Welcome!

We will get started promptly at 12 noon.

This material was prepared by the IPRO QIN-QIO, 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-IPRO-QIN-TA-AA-22-534

IPRO QIN-QIO

Healthcentric Advisors

Qlarant

QIN–QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

Adverse Drug Events

Name: Charlotte Gjerloev and Anne Myrka

Date: January 27 and February 2

IPRO
QIN-QIO
Healthcentric Advisors
Qlarant
QIN–QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

Use Chat to introduce yourself & ask questions

How to use Zoom

At the bottom of your screen, you will see a black bar with icons:

Chat **Everyone** for general comments or questions

Welcome!

- Today's session is being recorded
- Although we want active participation, we ask that you please keep yourself on 'mute' during the presentation
- Please introduce yourself (name, organization & role, location) using the Chat feature

The IPRO QIN-QIO

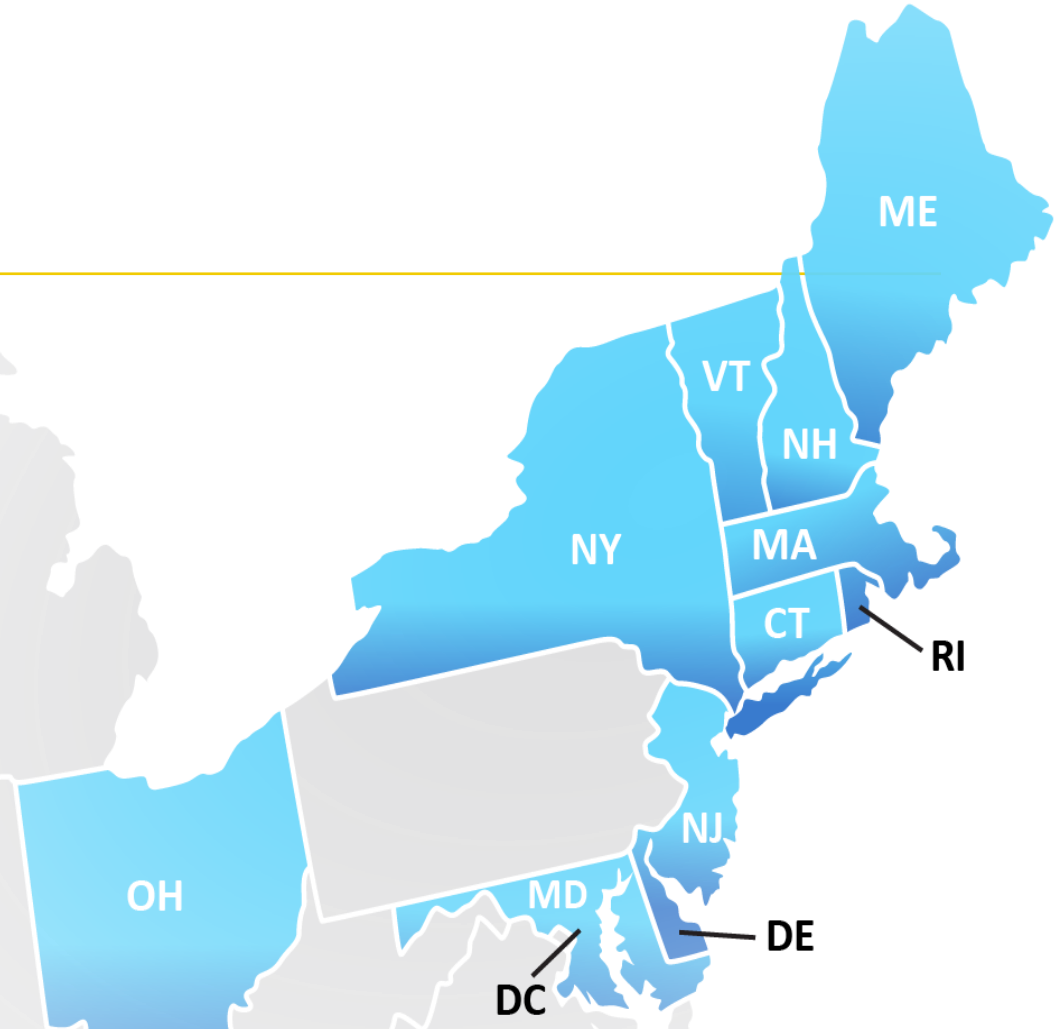
The IPRO QIN-QIO

- A federally-funded Medicare Quality Innovation Network – Quality Improvement Organization (QIN-QIO) in contract with the Centers for Medicare & Medicaid Services (CMS)
- 12 regional CMS QIN-QIOs nationally

IPRO:
New York, New Jersey, and Ohio

Healthcentric Advisors:
Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

Qlarant:
Maryland, Delaware, and the District of Columbia



Working to ensure high-quality, safe healthcare for
20% of the nation's Medicare FFS beneficiaries

IPRO QIN-QIO
Healthcentric Advisors
Qlarant
QIN–QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

IPRO QIN-QIO *small Talk* series January-June 2022

Our *small Talks* are short, impactful presentations designed to meet your needs during this uniquely challenging time.

Two different topics will be presented on a monthly basis and each ***small Talk*** will:

*Consider a **challenge***

*Identify **interventions***

*Guide you to a specific **result** or outcome*

IPRO QIN-QIO
Healthcentric Advisors
Qlarant
QIN–QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES iQUALITY IMPROVEMENT & INNOVATION GROUP

Adverse Drug Events

Name: Charlotte Gjerloev and Anne Myrka

Date: January 27 and February 2

IPRO
QIN-QIO
Healthcentric Advisors
Qlarant
QIN–QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

Quick Overview

1. **CHALLENGE:** Nursing home residents are vulnerable to experiencing adverse drug events (ADEs) that result in emergency department visits, hospitalizations, and readmissions.

2. **Intervention:** Instituting processes that identify, prevent, and resolve medication discrepancies and ADEs.

3. **Result:** Decrease in ADEs that result in emergency department visits, hospitalizations, and readmissions.

IPRO QIN-QIO
Healthcentric Advisors
Qlarant
QIN-QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES iQUALITY IMPROVEMENT & INNOVATION GROUP

Challenge

- Nursing home residents are vulnerable to experiencing adverse drug events (ADEs) that result in emergency department visits, hospitalizations, and readmissions.
- The highest ADE rates in the elderly are due to three high-risk classes:
  - Anticoagulants
  - Opioids
  - Diabetic Agents
- ADEs have been increasing during the COVID-19 pandemic and often occur during care transitions.

Medication Discrepancies & Adverse Drug Events

Definitions

CDC: An adverse drug event (ADE) is when someone is harmed by a medicine.

CMS: An injury resulting from drug-related medical interventions.

Quick Facts About ADEs

- It is generally estimated that about **half of ADEs are preventable.**
- Antidiabetic meds, anticoagulants/antiplatelet meds and opioids account **for more than 50%** of Medicare patient Emergency Department (ED) visits.
- Each year, ADEs account for nearly **700,000 ED visits and 100,000 hospitalizations.**

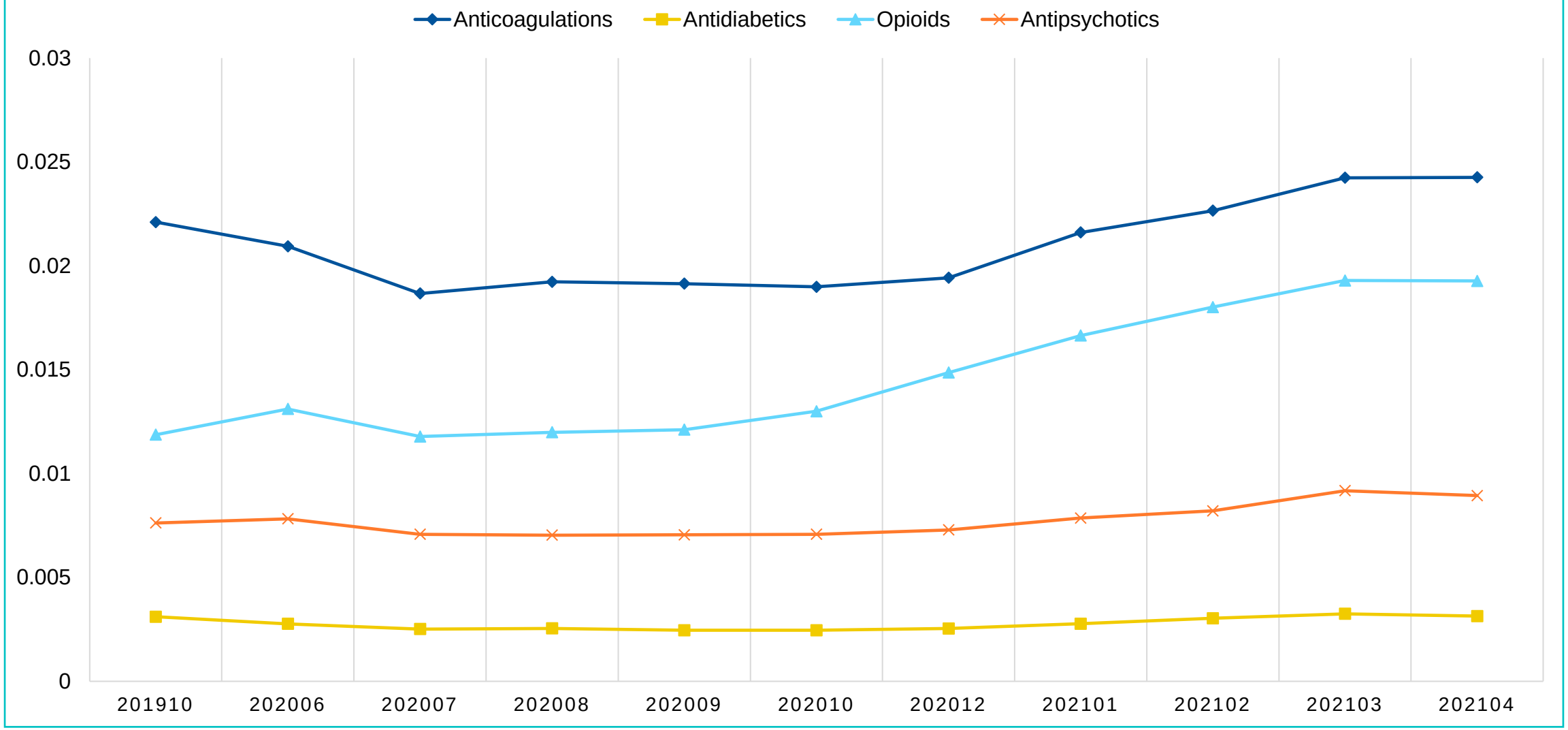
➢ *Estimated 70% of patients experience an actual or potential unintended discrepancy at hospital discharge*

