



Clinical Staff Meeting

11/29/2023 8:30 AM

Agenda

Welcome and
announcements

Road to Survey

Med Reconciliation Flow

Decreasing UTIs

Happy
Anniversary!

November		Years
Jake Blaine	11/11/2009	14
Anita Vaughn	11/29/2010	13
Denise Telfer	11/16/2015	8
Sheri Hammond	11/05/2020	3
Lucas Mann	11/23/2020	3
Laura Dintino	11/29/2022	1
December		Years
Mary Lou Carlucci	12/20/2021	2

Best of luck with
new adventures

Thanks for your work with us!

Nora Hammond, HHA

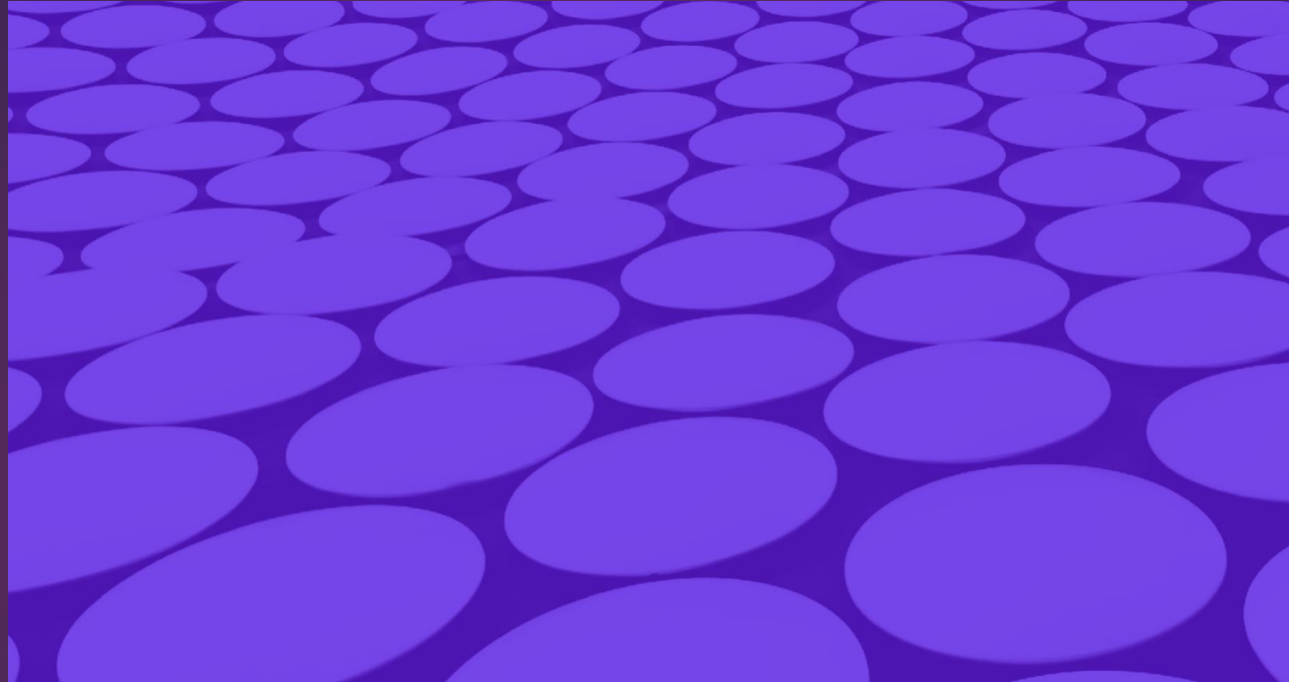


Reminders

Voicemail

- Make sure to check for messages
- Clear voicemails so that messages can be left
- Make sure your voicemail states the correct clinician's name
- Personalize your voicemail
- If urgent call direct them to call 607-273-0466
- If you are not working, include dates you are out and who to call instead

New forwarding of phone calls
process coming



Road to the Survey

Medication Reconciliation !!

