by improving the social circumstances of individual and communities. These actions can serve as guideposts for other agencies and organizations from every segment of society to engage in efforts. The Playbook also includes extensive appendices highlighting federal programs, toolkits and guidance that front-line workers and organizations can use to improve their delivery of health and social services. The aim is to accelerate innovation across sectors to develop practical solutions that equitably improve social circumstances and achieve better health outcomes. This playbook focuses on the following three pillars:

- **Expand Data Gathering and Sharing**: Advance data collection and interoperability among health care, public health, social care services, and other data systems to better address SDOH with federal, state, local, tribal, and territorial support.
- **Support Flexible Funding to Address Social Needs:** Identify how flexible use of funds could align investments across sectors to finance community infrastructure, offer grants to empower communities to address HRSNs, and encourage coordinated use of resources to improve health outcomes.
- **Support Backbone Organizations:** Support the development of community backbone organizations and other infrastructure to link health care systems to community-based organizations.

2. Call to Action to Address Health Related Social Needs

This HHS Call to Action provides guidance to structure programs that address housing and nutritional insecurity for enrollees in high-need populations. The Call to Action is being issued with the intent of catalyzing efforts at the community-level to encourage partnerships across sectors, including health care, social services, public and environmental health, government, and health information technology to address social needs with the goal of improving the health and well-being of every American. An example is a program providing medically tailored meals or helping homeless youth find and obtain housing.

The Call to Action describes key actions that partners in different sectors can take to help build a stronger, more integrated health and social care system and provides resources applicable to partners involved in each set of actions. It also discusses the important role that backbone organizations, including community care hubs, can play in managing community-based partnerships across sectors and how they can help develop and sustain the community-based infrastructure needed to improve coordination between health and social care providers.

3. Medicaid and CHIP Health-Related Social Needs Framework

This Framework builds on the Administration's work to advance health equity by acknowledging that peoples' social and economic conditions play an important role in their health and wellbeing. to encourage cross-sector partnerships among those working in health care, social services, public and environmental health, government, and health information technology to create a stronger, more integrated health and social care system through shared decision making and by leveraging community resources, to address unmet health related social needs. No one sector can do this work alone, so HHS is issuing a Call to Action to collaborate so that together we can achieve a future in which everyone, regardless of social circumstances, has access to aligned, high-quality, person-centered health and social care systems that can improve health and well-being.

"It is clear that the health of our people does not exist in a vacuum, but it is affected by our access to stable housing, healthy food, and clean air to breathe," said HHS Secretary Xavier Becerra. "It is crucial for HHS to tackle health care and public health holistically by addressing patients' social conditions. Today's announcement will help to provide opportunities to improve equal access to health care for every American and make progress toward a health system that improves health care outcomes for all Americans instead of advantaged few."

For more information, access the November 16 Press Release – *The Biden-Harris Administration Takes Action to Improve Health and Wellbeing by Addressing Social Determinants of Health*

Sepsis I The TIME is Now

Every 20 seconds, another person in the United States will be diagnosed with sepsis. Sepsis is the body's extreme response to an infection. It is life-threatening, and without timely treatment, sepsis can rapidly lead to tissue damage, organ failure and death. Sepsis happens when an infection you already have—in your skin, lungs, urinary tract or somewhere else—triggers a chain reaction throughout your body.

Anyone can develop sepsis, but some people are at higher risk, including adults 65 or older; people with weakened immune systems; those with chronic medical conditions, such as diabetes, lung disease, cancer, and kidney disease; and individuals with recent severe illness, surgery or hospitalization.

According to the National Sepsis Alliance, though 66 percent of adults in the U.S. are aware of the term sepsis, only 19 percent of those aware can identify all four of the common symptoms of sepsis that should lead a person to seek emergency care: (high temperature (fever) or low body temperature; chills and shivering; a fast heartbeat; fast breathing.

With sepsis, time is of the essence. For every hour of delayed treatment, the risk of death increases by between 4 – 9%. Experts say that 80 percent of sepsis deaths could be prevented if treated in time.