➢ *ADEs and issues with medication reconciliation across care settings are major drivers for hospital readmission*

Medication Discrepancies

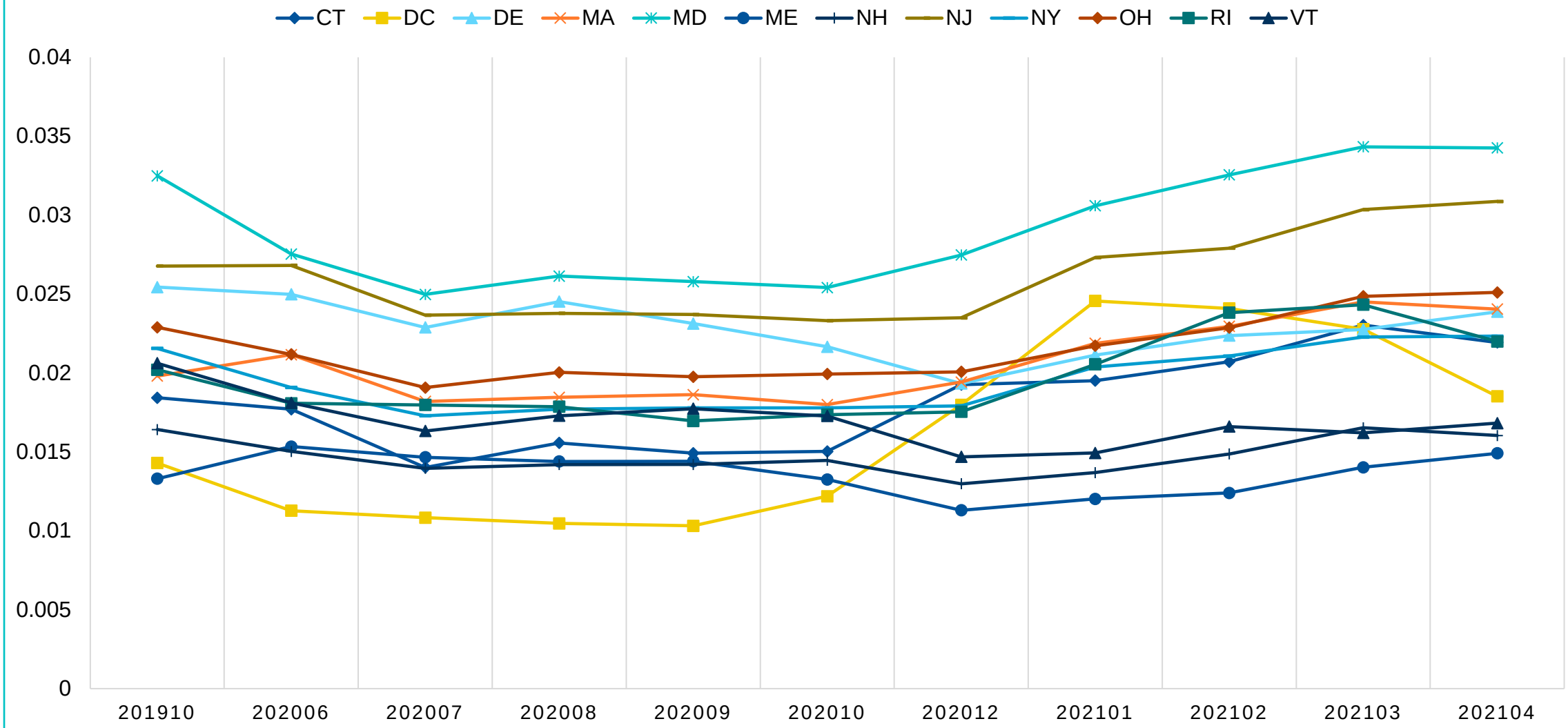
- Unintended or unexplained/undocumented differences among medication lists across different sites of care. Examples are:
  - Omissions
  - Duplications
  - Dose/frequency/route of administration errors
  - Drug name discrepant/incorrect
- Sometimes discrepancies are differentiated as “intended” or “unintended” – intended discrepancies would have the rationale documented
- Medication discrepancies are identified and resolved through a comprehensive medication reconciliation program

ADE Rate among NH Residents, by Drug

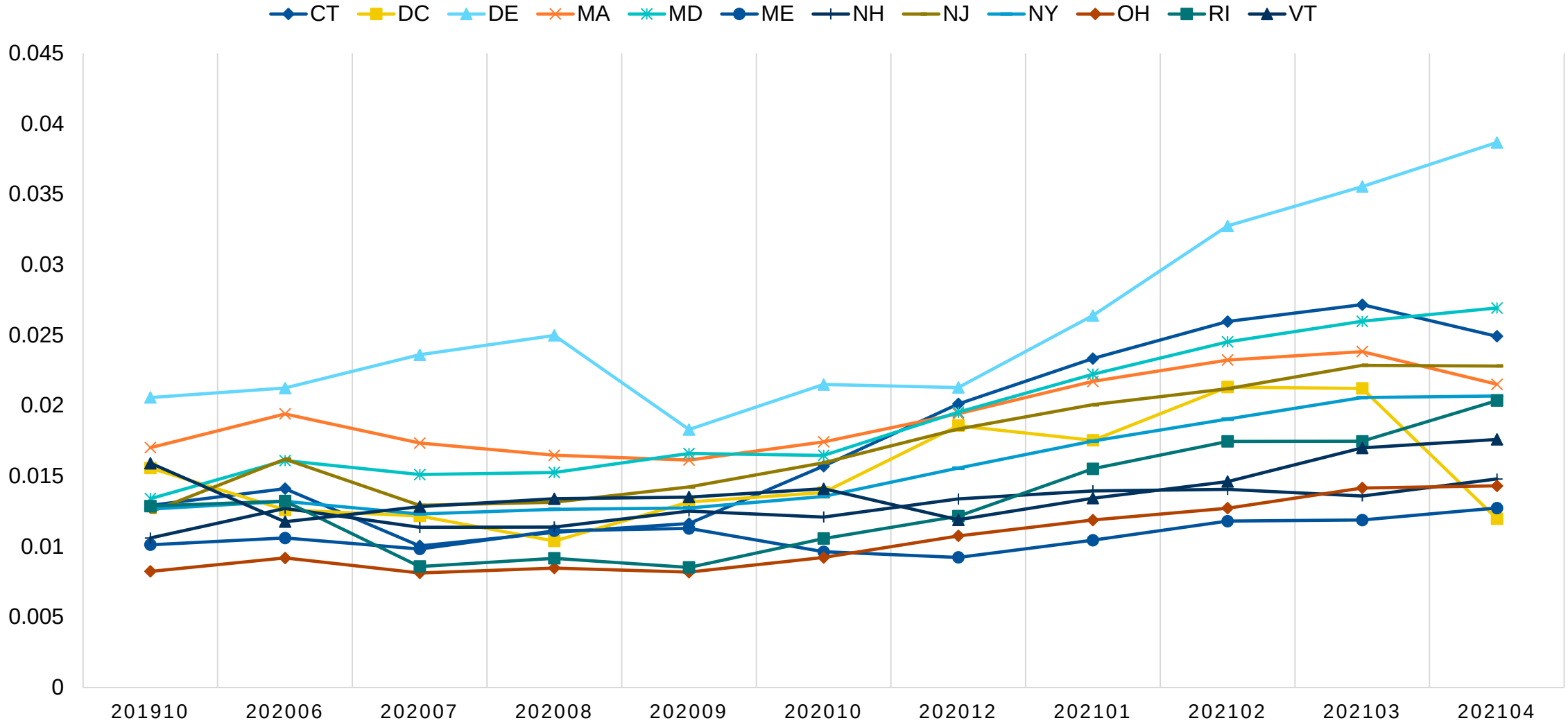


IPRO QIN-QIO
Healthcentric Advisors
Qlarant
QIN-QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

