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). The 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. This evidence-based project involved a comprehensive medication educational initiative utilizing a teach-back methodology, which improved older adult involvement in medication reconciliation during care transitions. Customized 1:1 education sessions focusing on the safe use of high-risk medications were developed and conducted based on the responses to a pre-education medication knowledge questionnaire. The effectiveness was then evaluated by a post-education questionnaire. An overall improvement in participant medication knowledge was realized from a group mean of 3.8 (Pre) to 4.42 (Post), which met the defined 4.0 benchmark. Medication errors as a result of incomplete or inaccurate medication reconciliation must be addressed as a global issue. Advanced Practice Nurses (APRNs) must work collaboratively with other members of the healthcare team including physicians and pharmacists to address this monumental healthcare dilemma. Working together as a cohesive team will help address this problem. The APRN should act as the change agent, strategically placed as a pivotal member of the inter-professional team who is responsible not only for the older adults under their care, but the public at large.

As patient advocates, APRNs can assume the transformational leadership style that is often associated with positive patient-safety outcomes, integrating research into daily practice. As an CNS whose focus is gerontology, there is the added important leadership role in bringing attention to medication safety issues that arise in the care of older adults and to give intelligent, compassionate guidance to all stakeholders involved, including inter-professional team members. CNSs have tremendous opportunities through assessment, monitoring, teaching and evaluation to intervene so that maximum benefit (beneficence) and minimal harm (non-maleficence) come to America’s older adult population receiving complex drug therapies (Guido, 2014). A framework for transforming patient educational processes will be provided to ensure a seamless transition into CNS practice. This framework can easily be translated into any patient/family interaction, throughout the lifespan, not just the older adult.
Keywords:
Older adults, Patient Safety and Polypharmacy

References:

**Abstract Summary:**

The increasing complexity of medication regimens leaves older adults vulnerable to the hazards of polypharmacy and adverse drug reactions especially during care transitions. This comprehensive EBP project demonstrated an overall improvement in high-risk medication knowledge from a group mean of 3.8 (Pre) to 4.42 (Post), meeting the defined 4.0 benchmark.

**Content Outline:**

Introduction:

Significance/Background

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). The 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.

Main point 1: Identify risk factors for omissions in care transitions, particularly medication reconciliation.

The 2010 Affordable Care Act along with the need for quality health care requires a new paradigm in nursing to address gerontological client movement across care systems to meet the complex health care needs of America’s older adults (Milstead, 2016).

National survey data shows that older adults receive very little information about their medications from their healthcare providers or pharmacists, which results in numerous medication errors (Mattison, 2015). The Joint Commission, the organization responsible for evaluating and accrediting healthcare organizations, emphasizes the importance of monitoring for quality outcomes rather than process. Their National Patient Safety Goals address specific safety problems that occur in healthcare settings, one of which is reconciling of medications during patient care transitions including admission, discharge and transfer (Ogrinc et al., 2012).

Main point 2: Describe the impact of incomplete medication reconciliation as a global healthcare issue.

Medication errors as a result of incomplete or inaccurate medication reconciliation must be addressed as a global issue. Advanced Practice Nurses (APRNs) must work collaboratively with other members of the healthcare team including physicians and...
pharmacists to address this monumental healthcare dilemma. Working together as a cohesive team will help address this problem. The APRN should act as the change agent, strategically placed as a pivotal member of the inter-professional team who is responsible not only for the older adults under their care, but the public at large.

Main point 3:
Describe the role of the APRN in addressing this health concern and strategies to integrate this change into daily practice

As patient advocates, APRNs can assume the transformational leadership style that is often associated with positive patient-safety outcomes, integrating research into daily practice. As an CNS whose focus is gerontology, there is the added important leadership role in bringing attention to medication safety issues that arise in the care of older adults and to give intelligent, compassionate guidance to all stakeholders involved, including inter-professional team members. CNSs have tremendous opportunities through assessment, monitoring, teaching and evaluation to intervene so that maximum benefit (beneficence) and minimal harm (non-maleficence) come to America’s older adult population receiving complex drug therapies (Guido, 2014). A framework for transforming patient educational processes will be provided to ensure a seamless transition into CNS practice. This framework can easily be translated into any patient/family interaction, throughout the lifespan, not just the older adult.

Conclusion:
Evaluation methods: Customized 1:1 education sessions focusing on the safe use of high-risk medications were developed and conducted based on the responses to a pre-education medication knowledge questionnaire. The effectiveness was then evaluated by a post-education questionnaire. An overall improvement in participant medication knowledge was realized from a group mean of 3.8 (Pre) to 4.42 (Post), which met the defined 4.0 benchmark.

Outcomes: An overall improvement in participant medication knowledge was realized from a group mean of 3.8 (Pre) to 4.42 (Post), which meet the defined 4.0 benchmark, indicating the project was successful in improving high-risk medication knowledge.

Implications: Failure to accurately reconcile mediations can have tragic effects. The CNS can make a sustained impact by paving the way for future scientifically sound change projects as a role-model and nursing leader and more importantly, an older adult advocate.

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Author Summary: Doctoral-prepared Gerontological Clinical Nurse Specialist with a wide
variety of health care experiences from middle and senior management to nursing education. The most recent professional experiences have focused on theoretical, clinical and on-line nursing education, including clinical simulation and research around public/community health and geriatric care. Long-time member of long term care advisory committees focusing on improving the care of the older adults in the LTC setting and during care transitions.