Coalition for Care
IHA's Hospital Engagement Network

Indiana Hospital Association
INDIANA PATIENT SAFETY CENTER

IHA's Anticoagulant ADE Webinar Series: Best Practices in Care Transitions for Patients with Anticoagulants

October 15, 2013

Indiana Hospital Association

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Webinar Agenda

- Overview & Introductions – *Betsy Lee*
- Best Practices in Care Transitions of Anticoagulations – Drs. John Hertig & Ashley Vincent
  - Define transitions of care and explain the role of the health care professional and the role of the patient
  - Identify elements for success in transition care models
  - Explain best practices in transitioning care involving anticoagulation
- Wrap-up – *Betsy Lee*

IHA's Anticoagulant ADE Webinar #2

Pharmacists Role in Anticoagulation (Oct. 23 from 2:30 - 3:30 p.m. ET)

- Outline benefits of a pharmacist run anticoagulation program
- Identify strategies used to implement an anticoagulation program
- Evaluate the potential cost savings to an institution with a pharmacist run anticoagulation program

IHA's Anticoagulant ADE Webinar #3

Medication Reconciliation with Anticoagulation (Oct. 29 from 10 - 11 a.m. ET)

- Identify key factors to consider when performing medication reconciliation for a patient on anticoagulation (i.e. drug interactions, social history, etc.)
- Identify common barriers to medication reconciliation
- Define health literacy and identify strategies to improve health literacy for those patients on anticoagulation therapy

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Evaluation

- Webinar funded by CMS through the *Partnership for Patients*
- CMS reviews results and wants 80% of participants to evaluate educational sessions
- Please complete the simple three question evaluation by Oct. 22, 2013: https://www.surveymonkey.com/s/ADEWebinarSession1

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ACPE CE

https://purdue.qualtrics.com/SE/?SID=SV_9N6aa5RYBUdvIi1

Any CPE questions should be directed to Dawn Sinclair at (765)494-5457 or sinclaid@purdue.edu

CE Information for the IHA Anticoagulation Bootcamp CE offerings

Anticoagulation Boot Camp – Best Practices in Care Transitions of Anticoagulation

Audience – This activity is designed for pharmacists.

Learning Objectives:

1. Define transitions of care and explain the role of the health care professional and the role of the patient
2. Identify elements for success in transition care models
3. Explain best practices in transitioning care involving anticoagulation

Pharmacist Accreditation Statement - Purdue University College of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. This is a knowledge based, continuing education activity of Purdue University, an equal access/equal opportunity institution. Universal Activity Number (UAN): **0018-0000-13-142-L01-P**, **1.0** contact hours (.1 CEU).
Release Date: **10/15/2013** Expiration Date: **12/15/2013**

Required for Completion – To receive credit for this **FREE,** live, activity, you must attend and participate in the CPE session. At the end of the session you will receive a URL to the evaluation and request for credit site. You must complete the requested information. Your credits will be uploaded to CPE Monitor within 4 weeks.

Faculty Disclosure Statement – All faculty AND staff involved in the planning or presentation of continuing education activities sponsored/provided by Purdue University College of Pharmacy are required to disclose to the audience any real or apparent commercial financial affiliations related to the content of the presentation or enduring material. Full disclosure of all commercial relationships must be made in writing to the audience prior to the activity. All additional planning committee members and Purdue University College of Pharmacy staff have no relationships to disclose.
Ashley Vincent, PharmD, BCACP, BCPS – Purdue University – has nothing to disclose

Any CPE questions should be directed to Dawn Sinclair at (765)494-5457 or sinclaid@purdue.edu

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Best Practices in Care Transitions of Anticoagulation

Ashley H. Vincent, PharmD, BCACP, BCPS
Clinical Assistant Professor – Purdue University
Clinical Pharmacy Specialist – IU Health Methodist

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Conflict of Interest

- No relationships to disclose

Objectives

- Define transitions of care and explain the role of the health care professional and the role of the patient
- Identify elements for success in transition care models
- Explain best practices in transitioning care involving anticoagulation

Definition – Transitions of Care

"… the scenario of a patient leaving one care setting… and moving to another setting or to the patient's home. The transition of care frequently involves multiple persons, including the patient, family or other caregiver(s), nurse(s), social worker(s), case manager(s), pharmacist(s), physician(s) and other providers."

