

Partnering with Extended Care Facilities to Improve Medication Reconciliation at Discharge



IAHQ Annual Education Program

April 23, 2010

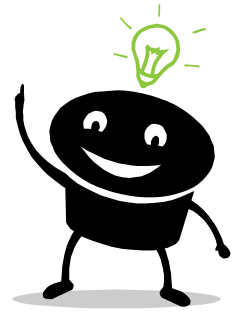
Sandy Jones, Patient Safety Officer

Rockford Health System

Facts about Rockford Health System

- Rockford Memorial Hospital (RMH) - 396 licensed beds
- Rockford Health Physicians
- Visiting Nurses Association (VNA)
- Van Matre HealthSouth Rehabilitation Hospital





What Drove This Meeting?

- One of our staff physicians is also the medical director of a local extended care facility (ECF)
- This particular facility shared concerns about our medication reconciliation (med rec) process with this provider
- Provider suggested we meet with ECFs
- Patient Safety Officer scheduled meeting and invited reps from 9 ECFs plus Nihan and Martin Pharmacy
 - Nihan and Martin supply medications to a majority of ECFs

Concerns From ECFs

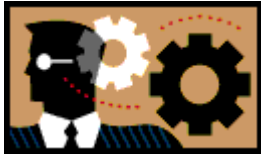


1. We didn't share our new electronic discharge med rec process with the ECFs. They weren't aware of what they should be receiving.
2. ECF's require 3 days of inpatient documentation including medication administration records (MARs) so they can complete Minimum Data Set (MDS) forms. This is data used to drive Medicare payment. We were not consistently providing what they needed.
3. Inconsistent communication between hospital and ECF providers.
4. There are different med rec processes at the three hospitals in Rockford

Meeting Specifics

- Scheduled meeting for late afternoon/early evening
- Provided beverages and appetizers
- Provided overview of process and forms at RMH
- Question & Answer session





Questions to Consider

- Are the forms you receive from us complete and legible?
- What are the barriers to this process from your perspective?
- Do you know who to call if you have questions about the forms you receive?

