HRET HIIN SCRIPT UP
Virtual Event

Optimizing Patient Medications, Minimizing Adverse Events

11 am – Noon CT

January 30, 2018

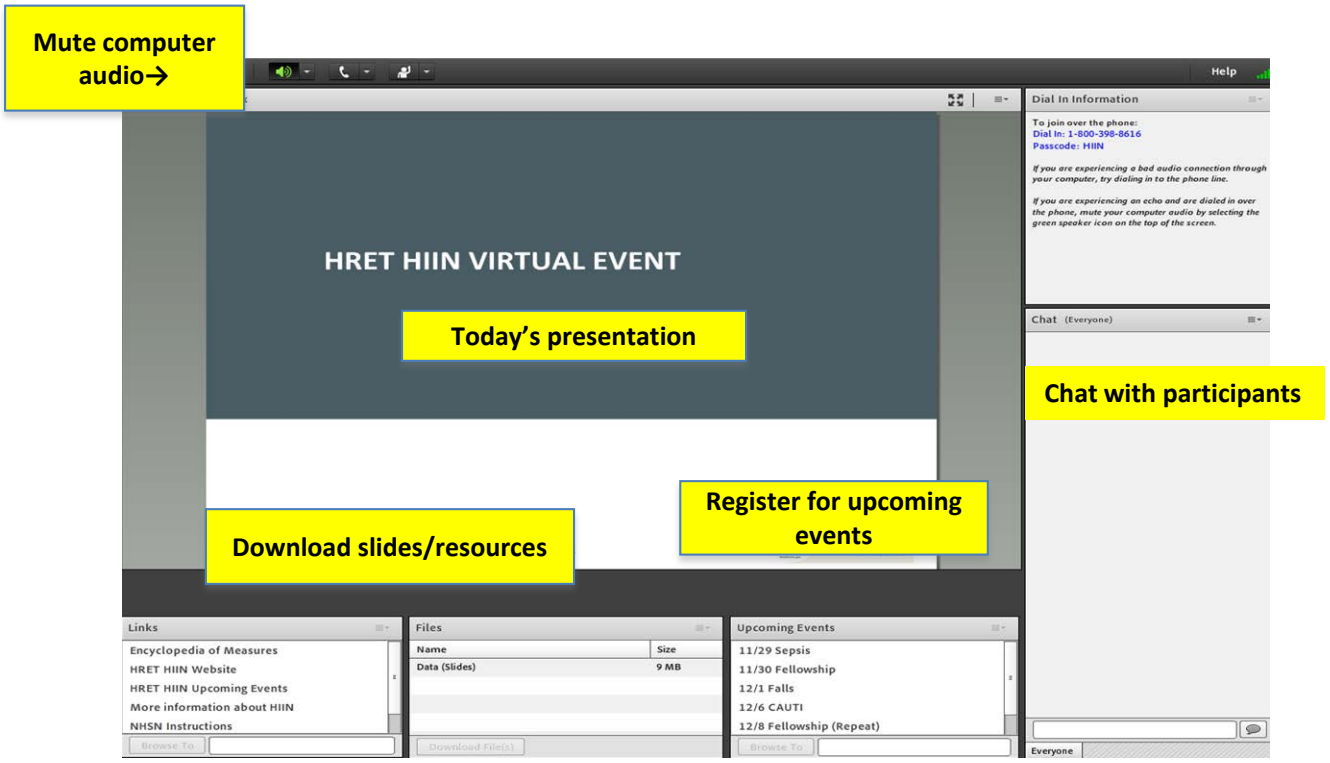
American Hospital Association

HRET HEALTH RESEARCH & EDUCATIONAL TRUST

WELCOME AND INTRODUCTIONS

Nerissa Legge, Program Manager| HRET

Webinar Platform Quick Reference



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Agenda for Today

HRET HIIN SCRIPT UP Virtual Event

Optimizing Patient Medications
Minimizing Adverse Events
Jan 30, 2018 | Virtual | 11A-12N, CT

Time	Objectives	Speakers
11:00- 11:05 AM		
	Welcome and Introductions	**Nerissa Legge** Program Manager, HRET
11:05-11:10 AM	UP Campaign Overview	
	Focus on simple cross-cutting strategies to reduce multiple harms	**Pat Teske, RN, MHA** Improvement Advisor Cynosure Health
11:10-11:25 AM	SCRIPT UP: 3 MUST DO's to Help Optimize Medications	
	Explore with us this newest crosscutting member of the UP Campaign, and learn 3 ways to "get it right."	**Steven Tremain, MD, FACPE** **Pat Teske, RN, MHA** Improvement Advisors Cynosure Health
11:25-11:40 AM	Reality Check: Guidance from an Expert in the Field	
	Learn real world approaches to implementing SCRIPT UP MUST DO's in hospitals of varying size and resources	**Tim Perlick, PharmD, CGP** Desert Regional Medical Center, Palm Springs, CA
11:40-11:55 AM	Open Lines: Share Your Thoughts	
	Discussion with Attendees: Tell Your Stories of Success and Failure	**ALL!**
11:55-12:00 N		
	Bring It Home	**Nerissa Legge** Program Manager, HRET