Diagnosis sepsis can be challenging as a single diagnostic test for sepsis does not yet exist. A healthcare provider can diagnose sepsis based on temperature, heart rate, breathing rate and blood work. Respiratory secretion testing, blood pressure monitoring, imaging studies as well as wound, urine or stool cultures may also be utilized for a sepsis diagnosis. Septic shock is diagnosed when one's blood pressure drops to very low numbers.

White blood cell count (WBC) is one of the markers that healthcare professionals use to assess a patient's condition. The total white blood cell count may be elevated, decreased, or within the normal range in sepsis, and the specific pattern can provide valuable information.

1. **Elevated WBC count:** An increase in the total white blood cell count, known as leukocytosis, is a common response to infection, including sepsis. It indicates that the body is trying to fight off the infection by producing more white blood cells.
2. **Normal or decreased WBC count:** In some cases, especially in severe sepsis or septic shock, the white blood cell count may be normal or even decreased. This can be a sign that the immune system is overwhelmed or not responding adequately to the infection.

It's important to note that while the white blood cell count is a valuable marker, it is not the only factor considered in diagnosing sepsis. Other clinical signs and laboratory parameters, such as the presence of inflammatory markers like C-reactive protein (CRP) and procalcitonin, are also taken into account.

Healthcare providers play a vital role in recognizing and promptly treating this potentially life-threatening condition. Prompt recognition and treatment are critical for a positive outcome. If sepsis is suspected, it is important to initiate interventions, such as antibiotics, intravenous fluids, and supportive care to address the infection and stabilize the patient. Early intervention can significantly improve the chances of recovery.

Visit the National Sepsis Alliance for information on sepsis core measures and clinical practice guidelines, patient screening and identification tools, educational resources and more.

Early Detection of Chronic Kidney Disease (CKD) Decreases Costs and Saves Lives

According to the National Kidney Foundation, chronic kidney disease (CKD) affects 37 million people, or 15 percent, of adults in the United States. Diabetes and high blood pressure are responsible for two-thirds of cases. The condition is usually asymptomatic until its advanced stages. Unfortunately, many people don't know they have chronic kidney disease until it progresses.

A new study by Stanford Medicine researchers finds that screening individuals, 35 years and older, would increase life expectancy and save dollars. In addition to early screening, adding sodium-glucose cotransporter-2 (SGLT2) inhibitors were found to slow the progression of kidney disease. Screening for CKD involves testing for albuminuria, the presence of albumin, a type of protein, in urine. Its presence in urine is an indicator of kidney disease.

"CKD is often clinically silent until patients reach late-stage kidney disease, so many people with early-stage CKD are unaware they have it," said Marika Cusick, a PhD candidate in health policy at Stanford Medicine and lead author of the study published in the *Annals of Internal Medicine.* "By screening for CKD, we can diagnose and treat it at an earlier stage, improving life expectancy and reducing the risk of progressing to late-stage kidney disease, which is deadly and costly."

The authors assessed costs, quality-adjusted life years and incremental cost-effectiveness ratios. They found that screening, in addition to using SGLT2 inhibitors, the 158 million persons, aged 35 to 75 years in the United States, would prevent the need for dialysis or kidney transplant in 398,000 to 658,000 individuals during their lifetime, depending on the frequency of screening.

Advanced kidney disease harms the health of Americans, places burdens on families and caregivers, and is extremely costly for the health care system to manage," said Jeremy Goldhaber-Fiebert, PhD, professor of health policy and senior author of the study.

"This analysis shows that, while it is a substantial undertaking, screening to detect chronic kidney disease before it advances and providing effective new treatments improves health and represents good value for the money and resources used."

Access the Stanford Medicine article to learn more about the study; *Screening everyone 35 and older for chronic kidney disease would save lives*
Visit the Great Plains QIN Chronic Disease Management for additional CKD tools and resources.

Lower Anticoagulant Dose: What It Means For Older Adults in Nursing Homes

The Journal of the American Heart Association recently conducted a study involving 21,878 nursing home residents with nonvalvular atrial fibrillation (NVAF) which revealed that standard doses of direct oral anticoagulants (DOACs) led to a higher rate of bleeding compared to reduced doses.

