Reducing Adverse Drug Events

Through Collaboration, Learning, Action and Sharing

Objectives

1. Role of the QIO in supporting the three broad aims of the National Quality Strategy
2. Risk factors, impact and consequences of adverse drug events
3. National PSPC 4.0 Collaborative
4. Opportunities for nursing homes to participate in medication safety initiatives including PSPC 4.0
Quality Improvement Organizations

- Required under Section 1152-1154 of the Social Security Act
- Network of 53 QIOs—one in each state, District of Columbia, Puerto Rico, Virgin Islands
- Contracts with Centers for Medicare & Medicaid Services for a 3 year scope of work (SOW)

Mission

- Effectiveness
- Efficiency
- Economy

National Quality Strategy

Better Health for the Population
Better Care for Individuals
Lower Cost Through Improvement

Better Health for the Population
Better Care for Individuals
Lower Cost Through Improvement
Improving Individual Patient Care

- Reduction of Healthcare-Associated Infections (HAI)
- Reduction of Healthcare-Associated Conditions (HAC) by 40%
- Reduction of Adverse Drug Events (ADE)

Institute of Medicine Findings

- Medication Errors are Most Common
- Injure 1.5 Million People Annually
- Cost Billions Annually

"... for every dollar spent on ambulatory medications, another dollar is spent to treat new health problems caused by the medication."

Impact

- 72% of ADE-related visits occur in outpatient settings
  Age 65 and older have highest rate: 3.8 ADE’s per 1,000 persons
- 86% of transfers (to or from SNF/hospital), a medication error occurs
- 30% of patients discharged from the hospital (to any location) have at least one medication discrepancy
Chronic Illness Connection

• More than 133 million Americans live with chronic illnesses\(^1\)

• 91% of all prescriptions filled for a chronic condition\(^2\)

• 1.5 million people are injured each year as a result of medication\(^3\)

• Uncoordinated care costs an estimated $240 Billion/year \(^4\)

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Consequences

• 770,000 injured or die each year

• ADE’s lead to ER visits
  - Higher rates of hospitalizations (1 in 3)
  - and death (1 in 5)

• 8 - 12 days longer hospitalizations

• $16,000 - $24,000 more in hospital bills per patient

• $1.56 - $5.6 billion to treat annually

http://www.ahrq.gov/qual/aderia/aderia.htm

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Warfarin
Insulin

PSPC 4.0

Patient Safety and Clinical Pharmacy Services Collaborative
PSPC 4.0

How?

• Seven community-based teams statewide
• Each team supporting no fewer than 50 Medicare /dual eligible beneficiaries
• Partnerships- statewide and nationally
• Evidenced-based interventions drawn from PSPC 4.0 Change Package

Leading the Way

Fair Haven
Arbor Springs
St. Martin’s in the Pines
Wesley Manor
What Do We Want To Achieve?

• Improve medication safety and health outcomes for high risk patients
• Minimize harm related to adverse drug events
• Enhance care coordination/transitions
• Increase cost-effective clinical pharmacy services
• Foster a multidisciplinary approach to care

Key Attributes

• Patient-centered and multi-disciplinary
• Three year collaborative experience
• Cross-organizational
• Systems approach
• All Teach, All Learn
Resources and Benefits

- QIO on-site technical support
- Healthcare Communities Web-site
- Data collection tools and analysis
- National faculty coach
- List-serv, tools and resources
- Learning sessions
- National and local sharing
- Improved care transitions
- Jump start on QAPI

PSPC Model

The Population of Focus (PoF)

- Panel of patients whose care is tracked and managed by the team
- Teams enroll patients with select condition(s) into the PoF
- PSPC teams serve high-risk patients
High Risk Patients

- Five or more concurrent chronic conditions
- Eight or more medications on at least a weekly basis
- Evaluated by two or more providers
- Warfarin on at least weekly or for three months or more basis
- Short / long acting antipsychotics
- Hypoglycemic meds for diabetes

Measures

Adverse drug events (ADEs)
Events that result in harm or injury to the patient

Examples of ADEs:
- INR out of range and patient has bleed or clot;
- Patient has allergic reaction due to wrong drug or wrong dose prescribed;
- Drug-drug interaction causes patient to have CNS side effects

Measures

Potential adverse drug events (pADEs):
Medication errors that were identified and stopped with appropriate interventions before harming the patient

Examples of pADEs:
- Duplication of therapy
- Incorrect dose
- Drug-drug interaction
- Inappropriate medication prescribed for indication
Measuring Performance

• Number of ER visits, hospitalizations and/or hospital readmissions related to ADE
• Number of patients prescribed potentially inappropriate medications
• Clinical indicators for PoF