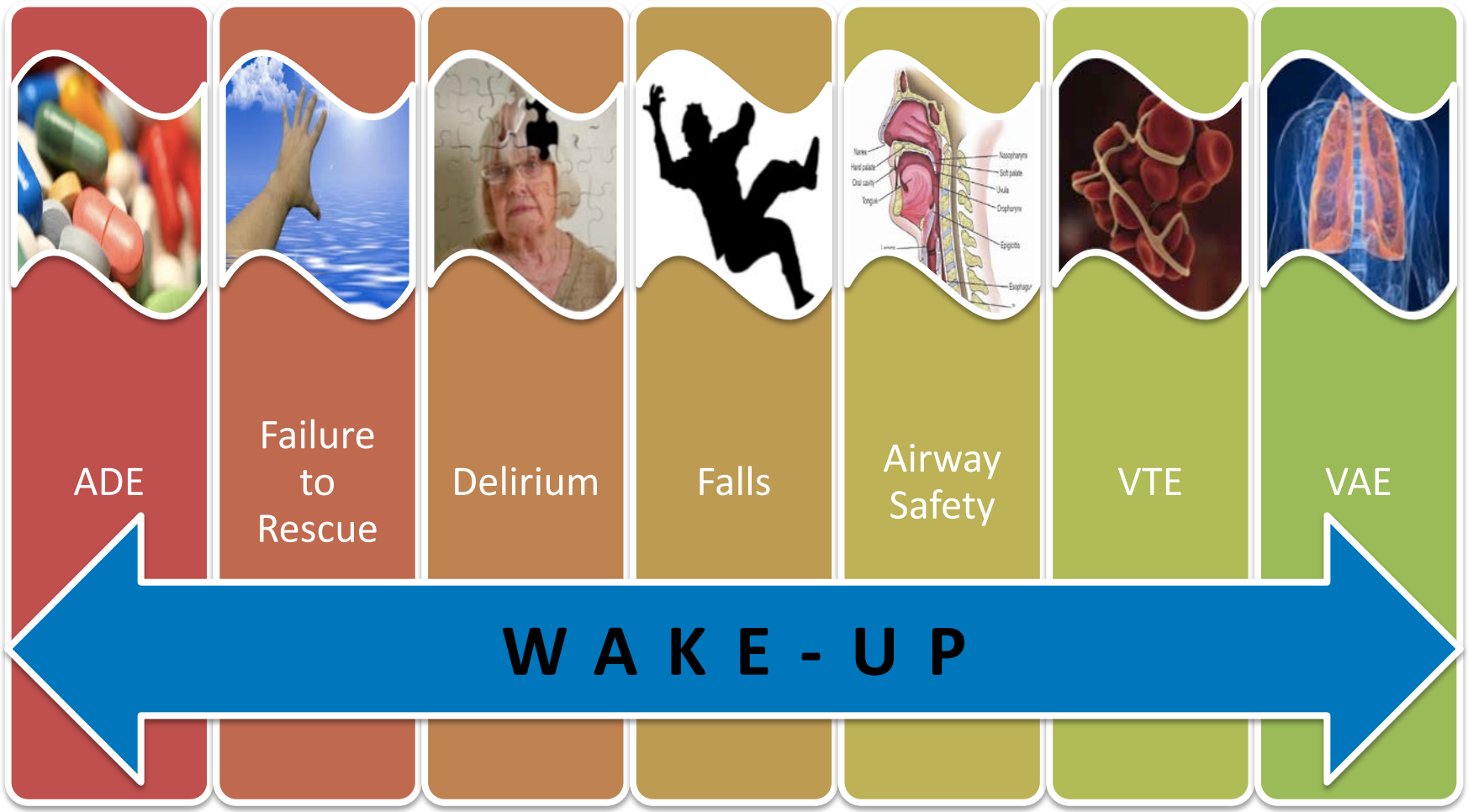
UP CAMPAIGN OVERVIEW

Pat Teske, MHA RN Improvement Advisor| Cynosure Health

A Fresh Approach to Harm Reduction

The Way UP

Can we streamline and simplify making it easier for front-line staff and still improve safety?



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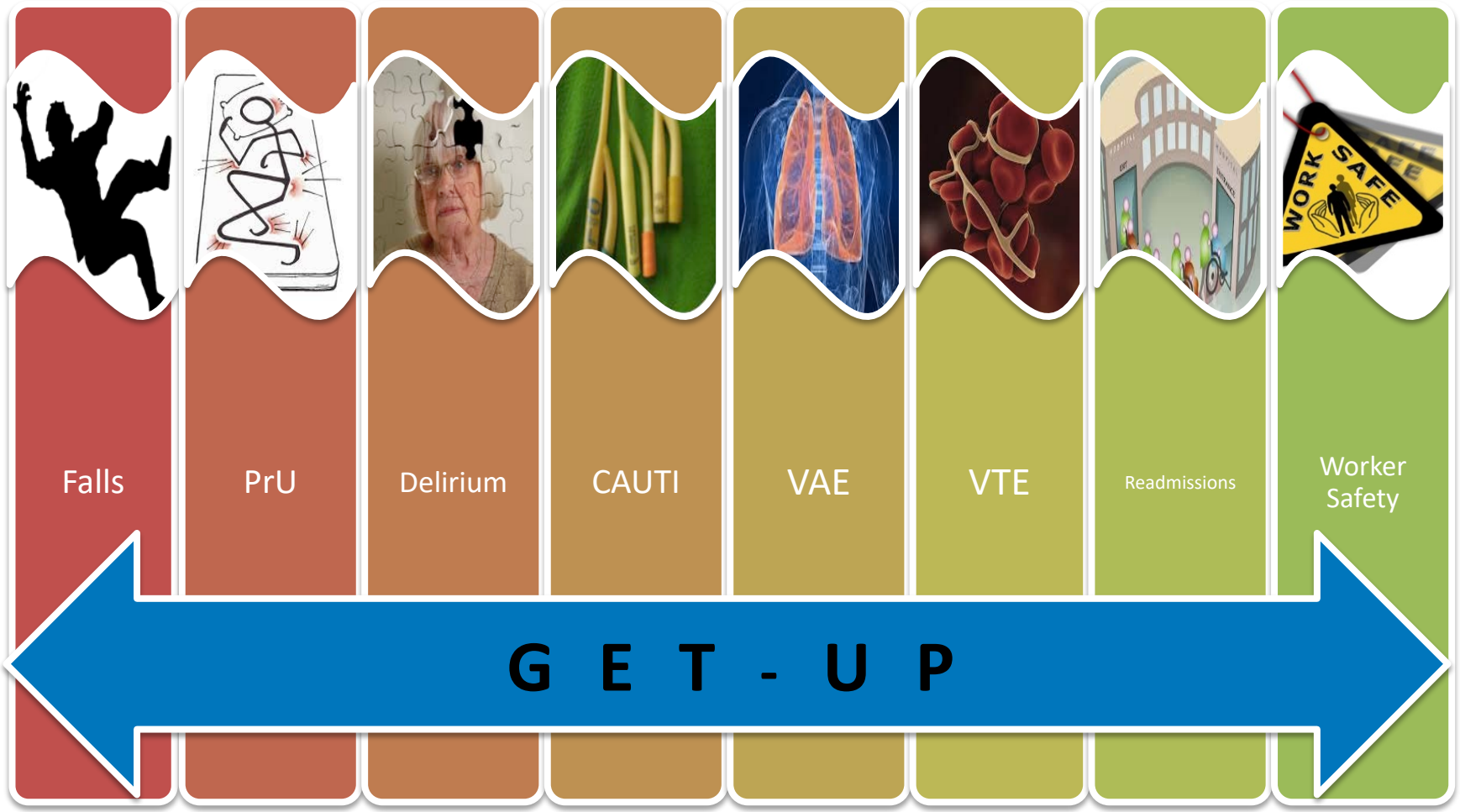