National Transitions of Care Coalition. http:/www.ntocc.org/portals/0/policypaper.pdf. Accessed 30 Sept 2013

Examples – Transitions of Care

- Admission from the community to the inpatient setting
- Transfer from a skilled nursing facility (SNF) to the hospital
- Referral from a primary care provider (PCP) to an outpatient specialist
- Transfer from the intensive care unit (ICU) to the general medical ward
- Discharge from the hospital to home with home health care

Definition – Care Coordination

"… care coordination involves the interaction of providers and health plan administrators across a variety of care settings to ensure optimal care for a patient. Every transition of care will involve care coordination, but care coordination is a broader process…"

National Transitions of Care Coalition. http:/www.ntocc.org/portals/0/policypaper.pdf. Accessed 30 Sept 2013

Safety Concerns with Transitions of Care

- 50% of hospital discharge patients experience medical error
  - 20% associated with adverse event
- 60% of all medication errors at times of care transitions
- Additional use of resources
  - Physician visits
  - Laboratory testing
  - Emergency department visits
  - Hospital readmission

Wittkowsky AK. J Thromb Thrombolysis. 2013;304–311.

Interdisciplinary Approach

- Physician
  - Hospitalist
  - PCP
- Pharmacist
- Nurse
- Care manager
- Patient
- Caregiver

Role of the Physician

Hospitalist	Primary Care
Communicate with PCP on admission	Call patient within 72 hours of discharge
Involve PCP early for discharge planning	Ensure follow-up appointment(s) scheduled
Notify PCP upon hospital discharge	Coordinate care
Complete discharge summary at time of discharge	Repeat until medically stable
Schedule follow-up appointments before discharge	Create access if new symptoms/concerns
Ensure medications are available	Track readmission rates
Educate the patient	Review frequently admitted patients

Tang N. J Hosp Med. 2013;472-477.

Role of the Pharmacist

- Medication reconciliation
- Develop inclusion/exclusion criteria for use
- Anticoagulation management service
- Patient education
- Discharge counseling
- Post-discharge telephone call

Role of the Nurse

- Medication reconciliation
- Patient/caregiver education
  - Plan of care
  - Discharge instructions
- Verify accuracy of information

Role of the Care Manager

- Patient assessment
- Treatment planning
- Health care facilitation
- Patient advocacy
- Timely and accurate transfer of information

Role of the Patient

- Ask questions
- Keep up-to-date medication list
- Follow instructions
- Verify accuracy of information
- Monitor for “red flag” symptoms and side effects
- Avoid high risk behaviors

Role of the Caregiver

- Monitor patient for “red flag” symptoms and side effects
- Encourage medication compliance
- Assist in transportation
- Attend appointments/education sessions
- Verify accuracy of information

Barriers to Safe & Effective Care Transitions

- Health System Level
  - Poor communication between hospitalists and PCPs
- Physician Level
  - Inaccurate perceptions of benefit : risk
  - Inadequate knowledge of guidelines
  - Reluctance to prescribe anticoagulants
    - Minor bleed within 3 months
    - Major bleed longer than 3 months ago

Michota F. J Multidiscip Health. 2013;215-228.

Barriers to Safe & Effective Care Transitions

- Patient Level
  - Lack of adherence following discharge
  - Unwillingness to undergo repeated testing
  - Inadequate knowledge
    - Risk of thromboembolism
    - Efficacy of anticoagulation
  - Cost of medication and/or monitoring

Michota F. J Multidiscip Healthc. 2013;215-228.

Assessment Question

- Which healthcare professional is responsible for patient education during a transition of care?
  a. Physician
  b. Pharmacist
  c. Nurse
  d. All of the above

Successful Care Transition Components

- Medication reconciliation
- Anticoagulation management
- Medication teaching
- Discharge instruction
- Prescription coverage
- Follow-up care
- Care plan communication

Medication Reconciliation

- Compare medication orders to what patient takes at home
  - Omissions
  - Duplications
  - Dosing errors
  - Drug interactions
- Complete at every care setting
- Standard elements: demographics, medications, over the counter, medical history, primary physician

Anticoagulation Management

- Interdisciplinary approach
- Formalized processes/procedures
  - Bridge therapy
  - Therapeutic interchanges
  - Dosing services

Medication Teaching

Warfarin + Target Specific Oral Anticoagulants

- Anticoagulation basics
- Risk vs. benefit
- Preventive care
- Self care
- Accessing healthcare
- Adherence

Warfarin Only

- All others plus:
  - Diet and lifestyle
  - Laboratory monitoring

Gulseth MP, et al. Pharmacotherapy. 2011;1232-1249.

