Medication-Related Adverse Events: The Focused Survey

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Focused Survey

Â Proposed July 2015
Â Response to the OIG Report
   ï Adverse Events in SNF: *National Incidence Among Medicare Beneficiaries* (OEI-06-11-00370; Feb 2014)
Â Currently pilot-testing the focused survey
Â Focusing on medications found to have actual or potential adverse events (AE)
Definitions

• Adverse Event (AE)
• Adverse Drug Event (ADE)
• Adverse Drug Reaction (ADR)
• Anticholinergic Effects
• Prescribing Cascade
• Polypharmacy
• Risk Factor
Incidence of AE

1 in 3 SNF residents were harmed by an AE or temporary harm event within first 35 days of an SNF stay

22% experienced an AE during their SNF stay

11% experienced temporary harm

59% were clearly or likely preventable

37% were medication related
Cost of AE

Å Hospitalizations due to SNF-related AEs:
  ï $208 million in August 2011
  ï $2.8 billion for FY 2011
Å Reviewing physicians looked at causes:
  ï Substandard tx, inadequate monitoring, failure or delay of necessary care
Å Anticoagulants were the 2nd most frequent cause of medication-related AE
Focused Survey Objectives

- Have facilities identified preventable ADE?
- Have facilities identified residents’ risk factors?
  - Are there individualized interventions?
- Have facilities implemented effective systems to prevent, recognize, and respond to ADE?
- What monitoring is done for high-risk medications?
High Risk Meds and the ER

These 4 medications/classes accounted for the majority of ER visits in patients over the age of 65:

- Warfarin (Coumadin™): 33%
- Insulin: 14%
- Antiplatelets (ASA, clopidogrel, etc.): 13%
- Oral hypoglycemic agents: 11%
Focused Survey

- Opioids
- Psychotropic medications
- Antidiabetic medications
- Antithrombotic medications
- Anticoagulants
- Diuretic use
- Acetaminophen
- Digoxin
- Levothyroxine
- ACE Inhibitors
- Phenytoin
- Lithium
- Valproic Acid
- Antibiotics
- Cardiac medications
The ADE Trigger Tool

- Collaboration between AHRQ and the OIG
- Use of the draft tool is not mandatory
- Designed to aide the surveyors
ADE Trigger Tool

This tool is intended to assist surveyors to identify:

- The extent to which facilities have **identified resident-specific risk factors** for adverse drug events,
- The extent to which facilities **developed and implemented systems and processes to minimize risks** associated with medications that are known to be high-risk and problem-prone, and
- When a preventable adverse event has occurred, and evaluate if the nursing home **identified the issue and responded appropriately** to mitigate harm to the individual and prevent recurrence.
The ADE Trigger Tool

- Matrix divided by types of ADE
- Utilize it as an *educational* tool
- Consider it a *risk management* tool
Review Objectives

To have facilities identified preventable ADE:
- Create a risk audit committee
- Do a baseline risk assessment on current residents so that any risk reduction strategies can be benchmarked and assessed for positive outcomes
- Utilize the pharmacist consultant, as well as facility staff
- Track medications identified on the Trigger Tool
- Create a process to ensure on-going identification of preventable ADE as residents’ conditions and medications change
Review Objectives

A Have facilities identified residents’ risk factors?
   - Use the Trigger Tool to create list of residents with diagnoses-related risk factors
   - Integrate pharmacist’s monthly review of individual residents into the process
   - Engage Medical Director in prioritizing high-risk residents for review
   - Create a process to ensure on-going identification of preventable ADE as residents’ conditions and medications change
Review Objectives

Å Have facilities implemented effective systems to prevent, recognize, and respond to ADE?

- Risk audit committee should be responsible for creation of policies and procedures
- Facility-wide education should be implemented to help ALL staff recognize potential ADE
- ALL staff should know process for either alerting clinical staff and/or responding to ADE
Review Objectives

What monitoring is done for high-risk medications?

- Specific policies and procedures should be created for anticoagulant monitoring
- Specific policies and procedures should be created for antidiabetic medication monitoring
- Facilities should identify a process that ensures appropriate lab follow-up, reporting, and length of treatment (e.g. anticoagulation S/P surgery or DVT)
Remember...