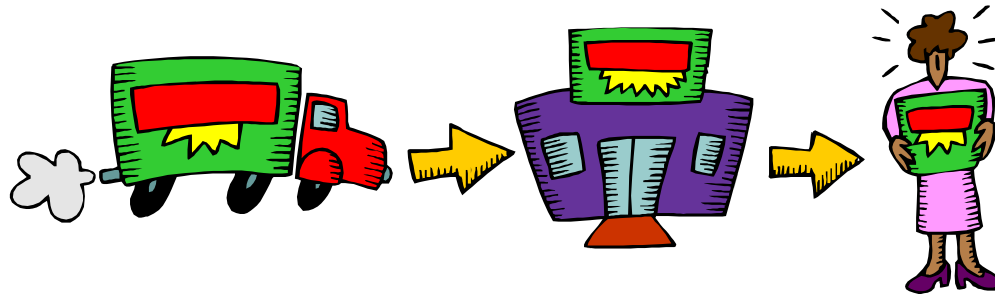
Meeting Objectives

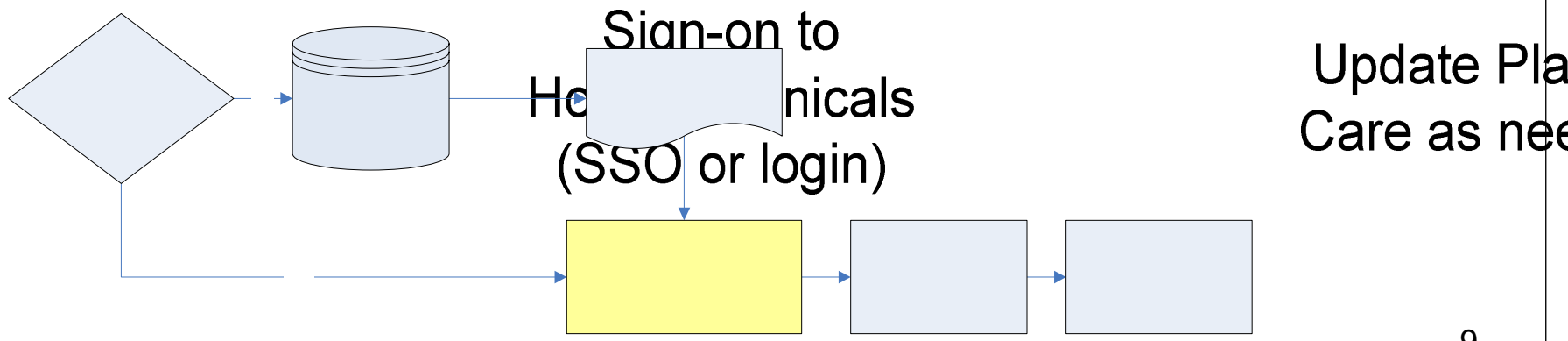
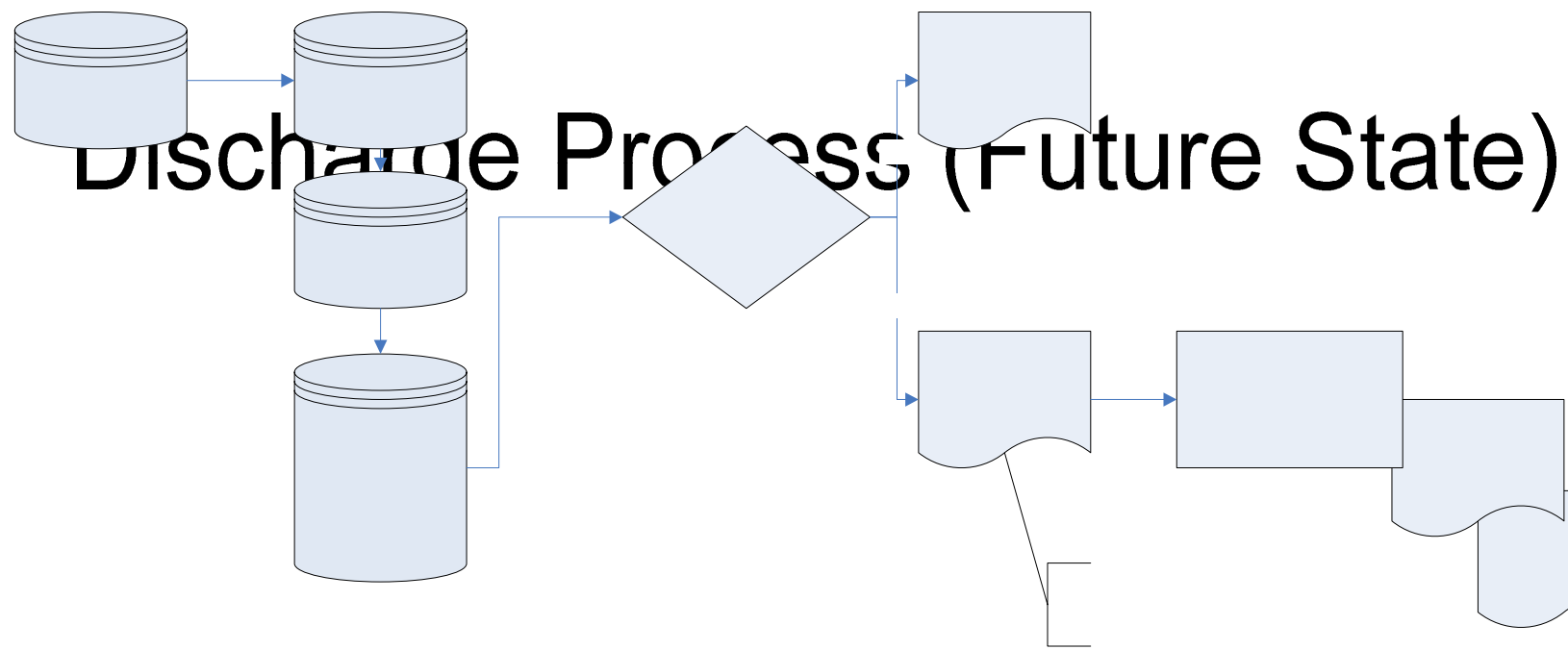
- Prevent medication errors by improving medication reconciliation process at discharge for patients transferred to ECFs
- Improve overall communication between RMH and ECFs
- Identify contact persons/resources for ECFs and RMH