Older adults in nursing homes, and those with multiple morbidities and NVAF, face a heightened risk of major bleeds and thrombotic events. The study supports the use of reduced-dose DOACs for this population due to the potential dangers and unclear benefits associated with standard dosing. The research emphasizes the importance of considering reduced doses for older adults with multiple chronic medical conditions, given their vulnerability to adverse drug effects.

"Our Great Plains QIN team reviewed nursing home adverse drug event data (CMS claims data). The data indicated that most transfers from the nursing home to the emergency department, related to an adverse drug event, are for bleeding disorders from anticoagulant use. A potential reduction strategy might be to share a copy of the Journal of the American Heart Association study with your clinical team and medical director to help drive practice change," shared Tammy Wagner, RN, LSSGB; Great Plains QIN Quality Improvement Advisor.

Additional Resources:

- Anticoagulation Forum
  - Core Elements of Anticoagulation Stewardship Programs
- CDC – Anticoag Manager App
- Anticoagulation Toolkit – Developed by the Michigan Anticoagulation Quality Improvement Initiative

Protect Yourself, Your Community and Loved Ones from C. diff Infections

C. *diff i*s a spore-forming, gram-positive anaerobic bacillus that is a common cause of antibiotic-associated diarrhea. According to the CDC, *C. diff* infection is estimated to cause almost half a million infections in the United States each year. Most cases of *C. diff* infection occur while an individual is taking antibiotics or not long after finishing an antibiotic.

Help protect yourself, your community, and loved ones from C. *diff infections* through understanding, education and prevention.

- Who is at risk for *C. diff* infection and what symptoms to look for
- How you can prevent the spread of *C. diff* in the hospital and at home

CDC Resources: Download, Share and Order Materials

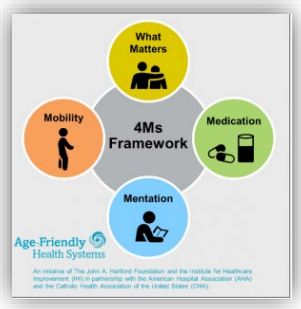
- *C. diff* guidance and prevention resources
- *C. diff* educational resources, including how to optimize antibiotic therapy to minimize the risk
- FREE print materials (search "*C. diff*" under "Programs", then click "Apply")
- Answers to Frequently Asked Questions (FAQs) about *C. diff*
- Christian Lillis's blog about *C.diff* and the potential risks and harms of antibiotic overuse

Infection control plays a critical role in stopping the spread of *C. diff* in healthcare settings. It's important that all healthcare personnel understand the infection control actions we can take to stop the spread of germs. Project Firstline provides innovative and accessible infection control resources so you can help keep your patients safe.

- CDC Project Firstline
- North Dakota Project Firstline
- South Dakota Project Firstline

Join Today: Age-Friendly Health Systems Action Community

The American Hospital Association (AHA) and partners are recruiting for the next iteration of an online community of healthcare organizations dedicated to practicing an "age-friendly" framework for long-term care. A major goal of the initiative is to help foster dialogue between providers, so they are able to stay abreast of current shifts in technology and healthcare market trends. This will be the fifth cohort of the group, titled the Age-Friendly Health Systems Action Community, and will include individuals from almost all senior living and care settings — at no cost to the participants. Members of the community will have access to monthly webinars, coaching and the ability to connect with healthcare experts and peers online. There is no cost to join. Participants will have access to monthly webinars, valuable resources and one-to-one coaching.



Join Today

"Older adults are living and working longer than any time in our history, redefining what life's later stages look like," said Rick Pollack, CEO of AHA, in a recent statement. "Hospitals and health systems want to be full partners in this promising evolution, doing all they can to ensure the 'golden' years are just that, marked by good health and the ability to enjoy life."

The four tenets of the "Age Friendly Health Systems" model:

1. Knowing "**what matters**" for individual residents/patients, whether it is to prevent cognitive decline or to facilitate end-of-life care.
2. Managing **medications** so they achieve health goals, rather than merely pacifying or incapacitating someone.
3. **Mentation**, or treating depression, dementia and delirium.
4. Ensuring that older adults have full **mobility** of movement, to the extent that is possible.

