Solution: Collaborating to Improve Medication Safety for Older Adults-Senior Polypharmacy Communication in Seniors Emergency Center

Organization: Holy Cross Hospital
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IDENTIFICATION:
The majority of older adults are on at least one prescription medication and approximately 40% take more than five medications. Adverse drug events are defined as toxic or unintended response to a medication. More than one third of older adults will experience an adverse drug event and half were preventable.

Due to physiological changes in the older adult, the interaction of prescription, over the counter and herbal medications may create an adverse drug-drug or drug-disease reaction. The intervention of physician, nurse and/or pharmacist to review medication profile on admission to the acute care setting presents an opportunity to screen for adverse drug events. Holy Cross Hospital has opened an 8-bed Senior Emergency Center. The Senior Care Team consists of a Gerontological Nurse Practitioner, Geriatric Social Worker and emergency center nurses who have received geriatric training.

PROCESS:
With the implementation of the electronic medical record the ability for medical and nursing staff to communicate with ancillary departments was enhanced. Identification of older adults at risk for adverse drug events due to poly-pharmacy, acute illness and advanced age presented a unique opportunity to impact the care of the older adult. A review of the literature identified several reliable, valid and evidence-based assessment tools. The Triage Risk Screening Tool (TRST) is a 6 item screening tool implemented by the nurse on admission to the Senior Emergency Center to assess cognitive impairment, availability of a caregiver, ambulation difficulties, recent emergency room visits/hospitalizations, poly-pharmacy and nurse recommendations or concerns. The TRST was chosen by a multi-disciplinary team as a standardized assessment to identify poly-pharmacy issues as well as recognize high-risk patients who would benefit from additional evaluation and support post hospital discharge.

If the patient is on 5 or more medications, a communication order is sent to the pharmacy. The communication order prompts the pharmacist to review all of the orders entered by the physicians into the electronic medical record. The pharmacist opens the medication review in the electronic medical record and assesses all medications to determine if there are any potential interactions. If any medication adverse drug interactions are identified, the pharmacist notifies the Emergency Center physician by phone and documents the pharmacy consult in the medical record. If there are no medication interactions and the medication regimen is appropriate, documentation is entered into the medical record.
SOLUTION:
The TRST tool was chosen and adopted into clinical practice when the Senior Emergency Center opened in November 2008. The Senior Emergency Center has implemented the TRST on 602 patients. Of the patients assessed, 199 patients (33%) were on five or more medications. Proactively assessing all patients on multiple medications provides the opportunity to potentially uncover a dangerous medication interaction or inappropriate prescription consequently improving patient safety and quality of life for older adults.