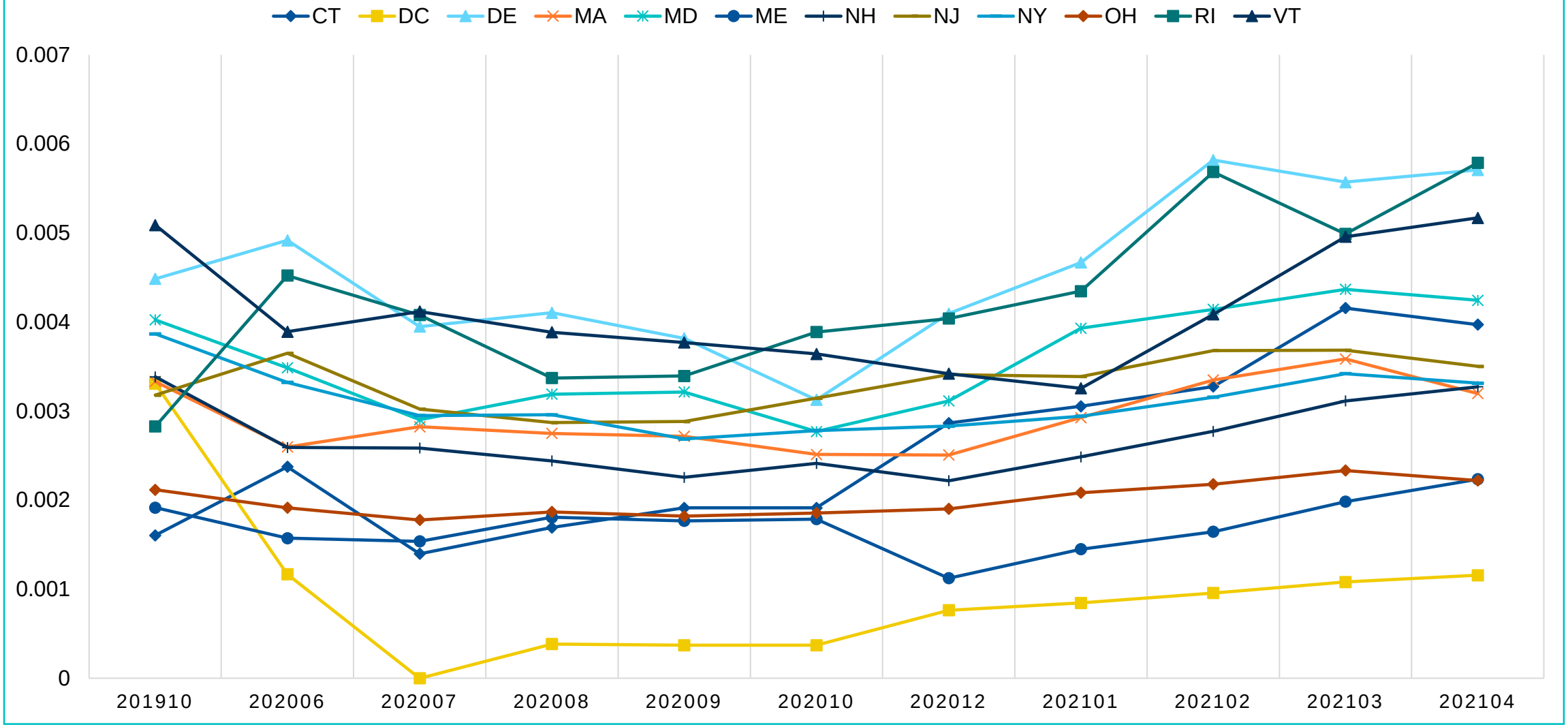
Anticoagulant ADEs: By State



Opioid ADEs: By State

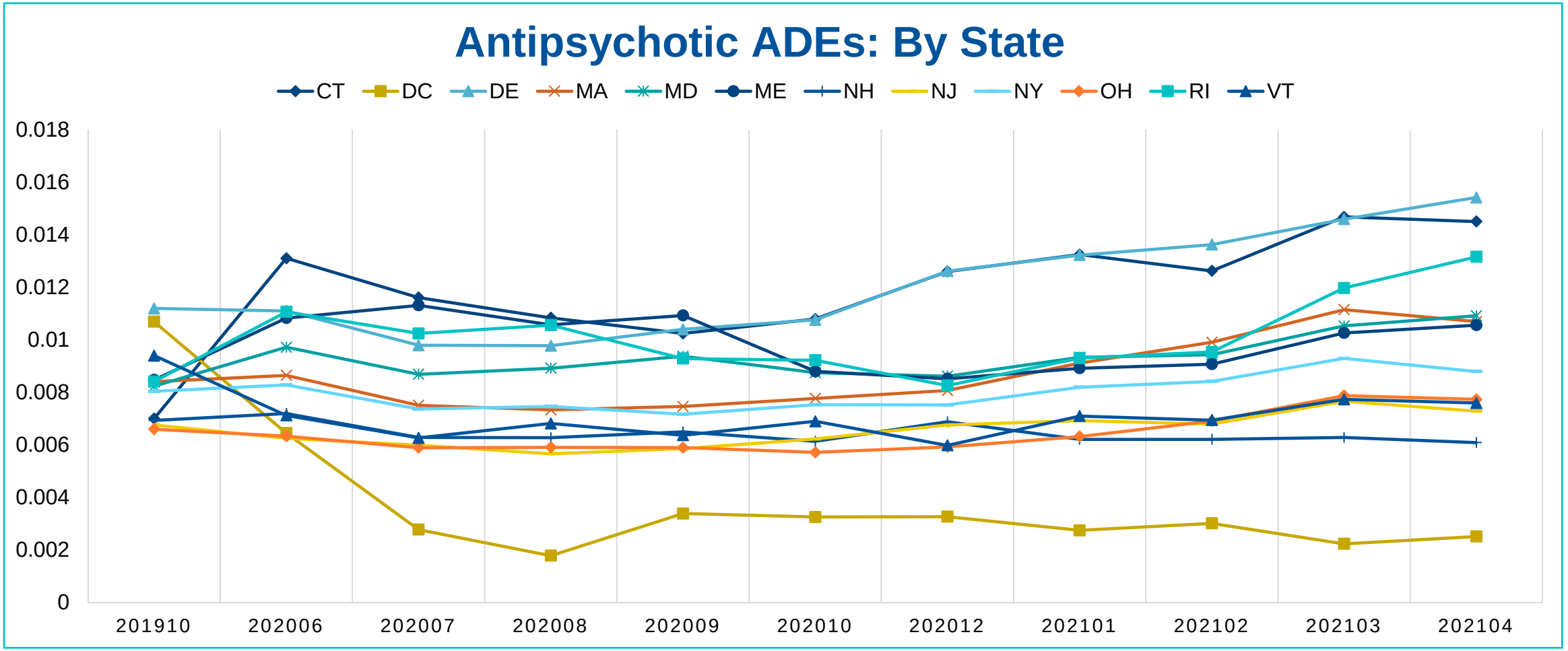


Antidiabetic ADEs: By State



IPRO QIN-QIO
Healthcentric Advisors
Qlarant
QIN-QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

Antipsychotic ADEs: By State



Preventing and Reducing Adverse Drug Events in Nursing Homes

The National Action Plan for Adverse Drug Event Prevention:

Anticoagulants, Opioids, and Diabetes Agents

- ✓ **Communication failures**
- ✓ **Suboptimal management systems**
- ✓ **Inadequate access to medication lists and lab results**

"Medication reconciliation as a care transitions strategy is important to reduce potential medication discrepancies."

https://health.gov/our-work/national-health-initiatives/health-care-quality/adverse-drug-events/national-ade-action-plan

IPRO QIN-QIO
Healthcentric Advisors
Qlarant
QIN-QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

Interventions

- What can nursing homes do about this?
  - Identify medication discrepancies and root causes during care transitions
  - Identify risks for potential ADEs and proactively care plan for early identification and resolution
- What specific action can nursing homes take?
  - Use the tools and resources we'll introduce during the presentation
  - Establish a quality improvement plan for eliminating or modify root causes of discrepancies or ADEs
- How do they do it? What and who do they need to accomplish this?
  - Incorporate medication discrepancy and ADE resolution into QAPI program

Examples of Drug Categories and Drugs Associated with Preventable Adverse Drug Events (pADE)
(High Risk Medications)

Drug Category/Drug		pADE
Analgesics	NSAIDs (ibuprofen, naproxen, etc.)	GI bleeding, renal impairment, hypertension
	opioids	CNS depression, constipation, cardiac events, falls
Antibiotics		Various – CNS, skin eruptions, drug interactions, GI and cardiac events
Anticholinergics –“Beer’s List”		Confusion, urinary retention, blurred vision, falls, increased heart rate, constipation, etc.
Anticoagulants	Warfarin, apixaban, rivaroxaban, dabigatran, edoxaban	Bleeding, drug interactions
	Heparin, enoxaparin, other	Bleeding, blood dyscrasias
Cardiovascular agents	digoxin	High blood levels – GI upset, nausea, diarrhea, visual disturbances, low heart rate
	diuretics, vasodilators	hypotension
Central Nervous System agents	benzodiazepines	Sedation, falls
	antipsychotics	Anticholinergic effects (some); parkinsonism
Hypoglycemics	Insulin, sulfonylureas (glyburide, glipizide)	hypoglycemia

Identifying & Care Planning for Preventable ADEs: CMS Nursing Home ADE Trigger Tool

Adverse Drug Event Trigger Tool

Adverse Drug Event (ADE)	**Risk Factors** - These increase the potential for ADEs. Multiple factors increase risk.	**Triggers: Signs and Symptoms (S/S)** - Any of these may indicate an ADE may have occurred.	**Triggers: Clinical Interventions** - These actions may indicate an ADE occurred.	**Surveyor Probes** - These questions are designed to assist in the investigation. A negative answer does not necessarily indicate noncompliance.