"We all deserve health care that meets our unique goals and care preferences as we age. When reviewing the other 'Ms' (Medication, Mentation and Mobility), decisions always come back to 'What Matters' to the individual. Age Friendly is evidence- based and allows for the person to make their own healthcare decisions, the ones that matter to them. Asking the right questions and then identifying 'what matters' drives EVERYTHING you do in Age Friendly Health." Tammy Wagner RN, LSSGB

The initiative is a collaboration between the American Hospital Association, the John A. Hartford Foundation, and the Catholic Health Association of the United States. For questions or additional information, email ahaactioncommunity@aha.org.

Ensuring Medication for Opioid Use Disorder (MOUD) Treatment through the Care Continuum Webinar Series

More than 1 million Medicare beneficiaries had a diagnosis of opioid use disorder in 2020.[1] However, fewer than 1 in 5 Medicare beneficiaries with an opioid use disorder (OUD) diagnosis received medication to treat this condition. In addition, the number of patients who stay in treatment after hospital discharge decrease drastically during the transition of care.[2]

This webinar series is a collaboration of all the Quality Innovation Network-Quality Improvement Organizations and will provide strategies, interventions, and targeted solutions to ensure access to MOUD treatment and facilitate the continuity of care through the continuum. This series' focus is ensuring MOUD treatment within nursing home/hospital care transitions, but is appropriate for all care settings, including nursing homes, clinics and hospital care teams and their partners.

Please join us to hear from national experts during this monthly webinar series occurring on Fridays from September 2023 through June 2024 at 11 am CT/ 10 am MT (each session is 60 minutes)

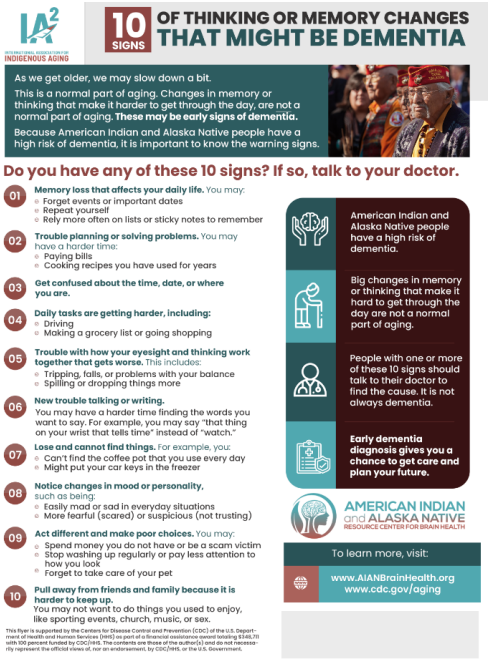
Register Today

To view all future and past sessions, visit out website.

Native American Heritage Month & Alzheimer's Awareness

During Native American Heritage Month, we're celebrating American Indian and Alaska Natives and their important work to raise Alzheimer's awareness & better health within their communities, moving us closer to a world without Alzheimer's and all other dementia.

Native Americans are more likely to develop Alzheimer's or other forms of dementia than White or Asian Americans. At the same time, American Indians overall have less access to healthcare and health services and are less likely to be diagnosed once they show symptoms, creating unique challenges in addressing Alzheimer's and other dementias. In addition, Native American cultures hold great esteem for Elders and are more likely to take care of their Elders at home. This may create stress for caregivers.



- As many as 1 in 3 Native American Elders will develop Alzheimer's or some other form of dementia.
- Between 2020 and 2060, the number of American Indian/Alaska Native individuals aged 65 and older living with dementia is projected to increase four-fold.
- The vast majority (92%) of Native Americans say that it is important for Alzheimer's and dementia care providers to understand their ethnic or racial background and experiences. However, only 49% of Native Americans say that they have access to culturally competent providers.
- 61% of Native Americans say that affordability of care is a barrier.
- More than one-fourth (27%) of Native American caregivers report being treated with less respect than others.
- Four in 10 (40%) of Native Americans believe that medical research is biased against people of color and only 65% believe that an Alzheimer's cure will be shared fairly, regardless of race, color or ethnicity.

