

The image is a composite graphic. The top portion shows a close-up of a silver stethoscope resting on a surface, with a blurred background of medical equipment. The bottom portion features a pair of glasses with a white frame and a stethoscope resting on a medication list. The medication list has several colorful tabs with numbers and letters: 5 (green), 3 (blue), 7 (orange), 4 (yellow), 6 (red), and M (purple). The text 'Medication Lists Across the Continuum' is overlaid in white on a black background in the center-right. Below the title, the names 'Diane Levitan, MD' and 'Tasheba West, PharmD' are listed in white text.

Medication Lists Across the Continuum

Diane Levitan, MD

Tasheba West, PharmD



Objectives

- Identify staffing resources for the entire medication reconciliation process
- List multiple resources to collect unknown home medication lists
- Describe how to document high risk medications including insulin and warfarin
- Note the Multicare Health System provider responsibilities involved in Med Rec
- Discuss pharmacist interventions involved with Med Rec and patient medication safety





What is Medication Reconciliation?

Medication reconciliation is a process of comparing the medication a patient...



...is currently taking



....should be taking



.....and newly ordered medications



What is Medication Reconciliation? (*cont*)

Medication Reconciliation is...

....completed by the medical provider (ideally the admitting provider)



and this comparison addresses duplications, omissions, and interactions, as well as the need to continue current medications



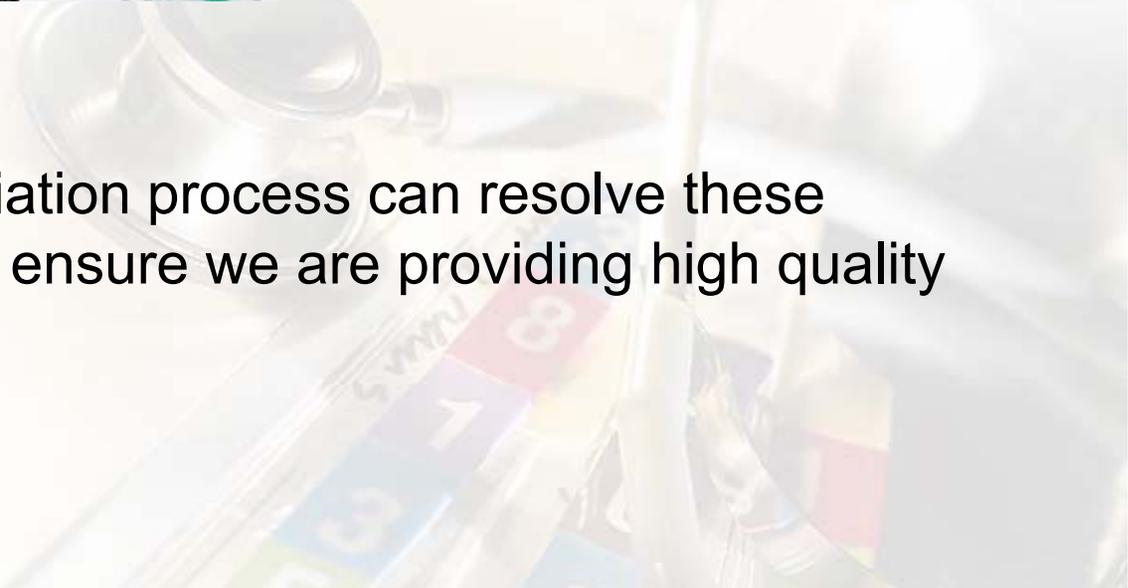


Impact of Medication Reconciliation

There is evidence that medication discrepancies can affect patient outcomes



The Medication Reconciliation process can resolve these discrepancies, helping to ensure we are providing high quality medical care





The Home Medication List

Home Medication List = **PRIOR TO ADMIT (PTA) hospital list**

Creating the PTA is the process of identifying the most complete and accurate list of all medications that the patient is taking outpatient



This list includes the name, dosage, frequency, route and last dose of each outpatient medication,...