Why it Matters



Medication Reconciliation

- ▶ Objectives:
 - ▶ What is medication reconciliation?
 - ▶ Why is it important?
 - ▶ What does our Medicare Conditions of Participation (CoP) require?
 - ▶ How CMS(Medicare) measures medication reconciliation?
 - ▶ What do they look for during the survey?
 - ▶ Discuss our barriers that may interfere with the medication reconciliation process
 - ▶ Review the Med Rec Process
 - ▶ Consider a standard med rec form in the home (see samples)

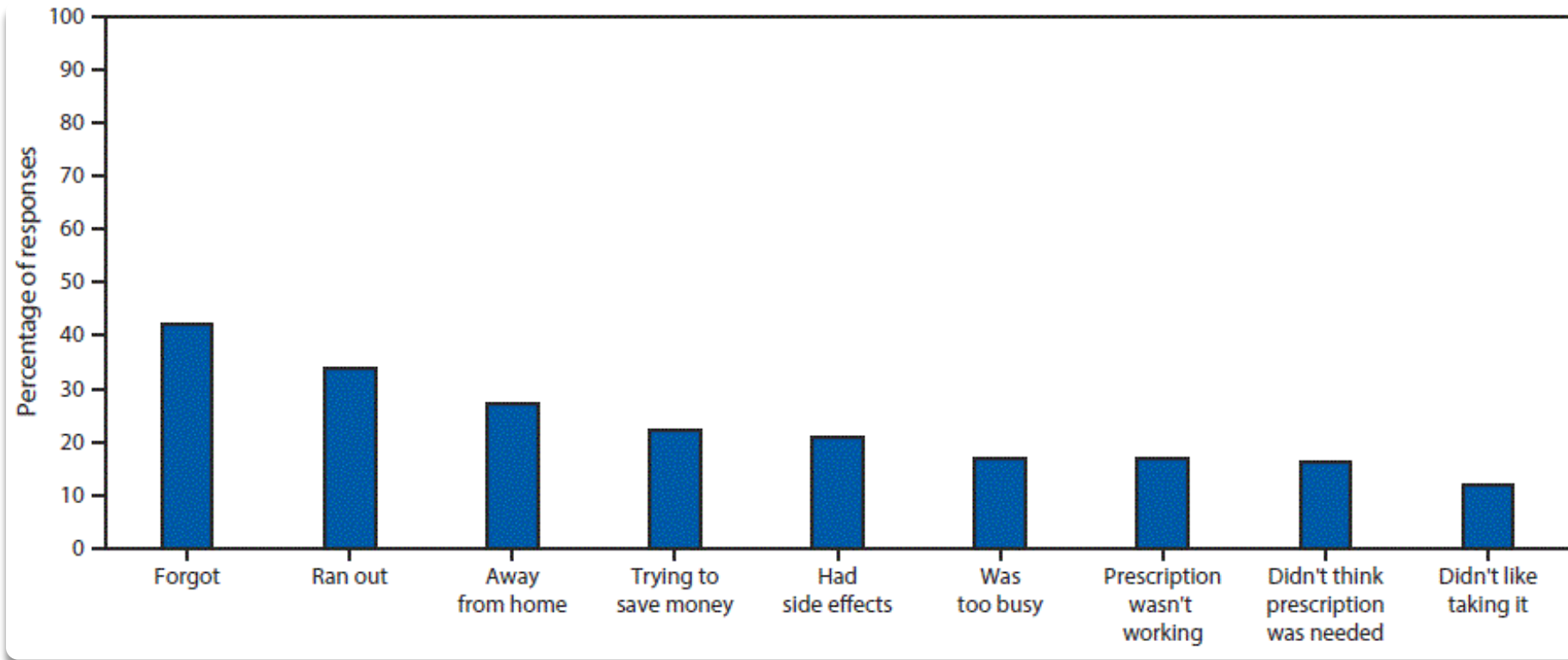
Why is it Important?