Change in mental status/delirium related to opioid use	• PRN or routine use of opioid medication
	• Opioid naiveté (someone who has not been taking opioids)
	• Opioids used in combination with sedatives or other opioids
	• History of opioid abuse
	• Opioid tolerance
	• Severe pain
	• Low fluid intake/dehydration
	• Low body weight
	• History of head injury, traumatic brain injury, or seizures
		• Falls
		• Hallucinations
		• Delusions
		• Disorientation or confusion
		• Light-headedness, dizziness, or vertigo
		• Lethargy or somnolence
		• Agitation
		• Anxiety
		• Unresponsiveness
		• Decreased
		  • BP
		  • Pulse
		  • Pulse oximetry
		  • Respirations
			• Administration of Narcan
			• Transfer to hospital
			• Call to physician regarding new onset of relevant signs or symptoms
			• Abrupt stop order for medication
				• Is there an assessment and determination of pain etiology?
				• Does the resident's pain management regime address the underlying etiology?
				• For a change in mental status, is there evidence that the physician conducted an evaluation of the underlying cause, including medications?
				• Is there evidence of a system for ensuring that residents are routinely assessed for pain, including monitoring for effectiveness of pain relief and side effects of medication (e.g., over-sedation)?
				• If receiving PRN and routinely, is there consideration for the timing of administration of the PRN?
				• Can staff describe signs/symptoms of over-sedation?
				• Is there evidence of a system for ensuring "hand off" communication includes the resident's pain status and time of last dose?
				• Do the resident, family, and direct caregivers know signs and symptoms of over-sedation and steps to take if noted (e.g., alert the nurse)?
				• Is there evidence the facility implements non-pharmacological pain management approaches?
				• Is there a system to ensure extended-release formulations are delivered correctly (e.g., medications not crushed)?

Access tool from IPRO QIN-QIO Resource Library: https://qi-library.ipro.org/2019/11/06/adverse-drug-event-trigger-tool/

IPRO QIN-QIO · Healthcentric Advisors · Qlarant

QIN-QIO Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES iQUALITY IMPROVEMENT & INNOVATION GROUP

Red Flags

Possible Symptoms of Drug Therapy Problems

- New or increased confusion
- New or increased depression
- Delirium
- New or worsening insomnia
- Parkinson's-like symptoms
- Rash
- New Incontinence
- Weakness or lethargy
- Loss of appetite
- Falls
- Changes in speech
- Bruising, bleeding, blood in stool
- Nausea, vomiting

Know baseline resident characteristics

Be attuned to worsening condition

Listen to patients/residents and care partners regarding changes in resident status

Take any information provided seriously

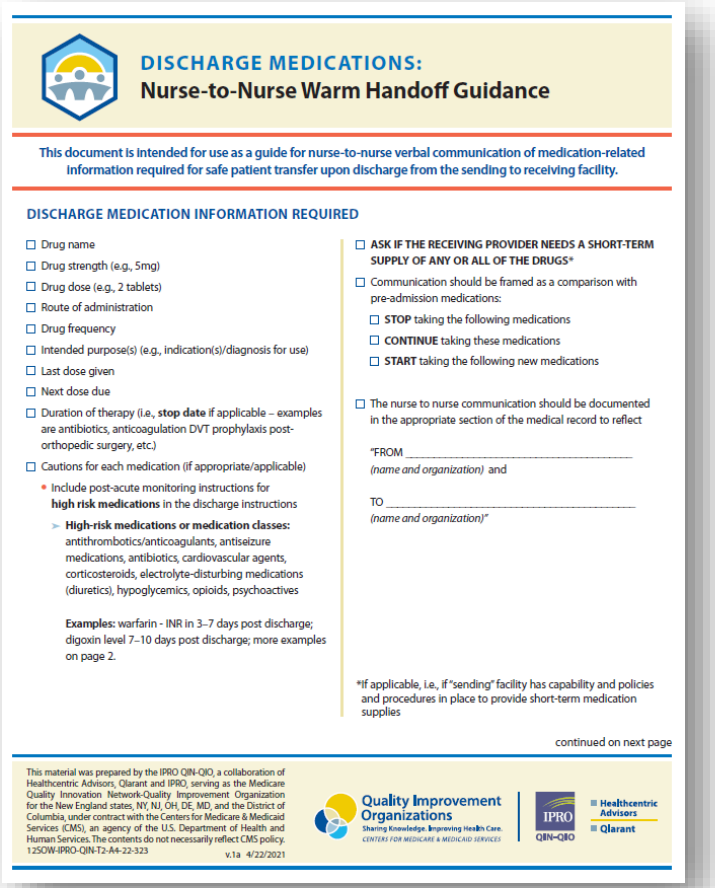
Create care plans which include active monitoring for medication related red flags

IPRO QIN-QIO
Healthcentric Advisors
Qlarant
QIN-QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

Interventions

- Decreasing ADEs begins with good admission medication communications and medication reconciliation that identifies and solves discrepancies and drug therapy problems

Supporting Resource: Nurse-to-Nurse Warm Handoff Guidance



DISCHARGE MEDICATIONS:
Nurse-to-Nurse Warm Handoff Guidance

This document is intended for use as a guide for nurse-to-nurse verbal communication of medication-related information required for safe patient transfer upon discharge from the sending to receiving facility.

DISCHARGE MEDICATION INFORMATION REQUIRED

- ☐ Drug name
- ☐ Drug strength (e.g., 5mg)
- ☐ Drug dose (e.g., 2 tablets)
- ☐ Route of administration
- ☐ Drug frequency
- ☐ Intended purpose(s) (e.g., indication(s)/diagnosis for use)
- ☐ Last dose given
- ☐ Next dose due
- ☐ Duration of therapy (i.e., **stop date** if applicable – examples are antibiotics, anticoagulation DVT prophylaxis post-orthopedic surgery, etc.)
- ☐ Cautions for each medication (if appropriate/applicable)
  - Include post-acute monitoring instructions for **high risk medications** in the discharge instructions
    - **High-risk medications or medication classes:** antithrombotics/anticoagulants, antiseizure medications, antibiotics, cardiovascular agents, corticosteroids, electrolyte-disturbing medications (diuretics), hypoglycemics, opioids, psychoactives

      Examples: warfarin - INR in 3–7 days post discharge; digoxin level 7–10 days post discharge; more examples on page 2.

- ☐ **ASK IF THE RECEIVING PROVIDER NEEDS A SHORT-TERM SUPPLY OF ANY OR ALL OF THE DRUGS***
- ☐ Communication should be framed as a comparison with pre-admission medications:
  - ☐ **STOP** taking the following medications
  - ☐ **CONTINUE** taking these medications
  - ☐ **START** taking the following new medications
- ☐ The nurse to nurse communication should be documented in the appropriate section of the medical record to reflect

"FROM _____
(name and organization) and

TO _____
(name and organization)"

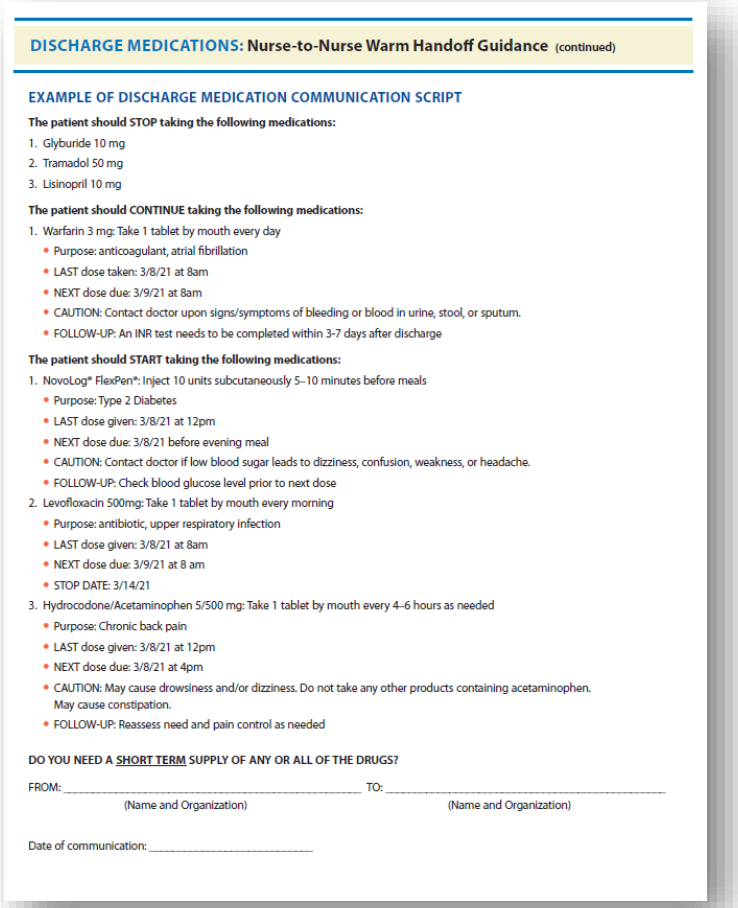
*If applicable, i.e., if "sending" facility has capability and policies and procedures in place to provide short-term medication supplies

continued on next page

This material was prepared by the IPRO QIN-QIO, a collaboration of Healthcentric Advisors, Qlarant and IPRO, serving as the Medicare Quality Innovation Network-Quality Improvement Organization for the New England states, NY, NJ, OH, DE, MD, and the District of Columbia, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents do not necessarily reflect CMS policy.
12SOW-IPRO-QIN-T2-A4-22-323 v.1a 4/22/2021