Improving Health and Safety

Three year collaborative goal:
- Improve the health of patients in their PoF, and
- Reduce rate of ADEs and rate of pADEs moving toward zero

Collecting and Sharing Data

| Platform for Results Sharing | Monthly quantitative data on improvements in patient health and safety |
| PSPC Progress Report | Monthly status updates on system changes the team is implementing to better serve patients |
| Rapid Polling Assessments | Quick feedback from teams on topics of interest |
PSPC 4.0 Participation Process

1. Read PSPC Info Packet
2. Leadership commitment
3. Identify collaborative partners
4. Contact QIO for assistance and resources
2. Charter team
3. Complete participation packet and enroll
4. ID number is assigned upon approval by HRSA

To Learn More

Visit

www.hrsa.gov/patientsafety
www.healthcarecommunities.org

Congratulations to Our ANHA Members!

- Fair Haven
- Arbor Springs
- Wesley Manor
**PSPC Change Strategies**

- Leadership Commitment
- Achieving goals using data-driven improvements
- Integrated Care Delivery
- Safe Medication Use Systems
- Patient-centered Care - Patient Engagement

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**INTERACT**

Interventions to Reduce Acute Care Transitions

- Communication
- Clinical Care Paths
- Advance Care Planning
  
  [http://interact.geriu.org](http://interact.geriu.org)

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**MATCH**

* Medications at Transitions and Clinical Handoffs
  
  [www.ahrq.gov/qual/match](http://www.ahrq.gov/qual/match)
“I did then what I knew then. When I knew better, I did better.”
Maya Angelou
Advancing Excellence in America’s Nursing Homes
Making Nursing Homes Better Places to Live, Work and Visit!

What’s New in 2012? Advancing Excellence Campaign in America’s Nursing Homes

Campaign Website:
www.nhqualitycampaign.org
**Campaign Overview**

- Voluntary
- Largest national coalition (30 organizations) of nursing home stakeholders working together to help nursing homes improve care
- Over 53% (8300 Nursing Homes) registered
- Based on measurement of meaningful goals
- Initially a two-year campaign started in 2006
- The data show that it works!

[www.nhqualitycampaign.org](http://www.nhqualitycampaign.org)

**Board of Directors / National Stakeholders**

- CMS
- Other Government – AOA, AHRQ, CDC, more
- Consumer Associations
- Ombudsmen
- Provider Associations
- Administrator Groups
- Funders
- Culture Change Association
- Medical Directors
- Surveyors
- Union Representative
- Geriatric Nursing Groups
Purpose

Help make nursing homes better places to live, to work, and to visit.

www.nhqualitycampaign.org

Mission

Helping those we serve achieve the highest practicable level of physical, mental, and psychosocial well-being.

www.nhqualitycampaign.org

How?

- Provides free, practical and evidence-based QA/PI resources through the AE Website
- Commits support to those on the frontlines of nursing home care and encourages engagement of frontline staff
- Promotes open communication and transparency among families, residents, and nursing home staff.

www.nhqualitycampaign.org
Campaign Design

- Clinical and cultural/organizational focus
- Links staff retention/stability to quality
- Engages consumers and frontline caregivers
- Easy accessibility to free resources
- Prepares for Pay-for-Performance
- Gets nursing homes ready for QAPI
- Aligns with other national initiatives and priorities

www.nhqualitycampaign.org

Looking Forward - 2012

- AE Campaign Board established a slate of nine new and updated goals
- Person centered care focused
- Tools and resources should be posted on website by late spring 2012
- Full implementation by October 2012

www.nhqualitycampaign.org

Phase Two Goals

- Resident Satisfaction
- Physical Restraints
- Pressure Ulcers
- Pain
- Advanced Care Planning
- Staff Turnover
- Consistent Assignment
- Staff Satisfaction
New Goals for 2012

High Quality
Person-Centered Care
Pressure Ulcers
Infections
Pain
Mobility
Reduce hospitalizations
Medication Safety
Staff Stability
Consistent Assignment

National Integration

9 New Advancing Excellence Goals for 2012

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<tr>
<th>Staff Stability</th>
<th>Consistent Assignment</th>
<th>Person-Centered Care</th>
<th>Reduce Hospitalizations</th>
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<td>Mobility</td>
<td>Infections</td>
<td>Pressure Ulcers</td>
<td>Pain</td>
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These National Quality Initiatives Tie Into Advancing Excellence

INTERACT
AHCA Quality Initiative
Pioneer Network – MDS Project
GAPI
CMS Anti-psychotic Initiatives
Medicaid P 4 P

How It Works

- Register (organization, consumers, staff)
- Select at least three goals
  one clinical, one organizational & one of your choice
- Set targets
- Use the resources and tools
- Track and trend your data – Share the results

www.nhqualitycampaign.org
Quality - Not Just An Extra Thing To Do

Cultivate a culture of quality
• It can make your job easier (better surveys, less staff turnover, happier residents)
• Use AE tools to simplify the process at your nursing home

Go to the Campaign Website:
www.nhqualitycampaign.org

How to Register
• First time registrants
  Make sure you have your Medicare Provider Number handy
• Re-Registrants – Need assistance resetting your password…..
  Contact AQAF
Find out your registration status by selecting Find Participants.

