



Esther Zosel

Lakeland Home Care sustains improvement in oral medication rates

Lakeland Hospice and Home Care in Fergus Falls, MN, joined a state collaborative and examined its care from every angle, an effort that improved its management of oral medication rates.

For the past two years, the agency has worked to sustain that improvement, said Home Care Department Manager Esther Zosel.

“We continue to approach the issue with staff in weekly care conferences. We have a small agency with six RNs who handle patient care, so we can collaborate and talk frequently. Our therapists are in-house, so that allows us to stay on the same page and helps us focus.”



Shirley Brause

Home Health Compare shows that 42 percent of Lakeland’s patients get better at taking their medicines correctly, which is close to the national average of 43 percent and above the state average of 36 percent.

About four years ago, the rates were a little below average, when the agency joined a collaborative sponsored by Stratis Health, Minnesota’s federally designated Medicare Quality Improvement Organization, according to Assistant Manager Shirley Brause.

For two years, Brause worked with the collaborative and Program Manager Janelle Shearer to improve oral medication management. They came up with several strategies.

To begin with, field nurses had to suppress their optimism and accurately code the OASIS to reflect the patient’s condition during the first home visit, said Brause.

Along those same lines, nurses had to stop taking patients’ at their word when it came to their ability to take their medications. “Now we say, ‘Show me,’” said Brause.

The same thing was happening in the hospital when nurses were teaching patients about their new medication schedules.

“In the hospital, they want to go home so bad, they will agree to anything,” said Zosel. “But then when they get home, they don’t realize what they’re supposed to do.”

Instead of taking the new medications and dosages that were prescribed in the hospital, patients reverted to their former schedules, said Zosel.

That called for more teaching to explain the new protocol, along with a drug card the agency created that lists medications by when they’re taken. Patients are encouraged to take the card to their doctor visits.

The agency also worked with its medical social workers and therapists to address the other reasons patients don’t take their medications.

“We try to give people all kinds of different options,” said Zosel.

What’s more, Lakeland recently joined a community collaborative that is working to improve oral medication management during care transitions.

“Medication compliance is huge,” said Brause. “It’s a huge factor for rehospitalizations, and so we look at it on almost every home visit.”



Medication Management Tips for Staff

Remember the clinician completing the assessment is reporting the patient's ability **BEFORE** providing skilled intervention -- not after.

Patient ability	
<ul style="list-style-type: none">• Complete the OASIS assessment as you see the patient—not as you hope they are!	
'Show me'	
<ul style="list-style-type: none">• Nurses need to be savvy—patients can't always do what they tell you they can do	
Medication reconciliation	
<ul style="list-style-type: none">• Patients often assume that they should continue all the meds they were on before.• Patients often acknowledge agreement with hospital discharge medication teaching and have forgotten it by the time they get home!	
Therapists and Medical Social Workers	
<ul style="list-style-type: none">• Interdisciplinary focus on medication management to assess reasons patient can't manage medications	
	Involve caregivers
	<ul style="list-style-type: none">• May have to look for additional support for assistance (friends, neighbors – keeping confidentiality in mind)
	Ongoing medication assessment and teaching
	<ul style="list-style-type: none">• Assess for medication compliance on each SN visit
	Continuous staff education
	<ul style="list-style-type: none">• OASIS and Best Practices
	Consistency between settings
	<ul style="list-style-type: none">• Patient medication card/list—have the patient responsible for this by taking to doctor appointments• Work with other providers: Hospitals, Nursing homes, Physician offices and outpatient pharmacies to improve medication information and compliance between transfers to other settings

Information provided by Esther Zosel, Home Care Manager and Shirley Brause, Assistant Home Care Manager, Lakeland Hospice and Home Care, Fergus Falls, MN. This material was developed by and is distributed by the West Virginia Medical Institute, the Quality Improvement Organization supporting the Home Health Quality Improvement National Campaign, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication Number: 9SOW-WV-HH-BBK-032410. App. 01/10.

MEDICATION SCHEDULE

BREAKFAST	NOON	SUPPER	BEDTIME

MEDICATION SCHEDULE

BREAKFAST	NOON	SUPPER