Interdisciplinary Leadership

Panel & Audience Discussion

Panelists
Mara Aronson, DON/Nurse Consultant (AGE)
Magued Y. Rizkalla, Medical Director
Paula Troie, Consultant Pharmacist (Pharmerica)
Panelists:

Mara Aronson, MS, RN, GCNS-BC, FASCP, CPHQ
Nurse Consultant

Magued Y. Rizkalla, MD, CMD, MPH, FACP
Medical Director

Paula Troie, RPh
Consultant Pharmacist
Disclosures:

- The primary professional affiliations are indicated for each of the panelists.

- The panelists have no financial relationships relevant to the content of this session.
Why this topic?

- Large volume research demonstrate benefits of interdisciplinary care in many practice settings
- Little research of discussion on interdisciplinary leadership
Goal:

- Leadership to achieve good patient outcomes through collaborative interdisciplinary care
Towards the Goal:

- Observe & respond to trends

  *examples:*
  - Quality indicators (CASPAR)
  - Immunizations
  - Timely response to pharm recommendations
  - Timely MD visits
  - etc.
Roles of DON:

- Day to day oversight of clinical services provided including:
  - Regulatory compliance
  - Data collection for quality indicators
  - Assessment & revision of internal processes
  - Assess and address staff learning needs
  - Facilitating collaboration among in-house clinicians
  - Facilitating collaboration among leaders
Roles of Medical Director:

- To insure practice is evidence-based
  - Regulatory compliance
  - Assessment & revision of internal processes
F-501 Medical Director Functions

- Implementation of resident care policies
- Coordination of medical care

§483.75(i)
Medical Director Functions

- Assure that facility is providing appropriate care
- Monitor and ensure implementation of resident care policies
- Provide oversight and supervision of physician services and the medical care of residents
Med Director-related F-tags:

- Participate in the Quality Improvement Committee \[^{\text{§483.75(o)}}\]
Role of Consultant Pharm:

- Oversight of use of medications for patient outcomes & regulatory compliance
  - Review of drug regimes for each resident
    - Therapeutic rationale for each med
    - Insure re-assessment of therapeutic rationales
    - Identification of side effects of medications
    - Reduction of polypharmacy
    - Liaison between facility and pharmacy
    - Inspections & audits (per contract)
    - Destruction of controlled drugs
Pharmacy-related F-tags:

- F-329  Unnecessary Drugs  [§483.25(l)]
- F-332  Medication Error Rates  [§483.25(m)]
- F-333  Medication Errors  [§483.25(m)]
- F-425  Pharmacy Services  [§483.60]
- F-428  Medication Regimen Review  [§483.60]
- F-431  Labeling & Storage of Meds  [§483.60]
Pharmacy-F-tag: F-329

• Unnecessary drugs
  • Without diagnosis or condition for use
  • Without monitoring
  • Excessive dose
  • Excessive duration
  • In presence of duplicate therapy
Antipsychotic therapy

- Requires specific dx and assessment
- If used to treat Organic Brain Syndrome or related dementias, dose reductions and monitoring are required
Medication errors

- Free of medication error rates of 5% or greater
- Residents are free of any significant medication errors
Pharmacy-F-tag: F-425

- **Pharmacy Services**
  - Accurate acquiring, receiving, dispensing, and administration of all drugs and biologicals
  - Records of controlled meds must be kept and periodically reconciled
Pharmacy-F-tag: F-431

- Labeling & Storage of Meds
  - Safe & secure storage
    - Proper temps
    - Limited access
  - Secure
  - Safe Handling
  - Accurate labeling
  - Medication records for periodic reconciliation
  - Accounting of controlled medications
CASPAR Report:

- Moderate to Severe Pain in Short & Long Stay Residents
- Pressure Ulcers
- Physical Restraints
- Falls & Falls with Major Injuries
- Antipsychotic Use in Short & Long Stay Residents
- Anxiolytic & Hypnotic use in Long Stay Residents
- Behavior Symptoms Affecting Others
- Urinary Tract Infections
- Catheter Use
- Lose Bowel/Bladder Continence
- Weight Loss
- Decline in ADL function
CASPER Report
MDS 3.0 Facility Level Quality Measure Report
## CASPAR Report:

**PAIN**

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Num</th>
<th>Denom</th>
<th>Facility Observed Percent</th>
<th>Comparison State Average</th>
<th>Comparison National Average</th>
<th>Comparison National Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>SR Mod/Severe Pain (S)</td>
<td>14</td>
<td>73</td>
<td>19.2%</td>
<td>18.3%</td>
<td>18.7%</td>
<td>96*</td>
</tr>
<tr>
<td>SR Mod/Severe Pain (L)</td>
<td>8</td>
<td>84</td>
<td>9.5%</td>
<td>9.0%</td>
<td>7.8%</td>
<td>97*</td>
</tr>
</tbody>
</table>
FALLS

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Num</th>
<th>Denom</th>
<th>Facility Observed Percent</th>
<th>Comparison State Average</th>
<th>Comparison National Average</th>
<th>Comparison National Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls (L)</td>
<td>37</td>
<td>52</td>
<td>71.2%</td>
<td>50.7%</td>
<td>44.4%</td>
<td>98*</td>
</tr>
</tbody>
</table>
# CASPAR Report:

## PSYCHOTROPIC Rx USE

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Num</th>
<th>Denom</th>
<th>Facility Observed Percent</th>
<th>Comparison State Average</th>
<th>Comparison National Average</th>
<th>Comparison National Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antipsych Med (S)</td>
<td>1</td>
<td>52</td>
<td>1.9%</td>
<td>1.8%</td>
<td>2.7%</td>
<td>*</td>
</tr>
<tr>
<td>Antipsych Med (L)</td>
<td>17</td>
<td>82</td>
<td>29.7%</td>
<td>18.1%</td>
<td>19.5%</td>
<td>*</td>
</tr>
<tr>
<td>Antianxiety/Hypnotic (L)</td>
<td>2</td>
<td>29</td>
<td>6.8%</td>
<td>9.3%</td>
<td>10.2%</td>
<td></td>
</tr>
<tr>
<td>Behav Sx affect Others (L)</td>
<td>16</td>
<td>54</td>
<td>29.6%</td>
<td>25.3%</td>
<td>24.4%</td>
<td>77*</td>
</tr>
</tbody>
</table>
FLU VACCINES

- 81% of residents accepted flu vaccine last year
- 37% of facility staff accepted or produced proof of receiving flu vaccine
Internal audit/data:

MD visits

- 3% of long term residents have overdue MD visits
- 28% of the initial visits for sub-acute residents are overdue
Discussion