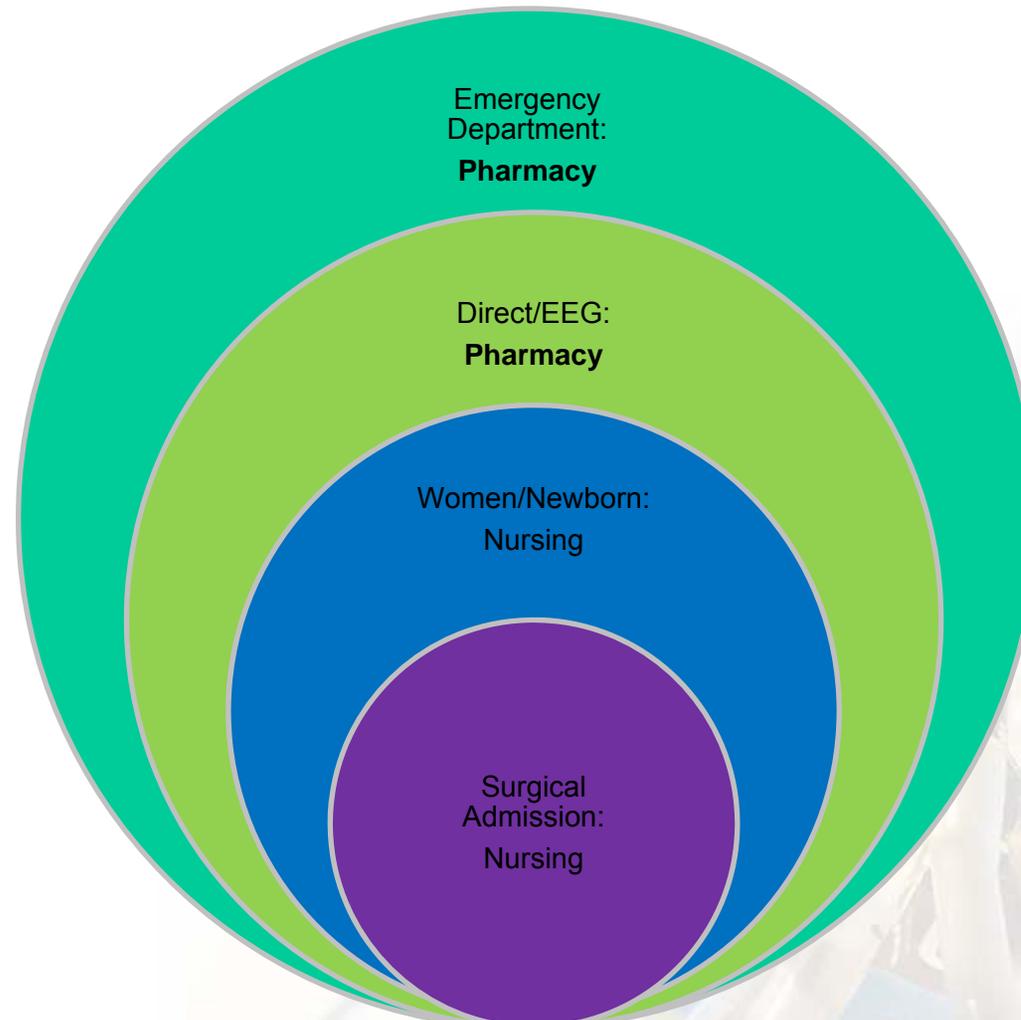


...Optimizing the medication record with external list of medications obtained from a patient, hospital or other provider



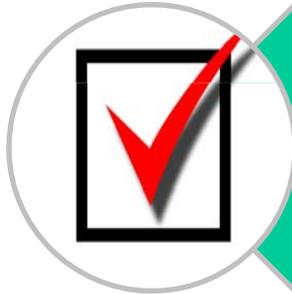
Tacoma General Hospital Approach

A combination of pharmacy and nursing staff cover all admissions





Patients Who Need PTA Lists Collected



The PTA list status is marked “In-Process,” “Review in ED by Pharmacist Requested” or is blank



