

## Long-Term Care Survey Alert

### Case Study ~ Follow This Facility's Path To Reduce Med Passes

**A number of strategies can = less time passing pills.**

When it comes to medication passes, less is better for improving resident outcomes and nurse satisfaction.

**Case in point: St. John's Home** started out with a project to consolidate med passes but found the effort really improved overall care, says **Carol R. DuMond, RN, MS**, assistant director of nursing for the facility in Rochester, NY.

"The nurses were spending so much time at the med cart that it was hard for them to participate in resident care and activities or attend family meetings," says DuMond. Changing the way the facility passed out medications "empowered" the nurses to be "more a part of care and care planning."

**How they did it:** To reduce the number of med passes, the team reviewed residents' medications and the medication administration record. And they asked the residents or their family members how they'd like to schedule their meds. "If we couldn't get that information from the resident or family, we would set up the med schedule based on how we thought the person might receive the medications" at home, says DuMond.

**Example:** One patient had calcium ordered TID and pain medication for arthritis pain in the morning and evening. As a result, the patient was receiving meds five times a day. "So we changed her schedule from five passes to three by giving two of the calcium doses at the same time that we gave the morphine," says DuMond.

The St. John's team also realized there's no reason someone can't take certain daily medications in the afternoon rather than the morning. "If someone wants their daily cup of pills at 2 p.m., that's really OK," says DuMond. "You have to challenge the mindset that QD orders are always given in the morning."

Patients decide how many pills they want to take at once. For example, one patient who had several medications ordered QD decided to take half of them in the morning and half in the evening, says DuMond.

#### Keeping the Big Picture in Mind

While the team at St. John's individualizes residents' med schedules, they still try to do med pass at standardized times, which include before breakfast, at 10, 2 and bedtime. That way, they don't end up passing out two pills at a time throughout the shift.

The nurses avoid scheduling meds during dinnertime to allow families to visit uninterrupted with their residents. And because evening staffing tends to be more limited than on days, eliminating med pass at dinner allows nurses to help residents with eating, talk to families -- and be available if residents experience "sundowning," or increased confusion that occurs in the evening.

#### Reducing the Number of Meds

The team also weeds out some meds by asking the physician to order Senekot S (a combination of laxative and stool softener) instead of Senekot and Colace, as an example, reports DuMond. Or the prescriber might switch someone taking Tylenol 650 mg every four hours to Tylenol Extra Strength every six hours, she adds.

**Pharmacy tips:** You can use extended-release products to reduce a QID dosing schedule to a BID or even daily dose, counsels **Joseph Gruber, RPh, CGP, FASCP**, regional director of clinical services for **Omnicare Inc.** in St. Louis, MO.

"Examples include extended release medications for urinary incontinence which now come in generic form," says Gruber. "Depakote extended release is another option," he says. Also keep in mind that two drugs in the same class may have different half lives, where one lasts 24 hours and the other one has to be given two or three times daily. Thus, "sometimes you can change from one drug to another in a class and reduce" the dosing schedule.

### **Measuring the Impact on Staffing**

By consolidating the med pass, St. John's Home reduced the number of times nurses left the med cart by 27.7 percent on a 25-bed comfort care unit. "Before we implemented this change, nurses were always playing a game of 'Beat the Clock,' to get the meds out on time, says DuMond.

Reducing the time spent administering pills allowed nurses to do things for patients that they didn't have a chance to do previously. "It's almost like nurses were attached to med carts," says DuMond, who doesn't believe "that's why nurses enter the profession."