Discharge Instructions

- Written copy
  - Primary diagnosis
  - Medications
  - Follow-up appointments/lab-work
  - Education
  - Contact information
- Explained to patient/caregiver
- Questions answered

Prescription Coverage

- Verify insurance status
- Formulary concerns
- Medication availability
- Ability to afford
  - Drug
  - Monitoring

Follow-up Care

- Identify responsible provider to manage care
- Schedule appointment prior to discharge
- Order any necessary labs
- Pending lab results

Care Plan Communication

- Discuss early and often
- Communicate with outpatient providers

Assessment Question

- True or False: Medication reconciliation should only be completed upon admission to the hospital.

FALSE

Best Practices in Transitions of Care

- Anticoagulation Management Systems
- Project RED
- Care Transitions Program
- BOOST
- H2H Project

Inpatient Anticoagulation Management Systems

- Storage
  - Separate from each other
  - Label to identify as high-risk
- Ordering
  - Electronic alerts for pertinent labs
  - Computerized order entry
  - Approved, standardized order-sets
- Preparation
  - Minimize stocked concentrations
- Distribution
  - Unit dose dispensing
- Administration
  - Nursing double check prior to administration
  - Bedside barcode scanning
- Therapeutic management
  - Dedicated anticoagulation programs/services
  - Involvement of pharmacists as drug experts

Nutescu EA, et al. Ann Pharmacother. 2013;714-724.

Comprehensive Anticoagulation Management Services

- Expertise in all agents
- Early identification of potential risk factors
- Timely, appropriate intervention
- Extensive patient education
- Compliance management
- Adverse effect monitoring
- Monitoring special populations
- Reversal of over-anticoagulation
- Peri-procedural management
- Drug interactions
- Patient triage
- Development of protocols and pathways
- Formulary input
- Healthcare provider education
- Research

Nutescu EA, et al. Pharmacotherapy. 2004;199s-202s.

Anticoagulation Management Service Examples

- Inpatient medication management
- Outpatient anticoagulation service reports of prior hospital discharges
- Inpatient pharmacist → outpatient pharmacist handoff
- Post-discharge transition clinic

Project RED

- Boston University Medical Center
- “Re-Engineered Discharge”
- Promote patient safety
- Reduce re-hospitalization rates
- 12 components

http://www.bu.edu/fammed/projectred/index.html

Project RED – Application to Anticoagulation

Component	Responsibilities
Make follow-up medical appointments/post-discharge tests/labs	- Find a provider based on patient preferences - Make appointments with patient input - Instruct patient/discuss importance of attending appointments
Identify correct medicines and plan for patient to obtain and take them	- Review all medicine lists with patient - Explain what to take, emphasizing changes - Review each purpose, how to take and side effects - Realistic plan for obtaining medicines - Assess patient's concerns
Educate the patient about diagnosis	- Research medical history and current condition - Provide education to patient, family, and/or other caregivers

Project RED – Application to Anticoagulation

Component	Responsibilities
Provide written discharge plan patient understands	- Easy-to-understand plan sent home with patient - Review and orient patient to discharge plans
Review what to do if a problem arises	- Specific plan on how to contact PCP - Instruct what constitutes an emergency and what to do in cases of emergency
Expedite transmission of discharge summary to clinicians accepting care	- Deliver discharge summary within 24 hours of discharge
Provide telephone reinforcement of the discharge plan	- Call within 3 days of discharge to reinforce and help with problem-solving - Answer phone calls from patients, family and/or other caregivers

Care Transitions Intervention®

- 4 week program
  - Eric A. Coleman, MD, MPH (University of Colorado)
- Transitions Coach®
  - Formal training in Care Transitions Intervention
- Centered on the Four Pillars ®
  - Medication self-management
  - Dynamic patient-centered record
  - Primary care & specialist follow-up
  - Knowledge of red flags