- ▶ 3.8 billion prescriptions are written each year in the United States
- ▶ One of five new prescriptions are never filled
- ▶ Of the ones filled, only about 50% are taken correctly
- ▶ Non-adherence to medical regimens results in approximately 125,000 deaths due to cardiovascular disease each year
- ▶ It's also estimated that about 23% of home admissions
- ▶ 10% of hospital admissions could be avoided if patients took their medicines as directed

Neiman AB, Ruppert T, Ho M, et al. CDC Grand Rounds: Improving Medication Adherence for Chronic Disease Management — Innovations and Opportunities. MMWR Morb Mortal Wkly Rep 2017;66. DOI: http://dx.doi.org/10.15585/mmwr.mm6645a2external_icon



Self-reported reasons for nonadherence to recommended medication regimens



Source: Medication Adherence in America: A National Report Card, 2013. Adapted with permission. https://www.ncpanet.org/pdf/reportcard/AdherenceReportCard_Abridged.pdf iconexternal icon.

You are critical to the process

Because many home care admissions happen directly after discharge from a hospital or other inpatient facility, the risk of medication adherence is high



Home care nurses and therapists are in an ideal position to help patients get on the right track with their medications following discharge



Assisting patients with their medications starts with reconciliation

Medication Reconciliation Definition

Medication reconciliation has been recognized as a key strategy for addressing medication discrepancies and ensuring patient **safety** during care transitions

The process of comparing a patient's medication orders to all of the medications that the patient has been taking

This reconciliation is done to avoid medication errors such as omissions, duplications, dosing errors, or drug interactions

It should be **done at every transition of care** in which new medications are ordered or existing orders are rewritten

Medicare Guidelines

- ▶ Medicare has provided a clear definition/expectation regarding medication reconciliation thru Conditions of Participation (CoP)
- ▶ CoP: §484.55(c)(5) requires:

*A review of **all** medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy.*



Conditions of participation (CoP)

- ▶ CoP: §484.55(c)(5) Interpretative Guidelines
- ▶ The Home Health Agency (HHA) should have policies that guide clinical staff in the event there is a concern identified with a patient's medication that should be reported to the physician.
- ▶ In *rehabilitation therapy only cases*, the patient's therapist must submit a list of patient medications, which the therapist must collect during the comprehensive assessment, to an HHA nurse for review. The HHA should contact the physician if indicated.

Interpretative Guidelines CoP: §484.55(c)(5)

