

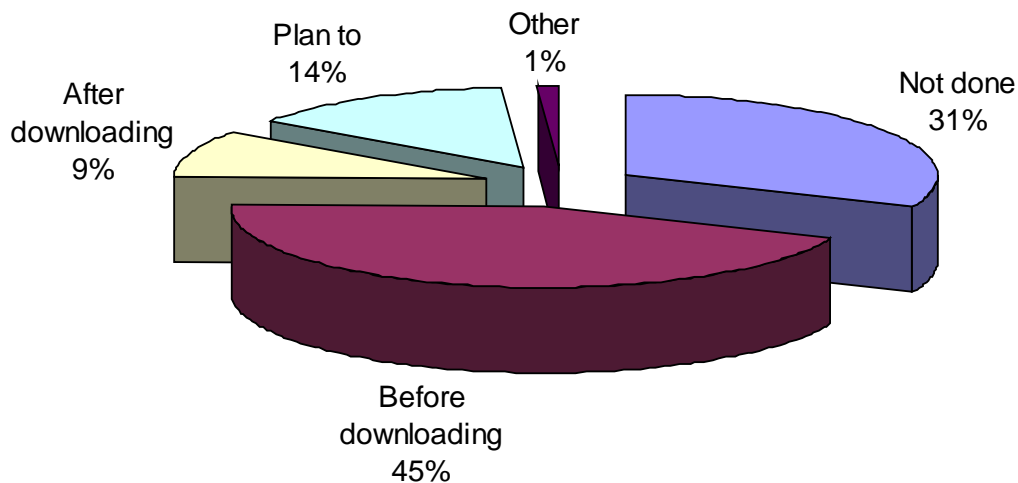
Evaluation Shows Home Health Agencies Working Hard to Improve Medication Management

Three months after the release of a related Home Health Quality Improvement (HHQI) National Campaign Best Practices Improvement Package (BPIP), home health agencies have reported wide adoption of methods to protect patients through better oral medication management. A sizeable majority of HHQI campaign participants who downloaded BPIP components indicated that their agencies have done each of these activities—or plan to in the next three months:

- Setting targets for improvement of oral medication management
- Posting graphs or charts showing agency performance
- Training staff on medication management
- Evaluating medication reconciliation for compliance with IHI or Joint Commission standards
- Working collaboratively with other providers to improve medication management

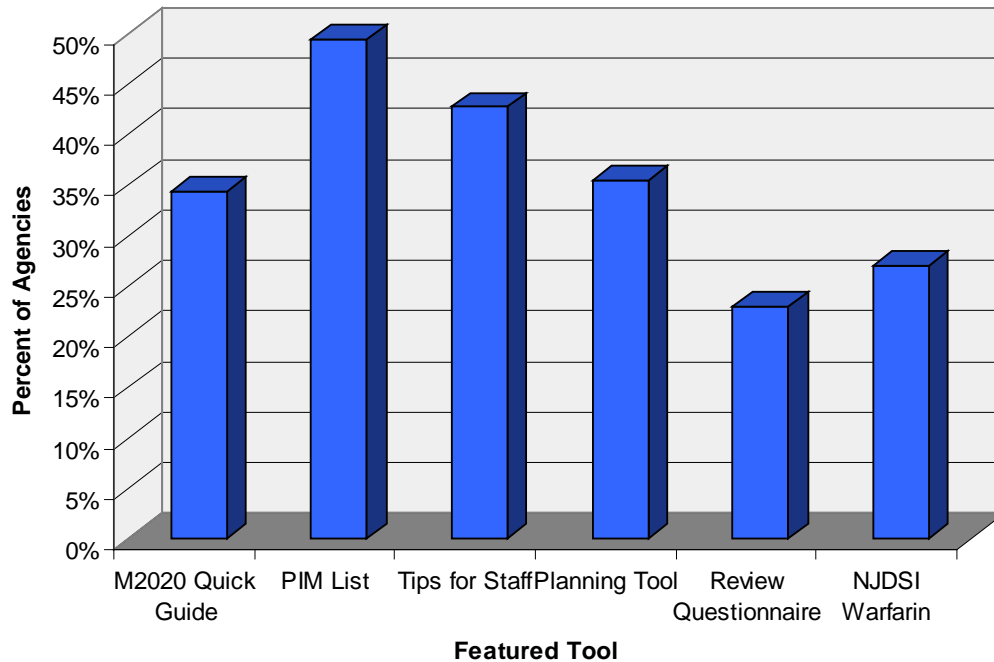
For example, Chart 1 shows the proportion of participating agencies who have periodically posted tables or graphs showing performance on oral medication management in relation to when they downloaded BPIP materials. Over two thirds have adopted this important quality improvement process, or plan to. One quarter of the participants' actual or planned activities were after downloading.

