Tips and Tools to Drive Best Practice

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Welcome and Overview

- Welcome!

Discuss mitigation strategies

Review self-assessment

Managing coaching calls

- Wrap-up
Learning Objectives

1. Adopt mitigation strategies to reduce or eliminate ADEs
2. Demonstrate the benefit in utilizing self-assessments
3. Explain the purpose of the Medication Safety Alliance coaching calls
Strategic Thinking

Step 1: Strategize

- Discuss mitigation strategies
- Review self-assessment
- Managing coaching calls
Strategic Thinking

Resolution
- Develop an attainable intervention
- Focus on avoidable readmissions

Strategy
- Focused on transitions of care
- Team-based approach
- Patient-centered
## Mitigation Strategies

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<th>Intervention</th>
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<td>Medication Reconciliation</td>
<td>Discrepancy recognition</td>
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Medication Reconciliation

- Admission AND discharge
- Reduce medication discrepancies
- Financial savings
- Decrease readmissions
Transition Communication

- Obtain primary care physician information upon admission
- Project RED (Re-Engineered Discharge)
- Appointments with PCPs and specialists made prior to discharge
- Transparency between patients and providers
Patient Education

- Address health literacy
- Increase medication knowledge
- Increase self-care knowledge
- Awareness of side effect profile
- Utilize teach-back method
- Involve patient AND family/caregiver
Follow-up Telephone Call

- Medication adherence
- Discrepancy discovery
- ADE surveillance/recognition
- Re-assess patient education
- Opportunity for additional questions
Post Discharge Clinics

- Targeted visit
- Patient adherence
- Medication reconciliation
- Symptom management
- Additional tests/monitoring
- Ensure safe transitions
ADE Challenges

- Identify when ADEs occur and talk
- Make doing the right thing feasible
- Reporting should not be so time constraining
- Biased self-reports
- Promote cross-monitoring
Readmission Challenges

- Communication and connection outside of hospital
- Transforming discharge process to accommodate transitions to other care settings
- Engaging the Patient
- Re-defining discharge planning process and where it starts
- Medication reconciliation in-house and in the community
- Status of primary care in community

Readmission Challenges

- Tracking patient education throughout their stay and ensuring a consistent message is delivered.
- Tailoring discharge process to ensure it meets patient’s needs; there is a reluctance to simplify and assuming the ‘one size fits all’ solution is adequate.
- Redesigning physician discharge summary; physicians say that notes they write are meaningless to another physician.

Step 2: Take Action

Discuss mitigation strategies  Review self-assessment  Managing coaching calls
“There is no shortage of successful strategies to help patients avoid rehospitalization. What has been lacking is the will to adopt them.”

-Experts
Implementation

- Make sure patients understand how to care for themselves upon discharge
- Make sure patients get the follow-up medical care they need to manage their conditions
Implementation

- Easier said than done...
  - Failures due to:
    - Lack of strategy
    - Encountered barrier
    - Lack of adoption
Implementation - PDSA

- Utilize cyclical method to immediately impact and assess change
- Explore relationship between variables in process and outcomes
- Small and frequent PDSAs are most effective

Small Tests of Change
“The journey of a thousand miles begins with one step.”
-Lao Tzu
### Call to Action

#### Self-assessment

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<th>Antineoplastics</th>
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Your Health-System

- Medication Reconciliation is performed effectively every time on admission and discharge
- PCP information is obtained upon admission
- Appointments are made with PCPs and/or specialists prior to discharge
- A risk-assessment is performed on patients upon admission
Your Health-System

- Patients are educated on all potential side effects of their medications
- The teach-back method is utilized when discussing patient’s medications and self-care knowledge
- The patient and family/caregiver are considered part of the ‘team’ during hospital stay
Your Health System

- Follow-up telephone calls are performed within 72 hours of hospital discharge
- Patients are referred to specialty clinics, when appropriate, prior to discharge
- The importance of monitoring particular medications is emphasized during patient stay
Self-Assessment

- Identifies gaps
- Identifies priorities
- Continuous quality improvement
Step 3: Working Together

Discuss mitigation strategies

Review self-assessment

Managing coaching calls
A Method for Sustainability:
Coaching Calls
## Self-Assessment Results

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<tr>
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<td>Analgesics (with narcotics)</td>
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Analgesics

- Medication used to reduce or eliminate pain
  - Narcotics
  - Non-steroidal anti-inflammatory drugs (NSAIDS)
  - Acetaminophen
Analgesics

- Dose mix ups
- Allergic reactions
- Enhanced CNS effects
- Ambiguous directions
Partnership for Patients
Partnership for Patients

- Use alerts to trigger monitoring to prevent over-sedation and respiratory arrest (with/without an Electronic Medical Record).
- Use alerts to avoid multiple narcotics.
- Standardize concentrations and minimize dosing options where feasible
Partnership for Patients

- Use non-pharmacological methods of pain and anxiety management where appropriate
- Manage “Look-Alike, Sound-Alike” Medications
- Hospitals should create a list of look-alike/sound-alike medications it stores, dispenses, or administers and implement strategies to minimize potential errors for each. Such strategies include TALLMAN Lettering, separation on shelves and in unit based dispensing machines.
Partnership for Patients

- Use a table of drug-to-drug conversion doses.
- Educate Patients/Families Regarding Risk of ADEs
- Use data/information from alerts and overrides to redesign standardized processes

Cardiovascular Agents

- Agents that affect the rate of intensity of cardiac contraction, blood vessel diameter, or blood volume.
  - Anti-arrhythmia agents
  - Anti-hypertensive agents
  - Vasodilator agents
  - Vasoconstrictor agents
  - K/Na/Ca Channel Blockers
  - And many more
Cardiovascular Agents

- Patient adherence
- Adverse drug events
- Polypharmacy
Polypharmacy Definition

- Multiple medications used by a patient
- Multiple forms of medication used by a patient
- Inappropriate amount of medications prescribed that are not clinically warranted
- Too many pills for patient to take
Patients Affected

- Elderly patients
  - High-risk patient characteristics
- Patients with multiple disease states
  - Multiple specialists
- Patients taking 5+ medications
  - Prescription, over-the-counter, herbals
Dangers of Polypharmacy

- Financial burden
- Medication mis-management
  - Health-care practitioners, patient, caregiver
- Drug interactions
- Information overload
- Adverse drug events
- Readmissions

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Mitigation Strategies

- Review of medications
- Patient education
Review of Medications

- Physicians unaware of what patients are, or are not taking
- “Brown bag” assessment
- Include all preparations patients use
Patient Education

- Encourage reporting of symptoms
- Targeted interventions
- Visual reminders
- Team-based approach
Conclusion

- Mitigation strategies
- Self-assessment tool
- Medication Safety Alliance Coaching Calls
Resources

- Hospital Engagement Network (PfP)
  - http://www.hret-hen.org/adverse-drugs-events

- IHI STAAR Initiative
  - http://www.ihi.org/offerings/Initiatives/STAAR/Pages/default.aspx

- Project RED
  - https://www.bu.edu/fammed/projectred/index.html

- BOOST
Questions?
Tips and Tools to Drive Best Practice

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