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Medication Reconciliation

Clinical Education

4/2021

NORTHWEST Kidney Centers

Learning Objectives

At the end of this presentation, the nurse will be able to:

1. Understand the impact of polypharmacy on older adults, especially for CKD patients.
2. Explain the importance of medication reconciliation and its primary purpose.
3. Identify the NKC & CMS requirements for medication reconciliation.
4. Lists the techniques used to complete a medication reconciliation.
5. Describe the roles significance of medication reconciliation on three essential areas of patient care.

Background Information

- Polypharmacy = concurrent use of multiple medications
- Older adults comprise of 12% of US population
- They use one third of all prescription and over-the-counter (OTC) meds sold in U.S. (CDC, 2020)
- More than four billion prescriptions are written every year in the U.S. (FDA, 2019)

Polypharmacy - Stats

- About 44% of men and 57% of women older than 65 years take five or more nonprescription and/or prescription medications/week.
- 12% of them take 10 or more nonprescription and/or prescription medications /week. (US Pharmacist, 2019)
- Almost 100,000 of Americans >65 years old were admitted to the ED annually between 2007-2009 due to adverse drug events
- Over half of them were over the age of 80

Polypharmacy & Older Adults

Older people react differently to medications due to various physiological & metabolic changes:

- Alteration in body-fat & water composition affects therapeutic drug levels = greater concentrations of water-soluble drugs & longer half-lives for fat-soluble medications.
- Age-related changes in liver functions reduces hepatic blood flow = altered drug clearance.
- Diminished renal blood flow & effects of chronic diseases reduces drug elimination = higher levels.
- Serum albumin levels decrease in older adults due to malnutrition which leads to higher drug blood levels = toxicity.

Adverse Drug Reactions

- Polypharmacy has many negative consequences:
  - greater healthcare costs
  - increased risk of adverse drug reactions
  - drug-drug interactions
  - medication noncompliance
  - multiple geriatric syndromes

Significance of Polypharmacy

- Up to 30% of older adults admitted to ED / hospital are due to medication-related problems (MRPs)

- Medications that are common reason for ED visits are:
  - Warfarin
  - Insulin
  - Oral hypoglycemic medications
  - Opioid analgesics

  What do you think the chances of our CKD patients taking any of these medications?

Medication Reconciliation - CMS

- The Centers for Medicare & Medicaid Services (CMS) guidelines implemented in January 2020 require dialysis organizations to perform monthly medication reviews/reconciliations.

- It is part of the ESRD Quality Incentive Program (ESRD QIP)***

- Medication reconciliation is a measure that assesses whether a facility has appropriately evaluated a patient's medications by an "*eligible professional*" is defined as a physician, nurse, ARNP, PA, pharmacist, or pharmacy technician.

Medication Safety

- CDC has developed a medication safety program to raise awareness about high-risk medications and safety strategies.

- The Food and Drug Administration (FDA) launched a multiagency effort called the "*Safety Use Initiative*" to coordinate efforts in improving safe use of meds & prevent errors, abuse, and misuse.

Safe Use Initiative

The mission: "*To create and facilitate public and private collaborations within the healthcare community*."

The goal: "*To reduce preventable harm by identifying specific, preventable medication risks and developing, implementing and evaluating cross-sector interventions with partners who are committed to safe medication use*."
(FDA, 2019)

Safe Use Initiative Partners

The FDA has teamed up with:

- Federal agencies (such as CMS)
- Healthcare professionals and professional societies (such as MDs, nurses, etc.)
- Pharmacies, hospitals, and other health care entities (such as dialysis facilities)
- Patients, caregivers, consumers, and their representative organizations

To make significant improvements in the safe use of medications and reduce preventable harm from medication misuse, abuse, and errors through coordinated efforts. (FDA, 2019)

Medication Reconciliation - NKC

- Medication reconciliation is a coordinated effort between the patient, the primary care nurse, and the pharmacy as necessary, to schedule the encounter in a timely manner.

- NKC goal is to complete medication reconciliation on ALL patients monthly – per CMS guidelines.