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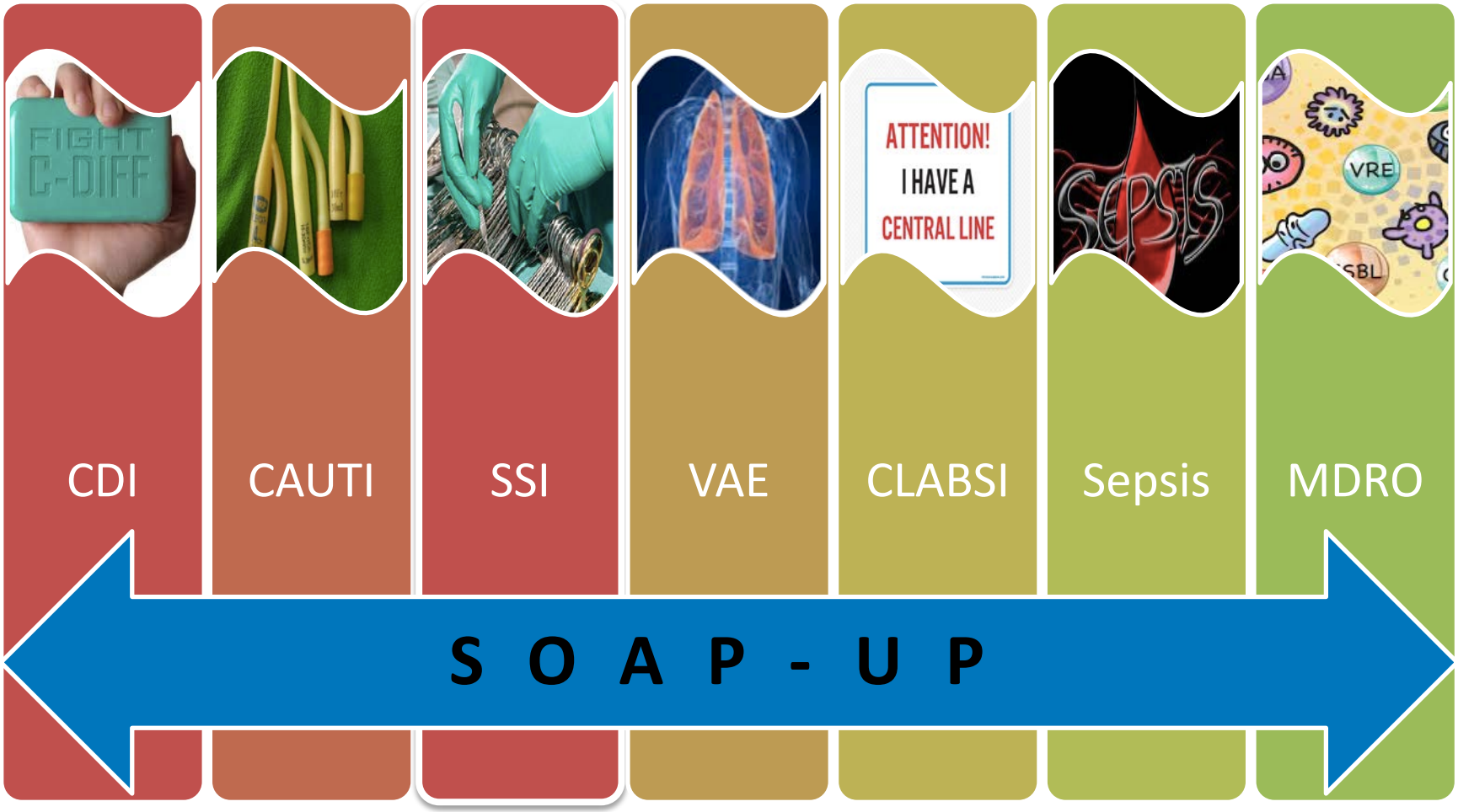
FIGHT C-DIFF
ATTENTION!
I HAVE A
CENTRAL LINE
SEPSIS
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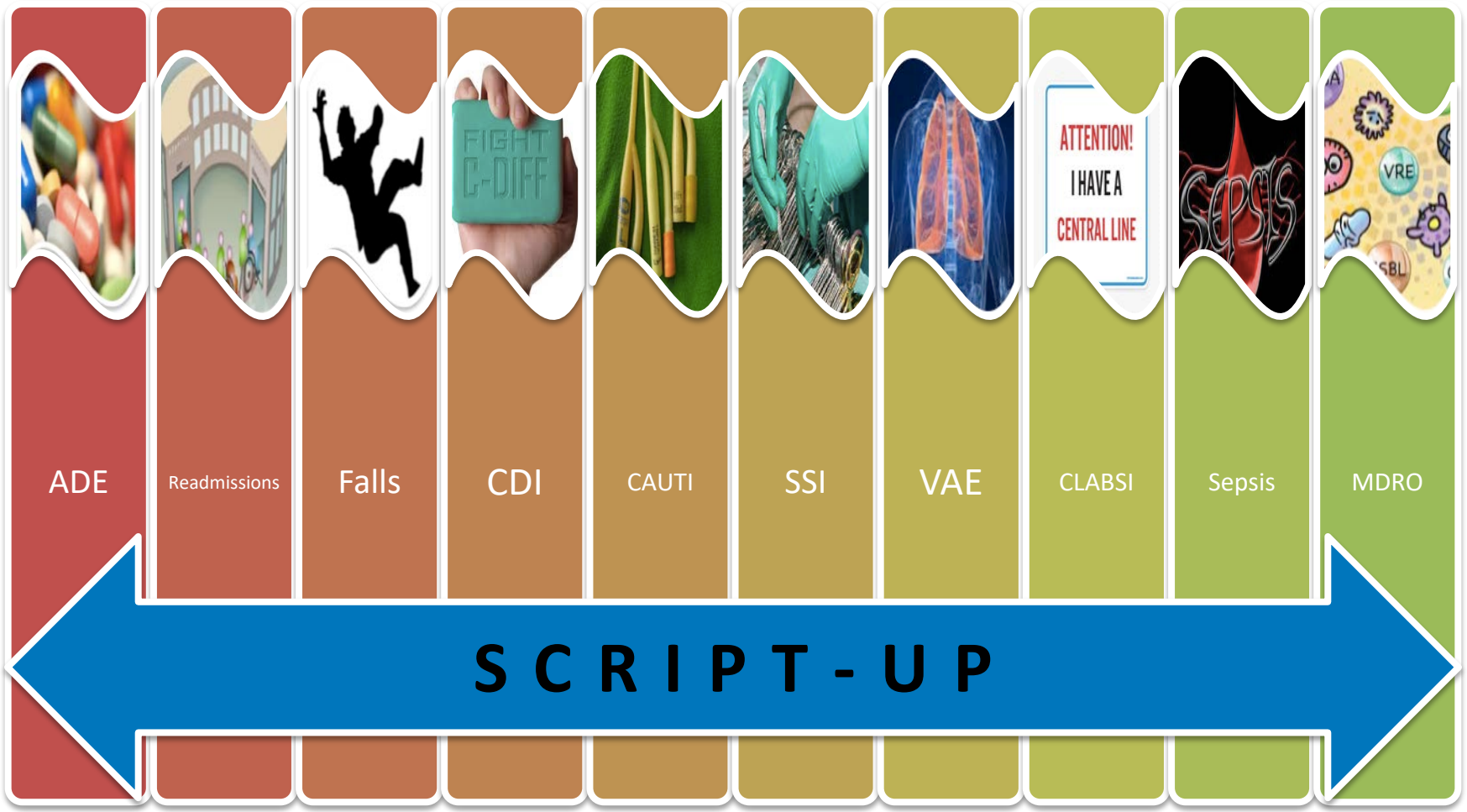
S O A P - U P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MDRO
FIGHT C-DIFF
ATTENTION! I HAVE A CENTRAL LINE
SEPSIS
VRE
S C R I P T - U P