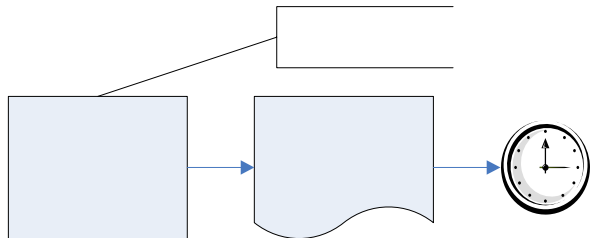


Sharing our Process

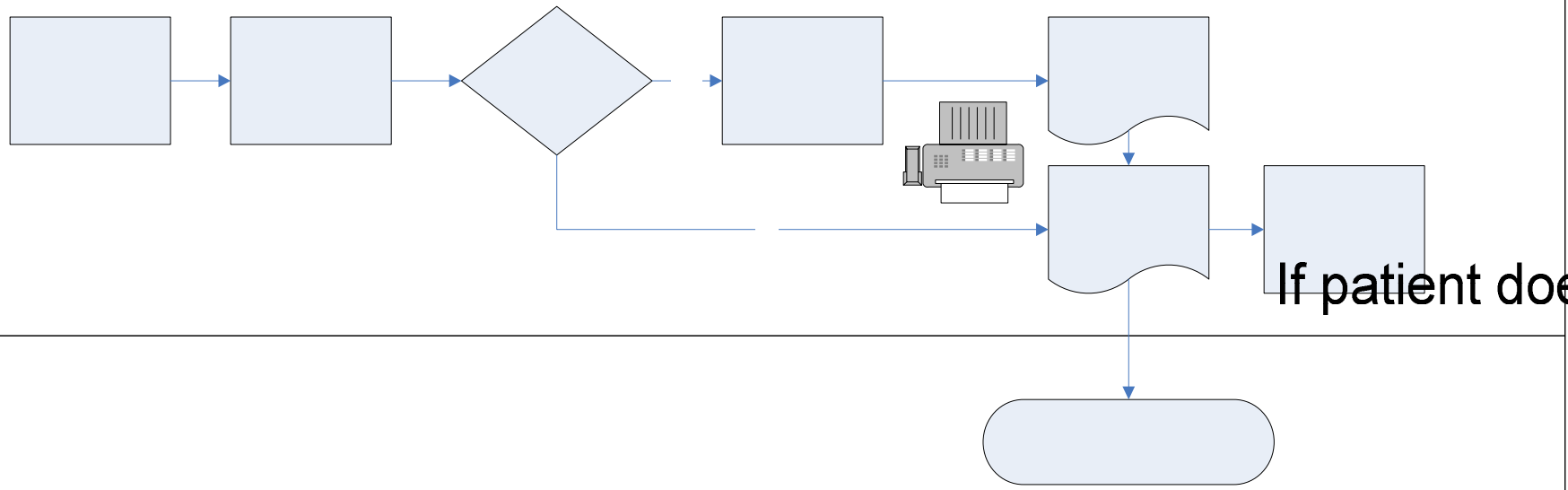
- Information Management System (IMS) rep on the med rec team presented an overview of our process







Hand-Off to Next Provider of Care



urse

On admission;
determine Primary

Update MR9.0
with Primary O
Physician Nar

Discharge Med Rec Process

- Refer to handout



Medication Reconciliation Addendum
Medication Reconciliation Orders – Admission/Discharge Medication Tracking
Instructions for Use:

- **Hospital admission:** Write each home medication on this form. Clearly note the Dose, Route, Frequency, and Last Taken Date/Time. Admitting Provider must check "yes" to order the home medication for this admission; or "no" if the medication is not to be given during this admission. Note any changes to the dose, route, or frequency of the home medications under "Admit Changes" section.
- **New Medication** orders must be written on Physician Order forms.
- **Discharge:** the Discharge Provider must review the list of admission medications and check "Yes" to order for continuing at home/facility or check "No" if the medication is not to be continued. If there are any changes to Dose, Route or Frequency, the change must be noted in the spaces headed "Changes" prior to discharge. Add any other medications to continue at home/facility in the same manner.

Disposition of Medications from Home Upon Admission
 Patient not on any medications
 Medications sent home
 Medications not brought in
 Medications stored in Pharmacy
 No medication history taken

Initials	Medication Name/Dose/Route/Frequency	Last Taken Date/ Time	Admit Order		Admit Changes			Discharge Order		Discharge Changes		
			Yes	No	Dose	Route	Freq	Yes	No	Dose	Route	Freq

Each page must be signed/dated by the Admitting and Discharge Providers

<i>Each person responsible for the Medication History must initial, sign, and date this document.</i>					Admitting Provider Signature Date Time			
Initial	Signature	Date	Time	Page	of	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
					Discharge Provider Signature Date Time			
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

At Admission: Place this form under the Med Reconciliation tab.
 Faxed to Pharmacy
 Date: _____ Time: _____ Initials: _____

At Discharge: Fax to Primary Care Provider
 Faxed to _____
 Date: _____ Time: _____ Initials: _____

At Discharge: Fax to any other providers identified in the discharge instructions

At Transfer to another facility: Provide ORIGINAL to transfer facility/organization. Make photocopy for chart.

