Improving Medication Reconciliation Through an Older Adult Education Initiative

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Conflict of Interest Disclosure

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Learner Objectives

1. Identify risk factors for omissions in care transitions, particularly medication reconciliation
2. Describe the impact of incomplete medication reconciliation as a global health issue
3. Describe the role of the CNS in addressing this healthcare concern and strategies to integrate this into daily practice.
CNS practice conceptualized as core competencies in 3 interacting spheres actualized in specialty practice, and guided by specialty knowledge and standards.
Improving the care of older adults in our community through improving medication reconciliation particularly with high-risk medications (anticoagulants, cardiac meds, diuretics, antipsychotics, opiates.)
Older adults often suffer from multiple chronic illnesses and consequently may receive healthcare from a diverse set of providers.

This makes them more likely to receive multiple prescriptions from multiple providers than any other age group.
This increasing complexity of medication regimens leaves older adults vulnerable to the hazards of polypharmacy and adverse drug reactions and puts them at high risk for medication errors during care transitions such as admissions, discharges and transfers.
Clinical Significance

It is estimated that nearly 40% of all hospital admissions in the United States are adults age 65 and older, with approximately 30% of these being a result of medication adverse reactions. Inadequate medication reconciliation across care continuums contributes greatly to this problem and may cost nearly half of every healthcare dollar spent (Mattison, 2015).
Western Massachusetts
Clinical Site: Berkshire Place
During the 10-week project, each participant committed two weeks to four customized 1:1 education sessions focusing on the safe use of high-risk medications.

- These were based on the responses to a pre-education medication knowledge questionnaire.
- The effectiveness was then evaluated by a post-education questionnaire.
Medication Knowledge Questionnaire (MKQ)

1) Reason for taking medication
2) Proper administration of medication (dosage, time and frequency)
3) Recognition of medication adverse effects
4) What to do if a dose is missed
5) When to call provider about medication concerns.
An Inter-professional Team Approach: CNS/Nursing/OT/PT
“Tell me in your own words how you will take this medication when you get home”
"TAKE WITH MEALS? NO PROBLEM! I EAT ALL THE TIME!"
Age Demographics (n= 16)
Group Mean Comparison: Increase in all 5 areas

Pre- and Post-education MKQ Group Mean Comparison (n=16)
Areas addressed of highest concern

Question 3: Recognition of medication adverse effects

Question 4: What to do if a dose is missed
Why is this important to the GCNS?

• Gerontological Clinical Nurse Specialists by virtue of professional education and holistic perspective have much to contribute to the health of America’s older adults.

• Nursing’s tradition emphasizes care on the health-illness continuum with a holistic care approach.
Why is this important to the GCNS?

- This has serious consequences for older adults who routinely have very complex medication regimens.

- This complexity is compounded when the older adult has multiple health care providers prescribing multiple medications (or multiple medication dosage adjustments) during health-illness transitions.
Looking forward: The GCNS and Developing Nurses of the Future...
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- New RNs spend **75%** of their working lives caring for older people
- **65%** of all patients in acute-care hospitals are age 65 or older
- **83%** of those in home care are age 65 or older
- **92%** of those in nursing homes are age 65 or older
Keeping older adults safe is critical

Polypharmacy

Working in inter-professional teams will yield the best client outcomes


References


Wilson, M. L., Stankiewicz Murphy, L., & Newhouse, R. P. (2013). Medication reconciliation across the continuum of care [article]. *Journal of Nursing Administration, 43*(6), 311-314. [http://dx.doi.org/10.1097/NNA.0b13e3182942b33](http://dx.doi.org/10.1097/NNA.0b13e3182942b33)
Questions?