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

IPRO QIN-QIO | Healthcentric Advisors | Qlarant



DISCHARGE MEDICATIONS: Nurse-to-Nurse Warm Handoff Guidance (continued)

EXAMPLE OF DISCHARGE MEDICATION COMMUNICATION SCRIPT

The patient should STOP taking the following medications:

1. Glyburide 10 mg
2. Tramadol 50 mg
3. Lisinopril 10 mg

The patient should CONTINUE taking the following medications:

1. Warfarin 3 mg: Take 1 tablet by mouth every day
   - Purpose: anticoagulant, atrial fibrillation
   - LAST dose taken: 3/8/21 at 8am
   - NEXT dose due: 3/9/21 at 8am
   - CAUTION: Contact doctor upon signs/symptoms of bleeding or blood in urine, stool, or sputum.
   - FOLLOW-UP: An INR test needs to be completed within 3-7 days after discharge

The patient should START taking the following medications:

1. NovoLog® FlexPen®: Inject 10 units subcutaneously 5–10 minutes before meals
   - Purpose: Type 2 Diabetes
   - LAST dose given: 3/8/21 at 12pm
   - NEXT dose due: 3/8/21 before evening meal
   - CAUTION: Contact doctor if low blood sugar leads to dizziness, confusion, weakness, or headache.
   - FOLLOW-UP: Check blood glucose level prior to next dose
2. Levofloxacin 500mg: Take 1 tablet by mouth every morning
   - Purpose: antibiotic, upper respiratory infection
   - LAST dose given: 3/8/21 at 8am
   - NEXT dose due: 3/9/21 at 8 am
   - STOP DATE: 3/14/21
3. Hydrocodone/Acetaminophen 5/500 mg: Take 1 tablet by mouth every 4–6 hours as needed
   - Purpose: Chronic back pain
   - LAST dose given: 3/8/21 at 12pm
   - NEXT dose due: 3/8/21 at 4pm
   - CAUTION: May cause drowsiness and/or dizziness. Do not take any other products containing acetaminophen. May cause constipation.
   - FOLLOW-UP: Reassess need and pain control as needed

DO YOU NEED A SHORT TERM SUPPLY OF ANY OR ALL OF THE DRUGS?

FROM: _____ (Name and Organization) TO: _____ (Name and Organization)

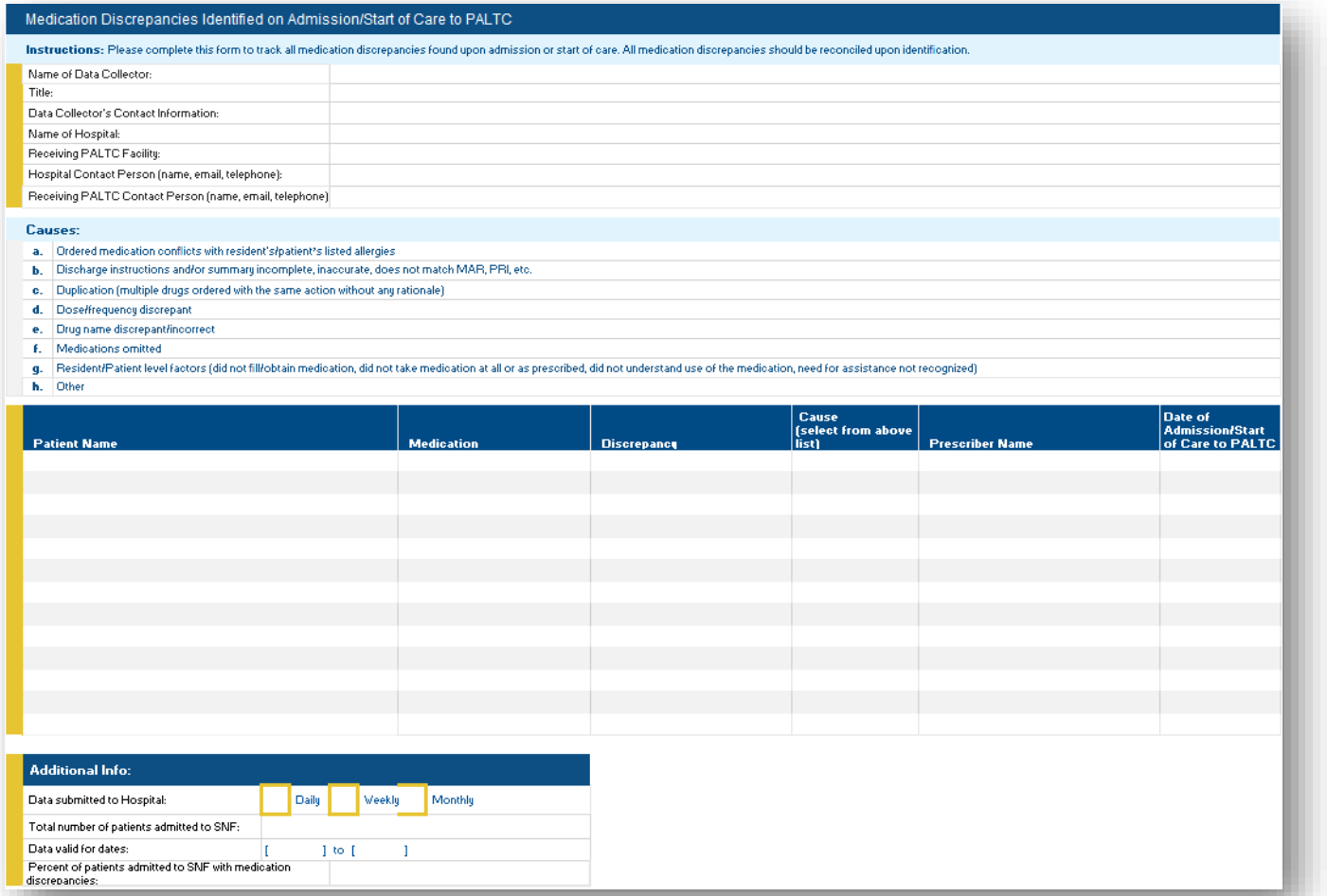
Date of communication: _____

Access tool from IPRO QIN-QIO Resource Library: https://qi-library.ipro.org/2022/01/19/discharge-medications-nurse-to-nurse-warm-handoff-guidance/

IPRO QIN-QIO | Healthcentric Advisors | Qlarant

QIN–QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

Collecting Data:
The Medication Discrepancy Data Collection Tool



Medication Discrepancies Identified on Admission/Start of Care to PALTC

Instructions: Please complete this form to track all medication discrepancies found upon admission or start of care. All medication discrepancies should be reconciled upon identification.

Name of Data Collector:	
Title:	
Data Collector's Contact Information:	
Name of Hospital:	
Receiving PALTC Facility:	
Hospital Contact Person (name, email, telephone):	
Receiving PALTC Contact Person (name, email, telephone)	

Causes:

a.	Ordered medication conflicts with resident's/patient's listed allergies
b.	Discharge instructions and/or summary incomplete, inaccurate, does not match MAR, PRI, etc.
c.	Duplication (multiple drugs ordered with the same action without any rationale)
d.	Dose/frequency discrepant
e.	Drug name discrepant/incorrect
f.	Medications omitted
g.	Resident/Patient level factors (did not fill/obtain medication, did not take medication at all or as prescribed, did not understand use of the medication, need for assistance not recognized)
h.	Other

Patient Name	Medication	Discrepancy	Cause (select from above list)	Prescriber Name	Date of Admission/Start of Care to PALTC