Chart 1
When Did HHQI Campaign Participants Post Tables or Graphs Showing Agency Performance on Oral Medication Management?



Three quarters of participants said they used one or more of six featured tools in the BPIP. The most frequently used was the “potentially inappropriate medication list” from the New Jersey Drug Safety initiative. Chart 2 shows what proportion of agencies said they used each tool.

Chart 2
Percent of Participants Who Reported Using Each Featured Tool



Featured tools included: M2020 Quick Guide: Stratis Health (M2020 Quick Guide); Potentially Inappropriate Medications In Older Adults (NJDSI) (PIM List) ; Medication Management Tips for Staff: Lakeland Hospice and Home Care (Tips for Staff) ; Medication Management Care Planning Tool (Planning Tool) ; Patient Medication Review Questionnaire: HomeCare of Grove Hill/LHC Group (Review Questionnaire) ; Taking Charge of My Warfarin: New Jersey Drug Safety Initiative (NJDSI) (NJDSI Warfarin).

Half of the agencies who use the featured tools said they use them frequently or nearly all the time in patient care. Almost all said the tools had affected the way they approach medication management. Most agencies who said they didn't use the featured tools said that lack of time was a major barrier.

We concluded that many agencies had already begun working on improving medication management before the campaign, but that the majority was using campaign materials and incorporating activities likely to improve medication management in their work.

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**Staff Respond to Agency Comments on
Medication Management Best Practice Improvement Package**

HHQI Campaign Staff received hundreds of comments along with the responses to questions in the recently-completed assessment of the Best Practice Improvement Package on Medication Management. The vast majority were positive, and many were simply compliments or thanks. Here are some examples:

The Leadership materials are particularly helpful in getting organized and moving forward in "do able" steps.

We worked with our own hospital discharge planning department and now receive the medication discharge instruction for medications given to patients on discharge.

We have changed our referral form so that we ask the right questions when we receive a referral. We communicate as needed with providers regarding medication management during a transition of care

The materials were very user friendly and appropriate to home care situations.

I appreciate the materials. My staff listens better to you than to me. The change that comes from education improves the care we give-- as well as the nurses we are.

Whether or not we see improvement in Medication Management will be reflected in our outcomes. Too soon to tell yet but staff buy-in is enthusiastic.

There were several less positive comments, which allowed an opportunity to identify features of the campaign needing attention. Here are some examples:

I was unsure if we could use the tools without written permission so I have been holding off until I had a chance to ask someone if we could use them freely.

(HHQI Team: Yes please use them!)

It will take many months to fully incorporate the materials. *(HHQI Team: True, but carefully select the resources and tools and do not attempt to try too much at one time. You can add resources and materials as needed. Not all the resources will be a good 'fit' for each agency. There are more activities and resources than any one agency can use, but the HHQI team provides a variety of resources so multiple agencies can benefit.*

Most of what is in the BPIP we are already doing. *(HHQI Team: We encourage you to look at the Agency Checklist for Leadership, Associated Resources and Web link tools. There are many new tools in these areas. Also the BPIPs include current recommendations and guidance. For example the Fall Prevention BPIP (July, 2010) includes the 2010 American Geriatrics Society (AGS), the British Geriatrics Society (BGS) Clinical Practice Guideline: Prevention of Falls in Older Persons.*

Reports are confusing *(HHQI Team: The reports may be confusing because of the data interpretation--specifically the comparison of OASIS medication measures to improvement in management of oral medication. However, these reports are unique and valuable for your quality improvement efforts. Please download the resources on the HHQI Data Access Web page- "Description of*

Monthly Report for Improvement in Oral Medication”, “Data Reports Webinar” and “FAQs”. In addition, the HHQI team can answer your questions about the reports—hhqi@wvmi.org)