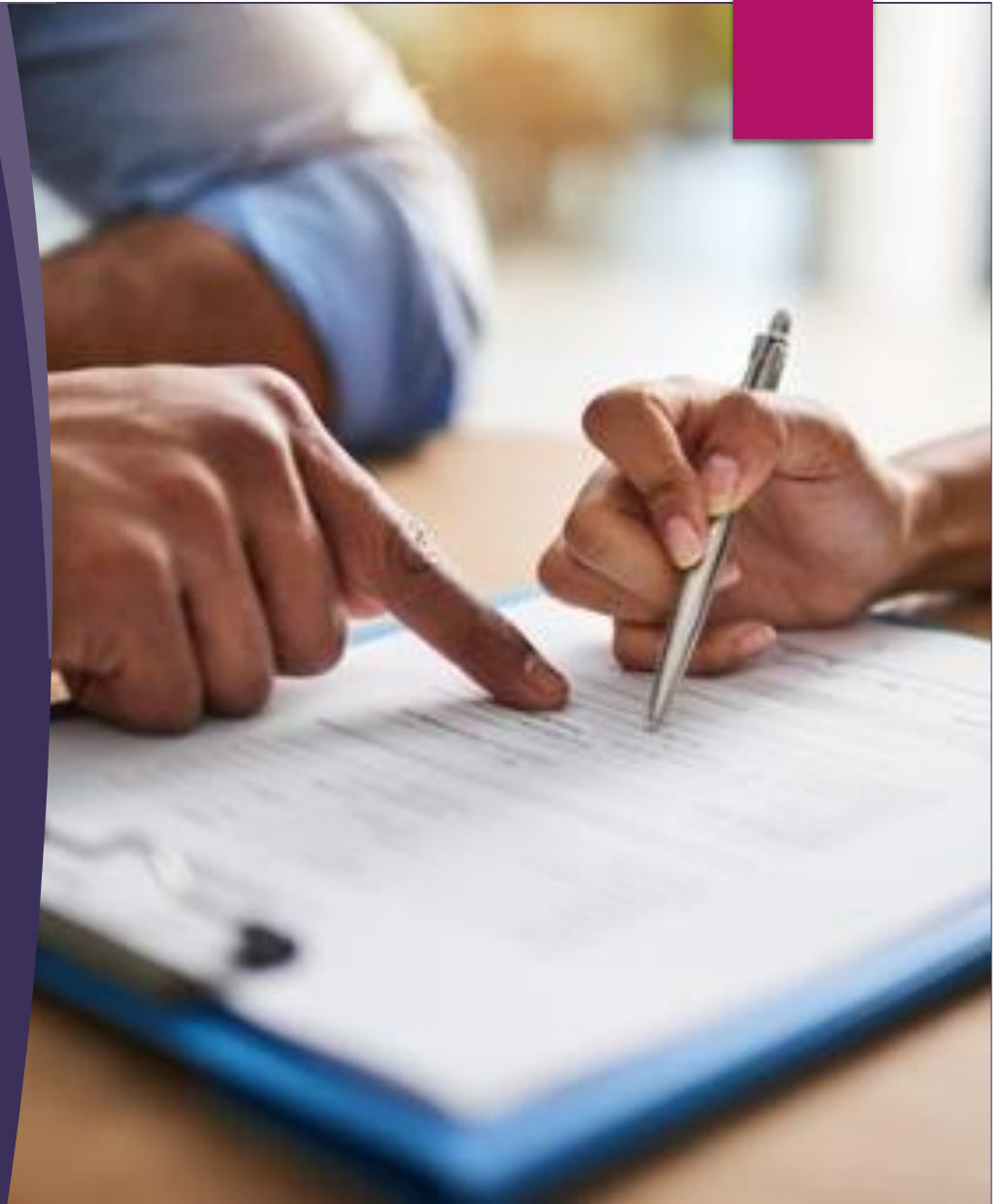
- ▶ The patient's clinical record should identify all medications that the patient is taking (both prescription and nonprescription) as well as times of medication administration and route.
- ▶ As part of the comprehensive assessment the HHA nurse should consider, and the clinical record should document, that the HHA nurse considered **each** medication the patient is currently taking for possible side effects and the list of medications in its entirety for possible drug interactions.



Written Information to the Patient

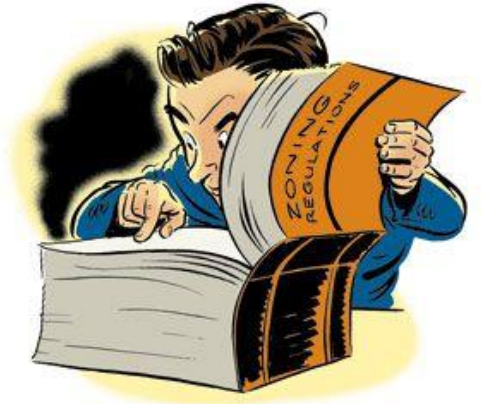
CoP: §484.60(e)(2) and (e)(5)

- ▶ The HHA must provide the patient and caregiver with a copy of written instructions outlining:
 - ▶ Patient medication schedule/instructions including
 - ▶ medication name
 - ▶ dosage and frequency
 - ▶ which medications will be administered by HHA personnel
 - ▶ personnel acting on behalf of the HHA
 - ▶ Name and contact information of the HHA clinical manager



Interpretative Guidelines

CoP: §484.60(e)(2) and (e)(5)



- ▶ The documents must be provided to the patient and/or their caregiver and representative (if any) **no later than the next visit after the plan of care** has been approved by the physician.
- ▶ The written information **should be updated** as the plan of care changes.
- ▶ **Clear written communication between the HHA and the patient** and the patient's caregiver helps ensure that patients and families understand what services to expect from the HHA, the purpose of each service and when to expect the services.
- ▶ The HHA must prepare and provide to the patient and their caregiver **written information regarding the patient's medication regimen** as based on the results of the medication review conducted.