FOUNDATIONAL QUESTIONS:

1. Is my patient awake enough to get up?
2. Have I protected my patient from infections?
3. Does my patient need any medication changes?

SCRIPT UP

Steven Tremain and Pat Teske, Cynosure Health

Why It Matters

- Adverse drug events are the most common cause of harm (AHRQ)
- Overuse and inappropriate use of antibiotics is the key cause of antibiotic resistance (CDC)
- Beers Criteria Medications are linked to poor health outcomes, including confusion, falls, and mortality (Am. Geriatric Society)
- Risk of ADEs almost doubles with $\geq$ 5 meds (Bourgeois, Shannon et al, 2010)

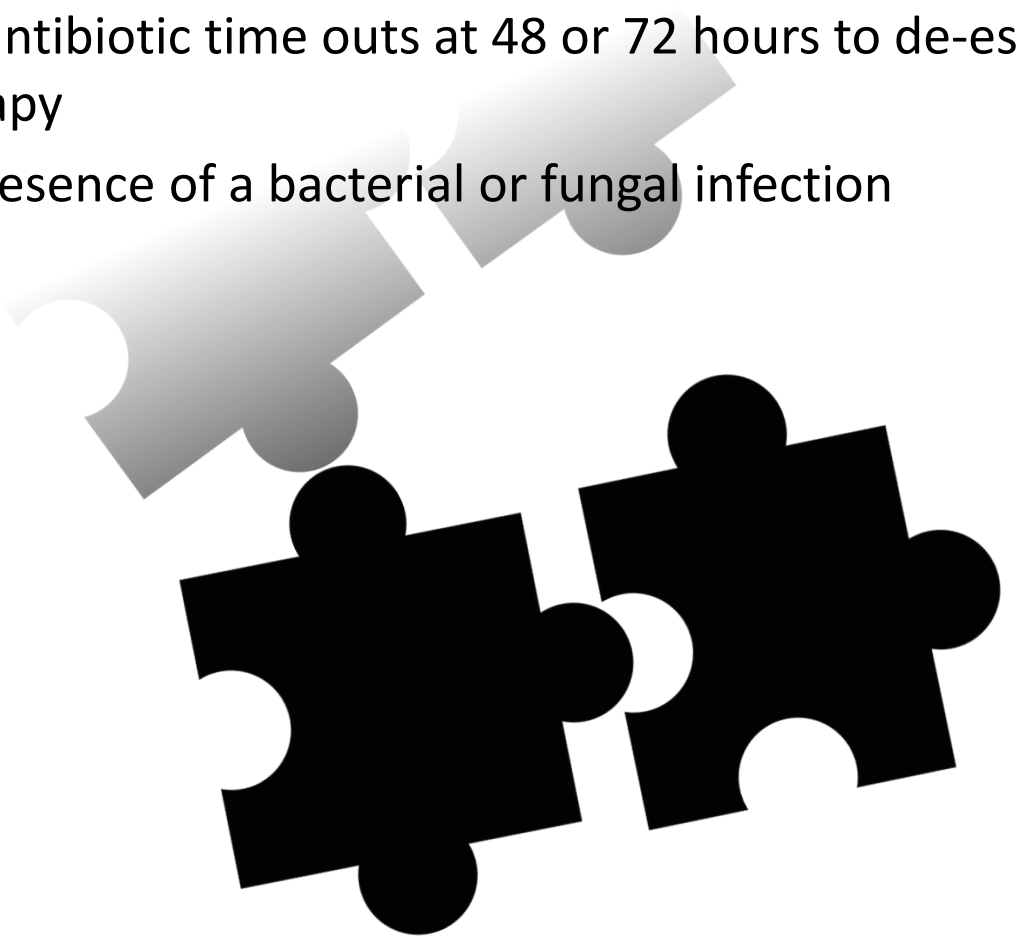
MUST DO's

SCRIPT UP- MUST DO's

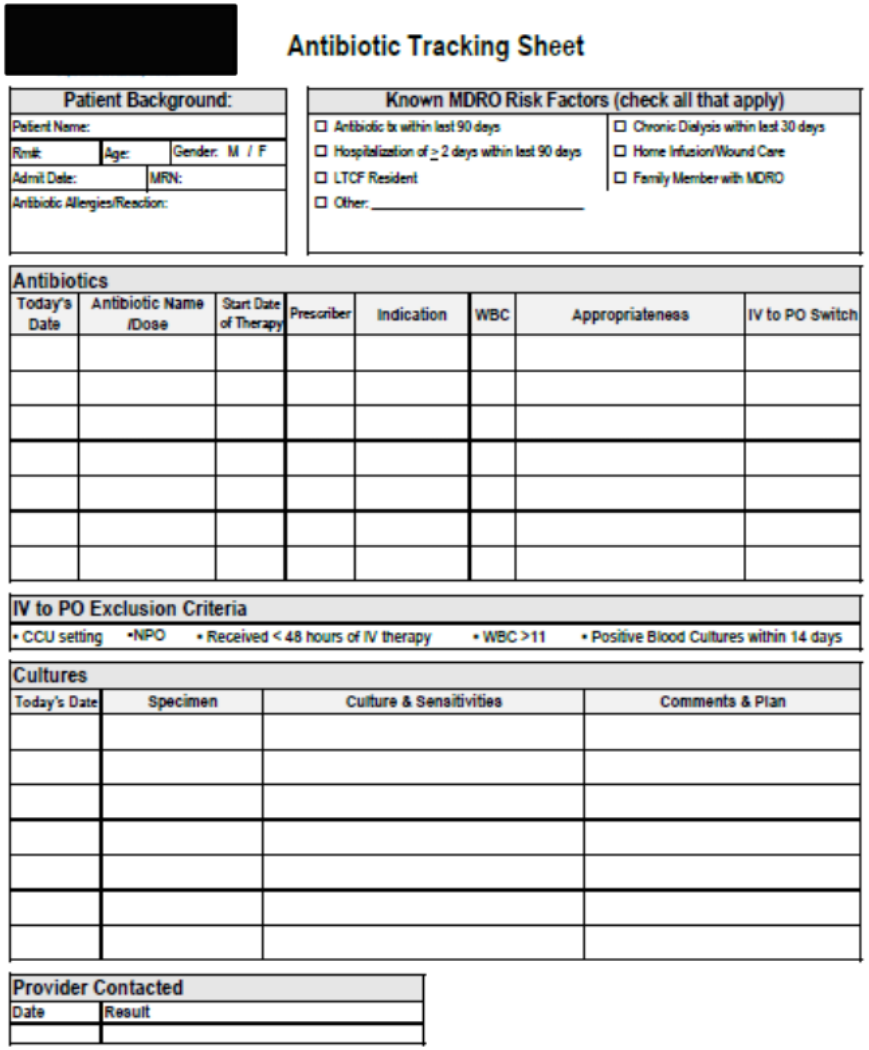
- Match the drug to the bug
- Follow Beers if they're up in years
- Use appropriate meds -- Less may be more
- Ask if patient needs any medication changes

Must Do #1
Match the Bug to the Drug

- Implement antibiotic time outs at 48 or 72 hours to de-escalate and modify therapy
- Verify the presence of a bacterial or fungal infection



One Idea



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Antibiotic Tracking Sheet

Patient Background:		
Patient Name:		
Rm#:	Age:	Gender: M / F
Admit Date:	MRN:	
Antibiotic Allergies/Reaction:		

Known MDRO Risk Factors (check all that apply)	
☐ Antibiotic tx within last 90 days	☐ Chronic Dialysis within last 30 days
☐ Hospitalization of ≥ 2 days within last 90 days	☐ Home Infusion/Wound Care
☐ LTCF Resident	☐ Family Member with MDRO
☐ Other: _____	

Antibiotics

Today's Date	Antibiotic Name /Dose	Start Date of Therapy	Prescriber	Indication	WBC	Appropriateness	IV to PO Switch

IV to PO Exclusion Criteria

• CCU setting • NPO • Received < 48 hours of IV therapy • WBC >11 • Positive Blood Cultures within 14 days

