Creating a Synergist Model for Innovative Pharmacy Practice in a Long-term Care and Skilled Nursing Facility

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Background

- University Place (UP) Senior Living Community offers four levels of care:
  - Independent Apartment Living
  - Long Term (LTAC)
  - Personal Assistance Services
  - Skilled Nursing (SNF)
- Residents in LTAC and SNFs are medically fragile and often on complex medication regimens
- Medications provided by non-associated pharmacy with limited accountability on interchanges and drug wastage
- Federal Regulations (F309 and F428) set expectations for:
  - Necessary care & services to attain or maintain the highest practicable physical, mental, & psychosocial well-being
  - Comprehensive assessment & plan of care
  - Monthly review of drug regimen of each resident by a licensed pharmacist.
- The Centers for Disease Control and Prevention initiated a campaign to improve prescribing practices & reduce inappropriate use of antibiotics in nursing homes
  - Core Elements of Antibiotic Stewardship for Nursing Homes expands on prior recommendations made that all acute care hospitals adopt an antibiotic stewardship program aimed at optimizing treatment of infections while reducing adverse events related to antibiotic use
- TIRR Memorial Hermann (TIRR) is an inpatient rehabilitation facility located in the Texas Medical Center in Houston, Texas with experience in managing medically complex patients while increasing overall independence and health
- TIRR and UP are part of the post-acute care service line for Memorial Hermann Health System (MHHS)
- An opportunity was identified for increased pharmacist involvement at UP through partnership with TIRR Pharmacy
- Prior to the partnership, a consultant pharmacist not directly associated with MHHS provided monthly drug regimen reviews of each resident

Purpose

- Design new model of care to increase the pharmacist’s role within a LTAC/SNF to ensure appropriate medication management and improved patient outcomes including antimicrobial stewardship
- Utilize the synergy between TIRR and UP to provide a more comprehensive, patient-centered approach through transitions of care

Objectives

- Primary: Initiate a new pharmacy practice model designed to reduce readmission rates to acute care & improve patient outcomes through increased frequency of pharmacist oversight & a collaborative approach toward medication management
- Secondary: Design & initiate an antibiotic stewardship program at UP

Critical aspects of new pharmacy practice model:
1. Clinical Specialist Pharmacist consultant on site two full days each week
2. Initiation of an interdisciplinary medication management team
3. Medication reconciliation for each new admission within 72 hours with appropriate changes to medication therapy done concurrently
4. Consistent drug regimen review for all residents, with a focus on medication therapy, lab monitoring, and other appropriate parameters such as renal dosing, and the use of psychotropic medications
5. Pharmacist-led medication management rounds with attending physicians weekly
6. Physician approved protocols to ensure maximum pharmacist involvement in the care of patients. e.g. renal dosing, warfarin management, IV to PO interchange
7. Use of clinical surveillance (TheraDoc) for real time data for lab monitoring and antimicrobial stewardship
8. Feedback to retail pharmacy about medication par levels and interchange compliance
9. Dashboard developed for intervention tracking
10. Education for nursing staff targeted at high risk drugs such as insulin & heparin
11. Development of Pharmacy Power Notes for electronic medical record (e.g. warfarin management, renal dosing, patient education/discharge counseling)
12. Implementation and monitoring of an antibiotic stewardship program (ASP)
   - First antibiogram at UP associated with therapy costs
   - Antimicrobial Stewardship plan developed to be approved by Quality Committee.
   - Identifiable opportunities to target such as de-escalation and antibiotic prescribing patterns
   - Track cost savings on Antibiotic Dashboard for quarterly reporting

Results

- 556 Pharmacist-led interventions documented in first 7 months
- 50 immunizations to independent and assisted living residents
- $32K est. medication cost savings
- Average increase of 15 medication reviews per month from previous model
- Approximately 50% decrease of drug disposal (wastage) monthly
- Eight (8) pharmacist-managed protocols approved & initiated
  - Warfarin & Vancomycin Dosing
  - Renal Dosing & IV to PO
- Education Activities
  - Nursing group (20) education
  - 20 1:1 sessions
  - Focus on high risk medications

Conclusion

- A tremendous opportunity for collaborative care exists in the SNF and LTAC population.
- With increased pharmacist involvement & leadership in medication management, staff are reporting increased satisfaction and patients are receiving better coordination of care and resources. There is direct pharmacist – patient interaction.
- Synergy between UP and TIRR has developed into an interdisciplinary care team
  - Gaining trust and building relationships with nurses, physicians and patients’ families has been key to success
- Efforts to measure the value of the pharmacist will be continued through effective interventions, documentation in the EMR, infection control metrics and antibiotic stewardship practices, patient satisfaction, and rates of transfer to acute care
- By utilizing the resources of the MHHS and an established rehabilitation pharmacist, this synergy and expansion has been feasible.

Disclosures

Authors of this presentation have nothing to disclose concerning possible financial or personal relationships with commercial entities that may have direct or indirect interest in the subject matter of this presentation.