Plain Language §484.55(c)(5)

- ▶ The medication administration instructions must be written in plain language that does not use medical abbreviations.
- ▶ The HHA must provide this information to the patient **regardless of whether the patient is receiving only rehabilitation therapy** services.
- ▶ **Communication between the therapist and the HHA nurse** regarding medications includes.
 - ▶ Review of all medications the patient is currently taking and identify:
 - ▶ Potential adverse effects and drug reaction
 - ▶ Ineffective drug therapy
 - ▶ Significant side effects
 - ▶ Significant drug interactions
 - ▶ Duplicate drug therapy
 - ▶ Noncompliance with drug therapy

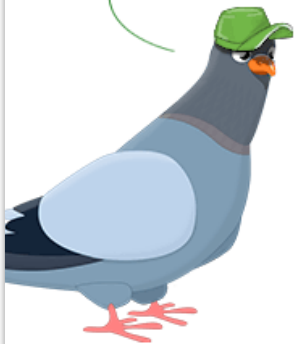


Discrepancies are going to happen

CoP: §484.55(c)(5) Interpretative Guidelines

what are other
words for
discrepancy?

divergence, disparity,
difference, disagreement,
dissimilarity, variance,
inconsistency, incongruity



Thesaurus.plus

- ▶ The Home Health Agency (HHA) should have policies that guide HHA clinical staff.
- ▶ In the event there is a concern identified with a patient's medication, it should be **reported to the physician**.
- ▶ In **rehabilitation therapy only** cases, the patient's therapist must submit a list of patient medications, which the therapist must collect during the comprehensive assessment, to an HHA nurse for review. The HHA should contact the physician if indicated.

