

THE QUARTERLY CONNECTION

Quarterly Report from Pharma-Care, Inc., Health Care Consultation Specialists

Fourth Quarter 2013

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NJ Hospital Readmission Rates Decrease



Hospital readmissions of Medicare patients in New Jersey have declined by 7.5 percent from 2010 to 2012 according to federal data released by Healthcare Quality Strategies, Inc. (HQSI). In 2010, 21.6 percent of hospitalized Medicare patients in New Jersey were readmitted 30 days after discharge. In 2012, the figure was 19.98 percent.

The decrease is being attributed to the cooperation of doctors, visiting nurses, nursing homes, and social service agencies working together to prevent unnecessary readmissions. Hospital discharge planners are talking to nursing homes or family doctors in advance of a patient's discharge to discuss follow-up care.

The medical director for HQSI, Andrew Miller, was quoted as saying, "The measure is hospital readmissions but (hospitals) are dependent on hospice providers, visiting nurses, physician practices, county offices on aging, and mental health providers. They are even starting to involve pharmacists who manage a patient's medication."

Medicare Hospital Readmission Penalties on the Increase



The second stage in Medicare's Hospital Readmissions Reductions Program becomes effective October 1, 2013 with a maximum penalty of 2% reduction in reimbursement rates.

In fiscal year 2013, the program of escalating penalties withheld up to 1% of regular reimbursements for hospitals that

had too many patient readmissions within 30 days of discharge due to three medical conditions: heart attack, heart failure, and pneumonia.

On October 1, 2014, the final stage of the program will be launched raising the maximum penalty to 3% and expanding the number of conditions for which readmissions are penalized to include chronic lung disease and elective hip and knee replacements.

The readmissions penalties are among several aspects of the Affordable Care Act that uses penalties as a tool to improve outcomes.

2012 rates of Medicare patient hospital readmissions by county from lowest to highest:

Hunterdon 16.9%	Mercer 19.6%
Sussex 17%	Gloucester 20%
Warren 18%	Camden 20.1%
Cape May 18.2%	Atlantic 20.7%
Morris 18.4%	Cumberland 20.9%
Monmouth 18.6%	Middlesex 21.2%
Union 18.7%	Passaic 21.5%
Ocean 18.95%	Salem 22.7%
Bergen 18.96%	Essex 22.9%
Somerset 19.2%	Hudson 23.9%
Burlington 19.3%	

Changes for Sub-Task 5E: Medication Pass Observation Protocol Revisions to Appendix P of the State Operations Manual

The number of observations required to calculate the facility medication error rate is revised to a minimum of 25 medication administration opportunities. A minimum number is specified because it is acceptable to include more than 25 observations in a medication observation to capture multiple routes, times, and caregivers.

This revision eliminates the current requirement to extend the medication pass for another 20-25 opportunities if errors are detected in the first 20-25 observations. This change matches the Quality Indicator Survey (QIS) Medication Administration Observation protocol, thus standardizing the medication error rate calculation for both the Traditional and QIS surveys.

Creative Ways to Decrease Inappropriate Use of Antipsychotic Agents

Thanks to a grant from Healthcare Quality Strategies, Inc.(HQSI), a number of Pharma-Care, Inc. consultants are participating in a project that has afforded the extra time required to help facilities decrease the use of antipsychotic agents in addressing difficult behaviors in their residents.

In each participating facility, the pharmacy consultant has created a multi-disciplinary team whose main goal is to formulate new, creative, non-drug interventions based on the needs of the residents. Through focused chart review by the pharmacist, in-depth histories, and new activity programs, the teams have been able to effectively decrease antipsychotic use

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Decreasing Antipsychotic Usage

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in all of the locations.

The "Beach Day" program in place at one facility exemplifies the successful use of creative alternatives. For a small group of cognitively impaired residents, the activities director and her staff created a beach "scene" offering memory stimulation in a sensory-rich environment. Bins of sand provide tactile stimulation as residents dig for seashells; suntan lotion stimulates the olfactory sense (the sense said to be most linked to memory); a CD plays the sounds of the surf and seagulls; colorful beach balls and sunglasses complete the scene. Videos of ocean life



playing on a large television are shown for those who are unable to interact at the sand table.

The staff reports that "Beach Day" has had a calming effect on some of the more difficult residents. Looking ahead, they plan to expand the season-based sensory stimulation program.

Another participating facility has addressed behaviors such as agitation and restlessness by forming a "Walking Club" that meets twice a day at 11 am and 4 pm, every day of the week. Participating residents are accompanied for a walk around the grounds of the facility getting fresh air, exercise, and a chance to release some energy.

Although a big undertaking by the staff, the benefits have been apparent. Having the restless residents off the unit right before meal times allows staff to focus on other tasks. At the end of the walks, the residents proceed directly to the dining room and are ready for their meal - perhaps a little more relaxed and hungry.

One Pharma-Care, Inc. pharmacist has seen the importance of considering a resident's background when addressing inappropriate behavior. He tells of a resident that was fighting morning care routines until staff learned that he had been a businessman. They developed a successful strategy to quiet his agitation by giving him an agenda every morning similar to one he had used as an executive.

Changing the philosophy and approach to one in which medication is not a first - or even second - line of defense for difficult behaviors takes an ongoing commitment. This project shows promise that a team approach can be very successful in achieving this goal.

Why health care personnel should get the flu vaccine:

- ✓ Reduce transmission of influenza.
- ✓ Reduce staff illness and absenteeism.
- ✓ Reduce influenza-related illness and death, especially among people at increased risk for severe influenza illness.



welcome

Haledon Dialysis Center
North Jersey Acutes
Physicians Choice Dialysis of Northfield
Meadowview Residential
Allendale Community for Senior Living
Five Star Premier Residences of Teaneck
Emerson Health and Rehabilitation Center
West Orange Dialysis
The Health Center at Galloway
Pediatric Day Health Center at Galloway
Life Adult Medical Day Care
Plainfield Park Hotel
Brandywine Senior Living at Voorhees

EPIC Corner

ELECTRONIC PHARMACIST INFORMATION CONSULTANT
(MEDICATION REVIEWS WITHIN 48 BUSINESS HOURS)

EPIC Phone: 732-943-3573

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"This happens all the time in nursing homes"

An article in "Caring for the Ages" August 2013 includes the following report.

An 89 year old female resident was readmitted from a hospital with an order for doxycycline 100 mg four times daily. This was a handwritten order on the third carbonless copy of discharge instructions. The usual dose of doxycycline is 100 mg every twelve hours.

The nurse practitioner on call questioned the order, but the physician and nurses who saw the patient at the hospital were off-duty. The hospital staff said their copy of the orders also appeared to read "doxycycline 100 mg four times daily".

The order for doxycycline was initiated at this dose and the resident became nauseated, anorexic, experienced a five pound weight loss within one week. This resident fell out of bed and broke her hip.

The hip surgery did not go well. The resident never regained her prior level of alertness and progressively declined. One week postoperatively, she was placed on hospice and expired four days later.

When this resident's daughter asked the hospital nurse how the events turned out so negatively, the hospital nurse told her "this happens all the time in nursing homes".

If this resident and the facility she was at had and utilized an EPIC program, perhaps this tragic consequence could have been avoided.



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