

**SAY
NO
TO
DRUGS**

Medication Reduction

Administrator:

Ms. Mattie Banks

Birmingham Nursing and Rehabilitation

1000 Dugan Avenue

Birmingham, Alabama 35214

(205) 798-8780

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***Providing Person Centered Care
By Reducing the Medication Pass
A Best Practice Approach***

Why Reduce the Medication Pass?

Poly pharmacy is associated with significant adverse effects, disability, hospitalization and death. Approximately 30% of elderly patients are prescribed ≥ 5 drugs. In addition, 20% of commonly used drugs in older patients may be inappropriate. This estimate increases to 33% of residents living in nursing homes. The most important predictor of adverse events is the number of drugs the patients is receiving. (*Alabama Alliance Rx Notes April 6, 2015*)

A reduction in the medication pass, a “bundling of services” equates to decreased interruptions and better quality of life for residents.

A reduction in the medication pass may decrease total medication pass time by 50%. Giving nurses this additional time allows for more thorough and frequent assessment of at risk residents. A reduced medication pass also decreases nurse stress.

Target Population:

Long term residents

Planning the Improvement:

Collaboration between ED, DNS, Medical Director, Nation Support Office, Primary Care Physicians, Facility Pharmacy Provider, Consultant Pharmacist, Samford University McWhorter School of Pharmacy, Facility Medication Safety Team and Dr. Geary

Selection was made for a small pilot group of long term residents

Education of all staff and residents involved in the pilot

Collect data on current number of scheduled medication administration times

Collect data on length of time required for current medication pass

Collect data for nurses’ level of satisfaction with current med pass (stress level)

Facility Medication Safety Team met to review and reduce medications as appropriate prior to piloting the revised medication pass

After reducing the total number of medications, consideration of the following was addressed:

- Antihypertensives requiring 8 hours between doses
- Scheduled pain medications
- Anti-Parkinson medications
- Anticonvulsants requiring 12 hours between doses
- Dialysis patients
- “Upon Rising” and “At Bedtime”

Doing the Improvement:

Implementation began at the start of October with 30 residents on 1 medication cart with stable nursing staff for all shifts.

Studying the Improvement:

Numerator = Total length of time with reduced medication pass = 1.5 hours

Denominator = Total length of time with current medication pass = 3 hours

50% Improvement/Reduction in Length of Medication Pass

Numerator = Total number of medication times after the reduction = 9

Denominator = Total number of medication times before the reduction = 13

31% Improvement/Reduction in Total number of scheduled times

Numerator = Average Level of Nurses' satisfaction after Reduction in Medication Pass = 1

Denominator = Average Level of Nurses' satisfaction before Reduction in Medication Pass = 5

80% Improvement in Nurses' Level of Satisfaction

State Survey witnessed the new medication pass and NO DEFICIENCIES were noted

Acting to hold the gains and continue to improve:

Med Pass Reduction was continued on Pilot Hall 1 for 2 months before spreading to Hall 2.

In May, 2015, The New Med Pass will spread to Hall 3. By July 2015, all long term residents will experience an improved medication pass designed around their waking, sleeping patterns.





The revised Medication Pass may mean “tracking down” your residents during their day