The Primary Reason

Improve Patient Safety

According to FDA, medication errors cause at least one death every day and injure approximately 1.3 million people yearly in the US.

Medication errors can occur at any time during ordering, transcribing, dispensing or preparing, or administration.

The need for timely, regular, and accurate medication reconciliation is critical to patient safety.

Impact of Polypharmacy

Elderly adults take more medications due to chronic diseases related to aging, frequent ED visits and hospitalizations.

As a result, they are:

- At higher risk for adverse drug effects (ADRs)
- Cognitive & functional effects
- Increased risk for falls & injuries
- Over or under utilization of multiple medications

Do you see any similarities with our CKD patients?

Polypharmacy & CKD Patients

- Potential risk for duplication of medications increased in CKD patients because of:
  - Multiple healthcare providers such as nephrologist, endocrinologist, access surgeon, primary care physician, pharmacy, etc.
  - Multiple ED visits &/or hospital admissions
  - Transfers from one care facility to another

Primary Care Nurse Workflow

When should the Primary Care Nurse perform a Medication Reconciliation?

- ✓ On admit – within the first 6 treatments
- ✓ Monthly (CMS required)
- ✓ Post Hospitalization
- ✓ Transfer from one care facility to another (SNF, AFH, etc.)
- ✓ During POC due month
- ✓ PRN – when patient reports changes in Rx or when discrepancy is discovered

Primary Care Nurse Scope

The scope of the medication reconciliation includes the following:

- Review of actual medication containers "*Brown Bag Assessment*" that includes ALL:
  - ✓ Prescription medications, including any prescriber-supplied samples
  - ✓ Over-the-counter (OTC) medications
  - ✓ Herbal remedies
  - ✓ Vitamins, dietary supplements, nutraceuticals

Scope - Medication List Review

The Primary Care Nurse will review and reconcile all available medication lists including any:

- ✓ Patient-supplied list
- ✓ Physician-supplied list
- ✓ Pharmacy-supplied list
- ✓ Hospital discharge summary
- ✓ Nursing home-supplied medication list
- ✓ 3rd party data aggregator-supplied list

Scope - Discrepancies

Discrepancies which include:

- Omissions
- Duplications
- Interactions
- Adverse reactions
- Allergies
- Name/dose/route confusion

Resolution of discrepancies through:

- Patient education
- Follow up with the prescriber

Scope - Documentation

- Documentation of the encounter in the EMR including:

  - ✓ The reconciled medication list with specific dosage forms, doses, frequencies, routes and indications.