Cultures

Today's Date	Specimen	Culture & Sensitivities	Comments & Plan

Provider Contacted

Date	Result

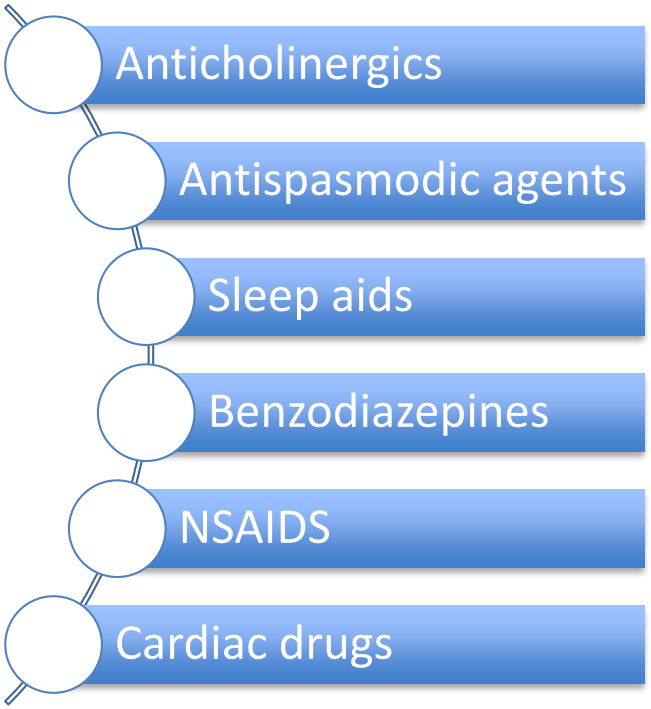
- Pharmacists focus review on patients with a fluoroquinolone order ≥ 48 hours if cultures are back
  - ✓ Review 7-10 patients daily
  - ✓ ~50% require intervention
- Antibiotic monitoring form is completed by pharmacists
- Recommendations made during interdisciplinary rounds or by phone call

Getting Started

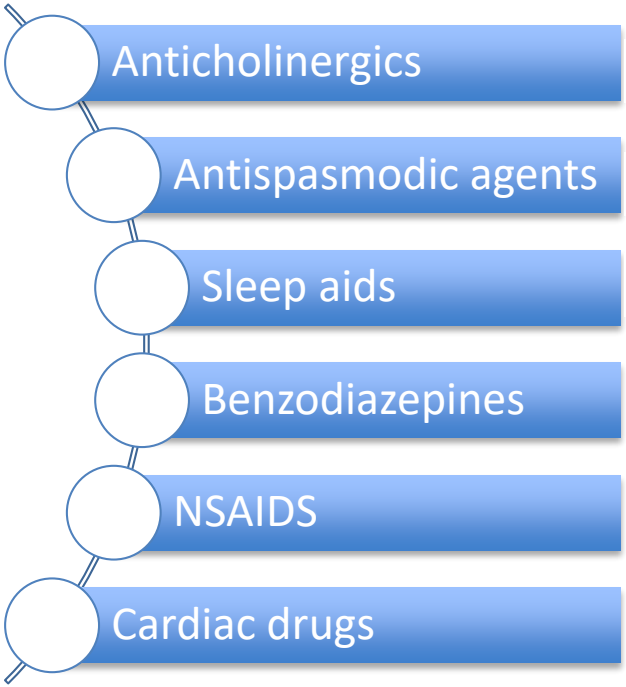
- Decide what antibiotic to target by considering:
  - Potential risk
  - Volume used
  - High cost
- Set up a review process
- Monitor your results
- Spread to other antibiotics when you can

Must Do #2:
Follow Beers, if they're up in years

- Flag, stop and replace medications on the Beer's List
- If needed, switch to a safer agent
- If not needed, discontinue medication



Medications to avoid in those over 65yrs



Benadryl®, Phenergan®, Vistaril®

Donnatal®, Bentyl®, Librax®, Probanthine®

Ambien®, Luminal®, Dalmane®, Nembutal®

Ativan®, Valium®, Xanax®, Librium®, Klonopin®

Advil®, Motrin®, Aleve®

Digoxin > 0.125mg/day, Procardia®, Catapres®

Provide Alternatives

Drug Class	Preferred Alternative	Special dosing considerations for the elderly

Benzodiazepines	- For insomnia:
	  - emphasize sleep hygiene
	  - treat for underlying disrupters
	  - evaluate timing of other medications and alcohol
	- For chronic anxiety:
	  - consider buspirone or SSRIs or SNIRs
	  - consider psych referral
		- Risk of fall doubled if used more than 14 days

Pain Medications		Avoid meperidine

Provide Alternatives

Drug Class	Preferred Alternative	Special dosing considerations for the elderly
Cardiovascular agents	- For HTN alone - ACE inhibitors, betablockers, or calcium channel blockers preferred	Most significant risk is orthostatic hypotension Monitor closely and educate patient Slowly increase to full dose
Skeletal muscle relaxants		Monitor length of use and discontinue as soon as no longer indicated; recommended for short use only

Help your physicians by providing guidelines about alternatives and any special dosing or monitoring considerations.

- Consider shortening med lists, especially PRN medications
  - When adding a med, ask "What can I discontinue?"

Why Less May Be Better

- There is no set number of medications defining polypharmacy – The CDC uses 6
- Concerns
  - Increased ADE
  - Increased drug interactions
  - Increased costs
  - Prescribing cascade
- Associated with
  - Decreased quality of life, mobility and cognition

LESSONS FROM THE FIELD

Tim Perlick, PharmD, MHA, Certified Geriatric Pharmacist (BCGP);
Desert Regional Medical Center, Palm Springs, CA

Where To Begin ?