Key Barriers and Solutions

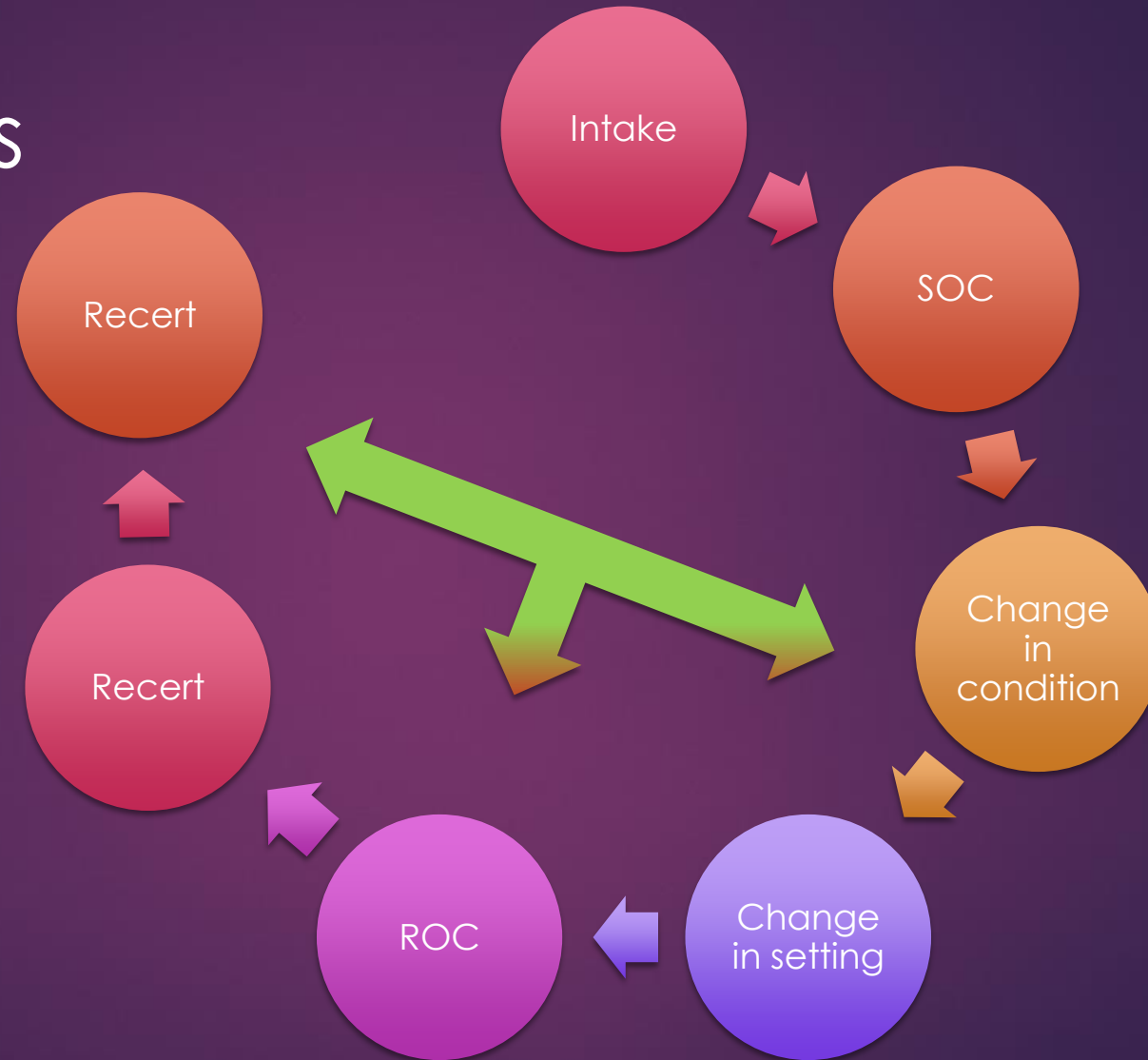
Barriers

- Poor information transfer across settings
- Mandated behavior vs. Importance of the medication reconciliation process
- Lack of role clarity

Effective Medication Reconciliation

- A standardized process
- Emphasize the importance of Interprofessional care
- Engage patients and caregivers
- Electronic medical record

The Process



Start of Care (SOC)

First step: Intake

- Obtaining the referral
- Obtain the medication list

Second step: SOC

- The SOC nurse will use this list to compare
- Meds that are in the patients home
- What meds the patient thinks they are meant to take
- Any new orders.

How CMS measures medication reconciliation?

CMS Scorecard:

- ▶ How often patients got better at taking their drugs correctly by mouth.
- ▶ How often physician-recommended actions to address medication issues were completed timely
- ▶ How often home health patients had to be admitted to the hospital How often patients receiving home health care needed any urgent, unplanned care in the hospital emergency room – without being admitted to the hospital
- ▶ How often patients were admitted to the hospital for a potentially preventable condition while receiving home health care

Patient Survey:

- ▶ Did the home health team discuss medicines, pain, and home safety with patients



Do you know what to do when you identify and discrepancy?

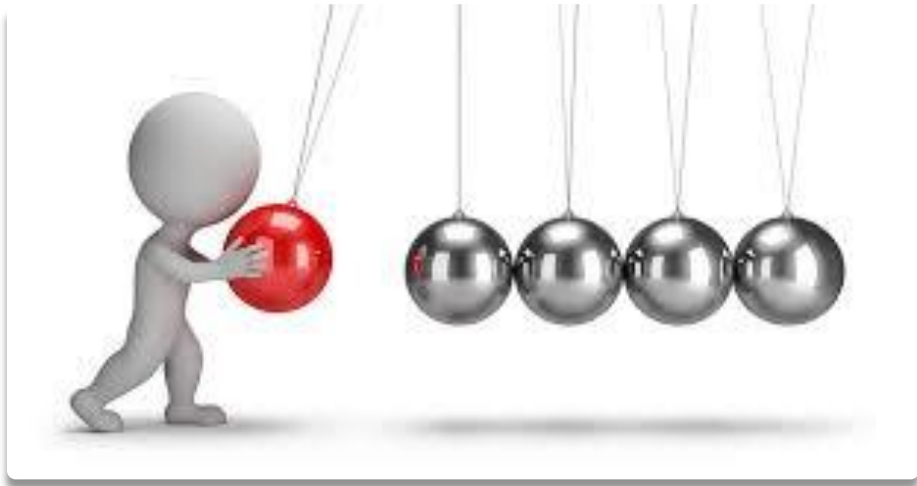
- ▶ Talk with patients and their caregivers
- ▶ Time, it takes time
- ▶ Please focus on clearing up any issues with medications
- ▶ Once it is done, it is settled until there is a transition
- ▶ We got this!