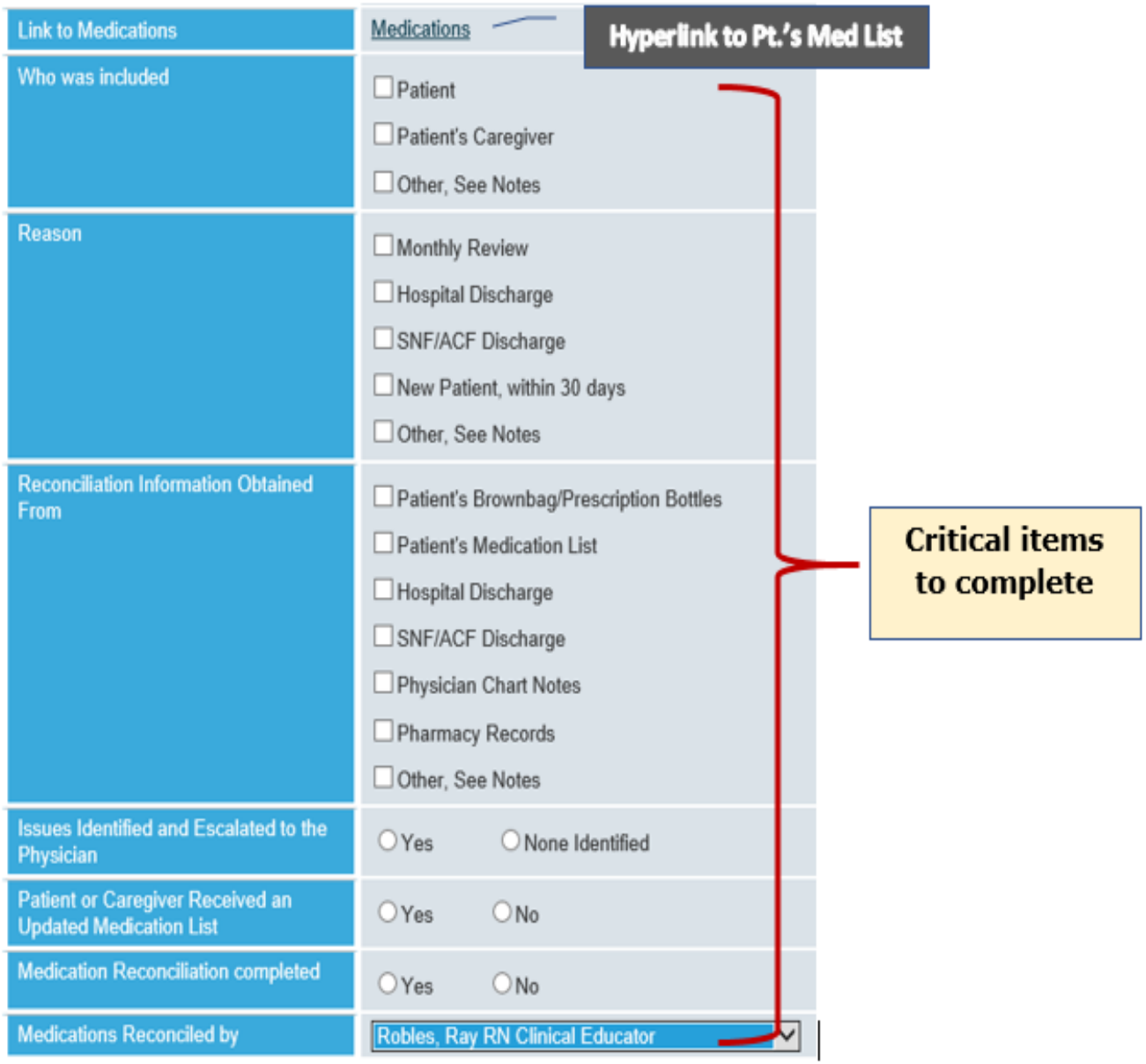
  - ✓ Assessment of the accuracy and completeness of the reconciled list.

  - ✓ Any discrepancies or concerns noted and the necessary follow up.

EMR Entries

In Clarity, go to Patient >Patient Assessments and select Medication Reconciliation

See Clarity instructions in K-NET > Clarity > Tip Sheets > Medication Reconciliation



Clinical Significance

From a nursing perspective, understanding pharmacology and how it relates to CKD is important for three essential areas of patient care:

1. Administering & monitoring medications
2. Providing education
3. Fostering patient adherence

Patient Education

Medication reconciliation provides a perfect time for patient education on the following:

a. Name of each medication
b. Purpose & actions of each medication
c. The frequency, dosage, & route of administration for each medication
d. The major side effects for each of the medication

It also provides a perfect opportunity for the nurse to learn & become familiar about each medication.

