

Reducing Medication Errors Starts at Admission

Errors during medication administration can pose as a significant risk for the elderly, with the risk being especially high during transitions between care settings where record discrepancies are common. In one study in the *Journal of General Internal Medicine*, at least one medication discrepancy was identified in over 70% of skilled nursing facility (SNF) admissions.

Since patient transitions represent such a high risk, especially for patients with high acuity and complex medication regimens, better medication management upon admission to a skilled nursing facility is essential to improving quality of care and reducing medication errors.



Handover Risks

Poorly executed transitions between care settings increase the risk of common medication problems that can arise, including:

- **Errors:** Medication errors cause approximately 1.5 million preventable adverse events each year. Errors such as the wrong medication or dosage are particularly common at transitions, and according to the Institute for Safe Medication Practices, error rates are 21% or more, especially when there have been recent medication changes.
- **Adverse Drug Events:** The chance of adverse events like drug interactions also increases during transfers. Since an estimated 22% of Medicare beneficiaries experience adverse events during their skilled nursing facility stay, and one in seven nursing home residents with an ADE requires hospitalization, minimizing the likelihood of these situations at admission is critical.
- **Inappropriate Drugs:** The use of inappropriate or unnecessary medications can often occur during handoffs of care, increasing with the number of medications prescribed.
- **Polypharmacy:** The more medications a resident takes upon admission, the greater the risk of errors, dangerous drug interactions, and adverse events. According to *Leading Age*, about one in three elders who are taking at least five medications will experience an adverse drug event each year.

Prevention Through Communication

Lack of consistent medication documentation can cause incomplete handoffs of information resulting in uncoordinated care that increases the risk of harm. According to Leading Age, half of all medication errors stem from poor communication at transition points, as it is often information about medication histories, drug allergies, and co-morbidities that are not properly communicated.

A 2017 World Health Organization report on medication safety revealed that fostering communication at transition points is critical to avoiding medication-related harm. Additionally, early intervention procedures such as medication reconciliation conducted by a team of consultant pharmacist should be performed as soon as possible after a resident's admission into a long-term care facility. This process can identify and resolve discrepancies to prevent errors associated with handovers.

Comprehensive and effective reconciliations require a formal review and verification of a patient's new medications compared to previous medication orders, as well as a review of transfer and/or discharge orders. Interoperable EHRs can help in this process. The result will be a complete and accurate list of drugs as well as early identification of issues such as drug interactions, missing orders, incorrect dosages, and duplicate therapies that can improve outcomes.

Aiding Medication Availability and Adherence

Another challenge with care transitions is medication adherence. Generally speaking, adherence rates of at least 80% contribute to optimal therapeutic efficacy. As a result, nonadherence can have a greater impact on health outcomes than the treatment itself.

One of the most prevalent types of nonadherence is skipped doses, either accidentally or as a result of delays in delivery for first-dose or emergency situations. To emphasize medication adherence during transitions of care, facilities should conduct pre-admission assessments to evaluate a potential resident's medications and ensure they can meet their needs.

Organizations should also leverage technologies available on the market, such as dispensing cabinets that provide immediate access to medications on site, which will help close gaps in safety. Configurable and customizable, these dispensing units can help skilled nursing facilities efficiently manage inventory and ensure stock of the most commonly used medications 24/7.

Ensuring residents continue to receive optimal drug therapy across the full cycle of care is critical to improving quality and readmission rates. To learn how PharMerica's integrated programs can help you successfully bridge the gap during all-important transitions of care, contact us at info@PharMerica.com or (800) 564-1640.