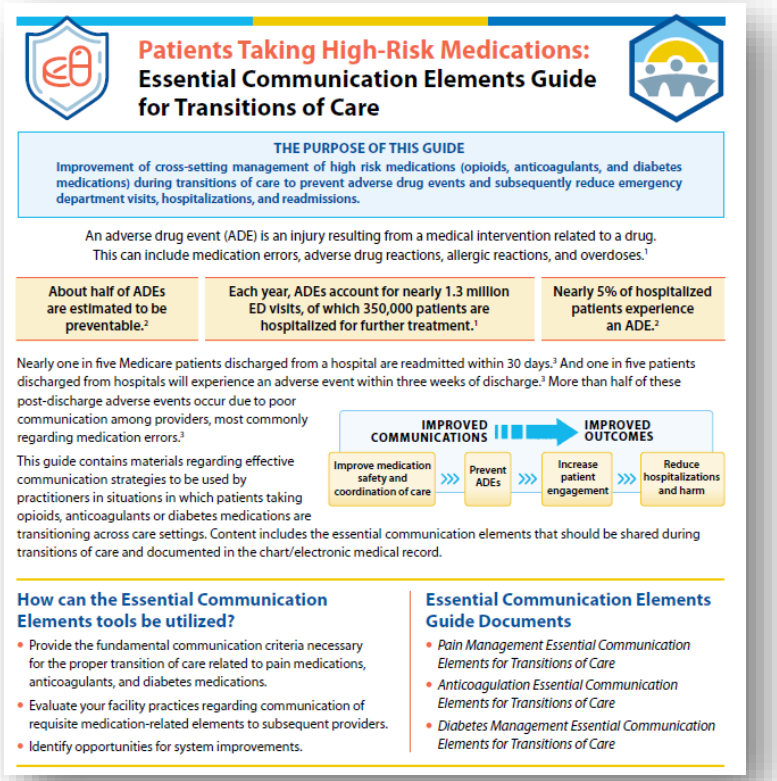
Additional Info:

Data submitted to Hospital:	☐ Daily ☐ Weekly ☐ Monthly
Total number of patients admitted to SNF:	
Data valid for dates:	[ ] to [ ]
Percent of patients admitted to SNF with medication discrepancies:	

Access tool from IPRO QIN-QIO Resource Library: https://qi-library.ipro.org/2022/01/19/medication-discrepancies-data-collection-tool/

IPRO QIN-QIO ■ Healthcentric Advisors ■ Qlarant | QIN–QIO Quality Innovation Network - Quality Improvement Organizations CENTERS FOR MEDICARE & MEDICAID SERVICES iQUALITY IMPROVEMENT & INNOVATION GROUP

Supporting Resource: High-Risk Medications Essential Communication Elements Guide for Transitions of Care



Patients Taking High-Risk Medications:
Essential Communication Elements Guide for Transitions of Care

THE PURPOSE OF THIS GUIDE

Improvement of cross-setting management of high risk medications (opioids, anticoagulants, and diabetes medications) during transitions of care to prevent adverse drug events and subsequently reduce emergency department visits, hospitalizations, and readmissions.

An adverse drug event (ADE) is an injury resulting from a medical intervention related to a drug. This can include medication errors, adverse drug reactions, allergic reactions, and overdoses.[1]

About half of ADEs are estimated to be preventable.[2]	Each year, ADEs account for nearly 1.3 million ED visits, of which 350,000 patients are hospitalized for further treatment.[1]	Nearly 5% of hospitalized patients experience an ADE.[2]

Nearly one in five Medicare patients discharged from a hospital are readmitted within 30 days.[3] And one in five patients discharged from hospitals will experience an adverse event within three weeks of discharge.[3] More than half of these post-discharge adverse events occur due to poor communication among providers, most commonly regarding medication errors.[3]

IMPROVED COMMUNICATIONS → IMPROVED OUTCOMES

Improve medication safety and coordination of care → Prevent ADEs → Increase patient engagement → Reduce hospitalizations and harm

This guide contains materials regarding effective communication strategies to be used by practitioners in situations in which patients taking opioids, anticoagulants or diabetes medications are transitioning across care settings. Content includes the essential communication elements that should be shared during transitions of care and documented in the chart/electronic medical record.

How can the Essential Communication Elements tools be utilized?

- Provide the fundamental communication criteria necessary for the proper transition of care related to pain medications, anticoagulants, and diabetes medications.
- Evaluate your facility practices regarding communication of requisite medication-related elements to subsequent providers.
- Identify opportunities for system improvements.

Essential Communication Elements Guide Documents

- *Pain Management Essential Communication Elements for Transitions of Care*
- *Anticoagulation Essential Communication Elements for Transitions of Care*
- *Diabetes Management Essential Communication Elements for Transitions of Care*

Evidence-based peer-reviewed high-risk medication management elements that should be communicated to subsequent providers upon any transition of care.

Guides for:

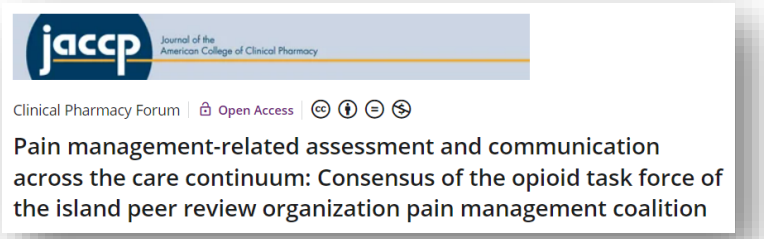
- Anticoagulation
- Pain Management
- Diabetes Management

ELSEVIER

The Joint Commission Journal on Quality and Patient Safety

Volume 44, Issue 11, November 2018, Pages 630-640

Defining Minimum Necessary Anticoagulation-Related Communication at Discharge: Consensus of the Care Transitions Task Force of the New York State Anticoagulation Coalition



jaccp Journal of the American College of Clinical Pharmacy

Clinical Pharmacy Forum | Open Access

Pain management-related assessment and communication across the care continuum: Consensus of the opioid task force of the island peer review organization pain management coalition

Access tools from IPRO QIN-QIO Resource Library:
https://qi-library.ipro.org/2021/08/17/anticoagulant-essential-communication-elements-guide/
https://qi-library.ipro.org/2021/08/17/pain-management-essential-communication-elements-guide/
https://qi-library.ipro.org/2021/08/17/diabetes-essential-communication-elements-guide/

IPRO QIN-QIO | Healthcentric Advisors | Qlarant

QIN-QIO Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES iQUALITY IMPROVEMENT & INNOVATION GROUP

Communication Tools

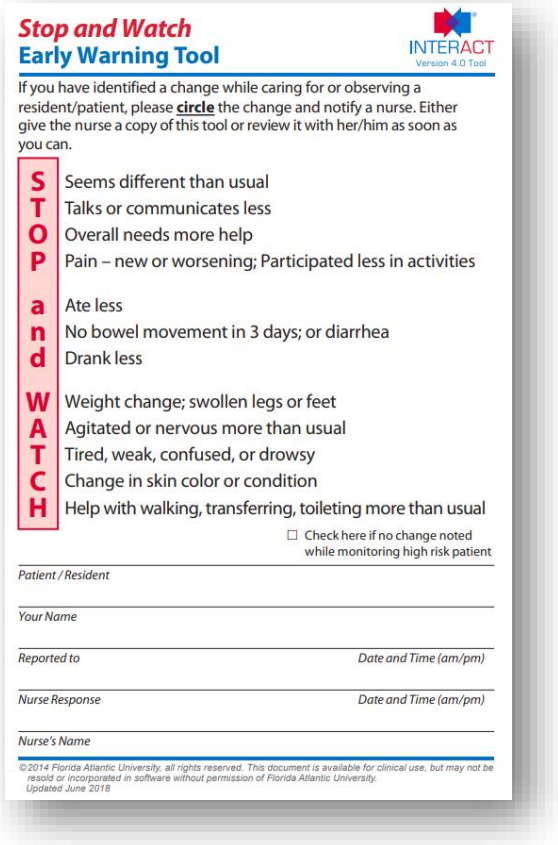
INTERACT Version 4.0 Tools

For Communication Within the Nursing Home

- Stop and Watch Early Warning Tool
- Stop and Watch Early Warning Tool – Spanish
- Stop and Watch Early Warning Tool – Creole
- SBAR Communication Form
- Medication Reconciliation Worksheet for Post-Hospital Care

For Communication Between the Nursing Home and Hospital

- Engaging Your Hospitals – Tip Sheets
- SNF/NF Capabilities List
- SNF/NF – Hospital Transfer Form
- SNF/NF – Hospital Data List
- Acute Care Transfer Checklist
- Hospital – Post-Acute Transfer Form
- Hospital – Post-Acute Data List



Stop and Watch
Early Warning Tool

INTERACT
Version 4.0 Tool

If you have identified a change while caring for or observing a resident/patient, please **circle** the change and notify a nurse. Either give the nurse a copy of this tool or review it with her/him as soon as you can.

