

**Ohio Valley Appalachia Regional Geriatric Education Center
2004 Best Care Practices Nominee Report Summary (modified)
Medication Management Services for seniors**

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I. Description of facility/organization

a. What is the facilities mission?

Our Mission: We are dedicated to service of the highest quality. Our commitment to compassion, integrity, flexibility, and community will ensure our success, as we strive to offer competitive and progressive solutions to the pharmacy needs of every senior, facility, patient, and employee we serve. Above all, we imprint our sense of caring into every aspect of our service. Our caring nurtures productive professional relationships that shall affirm us as an industry leader in the communities we serve. Our Future: We are excited about our opportunity to grow while addressing the increasing needs of our communities of service. Accepting this challenge, we will continue to evolve as our region's leading pharmacy provider of services to seniors, and others who benefit from our innovative specialized medication management services.

b. Who is the population served by the facility?

Pseudo- independent seniors.

c. Is the facility for-profit or nonprofit?

For profit

d. Any other useful information that would better describe the facility?

We are a privately owned pharmacy which has provided care and prescription services for over 17 years to individuals who require specialty services.

II. Provide a brief description of the problem that your best practice addressed.

a. What was the problem?

Medication-related problems in the pseudo-independent senior. Seniors at-risk of suffering from medication-related problems and the association loss of independence and financial resources. The powerful prescription drugs that are used today to treat both acute and chronic conditions also improve longevity and quality of life and can prevent more costly medical interventions.

These prescription drugs also carry risks that are dramatically multiplied by the large numbers of medications used by seniors and their age-related side effects.

Over the past three decades, consultant pharmacists in long-term facilities have demonstrated that medication-related problems can be prevented through drug regimen reviews. Historically, more independent seniors have no relationship with a pharmacist who specializes in senior care and thus haven't benefited from such a consultant's clinical services.

While Congress and the White House debate how to save millions of seniors from having to choose between their life-saving medications and food, the larger cost of medication-related problems - both in human suffering and in dollars is largely ignored.

b. How long had it been a problem?

Family and facility staff asked for solutions to the above problems in order to maintain the senior in the independent living setting.

c. How long has it been a problem?

This problem have progressively worsened over the past decades as seniors longevity increased, more sophisticated and complex medications have been developed to treat a wider array of conditions, and seniors have continued to seek both more independence and to conserve their financial resources.

d. How did the problem present itself?

Improvement in conditions noted when seniors were admitted to higher- level of institutional care where medications were better managed.

e. Who was experiencing the problem?

All individuals who support the various seniors experienced some part of the problem, facilities (receiving and discharging residents), families (both close by and remote locations) and attending physicians.

f. What had been done in the past to resolve the problem?

Discharge drug information had been provided by nursing facility or hospital staff and/or community-based pharmacies which may have dispensed only discharge medications. Historically, other community-based pharmacy providers only make contact with the patient, family, or physician upon initial orders and have only limited communication with senior on an on-going basis.

As a result, side-effects or other outcomes aren't actively managed by the specialized eye of a senior-care pharmacist.

g. What measures did you use to establish the baseline scope or magnitude of the problem?

Documentation of referrals and requests for service by the facility and families to address medication management services and medication-related problems.

III. Describe the steps/procedures taken to address the problem.

a. What did you/your institution do?

To address the need for a robust clinical pharmacist medication review designed for today's seniors, we developed a program, "Specialized Medication Management Services for Seniors."

This service prepares medication in compliance with drug packages, addresses omissions and duplications, reviews the use and side effects the senior may be experiencing and addresses these concerns with the senior, their family or their physician.

We maintain a clinical chart where we complete documentation of all interventions provided for each client. We developed a flow process, procedure and forms. We then identified appropriate compliance drug products, and clinical components needed for assessments. We developed promotional material for services and in-serviced facility staff and families. We introduced the service to physicians

Our service goal is to prevent tragic medication-related problems which can result from inappropriate drug-use including incorrect dosages, adverse drug events and drug interactions leading to falls, confusion or a host of other harmful outcomes.

b. How long did it take?

Nine months.

c. What costs were involved?

Developmental cost which included space, supplies and promotions. Professional services and supplies provided without additional service fees during developmental phase.

d. Who else was involved?

Referring facility staff, the senior's family members or other caregivers

e. What alternatives did you consider? How did you come up with ideas for possible interventions? What criteria did you choose the intervention you decided to use?

We considered various compliance drug packages and individually selected the unit that best suited the individual resident. Other processes were developed through trial and error with knowledge that one process will not work for all seniors. All seniors received a comprehensive review of a medications used. This comprehensive review

was the foundation of our service we provided and assured that medications in the compliance dose package provided maximum positive outcome for the senior.

IV. What measures did you use to determine the outcomes, benefits, and /or changes resulting from the best practice?

We coded and tracked our direct clinical interventions to residents, families and physicians.

V. Describe the outcomes, benefits, and/or changes resulting from the best practice.

a. How did you know that the best practice made a difference? How did you rule out other factors/conditions that could have caused the change?

We tracked the number and type of interventions performed by our Senior Care pharmacists and staff. In 60 calendar days, we made over 50 clinical interventions for seniors that had a direct positive impact on the quality of life of the senior. These interventions were validated by feedback from the senior, the physician and/or family members. These interventions included clarification of orders or continuance, preventing duplication, assuring timely compliance, and timely reporting of side-effects which resulted in therapy changes or discontinuation of orders.

Seniors were trained to better use inhalers, nebulizers and also track blood pressure and blood sugars.

Orders were clarified or requested due to side effects or senior's lack of clarity regarding drug use. Impact was demonstrated by new or modified orders. Seniors' side-effects were improved and dosages were modified.

Our success is maintaining the senior in a more independent environment and assuring the senior receives the maximum benefit of their drug therapies.

b. Did the best practice result in lasting and consisted improvements over time?

Improvement usually continues until the senior's health status deteriorates or may change with initiation of a new medication order.

c. Describe the reactions of the co-workers, clients, patients, etc. others who participated in the project.

We have received numerous comments regarding the benefit of our services from seniors and their families.

d. Did the best practice create additional problems that needed attention?

Additional quality-control measures need to be developed and implemented due to the increasing use of medications from various sources. Constant vigilance for introduction of new medications and medication use outside the compliance drug package is a must.

e. What are the plans for continuing this program?

We plan to introduce this in other senior facilities in the greater Lexington and Louisville areas.

Recently, we formally launched these services with a service fee to offset the additional overhead.

VI. What did you learn from the development of this best practice?

a. What would you do the same? Why?

Offer this innovative service as it provides the needed support to our seniors to assist them in maintaining their independence and to better utilize their financial resources by maximizing the benefits of the medications they use.

b. What would you do differently? Why?

We would attempt to communicate more with families throughout the service period. However, many seniors prefer that we communicate only with them.

c. What would you recommend to others who want to implement this best practice?

Do your homework specific to the seniors you serve.

d. How was this program publicized or recognized in the community?

Our service was promoted by direct mail to the seniors of the facility and their families. Our service was promoted to facility administrative staff and support staff by postings and day-to-day contact. A letter of introduction was mailed to each physician who was the primary health care provider for each senior.

e. How do you feel this program is unique?

The use of resident-specific compliance drug packaging, clinical charts, a well-planned process and forms serve as the foundation of this service. I am not aware that another service similar to our Specialized Medication Management Services for seniors to be currently provided in Kentucky. Additionally, we are the only Geriatric Clinical Rotation site associated with the University of Kentucky College of Pharmacy