2010 Negley Awards for Excellence in Risk Management

The "A.S.C.'s" of Medication: Accessibility, Safety and Compliance

David Lawrence Center, Winner of The Chairman's Award

Medication accessibility, safety and compliance are core values embraced by the staff of the David Lawrence Center and have been guiding principles of several system redesigns relating to medication. Data suggests that approximately 60% of persons served at the David Lawrence Center during the past fiscal year were involved in an inpatient, residential, or Medical Services program where medication therapies were an integral part of treatment.
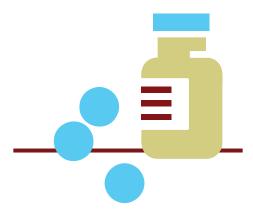
Several risk reductions as well as quality improvement initiatives have been launched to address and improve organization performance relating to medication. The following initiatives represent a variety of system redesigns that have been implemented to reduce risks and undesirable outcomes relating to accessibility and safety of medication.

Medication Accessibility
Open Access — Urgent Care

David Lawrence Center practices an "Open Access" model for adults requesting psychiatric services and this model has been expanded to individuals served in Medical Services. Individuals who are running out of medication, who are experiencing side effects of medication or who would like to talk to someone about medication, either through initial assessments or reevaluations are offered walk in and are seen on a first come first serve basis or they may call ahead. We find that most established consumers call the morning they would like to be seen and are able to be seen around the desired time. This access system redesign and workflow not only improved customer service and physician accessibility, but also improved physician utilization

supported by a 0% no show rate. In addition, a Nurses help-line is made available to address medication questions and triage medication related needs.

STAT Med Initiative

The "STAT" Medication Initiative was launched as a result of a project improvement team convened to improve timeliness and accessibility of medication for individuals served on the Crisis Stabilization Unit (CSU). Through an FMEA (Failure Mode Effects Analysis) process, the project team determined that the major "failure" contributor in the delay of ordering and receiving medication on CSU admissions was unavailable current medication information among those individuals actively being serviced in Medical Services. Because medication information had not yet been incorporated into the electronic health record, medication information was only available through the paper clinical record and off site from the CSU. The work product from the STAT Med project is an immediate email notification through the electronic record when active individuals served in Medical Services are admitted to the CSU. Our data supports the effectiveness

of this initiative in providing medication information in a timely fashion to the admitting physician so orders could be obtained. The data supports that improvement in timeliness of the CSU receiving medication information was sustained.

Medication Safety

Medication education and safety has been an important initiative. Several improvement initiatives in nursing practice have been implemented under the direction of the Director of Nursing Services regarding implementation of JCAHO Patient Safety Goals (Training outline attachment #1). Focus of this initiative was on medication reconciliation. Policies and nursing practices were enhanced in the area of medication reconciliation and safety to reduce risks relating to polypharmacy or medication errors. (Attachment #2 and #3).

Medication Errors/Incidents

Each incident can be representative of multiple "medication errors" as a result of the occurrence. Medication error incidents are considered an indicator of competency among nursing staff who participate in medication administration. David Lawrence Center utilizes objective competency criteria with measures across eleven domains.

Med Error Prevention Strategies:

+ Environmental changes to reduce distraction
+ 2 Step process: check/recheck in transcribing process
+ Patient identifiers (2): picture ID and arm band

+ Lexi-Comp access for drug identification
+ Posting 5 Rights & Medication Safety Training Program

Integrated Monitoring Tool

An integrated monitoring tool was implemented in Medical Services to prompt close monitoring and identification of risk factors that could be related to medication. This was also the initial step towards integrated care and coordination of treatment with the Primary Care Physician (Attachment #3).

Medication Compliance

Acute Care

In the Acute Care setting and Post Discharge Clinic, it was determined that many times individuals would not have financial resources to continue the medication that had been found to be effective during their CSU stay and that economic issues were critical contributors for medication non-compliance following discharge. The Acute Care team launched a system redesign so that payor source and financial information would be available to the treatment team in clinical and medical decision making. Financial or other available resources needed to support continued medication are openly discussed with individuals served and family members as part of discharge planning.

A drug formulary was developed that identifies pricing and funding source information (e.g. Medicaid, Indigent Drug Program) so the physician and individual may make an informed decision about medication choices. Individuals are also linked with discounted drug programs at local pharmacies, Pharmacy Assistance Programs or Indigent Drug Programs so availability and affordability can positively impact medication compliance. Individuals identified as homeless are able to access medication subsidy through a special homeless grant prior to discharge.

Medication Education and Informed Consent

The Lexi-Comp software education system is utilized as the primary resource for patient education and obtaining informed consent. This nationally recognized database assures that information is always current and up to date, and available in a language that is understandable to persons served. The Lexi-Comp system also affords the Center multiple patient safeguards including identification of high risk medication, black box warnings, drug-drug / drug-food interactions, drug identification, education for the licensed professional and consumer friendly communication about their disease and medication (Attachment # 4).

Involuntary Admissions

Often individuals admitted to the Crisis Stabilization Unit are deemed unable to make informed decisions about treatment (unable to provide express and informed consent). This can become a barrier or delay in treatment and stabilization efforts. David Lawrence Center has established several initiatives to improve the timeliness of competency based decisions, especially with regard to implementing medication treatment. Steps in processing competency for informed consent include the following:

1. Clinicians prioritize determining competency status based on the Baker Act documentation. If an individual is deemed unable to provide consent for psychotropic medication, this status is flagged for the treatment team.

2. Written and Verbal Hand-off communication addresses the competency status of the individual. The treatment team expedites the psychiatric determination of competency.

3. Consumers are asked upon admission if they have Advanced Directives, including if they have named a surrogate or wish to name a proxy. Informed consent is then obtained via the surrogate/proxy. Individuals are included in treatment regardless of their competency status.

4. It is imperative to have a strong and trained group of Guardian Advocate volunteers to step into the role of making decisions on medication needs by providing informed consent on behalf of consumers.

5. In a Crisis Stabilization Unit, it is important that the nurse is able to communicate with a proxy/guardian advocate to discuss treatment changes in a timely manner and obtain initial consent after appropriate disclosure of risks and benefits.

6. Building a healthy medication stock and formulary. Ensuring on site availability of the appropriate medications for timely access and administration upon order is essential to timely treatment.

Peer Review

Ongoing physician peer review activities assist in monitoring compliance with medication consent requirements when psychopharmacology is a mode of treatment. ❖

Attachments are available from David Lawrence Center.

David Lawrence Center
Established in 1968, David Lawrence Center provides mental health and substance abuse services in southwest Florida. Accredited by JCAHO since 1989. CEO is David Schimmel. Program Manager is Mary Ann Guerra. Phone 239-455-8500.