The provider requests a PTA list

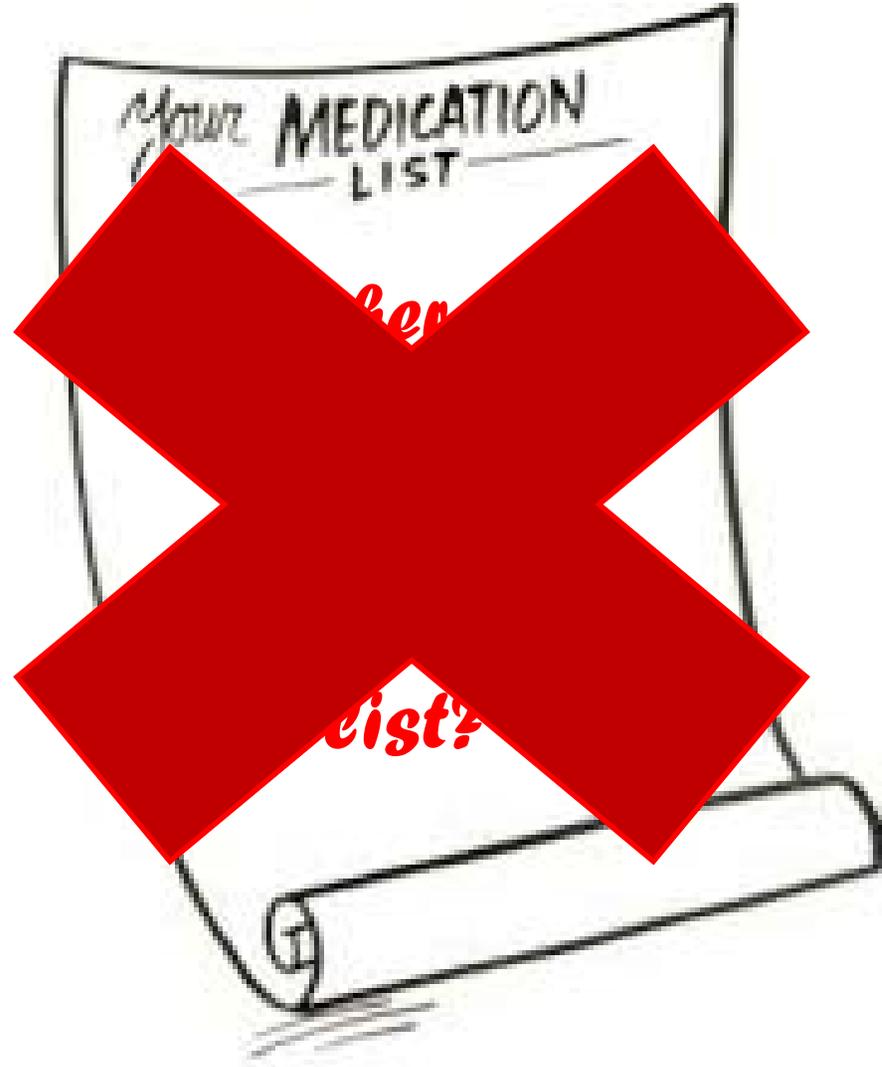


The pharmacist may be consulted to obtain a PTA list



Pharmacy Med Rec Technician Hours

	Good Samaritan	Tacoma General	Allenmore Hospital	Auburn Medical Center
Total Inpt Admission 2013	14791	15519 -11957 (TG) - 3562 (MB)	2857	6430* (10/6)
PTA Lists	20200	9396	2217	8359
Tech Hours/day	28.5	25.5	8.5	8.5
Med Rec Tech (time/per pt)	20 min/pt	20 min/pt (ED) 36 min/pt (floor)		



Interviewing the Patient

Ask what pharmacy(s) they receive prescriptions from

Go through each medication having the patient or provider telling us as much information as possible

- Use open ended questions
- Obtain name, strength and frequency for each medication



Ask when the patient last took each medication

- Even for PRNs, you want to ask when they took it last

Ask if they buy anything OTC that they have taken recently

Ask about creams, eye drops, inhalers, and patches

- Especially with pediatric patients





Patient Interview Questions

1. Are you currently taking any prescription medications?
2. Are you taking insulin or other injectable medication?
3. Are you currently taking any vitamins or herbal products?
4. Are you currently taking any other OTC medications such as aspirin or APAP?
5. Do you use any topical patches or creams? If yes, where are they applied and when were they changed/used last?
6. Do you use any inhalers or nebulizer solutions?
7. Are you currently taking any blood thinners, such as Coumadin? Have you ever been on a blood thinner for any reason?
8. Are you allergic to any medications? What was the reaction?
*inquire about food, latex and contrast allergies
9. Do you have any prescribed medications that you don't take for any reason (financial or other)?
10. If patient unsure of med/dosage, is there someone at home that can read off the prescription bottles to us?
11. At what pharmacy do you fill your prescriptions? May I contact them if I have any questions?