The Alzheimer's Association partners with several organizations to better serve all communities in the United States, including the National Indian Council on Aging (NICOA), to promote Alzheimer's awareness and care and support resources to American Indian individuals from 574 tribes across the country.

The Indian Health Service (IHS), an agency within the Department of Health and Human Services, provides a comprehensive health service delivery system for approximately 2.6 million American Indians and Alaska Natives who belong to 574 federally

recognized tribes in 37 states. Its goal is to raise the health status of American Indians and Alaska Natives to the highest possible level. The Alzheimer's Association and the IHS will work together to address and improve the health and well-being of American Indians and Alaska Natives living with Alzheimer's disease and all other dementias and their caregivers.

In 2019, the Alzheimer's Association and the CDC collaborated on the The Healthy Brain Initiative (HBI) Road Map for Indian Country, the first-ever public health guide focused on dementia in Native American communities. Success stories highlight how tribes can utilize the Road Map to improve health outcomes. The International Association for Indigenous Aging (IASquared) is a partner of the HBI and serves as a hub of information and resources on Alzheimer's and other dementia serving Indian country.

At the Alzheimer's Association, we believe that diverse perspectives are critical to achieving health equity — meaning that all communities have a fair and just opportunity for early diagnosis and access to risk reduction and quality care. The Association is committed to engaging underrepresented and underserved communities and responding with resources and education to address the disproportionate impact of Alzheimer's and dementia.

ALZHEIMER'S ASSOCIATION®

The Alzheimer's Association is a worldwide voluntary health organization dedicated to Alzheimer's care, support and research. Our mission is to lead the way to end Alzheimer's and all other dementia — by accelerating global research, driving risk reduction and early detection, and maximizing quality care and support. Our vision is a world without Alzheimer's and all other dementias.

Preventing Medication Errors is Key to Patient Safety: The Five Rights

Medication errors can be avoided. The 5 R's of medication administration were put in place to protect both those administering medicine and the person taking medicine/s, alongside reducing the harm that can be caused by medication errors. Following the 5 rights is the most basic way to improve patient safety and avoid Emergency Department (ED) visits and hospitalizations.
The '5 rights' of medication safety are:

When administering prescribed medication, you should always double-check the frequency and if you're giving it to the person at the right time. For example, some medications should be taken on a full or empty stomach or within a certain timeframe apart. This leads us to the next step, which is to check when the last dose was given to ensure that you're not medicating them too soon or too late.

Medical errors and drug-administration mistakes pose significant patient risks. These errors contribute to avoidable patient deaths in the hospital environment. To maintain patient safety and avoid medication errors, it is important that pharmacists, nurses, and other healthcare professionals adhere to the standard for safe medication practices, known as the "five rights" of medication use: the right patient, drug, dose, time, and route. [1]

Medication errors are one of the easiest adverse events to avoid. Using the basic 5 rights and following your facilities polices can help improve Quality Measures in the areas of Emergency Room visits and hospitalizations. Avoiding medications errors can impact your facilities quality measure reports and improve your 5-star rating.

"Including patients and family can help avoid medication errors, especially on admission. A thorough medication reconciliation will aid in insuring that patients receive the correct medications. The five rights should continue to be followed as medication-use goals; however, strong support systems that encourage safe practices must be established in order to help healthcare professionals achieve these goals," added Susan Wilcox, Great Plains QIN Quality Improvement Advisor.

References:

1. Grissinger M. The five rights: a destination without a map. *P.T.* 2010;35(10):542.

Questions for Our Team?

If you have questions for our team or ideas for news stories, please contact a member of our team. Visit the Who We Are Page of our website for all team members. Visit our Website to learn more.

This material was prepared by Great Plains Quality Innovation Network, a Quality Innovation Network – Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 12SOW/GPQIN/QIN-QIO-425/1023