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Four Strategies for Preventing Adverse Drug Events

As skilled nursing providers, you know the changing resident demographics of your facilities.

Residents are older, they have increasingly complex medication requirements, and the risk of adverse drug events (ADEs) is steep.

135 ADEs occur annually in an average sized facility

2M ADEs occur annually across long-term care facilities

720K ADEs are preventable with the right strategies in place

ADEs prolong hospital stays by 1.7 to 4.6 days

ADEs cause approximately 125,000 hospital admissions

Reducing ADEs results in:



Safer quality health care services



Reduced health care costs



Improved health outcomes

While not all ADEs are preventable, many are.

This eBook presents four strategies for managing and reducing your risk for ADEs



Increase Monitoring of the Entire Medication Process

From ordering to distribution, you need a process that ensures your residents receive the right medication, at the right dose, at the right time, and for the right reasons.

Maintaining medication error rates below the CMS threshold of 5% is integral to reducing risk.

Think about whether your current process allows you to:



Manage all prescribers per resident



Review all your orders with a physician



Document the resident's diagnoses, along with indications for prescribed medication



Identify the risk of duplicate therapies, inaccuracies, or high-risk medications and dosing with built-in clinical decision support tools

A closed loop medication management system with integrated **electronic medication administration record (eMar)** capabilities and built-in tools for clinical decision support empowers staff to manage prescribers, review orders, identify risks, and streamline documentation.

Process oversight and data that indicate process gaps both guard against ADE occurrence.



Use a Team Approach

ADEs are not a problem that can be solved in isolation.

You need an environment where everyone—physicians, pharmacists, aides, and family—is educated to identify risk and contribute to mitigation.

Pharmacists, nursing and other staff take proactive measures to prevent or quickly respond to reduce ADEs.

Confusion, delirium, over-sedation, falls, gastrointestinal bleeding, heart failure, renal failure, and orthostatic hypotension are among the most common ADEs in LTC facilities.



Integrated Medication Management (IMM) facilitates medication reviews where pharmacists highlight the use of high-risk medications and identify indicators that an ADE may be about to take place.

Documentation of observations by staff triggers alerts with tools like secure texting speeding up time to intervention, and ready access to resident information, medication, and lab results also gives a physician tools for better decision-making to prevent unnecessary transfers.

Don't forget the extended care team including aides and family members.

Family and other caregivers can also be educated to assist in identifying changes for quicker intervention.

Healthcare aides should keep **Point of Care (POC)** solutions up-to-date and document any observations that appear abnormal. This will trigger alerts built into your POC solution and increase the speed for an intervention.

The faster the intervention takes place, the lower the likelihood of a negative outcome, potentially avoiding a preventable transfer to the hospital.



Increase Awareness of High-Risk Medications

Metabolic changes and changes in circulation in the elderly increase the possibility that the expected side effects of medication will be more severe.

Your team needs to know what symptoms to look for when high-risk medications are unavoidable.

60-70% of ADEs
are preventable
or amenable.

Warfarin, insulin, antiplatelet agents, and opioids are the most frequent causes of ADEs in long term care settings.¹ 60-70% of these are preventable or amenable.²

Industry best practice tools embedded in **eINTERACT**, including the STOPP criteria (Screening Tool of Older Person's inappropriate Prescriptions)³ and other American Geriatric Society (AGS) resources, simplify how to evaluate resident condition changes and streamline other processes required to flag and address the risks related to high-risk medications.

¹ <https://psnet.ahrq.gov/primer/medication-errors-and-adverse-drug-events>

² <https://www.ncbi.nlm.nih.gov/pubmed/31329223>

³ STOPP criteria (Screening Tool of Older Person's inappropriate Prescriptions)
<https://psnet.ahrq.gov/primer/medication-errors-and-adverse-drug-events>



Improve Communication in Transitions of Care

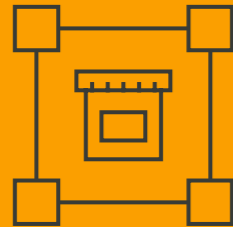
Risk of ADEs increases during transitions of care, making coordinated medication reconciliation a must for your team.

Coordinated medication reconciliation is a must for your team

- Clinical staff spend 1-2 hours making calls to clarify medication orders during transitions between care settings. 13% spend 2-3 hours.⁴
- ADEs are the cause of approximately two-thirds of post-discharge complications during care transitions. About half of these are preventable.⁵
- The seamless import of secure, comprehensive patient data through Continuity of Care documents (CCD), including diagnoses, medications, and last dose administered, reduces both staff time and the risk of medications being overlooked when residents are transferred between settings.

⁴ PointClickCare Practitioner Engagement Infographic, https://pages.pointclickcare.com/rs/wescomsolutions/images/PointClickCare_PE_InfoGraph.pdf?_ga=2.229296927.2003027322.1584544010-1727098744.1576621594

⁵ Health.gov, <https://health.gov/news/news-and-announcements/2018/03/watch-our-webinar-recording-learn-more-about-preventing-adverse-drug-events>



Informing and enabling prescribers to make the most appropriate prescribing decisions for the patient requires a partnership between pharmacist and/or the resident's primary care physician - including a comprehensive review of all medications, to ensure that additions, changes, and discontinuations are carefully evaluated.

Residents and their families should also participate in the review of medication lists to ensure they're complete. This way, you can reconcile lists against best practices and adjust them to best suit the needs of the resident.

When a resident is transferred to another setting, communicating their current medications, along with the last doses administered, will ensure the receiving facility is prepared to administer subsequent doses. Using Continuity of Care documents (CCD) and electronic messaging will expedite communication and reduce the risk of medications being overlooked or administered at the wrong times.



Technology solutions that support the reduction of ADE risk, not only improve the lives of residents but also reduce the potential liability for your facility and those administering medications.

When looking at patient safety and fiscal responsibility, addressing preventable causes of ADEs should be a top priority for every facility.

Interested in learning more about the solutions in this eBook?

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PointClickCare Technologies Inc. helps long-term and post-acute care (LTPAC) providers gain the confidence they need to navigate the new realities of value-based healthcare.

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