Unknown Home Medications

1. Medication List
2. Family members or caretakers
3. Prescription Vials
4. Dispensing pharmacy
5. CareEverywhere
6. MAR from nursing homes or care facilities
7. Dialysis centers
8. Contact primary care provider (PCP)
9. Contact government agencies
10. Washington State Prescription Monitoring Program (PMP)





Contact Lists

- Nursing Home List
- VA contact
- Tribal Health Authority
- Dialysis centers
- Methadone Clinics
- Local jail
- Coumadin Clinics
- Local Hospitals
- Community Health
- Group Health
- Mail Orders
- **Express Scripts Tricare-** 1-877-387-0466
- **Express Scripts Mail Order Pharmacy-** 1-866-595-7312
- **Express Scripts Physician Service Center (24/7)** 1-877-503-4073
- **Express Scripts Direct Line:** 1-800-922-1557
- **Maxor Mail Order Pharmacy-** Fax 806-324-5511
Phone- 800-687-8629
- **OptumRx (aka Prescription Solutions):** 1-800-791-7658) **CVS Caremark Mail Order Pharmacy:** 1-877-864-7744
- **Medco Provider Service Center (AKA Express Scripts):** 1-800-411-1665 (Hours M-F 0900-1730 EST)



Medications Requiring More Detail

- Antibiotics
- Steroid Tapers
- Coumadin (warfarin)
- Insulins
- Pumps
 - insulin and baclofen





U-500 Insulin

– U-500 pearls:

- This is a highly concentrated form of regular insulin
- It comes in 500 units/mL vs. the traditional 100 units/mL

- **CAUTION WITH DOSING**

- Is the dose in mL or Units?

*Bring an insulin syringe in the room to help clarify how much they draw up





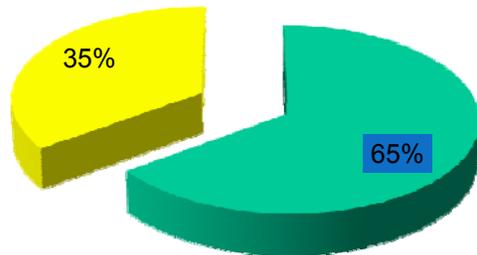
Controlled Prescriptions and Methadone

- Controlled Substances:
- Please try to confirm controlled substances
- Providers may use WA Prescription Drug Monitoring Program
- Methadone Clinics:
 - If the medication is once daily and a solution
 - this is treatment dosage
 - Contact methadone clinic to confirm dose
 - All info discovered is placed in notes section