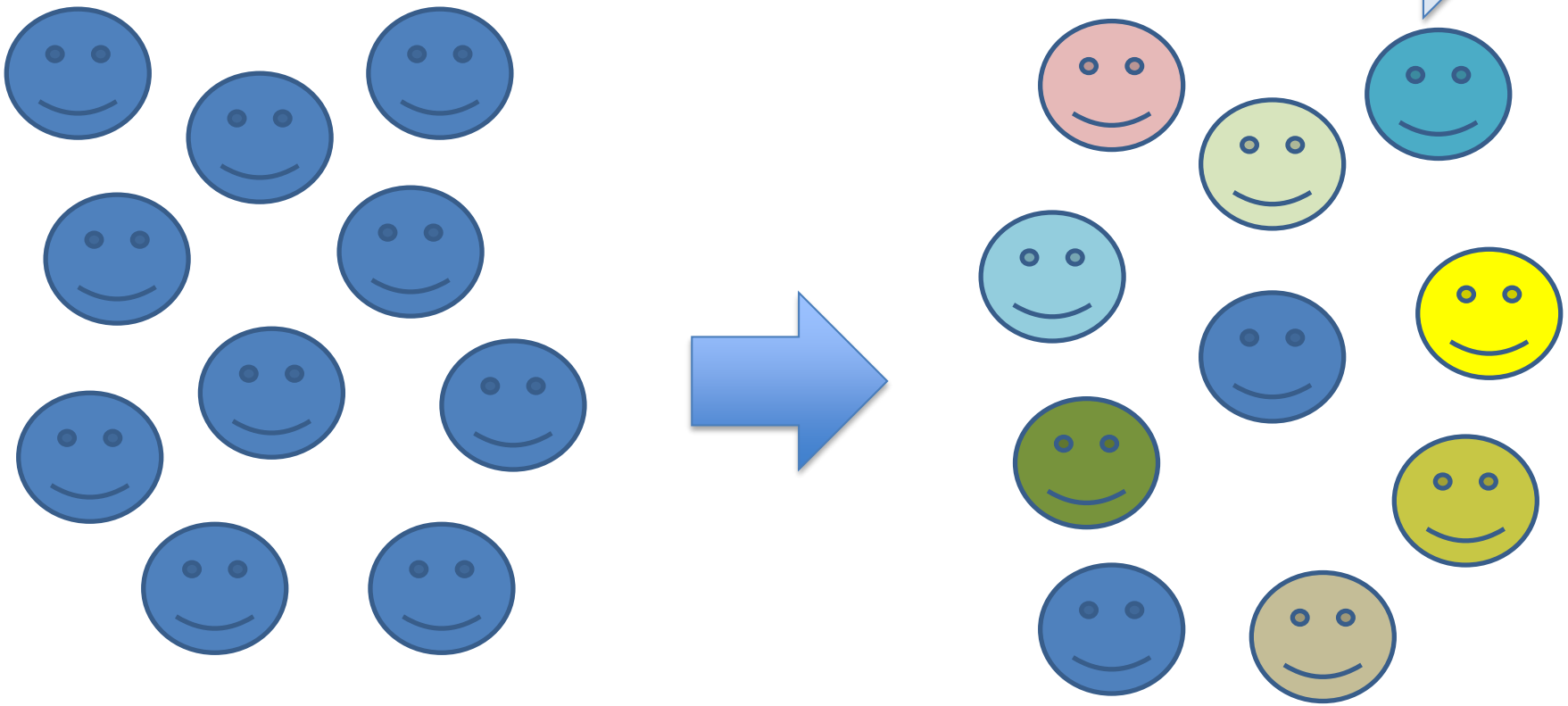
Change Management

- Know the science.
- How does it apply to your facility & specific patient population?
- Build an awareness campaign.
- Follow your own internal data and trend analysis.
- Have crucial conversations.
- Develop strategic tools that empower/ reinforce change.
- Pick some easy wins (high risk and greatest impact).
- Monitor the outcomes.
- Provide ongoing education and awareness.
- Celebrate success.
- Evaluate & repeat.

It is a Journey, not a destination…

Concept = with age comes diversity!

Two or more disease states, various degrees of physiologic changes, increasing disease burden, prescribing cascade, decreased cognition, & increased frailty.



30-55 year olds

65 and older

Begin Your Journey

3 Steps for successful implementation in ANY facility

1. **Begin with the "End in Mind"**
   - Pharmacist-lead intervention program?
   - Change Physician prescribing patterns?
   - Reduce medication-related events?
   - Improve quality and outcomes measures?
   - Geriatric Service-Line?
2. **Raise Awareness & gain insight**
   - Publicize – newsletters, screen savers, flyers, etc
   - Use actual medication safety data
   - Have conversations with key stakeholders
   - Understand the overall impact
   - Know your bandwidth/priorities
3. **Set the foundation**
   - Evaluate the current versus the "goal" state
   - Multi-phasic strategy
   - Measure results and provide feedback
   - Sustain knowledge and focus

Navigating System Barriers

1. External data doesn't support hospital effort.	1. Share internal data & facts, especially medication-related ADEs.
2. Support fragmented.	2. Awareness campaign, add metric to relevant dashboard(s).
3. Clinical resources limited.	3. Focus on 1-2 targeted agents, & combine with a policy/protocol.
4. Most hospital practitioners are unfamiliar with geriatric guidelines.	4. Assess baseline knowledge, and engage multiple education strategies & tools.
5. Prescribers "seem" resistant.	5. Offer alternatives, provide real feedback, & use the KISS principle.
6. Tools don't apply to acute care.	6. Customize elements within Beers List, STOPP/START, MAI, IPET, BOOST, etc. & focus on the concept.

Beers List – How to use it

1st Category	2nd Category	3rd Category
• Medications generally have more risks than benefits. • May present the best medical choice for an individual (if given with caution).	• Used in patients with specific disorders or medical disease states. • Medications have a higher chance of exacerbating existing health conditions. • Options may be limited.	• **Pose a high risk of adverse effects.** • **Appear to have limited effectiveness in older patients.** • **There are safer alternatives.**
Approximately 20 medications that should be used with caution.	**Roughly 48 medications (or classes) that should be avoided or limited.**	
1. Slow down. 2. Start with lower doses. 3. Monitor closely for ADE/ADRs.	**1. Does patient still require therapy? 2. Is this the best treatment? 3. Does risk outweigh benefits?**	**1. Why does patient need it? 2. Can an alternative be used? 3. If not, can exposure be limited?**

Simplified Medication Appropriate Index (MAI)

1. Is there an appropriate indication for the drug?
2. Is the medication effective for the condition (evidence)?
3. Is the dosage correct (age-related)?
4. Are the directions correct?
5. Are the directions practical (Medi-cog)?
6. Are there clinically significant drug-drug interactions?
7. Are there clinical significant drug/disease interactions?
8. Is there unnecessary duplication with other drugs ($\geq$ 4 drug rule)?
9. Is the duration of therapy acceptable?
10. Is this drug the most cost-effective option?