• Use the Focused Survey process as a Quality Improvement initiative
• The ADE Trigger Tool is just that...a tool to help us help our residents
• Our real objective should be creating a culture of critical thinking and situational awareness for our licensed staff and all those who prescribe medications for our residents
Dr. Mark Beers

Died at 54 from complications of diabetes...here is an excerpt from his obituary in the Miami Herald (March 2009):

Perhaps it was this tenacity that motivated Mark to examine pharmacoepidemiology among older adults as a social-justice issue and to act as a tireless advocate for responsible prescribing of medications in this highly vulnerable and often neglected population. Richard recalled Mark’s deep concern for the welfare of older adults: “Since his medical training at the University of Vermont, he was troubled and angered seeing the reckless abandon with which physicians often prescribed powerful psychoactive medications to older patients, such as sedatives and antipsychotics, often without evidence of benefit.” Mark urged clinicians to “think three times before using any medications with primary or secondary psychoactive effects and other medications with potential adverse effects in older patients.”
RESOURCES

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HEALTH INFORMATION PROFESSIONALS
THE FOCUSED AUDIT

State Operations Manual Appendix P

State Operations Manual Appendix PP
THE FOCUSED AUDIT

RAI Users’ Manual

CMS S&C: 14-22-NH
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CMS S&C: 15-47-NH


CMS S&C: 15-35-NH

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CMS S&C: 15-25-NH

CMS S&C: 15-31-NH
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Centers for Disease Control and Prevention

Å http://www.cdc.gov/MedicationSafety/program_focus_activities.html

Å http://www.cdc.gov/MedicationSafety/Adult_AdverseDrugEvents.html

Institute for Healthcare Improvement

Å http://www.ihi.org/resources/Pages/Tools/HowtoGuidePreventAdverseDrugEvents.aspx
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US Food and Drug Administration

Å http://www.fda.gov/NewsEvents/Testimony/ucm115007.htm

Adverse Event Trigger Tool

Å http://www.ihi.org/resources/Pages/Publications/AdverseDrugEventTriggerTool.aspx

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National Guideline Clearing House

Å http://www.guideline.gov/content.aspx?id=43938

CMS

Å https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/MTM.html

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Office of the Inspector General

- Adverse Events in SNFs: National Incidence Among Medicare Beneficiaries

- Skilled Nursing Facilities Often Fail To Meet Care Planning and Discharge Planning Requirements
  - [http://oig.hhs.gov/oei/reports/oei-02-09-00201.pdf](http://oig.hhs.gov/oei/reports/oei-02-09-00201.pdf)
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Stratis Health

CMS Web Based Training
http://surveyor.vo.llnwd.net/o45/data/AntiPsyMedHome/cms-dementia.htm

AHRQ TeamSTEPPS
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Â Provider Magazine; MDS Accuracy, Staffing Are New Survey Focus; Judi Kulus; February 2015
Â Nursing home Administrator Letter
Â Entrance Conference Form
Â Focused Survey Facility Worksheet
Â Wilhide Consulting blog
Â Dementia Care Survey Checklist
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Leading Age article

http://www.leadingage.org/CMS_Announcements_Medication_Related_Adverse_Drug_Event_Surveyor_Tool.aspx

Nursing Homes Brace for Onslaught of Federal and State Audits; Paula G. Sanders and Laura Weeden; Post & Schell PC
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- Skilled Nursing Facility Billing for Changes in Therapy: Improvements are Needed (OEI-02-13-00611)

- Adverse Events in Skilled Nursing Facilities: National Incidence Among Medicare Beneficiaries (OEI-06-11-00370)

- Skilled Nursing Facilities Often Fail To Meet Care Planning and Discharge Planning Requirements (OEI-02-09-00201)
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Â Inappropriate Payments to Skilled Nursing Facilities Cost Medicare More Than a Billion Dollars in 2009 (OEI-02-09-00200)

Â Nursing Facility Assessments and Care Plans for Residents Receiving Atypical Antipsychotic Drugs (OEI-07-08-00151)

Â Changes in Skilled Nursing Facilities Billing in Fiscal Year 2011 (OEI-02-09-00204)

Â Questionable Billing by Skilled Nursing Facilities (OEI-02-09-00202)
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Â Medicare Part D Payments for Beneficiaries in Part A Skilled Nursing Facility Stays in 2006 (OEI-02-07-00230)

Â Skilled Nursing Facility Therapy Services Under Part B of Medicare (OEI-09-99-00490)

Â PBJ Provider Action Items https://www.qtso.com/providernh.html

Â MDS 3.0 Focused Audit webinar (free) https://www.simpleltc.com/mds-focused-staffing-surveys/