It Matters – Let's Prevent Med Errors that Cause Harm

- ▶ Every visit, every practitioner
- ▶ If it doesn't make sense report it and document it
- ▶ We know you are busy and the MD may not call back promptly, but call and notify them.

What to do ?



- ▶ Call the MD
- ▶ Notify CM
- ▶ Notify Supervisor
- ▶ If urgent, do all of the above and note it is urgent
- ▶ Urgent examples:
 - ▶ Patient doesn't have medications
 - ▶ Patient is not taking correctly
 - ▶ Patient has wrong medication

Case Management

What does it mean it to be a case manager?

You know your patients, what they need, how they get their needs met and any follow up that is needed.

Thank you !



Medications , medications !!!



Ndoc Tip

Meditech
“Info” on
meds



Urinary Track Infections

FOCUS FOR QUALITY IMPROVEMENT

Prevent UTIs!

- ▶ Water bottles and Patient teaching magnets
 - ▶ Teach patients the following and remember to do teach back to ensure understanding!
1. Wipe from front to back when using the bathroom.
 2. Don't hold your urine when you have to go.
 3. Urinate after intercourse to flush bacteria from your system.
 4. Don't use anything scented on any sexual part of your body
 5. Take showers instead of baths.
 6. Always use clean technique when doing urinary catheter care.
 7. Urine should be pale straw color, which indicates you are drinking enough water.

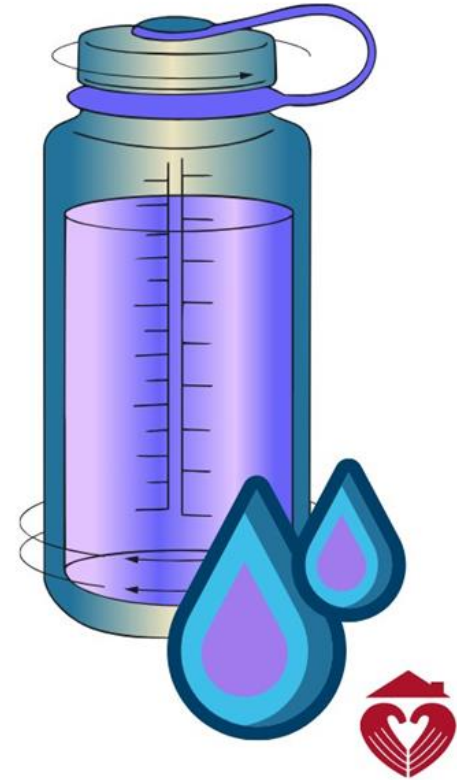
DO NOT GIVE WATER BOTTLES OR ENCOURAGE DRINKING FOR PATIENTS WITH CHF, KIDNEY FAILURE OR ON DIALYSIS

Prevent Urinary Tract Infections!

You can help prevent UTIs by doing the following:

Drink Plenty of Water

- 1 Wipe from front to back when you use the bathroom
- 2 Don't hold your urine when you have to go
- 3 Urinate after intercourse to flush bacteria from your system
- 4 Don't use anything scented on any part of your sexual anatomy
- 5 Take showers instead of baths
- 6 Always use clean technique when doing urinary catheter care
- 7 Urine should be a pale straw color, which indicates you are drinking enough fluid





Nursing Wound Vac/Wound Care Training

- ▶ Wed. 12/13 8:30 – 10:00 for nurses
- ▶ Specific wound care topics/products of interest

Topics for Next Meeting

- ▶ Emergency Preparedness Follow Up
 - ▶ TAL
 - ▶ Priority codes
- ▶ Bag Technique
- ▶ What topics do you want/need?