	Med Self-Management	Dynamic Patient-Centered Record	Follow-Up	Red Flags
Goal	Knowledgeable about meds and has system	Understand and manage Personal Health Record (PHR)	Schedules and completes follow-up visit	Knowledgeable about indications that condition is worsening
Hospital visit	Importance of knowing meds	Review and update PHR	Recommend follow-up visit	Discuss symptoms and drug reactions
Home visit	- Reconcile pre/post admit lists - Correct discrepancies	- Review discharge summary - Share PHR with PCP	Emphasize importance of follow-up visit	Discuss symptoms and side effects of medications
Follow-up calls	Answer any questions	Discuss outcome of visit	Provide advocacy in getting appt	Reinforce when/if provider should be contacted

BOOST

- Better Outcomes by Optimizing Safe Transitions
- National initiative
  - Society of Hospital Medicine
- Goals
  - Identify high-risk patients on admission
  - Reduce 30 day readmission rates
  - Reduce length of stay
  - Improve patient satisfaction
  - Improve information flow

http://www.hospitalmedicine.org/AM/Template.cfm?Section=Home&CONTENTID=27659&TEMPLATE=/CM/HTMLDisplay.cfm

BOOST – Applications to Anticoagulation

BOOST Tool	Specific Components
Universal Patient Discharge Checklist	- Medications reconciled - Medication use/side effects reviewed - Action plan for management of symptoms/side effects - Direct communication with outpatient provider - Telephone contact within 72 hours
Teach Back Process	- Use simple lay language - Ask patient/caregiver to repeat in own words - Identify/correct misunderstandings - Ask patient/caregiver to repeat again - Repeat prior two steps until patient/caregiver comprehends

http://www.hospitalmedicine.org/ResourceRoomRedesign/RR_CareTransitions/html_CC/06Boost/04_Risk.cfm

project BOOST
Better Outcomes for Older adults through Safe Transitions

Patient PASS: A Transition Record

Patient Preparation to Address Situations (after discharge) Successfully

I was in the hospital because _____

If I have the following problems …

1. _____
2. _____
3. _____
4. _____
5. _____

I should …

1. _____
2. _____
3. _____
4. _____
5. _____

Important contact information:

1. My primary doctor:
   _____
   (____) _____
2. My hospital doctor:
   _____
   (____) _____
3. My visiting nurse:
   _____
   (____) _____
4. My pharmacy: _____
   (____) _____
5. Other: _____
   _____

My appointments:

1. _____
   On: __/__/____ at __:__ am/pm
   For: _____
2. _____
   On: __/__/____ at __:__ am/pm For:
   _____
3. _____
   On: __/__/____ at __:__ am/pm
   For: _____
4. _____
   On: __/__/____ at __:__ am/pm
   For: _____

Tests and issues I need to talk with my doctor(s) about at my clinic visit:

1. _____
2. _____
3. _____
4. _____
5. _____

I understand my treatment plan. I feel able and willing to participate actively in my care:

_____
Patient/Caregiver Signature

_____
Provider Signature

_____/_____/_____
Date

Other instructions:
1. _____
2. _____
3. _____

http://www.hospitalmedicine.org/ResourceRoomRedesign/RR_CareTransitions/PDFs/PASS.pdf

H2H Project

- National quality improvement initiative
  - Reduce cardiovascular readmissions
  - Improve transition from inpatient to outpatient
- Central clearinghouse for information
  - Early follow-up
  - Post-discharge medication management
  - Signs and symptoms

Assessment Question

- Which is a component of an anticoagulation management service?
  a. Focus on a single anticoagulant
  b. Standardized electronic order sets
  c. Stocking multiple concentrations of the same anticoagulant
  d. Assuming the patient understands their anticoagulant

Summary of Core Concepts

- Interdisciplinary approach
- Repetition and overlap
- Standardized processes/forms
  - Medication reconciliation
  - Anticoagulation management
  - Discharge instructions
- Communication is key!

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Best Practices in Care Transitions of Anticoagulation

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Register for the HRET ADE Boot Camp

- 11 a.m. – 3 p.m. ET on **Thursday, October 17**.
- Four short-bursts of highly interactive content and discussion on emerging topics.
  - Patient Self-Management and the Prevention of ADEs
  - Preventing Harm from Warfarin **(Oct. 17)**
  - The Do's and Don'ts of Using Newer Anticoagulants
  - Reducing Harm from Insulin
- CE credits will be offered. Please click here to register.

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Evaluation

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Thank you