Home Medications



Discharge Medication Reconciliation Orders

Printed: 8/25/2009 8:27 AM

By: RHS\JHerlugson

Name: INTERFACE, SUNQUEST Room: PA20-0 PCU: PAC
 Medical Rec #: 000729055 Age: 10 MONTHS Sex: F
 Allergies: ATIVAN, AUGMENTI, ERYTHROM, GLUCOPHA, GRASS / , INDOCIN, KEFLEX, LEVAQUIN, LEVIMERE, MORE ... Weight: 72.60 KG Height: 165.10 cm
 Hospital Number: 2012179111 DOB: 10/4/2008
 Physician: Admit Date: 8/4/2009

Home Medications

Medication	Status	Dose	Route	Frequency	Confirm Date	Continue	Discontinue
Aspirin Generic: Aspirin	Not Taking	81 mg	Oral	Every Day	8/18/2009		
Comments: hold during hospitalization							
Atenolol Generic: Atenolol	Active	1 mg Tablet	Oral		8/18/2009		

Note: **Status** (Held, Not Taking) were added 10/05/2009

Additional Orders

Additional Orders:

Signature: _____ Date: _____ Time: _____
(I have reviewed all home medications and current active inpatient medications included in this medication reconciliation report.)

Faxed to Next Provider of Care.: Dr. _____ Date: _____ Time: _____
Faxed to Other Physicians.....: Dr. _____ Date: _____ Time: _____
Dr. _____ Date: _____ Time: _____

At Discharge: Fax to Next Provider of Care.

At Transfer to Another Facility: Provide ORIGINAL to transfer facility/organization. Make photocopy for chart.

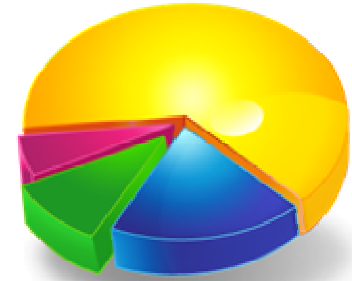
Orders Transcribed By.....: _____ Date: _____ Time: _____
Orders Verified: _____ Date: _____ Time: _____

Inpatient Medications

Description	Route/ Freq	Rate	Start	Stop
>>>>>> Current Active Inpatient Medications <<<<<<<<				
PIPERACIL-TAZO III DEXT 3.375GM FRZII PGBK 3.375 GM [ZOSYN IN DEXTROSE (ISO-OSM)] RX: 2578000	IV EVERY 6 HOURS	Q6H	09/11 21:00	
ENOXAPARIN SODIUM SYRG 40 MG/0.4 ML [LOVENOX] RX: 2578002	SUBQ EVERY 24 HOURS	Q24H	09/12 09:00	
ALBUTEROL-IPRAT 103-18 MCG/ACT AERO 4 PUFFS [COMBIVENT] RX: 2578550	INHL EVERY 6 HOURS	Q6H	09/12 00:00	
SODIUM CHLORIDE 0.9 % SYRG 10 ML [SODIUM CHLORIDE] RX: 2579488	IV EVERY 12 HOURS	Q12H	09/14 09:00	
INSULIN REGULAR HUMAN SOLP 3 UNIT/0.03 ML - 10 UNIT/0.1 ML [HUMULIN R] RX: 2582036	SUBQ EVERY 3 HOURS	Q3H	09/13 12:00	
TIGHT CONTROL SLIDING SCALE USE REGULAR INSULIN ONLY 140 - 169 = 3 UNITS 170 - 199 = 4 UNITS 200 - 249 = 6 UNITS 250 - 299 = 8 UNITS > 300 = 10 UNITS **** HUMULIN ****				

Feedback/evaluations

- RMH took the lead in improving the process across the continuum by inviting representatives from the extended care facilities to discuss concerns
- Forms and process defined by RMH were preferred
 - Eliminated duplication of orders between home and inpatient medication list (improved safety)
 - Format was user-friendly



Benefits Realized by RMH

- Continuing to receive positive feedback
 - “Thank you being open to listening to our concerns. I would be very willing to give input to any of your committees on a PRN or on-going basis”
 - “We would look forward to further developing partnerships to enhance resident/patient outcomes”
- An unexpected benefit was the opportunity to discuss changes we made to our process to address aggressive Drug Enforcement Agency (DEA) enforcement for schedule 2 and 3-5 prescription requirements when transferring patients back to ECF
 - Led to additional meeting with ECFs and two other Rockford hospitals to discuss this issue as part of the Northern Illinois Patient Safety Collaborative

Next Steps



- Identify additional opportunities for collaboration
 - General discharge process and forms
 - VNA wants to follow up with ECFs regarding caring for heart failure patients to prevent re-admissions
 - Potential to allow ECFs limited access to patient's electronic discharge medication list

Questions/Answers

Thank you for your participation!

For further information:

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