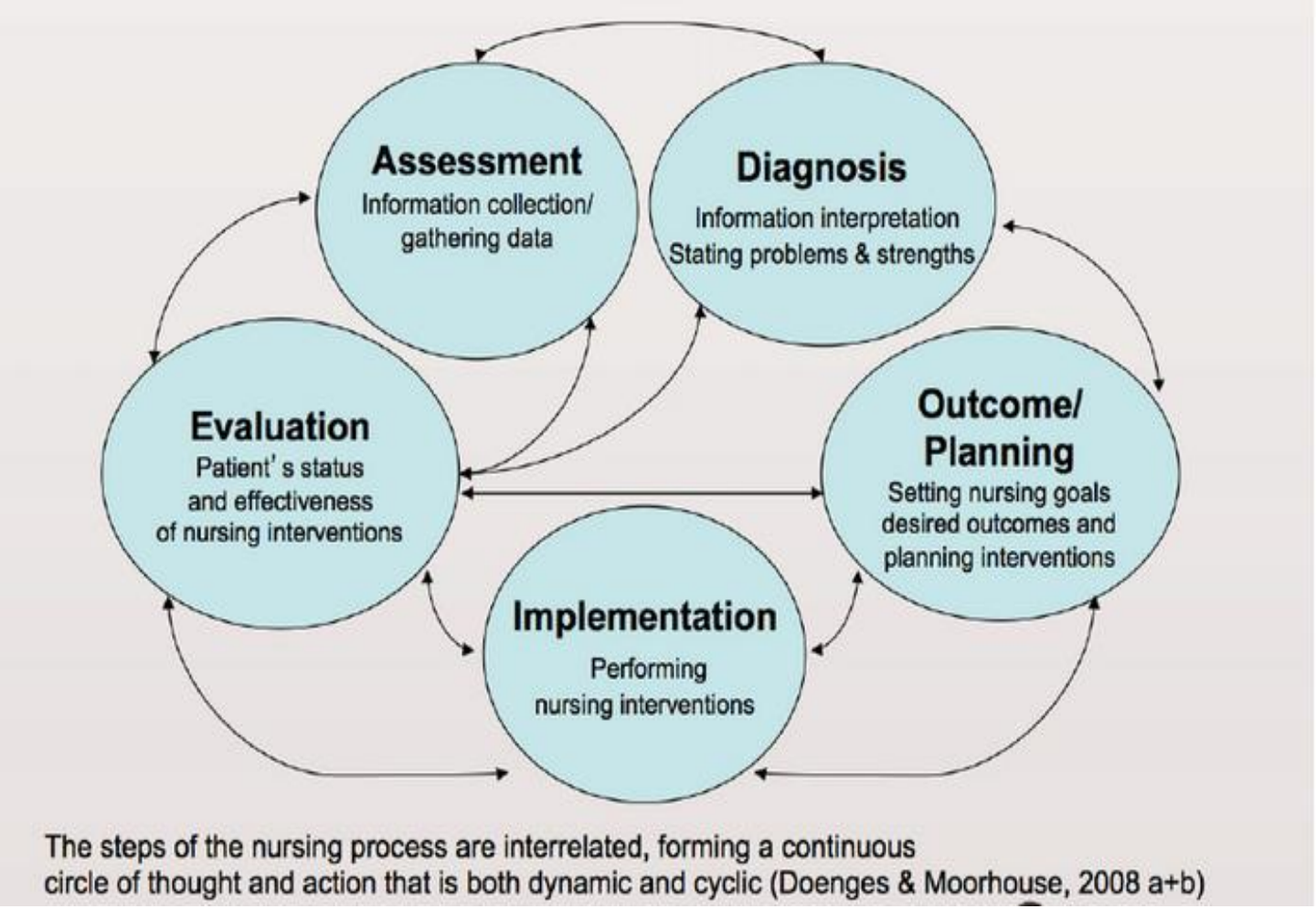
Fostering Adherence

- The patient's adherence to prescription order is a primary component that directly influences drug activity.
- The WHO recognized that 30-50% of all patients are not adherent with their medication regimens.
- Adherence is influenced by patient beliefs, attitudes, preferences, experiences, and goals related to drug therapy.
- Common reasons for non-adherence: forgetfulness, fear of side effects, lack of noticeable effect, and cost.

Nursing Roles

- Help patient understand the rationale for medication regimen & encourage active participation in care
- Help patient simplify medication regimen to fit daily routine
- Provide continuity of care & supervision for patients assuming their own responsibility for medication regimen
- Provide feedback & positive reinforcement
- Encourage family / caregiver to be involved

Remember The Nursing Process!



The steps of the nursing process are interrelated, forming a continuous circle of thought and action that is both dynamic and cyclic (Doenges & Moorhouse, 2008 a+b)

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Questions?