Tips and Tricks

- Use “Beers List” methodology conservatively, especially when referring to acute care patients.
- Modify a tool to meet your needs.
- Alternatives must be clinically relevant and support all facility metrics.
- Evaluate measures for relevance and target outcomes.
- Review your Medication Reconciliation process.
- Incorporate LEAN (i.e. value-added) principles.
- Work “Up-stream” whenever possible.

Tips and Tricks

- Start with easy targets (i.e. limiting multiple sedatives, removing unnecessary PRN meds, eliminating duplicate therapies, renal versus geriatric dosing, reducing anticholinergic load, automatic dose reductions, etc).
- Look at most influential provider groups.
- Modify standardized order sets.
- Adjust formulary and medication supplies.
- Provide annual education/competencies for clinical staff.
- Assign duties and/or build a geriatric care focused team (rounding).
- Have a mechanism for surveillance and feedback, until focus becomes habitual, then move to next target.

Take Home Points

1. Assess the baseline before you begin and set reasonable targets.
2. Introduce “ElderCare” as a concept and methodology for approaching care in a unique and diverse population.
3. Provide direction and suggest alternatives to common treatments.
4. Reshape your idea of “elderly” and think proactively not reactively.
5. Monitor and adapt tools/strategies to your patient population, preferences, lifestyles, etc.

“Gentle pressure relentlessly applied.”

YOUR TURN! OPEN THE LINES

Next Steps

Take Action

- Set a threshold number for review
  - Consider the volume of patients who are at or above the threshold and the amount of pharmacist time that can be dedicated
- Have pharmacist review and consult with physician
- Monitor the impact of your intervention

SCRIPT UP Check Point

To reduce Adverse Drug Events, Readmissions, Falls, CDI, CLABSI, SSI, Sepsis, MDRO and VAE:

- ✓ Have you implemented a “time out” after 24-48 hours of antibiotic therapy to re-assess and optimize therapy?
- ✓ Do the staff, providers, and pharmacists have ready access to reminders and alerts to avoid medications on the Beers list for patients over 65 years old?
- ✓ Is there a specific number of medications on a patient’s medication list (e.g., 10) that will trigger a review by a pharmacist?

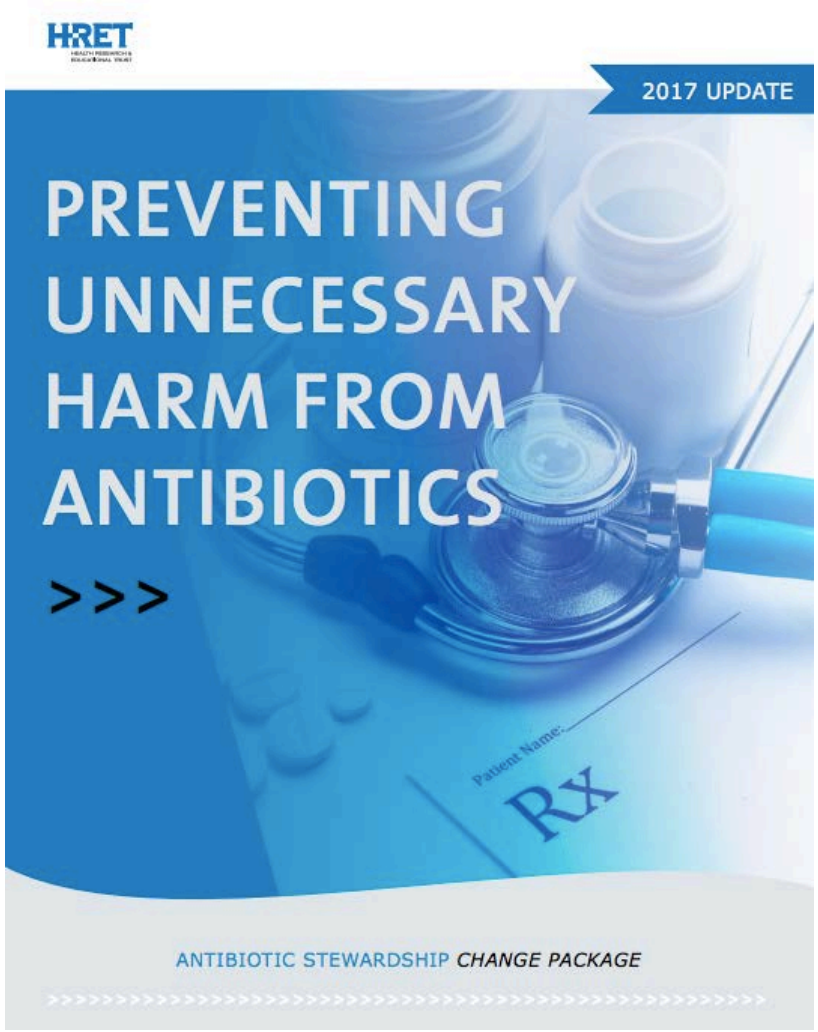
LISTSERV

- UP Resources
- Join the LISTSERV®
  - Ask questions
  - Share best practices, tools and resources
  - Learn from subject matter experts
  - Receive follow up from this event and notice of future events

Sign up at http://www.hret-hiin.org/engage/listserv.shtml

Antibiotic Stewardship Change Package

[Find It Here]



Thank You!

Find more information on our website:
www.hret-hiin.org

Questions or Comments: HIIN@aha.org