S Seems different than usual
T Talks or communicates less
O Overall needs more help
P Pain – new or worsening; Participated less in activities

a Ate less
n No bowel movement in 3 days; or diarrhea
d Drank less

W Weight change; swollen legs or feet
A Agitated or nervous more than usual
T Tired, weak, confused, or drowsy
C Change in skin color or condition
H Help with walking, transferring, toileting more than usual

☐ Check here if no change noted while monitoring high risk patient

Patient / Resident

Your Name

Reported to *Date and Time (am/pm)*

Nurse Response *Date and Time (am/pm)*

Nurse's Name

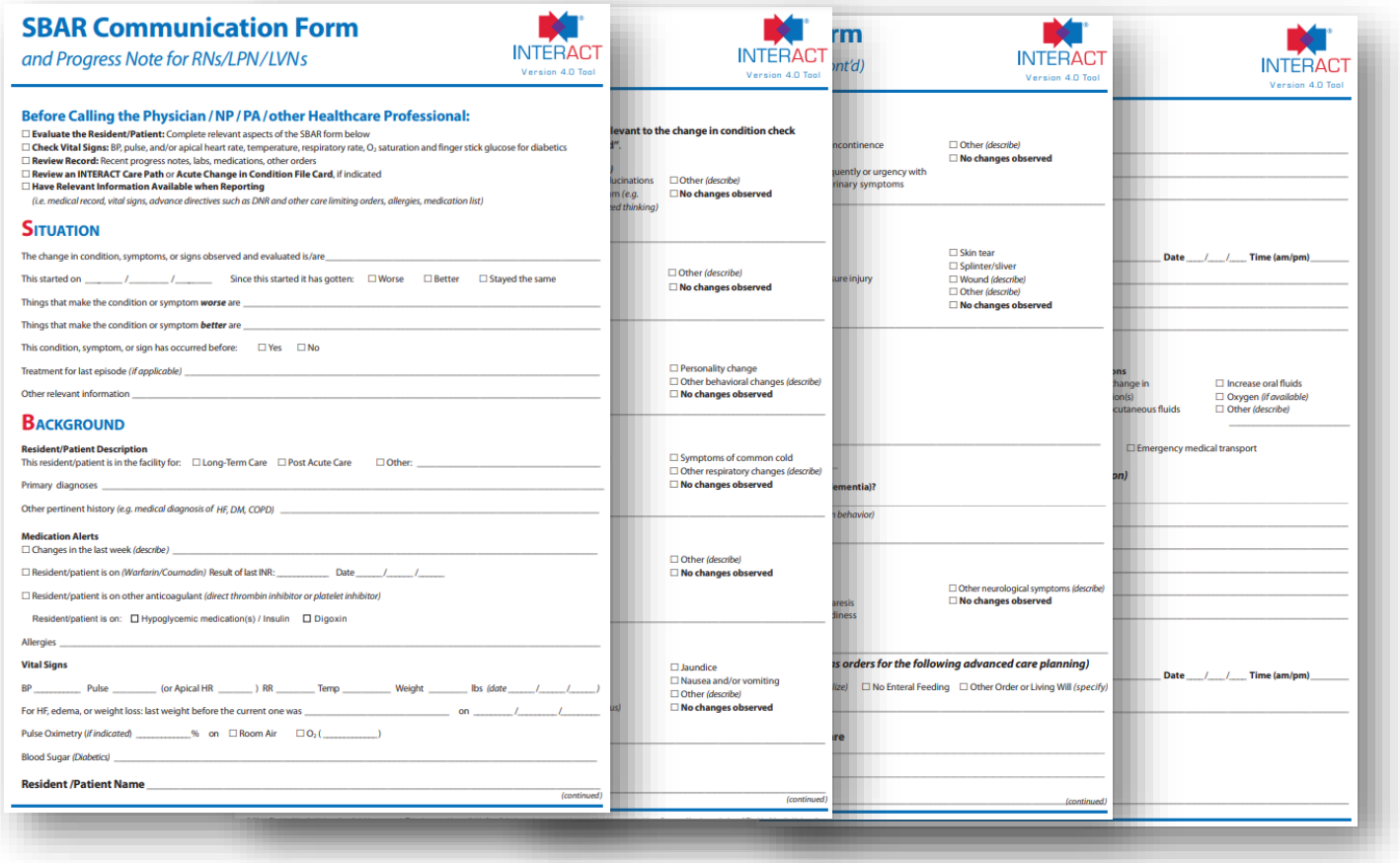
Updated June 2018

Access tool from IPRO QIN-QIO Resource Library: https://qi-library.ipro.org/?_sf_s=interact

IPRO QIN-QIO
Healthcentric Advisors
Qlarant
QIN–QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

SBAR Communication

- Situation – reason for call in 5-10 seconds
- Background – the context, specific objective data
- Appearance/Assessment – your assessment of the problem
- Review/Recommendation – what do we need to do?



SBAR Communication Form

and Progress Note for RNs/LPN/LVNs

INTERACT Version 4.0 Tool

Before Calling the Physician / NP / PA / other Healthcare Professional:

- ☐ **Evaluate the Resident/Patient:** Complete relevant aspects of the SBAR form below
- ☐ **Check Vital Signs:** BP, pulse, and/or apical heart rate, temperature, respiratory rate, O_2 saturation and finger stick glucose for diabetics
- ☐ **Review Record:** Recent progress notes, labs, medications, other orders
- ☐ **Review an INTERACT Care Path** or **Acute Change in Condition File Card**, if indicated
- ☐ **Have Relevant Information Available when Reporting**

(i.e. medical record, vital signs, advance directives such as DNR and other care limiting orders, allergies, medication list)

SITUATION

The change in condition, symptoms, or signs observed and evaluated is/are _____

This started on ____/____/____ Since this started it has gotten: ☐ Worse ☐ Better ☐ Stayed the same

Things that make the condition or symptom ***worse*** are _____

Things that make the condition or symptom ***better*** are _____

This condition, symptom, or sign has occurred before: ☐ Yes ☐ No

Treatment for last episode *(if applicable)* _____

Other relevant information _____

BACKGROUND

Resident/Patient Description

This resident/patient is in the facility for: ☐ Long-Term Care ☐ Post Acute Care ☐ Other: _____

Primary diagnoses _____

Other pertinent history *(e.g. medical diagnosis of HF, DM, COPD)* _____

Medication Alerts

☐ Changes in the last week *(describe)* _____

☐ Resident/patient is on *(Warfarin/Coumadin)* Result of last INR: _____ Date ____/____/____

☐ Resident/patient is on other anticoagulant *(direct thrombin inhibitor or platelet inhibitor)*

Resident/patient is on: ☐ Hypoglycemic medication(s) / Insulin ☐ Digoxin

Allergies _____

Vital Signs

BP _____ Pulse _____ (or Apical HR _____) RR _____ Temp _____ Weight _____ lbs *(date ____/____/____)*

For HF, edema, or weight loss: last weight before the current one was _____ on ____/____/____

Pulse Oximetry *(if indicated)* _____% on ☐ Room Air ☐ O_2 (_____)

Blood Sugar *(Diabetics)* _____

Resident /Patient Name _____

(continued)

Access tool from IPRO QIN-QIO Resource Library: https://qi-library.ipro.org/?_sf_s=interact

IPRO QIN-QIO | Healthcentric Advisors | Qlarant

QIN-QIO Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES iQUALITY IMPROVEMENT & INNOVATION GROUP

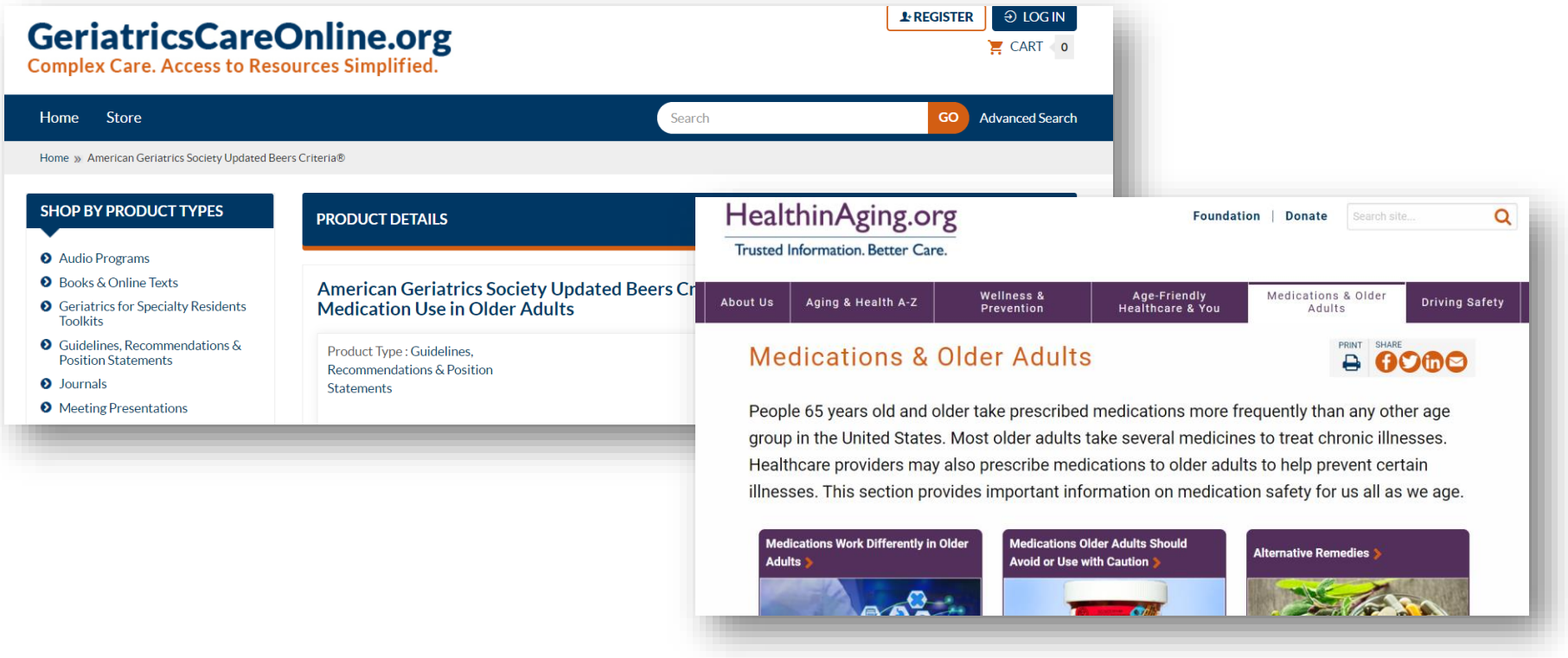
What to look for

- **MDS section N, Medication Regimen Review** – Audit for accuracy and if it is addressed in the plan of care.
- **Quality Measures** (can be accessed through CASPER)
  - short stay residents with new antipsychotic medications
  - short stay residents who are re-hospitalized
  - long stay residents on antipsychotic medications
  - long stay residents on antianxiety or hypnotic medications
- **Action:** Consider taking any identified issues/ADEs to your QAPI team for a potential Performance Improvement Project (PIP).