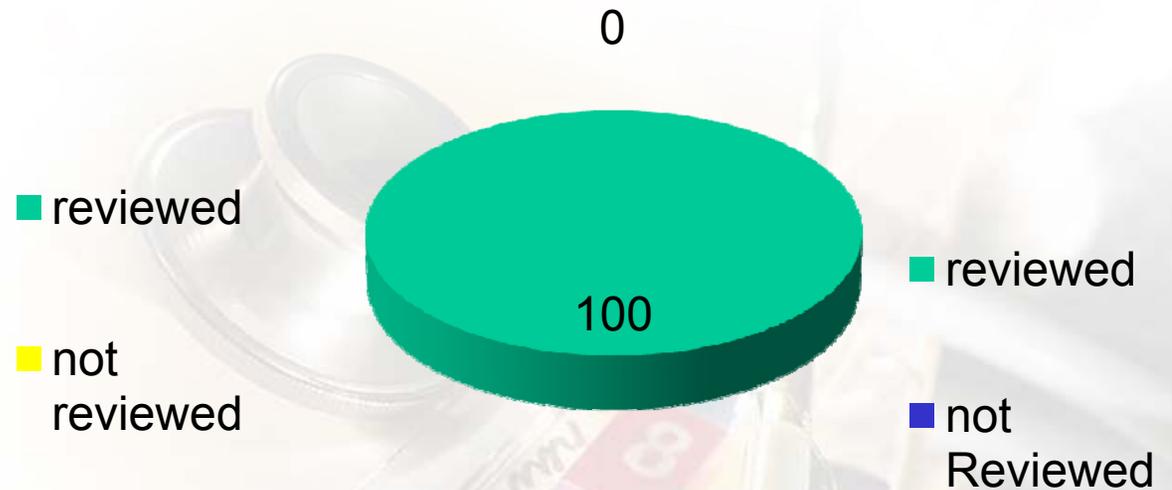


Home Medication Lists Reviewed

**Medication Lists Marked
as Reviewed April 2011**



**Medication Lists Marked
as Reviewed October
2013**





Providers: Medication Reconciliation

Admitting providers:

- Goal is to complete med rec within 24 hours
- PTA lists should be completed
- Responsibility to review PTA list
- Reconcile every medication listed on the PTA list upon:
 - Admission
 - If the patient transfers between level of care
 - Discharge
- New Med Rec Status Patient List Column in EPIC

*In the outpatient setting, the providers are not able to close the chart until the home medication list is reviewed.



PreAdmit Clinic and Med Rec

Preop patients:

- Goal is for all patients to have some contact before surgery
- Currently 2 nurse screeners (Allenmore and Tacoma General) who call patients and perform med rec among other tasks
 - Typically done 10-14 days prior to surgery
- Resources can be requested, and if patients require labs/EKGs they can bring in a corrected list (or meds) at clinic visit
- PreAdmit nurses continue process- at times with help of pharmacy (particularly for nursing home patient MARs)
- Printout given to patient, with which medications to take on day of surgery indicated- instructed to bring back with last dose column marked



In-Patient EPIC Alerts

Patient List columns with Med Rec alerts:

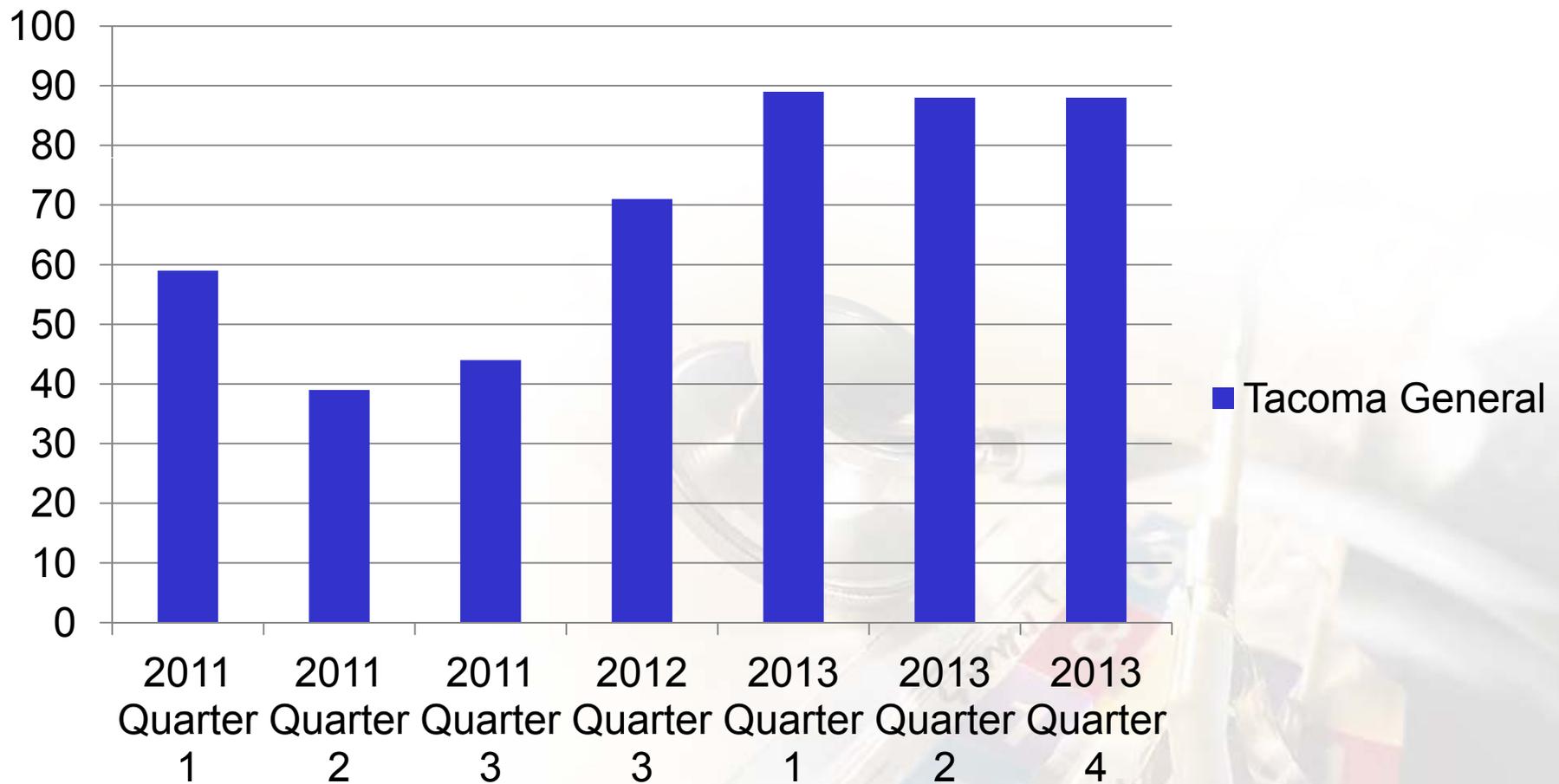
- Admission Med Rec Complete?
- Transfer Med Rec Status
- Discharge Med Rec Complete?

Last refreshed: 1341 					
Search All My Lists					
CP of ven pe	Primary Prob	Admission Med Rec Complete?	Transfer Med Rec Status	Discharge Med Rec Complete?	New Rs Flag
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Provider Medication Reconciliation

Tacoma General





Adverse Medication Events

In the last three years, at MHS Hospitals

- Reported medication events
 - decreased by more than 25%
- Medication Harm events
 - dropped by almost 50%

In response to implementation of medication safety initiatives, including Medication Reconciliation





Pharmacist Responsibilities in Med Rec

- Review PTA lists entered by med rec pharmacy technicians
- Cosign progress note
- Clinically review the PTA list and identify any medication concerns
- Contact provider if med rec is needed
- Contact provider with PTA medication concerns
- Contact PCP if there are medication concerns from the clinics
- Include multiple providers to communicate medication concerns if needed
- PITCH Study: discharge CHF medication review and education



Pharmacist Interventions

- PTA list had a new statin prescription by cardiologist
 - The statin dose had accidentally been **doubled to 80 mg**. The patient had been on that dose historically but had a adverse drug event
 - Provider (including admitting) was contacted, dose corrected, patient educated, pharmacy contacted, and EPIC entry fixed
- Duplicate Medications:
 - Patient is taking both **Valsartan**-HCTZ 320-12.5 mg daily and **losartan** 50 mg daily written by different providers.
 - The patient filled both prescriptions in recently at the same Rite Aid
 - In addition, the patient is currently taking **saxagliptin** 5 mg daily and Tradjenta (**linagliptin**) 5 mg daily
 - Providers involved were contacted in a group message and called
 - Duplicate medications were discontinued in our computer system, provider offices contacted to change their records, Rite Aid pharmacy was alerted, and patient educated



Essential Components of Medication Reconciliation

- Policies and procedures
 - Continuously improving our process
 - Training and assuring continuing competency
 - Improve our EMR that support medication reconciliation
 - Share accountability with key leaders for ongoing success of med rec processes across the continuum of care
- 



Thank you!

Do you have any
questions for us?

QUESTIONS?

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