Determine if you are a new registrant or re-enrollee.

Registering for the First time

Profile and first screen for new Participants

Have your Provider Number in hand.
Select Your Goals

Remember:
- 1 Clinical
- 1 Organizational
- 1 of Your Choice

Pick Meaningful Goals

Move the mouse cursor on the goal to see its description

View NH data to review trend and current score based on CMS Quality Measures

Look to see what resources available to assist the NH
Set Targets for the Clinical Goals

Click on Edit to start the Target Setting Process

Track your Progress

Resources
Advancing Excellence Tools

- Staff Turnover Calculator
- Consistent Assignment Calculator
- Pressure Ulcer Monitoring Tool
- Restraint Monitoring Tool
- Pain Monitoring Tool
- Advance Care Plan Monitoring Tool

Suggested tools for measuring Staff Satisfaction and Resident/Family Satisfaction

Pressure Ulcer Tool

Develop a HABIT of tracking key quality information MONTHLY!!

www.nhqualitycampaign.org
LANE Participation in Advancing Excellence Campaign

Campaign Organization

Board of Directors
- Sets Goals
- Develops Resources
- Provides Support

Statewide LANES
- Recruit nursing homes
- Coordinates statewide activities
- Provides support

NURSING HOME
- Registers for the Campaign and selects three goals
- Uses Campaign method for QA/PI

Core LANE Members

- AQAF
- State Survey Agency
- State Ombudsman
- Alabama Nursing Home Association

www.nhqualitycampaign.org
Quality Assurance / Performance Improvement

QAPI Key Elements

1. Design and scope
2. Governance and leadership
3. Feedback, data systems and monitoring
4. Performance improvement projects (PIPs)
5. Systematic analysis & systemic action

Quality Assurance
- Reactive
- Single episode
- Organizational mistake
- Prevents something from happening again
- Sometimes anecdotal
- Retrospective
- Monitoring based on audit
- Sometimes punitive

Quality Improvement
- Proactive
- Aggregate Data
- Organizational process
- Improves overall performance
- Always measurable
- Concurrent
- Monitoring is continuous
- Positive change

www.nhqualitycampaign.org
Quality Improvement Steps

• Identify meaningful area for improvement  
  (Things people care about!)
• Benchmark/measure the starting point
• Establish a target
• Perform root cause analysis
• Choose an intervention that makes sense
• Implement the intervention
• Use “Plan-Do-Study-Act Cycle” for improvement
• Monitor

www.nhqualitycampaign.org

RECIPE FOR SUCCESS

PLAN-DO-STUDY-ACT
Campaign Outcomes

- Campaign participants have improved faster than non-participants in all things measured.
- Campaign participants improved faster in the goals they selected to work on in every case.
- Campaign participants that set targets improved the most.

Alabama

Phase 2

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<thead>
<tr>
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<th>Alabama</th>
<th>Nation</th>
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<tr>
<td>Participating Nursing Homes</td>
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<td>Percentage of Participating Nursing Homes</td>
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<td>Participating Consumers/Participating NH Staff</td>
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Alabama

Quarter 3 2010

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<th>Nation</th>
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<td>3.6%</td>
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<tr>
<td>Pressure Ulcers</td>
<td>9.8%</td>
<td>10.4%</td>
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Summary

- AE has demonstrated the ability to help NHs make real improvement in quality
- AE’s mission and goals align with CMS goals and all major national NH initiatives
- Registering for the Campaign now will help position your nursing home well for QAPI
- Don’t wait for the new 2012 goals!

www.nhqualitycampaign.org

"I think health care is more about love than about most other things. If there isn’t at the core of this two human beings who have agreed to be in a relationship where one is trying to help relieve the suffering of another, which is love, you can’t get to the right answer here.” Donald Berwick

Liz Prosch, RN, BSN, MSHA, LNHA
Vice President Quality
AQAF
Two Perimeter Park South
Suite 200 West
Birmingham, AL 35243
lprosch@alqio.sdps.org
205-970-1600 ext. 3314
Peggy Braden RN, BSN
Performance Improvement Advisor
PSPC 4.0 Collaborative
AQAF
Two Perimeter Park South
Suite 200 West
Birmingham, AL 35243
pbraden@alqio.sdps.org
205-970-1600 ext. 3233

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