QAPI

- Identifying ADEs starts with admission orders to identify and resolve medication discrepancies
- Use the Medication Discrepancy Data Collection Tool
  - The tool is structured to help nursing homes (and any post-acute care and long-term care setting) categorize and collect data on different types of medication discrepancies.
  - The categorized data can be used to inform a discussion with the discharging hospital, and data can be aggregated and presented as chart (e.g., a pareto chart) to help hospital and nursing home partners identify specific processes with opportunities for improvement.
- Consider ways to track or include in QAPI meeting
  - Consider focusing data collection on residents who are admitted on high-risk medications.
  - Use other resources to enhance cross-setting communication
    - Nurse-to-Nurse Warm Handoff Guidance
    - High-Risk Medications Essential Communication Elements Guide for Transitions of Care
    - SBAR Communication

Other - High Risk Medication Resources



Access other resources from IPRO QIN-QIO Resource Library:
https://qi-library.ipro.org/2022/01/19/american-geriatrics-society-updated-beers-criteria-for-potentially-inappropriate-medication-use-in-older-adults/ (membership required for access)
https://qi-library.ipro.org/2022/01/19/medications-older-adults/

IPRO QIN-QIO
Healthcentric Advisors
Qlarant
QIN-QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES iQUALITY IMPROVEMENT & INNOVATION GROUP

Resources for Safe Medication Use

Drug Product	Active Ingredient(s)	Dosage Form(s)	Reasons/Comments
Abilify MyCite kit	(aripiprazole)	Tablet	Drug-device combination
Absorica	(**ISO**tretinoin)	Capsule	Mucous membrane irritant
Abstral	(fenta**NYL**)	Tablet	Note: Sublingual tablet; do not suck, chew, or swallow whole.
AcipHex	(rabeprazole)	Tablet	Slow-release
AcipHex Sprinkle	(rabeprazole)	Capsule	Slow-release; Note: contents are intended to be sprinkled on food or liquid but should not be chewed or crushed.
Acticlate	(doxycycline hyclate)	Capsule; Tablet	Film-coated; tablet is scored and may be split; Note: 150 mg tablets can be broken into two-thirds or one-third to provide a 100 mg and 50 mg strength, respectively
Actiq	(fenta**NYL**)	Lozenge	Slow-release; Note: this lollipop delivery system requires the patient to slowly allow dissolution. If chewed and swallowed, may result in a lower peak concentration and bioavailability.
Actonel	(risedronate)	Tablet	Irritant; Note: chewed, crushed, or sucked tablets may cause oropharyngeal ulceration.
Actoplus Met Xr	(combination)	Tablet	Slow-release
Adalat CC	(**NIFE**dipine)	Tablet	Slow-release
Adderall XR	(amphetamine salts)	Capsule	Slow-release (a)

Be aware of medications that should not be crushed

Access tool from IPRO QIN-QIO Resource Library: https://qi-library.ipro.org/2022/01/19/oral-dosage-forms-that-should-not-be-crushed/

IPRO QIN-QIO
Healthcentric Advisors
Qlarant
QIN-QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES iQUALITY IMPROVEMENT & INNOVATION GROUP

Benefits of Boosters

Recent evidence shows that among healthcare and other frontline workers, COVID 19 vaccine effectiveness has decreased over time, especially in those 65 and older, at preventing infection or milder illness with symptoms.

- Boosters shots increase immune response
- Boosters shots provide improved protection against becoming infected with COVID-19
- Booster shots help prevent COVID-19 with symptoms

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html

Contact information:

Name: Charlotte Gjerloev
Email: gjerloevc@qlarant.com
Phone: 443-746-4494

Name: Anne Myrka
Email: amyrka@ipro.org
Phone: 518-320-3591

IPRO QIN-QIO
Healthcentric Advisors
Qlarant
QIN–QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES iQUALITY IMPROVEMENT & INNOVATION GROUP

Chat In

Please unmute yourself or use the chat feature to share questions, ideas, success strategies, and/or lessons learned

Improvement is a Team Support

IPRO QIN-QIO
Healthcentric Advisors
Qlarant
QIN–QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

Leaving in Action

Tips for success:

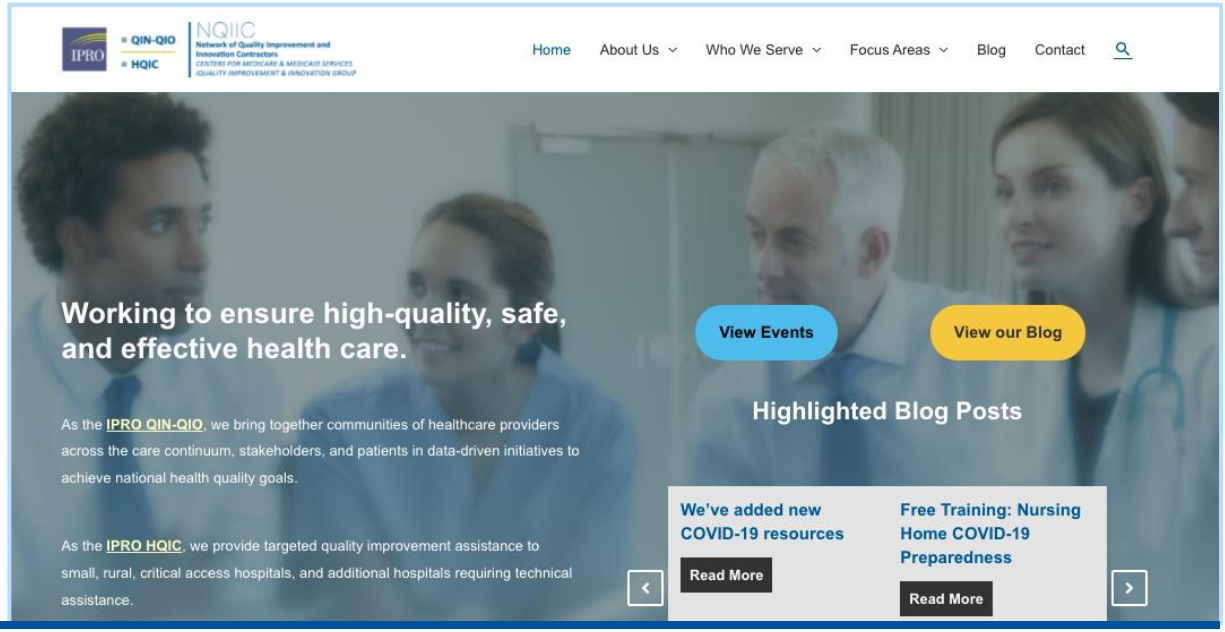
- Access these tools from the IPRO QIN-QIO Resource : https://qi-library.ipro.org/

- Small steps of change: for example, start implementing the new process on one unit for two weeks, then evaluate and adjust as needed

- Reach out to our IPRO QIN-QIO team with questions or needs

Learn More & Stay Connected

https://qi.ipro.org/



Follow IPRO QIN-QIO

@IPROQINQIO

@IPROQINQIO

@IPRO QIN-QIO

IPRO QIN-QIO

This material was prepared by the IPRO QIN-QIO, 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-IPRO-QIN-TA-AA-22-530

IPRO QIN-QIO
Healthcentric Advisors
Qlarant
QIN-QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

Let Us Know More…

Your feedback is critically important and will help guide us as we prepare future small Talks and other educational events.

Please take just a few minutes to complete our session evaluation (link is in chat).

Mark your calendar for upcoming sessions

Access our calendar of events to view upcoming sessions:
https://qi.ipro.org/upcoming-events/

Enhancing Transitions to the Community
Thurs - Feb 10 @ 12pm
Wed - Feb 16 @ 12pm

Check in with the QIO - Office Hours

- Share how it's going with your new intervention(s)
- Ask questions
- Learn from your peers

Next session: 2/17 @ 12pm

- https://healthcentricadvisors.zoom.us/j/85491530818?pwd=SUlId3QyZllvQURJTVBFdzJndnRqdz09

IPRO QIN-QIO
Healthcentric Advisors
Qlarant
QIN–QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

Thank You

Thank you for your continued partnership and commitment to quality improvement.