Niche solutions—third in a series: Focus on medication

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Medication success stories from NICHE hospitals are detailed in this third entry in the NICHE Solutions article series. The initiatives described in these stories are based on the successful application of best practice solutions related to NICHE Clinical Improvement Models and other NICHE resources. Solutions stories are published in both printed format and on the NICHE website. Originally developed by Marie Boltz, PhD, RN, GNP-BC, associate director for research, NICHE, in collaboration with NICHE hospitals, the series covers a wide range of clinical and organizational topics.

In addition to the Medication section, the Solutions library contains these other geriatrics-related categories: Delirium/Dementia, Catheters, Emergency Department, Environment, Function & Falls, Geriatric Patient Care Associates, Integrated System Implementation, Nutrition/Elimination, and Patient/Family Education. New Solutions stories and categories are continually being added.

1. Medication

One in seven Medicare beneficiaries experience an adverse event while hospitalized in 2008. Of those, 31% of the adverse events were related to medications. Nearly 1.9 million ADEs occur each year in older adults enrolled in Medicare and 180,000 of those are life threatening or fatal. Adverse drug events are common in older adults yet are potentially preventable.

Intrinsic factors such as advanced age, frailty, and polypharmacy place older adults at greater risk for adverse outcomes. Older adults are the largest consumers of medications with 82% taking at least one medication, 29%–38% taking five or more drugs, and up to 90% taking over-the-counter drugs. Older adults often combine over-the-counter medications (OTCs) with prescription medications yet do not report their OTC use to health care providers. Likewise providers often do not inquire about OTCs or herbal remedies. Under-reporting may lead to unrecognized adverse drug–disease or drug–drug interactions. These factors make it paramount that nurses identify older adults at risk for adverse events.

2. Solution no. 1

Title: Improving Medication Safety in Older Adults at the University of Alabama at Birmingham Hospital. Author: Kellie L. Flood, MD, Assistant Professor, Division of Gerontology, Geriatrics, and Palliative Care Department of Medicine, University of Alabama at Birmingham.

PROBLEM: Prescribing potentially inappropriate medications in hospitalized older adults.

SOLUTION: New educational drug warnings embedded in a computerized physician order entry (CPOE) system alerts physicians when a potentially inappropriate drug is prescribed for older adult patients.

3. Solution no. 15

Title: Educational Interventions to Increase Medication Knowledge and Safety in the Hospitalized Older Adult. Authors: Arlene Stoller, BSN, RN, & Susan Bellofatto, BSN, RN, Lahey Clinic, Burlington, Massachusetts.

PROBLEM: Medication management related to pain, delirium, and constipation is a significant and common challenge in caring for the hospitalized older adult.

SOLUTION: Increase nursing knowledge specific to delirium, uncontrolled pain, and constipation in the older adult patient.

4. Solution no. 26

Use of the Pasero Opioid-Induced Sedation Scale to reduce oversedation and respiratory depression. Author: Susan J. Dempsey, RN-BC, MN, CNS, critical care clinical nurse specialist, Sharp Grossmont Hospital, La Mesa, California.

PROBLEM: Older adults receiving opioids are at greater risk for developing unintended opioid-induced sedation that may progress to respiratory depression.

SOLUTION: Provide nurses with an appropriate scale for monitoring of opioid-induced sedation. The goal is to facilitate early recognition and intervention to prevent serious adverse events.
events related to unintended advancing sedation and opioid-induced respiratory depression.

References


