Development of a Quality Improvement Process Following Evaluation of Patient Outcomes and Nursing Documentation

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Abstract

The release of new opioid treatment guidelines that were published in February 2009 and the implementation of the REMS (Risk Evaluation Mitigation Strategies) have prompted the development of a compliance quality improvement project. Within the practices there are many patient issues that can arise with opioid prescriptions. In order to ensure patient safety and good practice a compliance monitoring program was developed.

Many patient phone calls, lost prescriptions, inappropriate use of medication and other concerns were dealt with on a daily basis. A pilot program was developed to review charts for patient teaching and education. The next step was to develop a one page educational sheet and implement a phone follow-up call to the patient after receiving the prescription. The outcomes that were looked at include the number of phone calls from the patient, lost prescriptions, compliance in taking the medication as directed and any other concerns. In conjunction with this, charts were reviewed for documentation of the elements of Universal Precautions for Pain Management.

This program focused on both Physician and Nursing compliance.

Improvement Plan and Implementation:

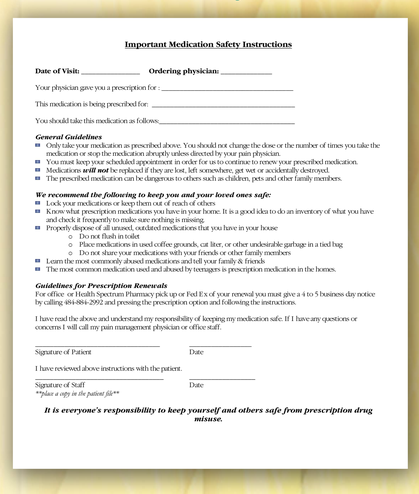
During January and February 2010, a teaching/medication guideline sheet was developed to include the following elements: Medication purpose, dosing, side effects, renewals, safe storage, and proper disposal. (see Figure 1)

This sheet was given to patients when they received any prescriptions at their visit. For patients that called in for renewals, they received the teaching sheet/guideline when they picked up the prescription. In order to capture the education, the nursing note was revised. (see Figure 2) This allowed better documentation of nurse's patient teaching about the prescribed medication. A follow-up call was made 5 days after the visit to assess any problems with the medication. (see Figure 3) This process was implemented May 1, 2010.

Implemented a plan with our in-house retail pharmacy in which the prescription is sent to the pharmacy by the staff and the patient has the option to pick up the prescription at the pharmacy or the pharmacy would fed-ex the medication to the patient's home.

No scripts are sent to the patient homes.

Figure 1
Medication Safety Instructions



Important Medication Safety Instructions

Date of Visit: _____ **Ordering physician:** _____

Your physician gave you a prescription for : _____

This medication is being prescribed for: _____

You should take this medication as follows:_____

General Guidelines

- Only take your medication as prescribed above. You should not change the dose or the number of times you take the medication or stop the medication abruptly unless directed by your pain physician.
- You must keep your scheduled appointment in order for us to continue to renew your prescribed medication.
- Medications ***will not*** be replaced if they are lost, left somewhere, get wet or accidentally destroyed.
- The prescribed medication can be dangerous to others such as children, pets and other family members.

We recommend the following to keep you and your loved ones safe:

- Lock your medications or keep them out of reach of others
- Know what prescription medications you have in your home. It is a good idea to do an inventory of what you have and check it frequently to make sure nothing is missing.
- Properly dispose of all unused, outdated medications that you have in your house
  - Do not flush in toilet
  - Place medications in used coffee grounds, cat liter, or other undesirable garbage in a tied bag
  - Do not share your medications with your friends or other family members
- Learn the most commonly abused medications and tell your family & friends
- The most common medication used and abused by teenagers is prescription medication in the homes.

Guidelines for Prescription Renewals

For office or Health Spectrum Pharmacy pick up or Fed Ex of your renewal you must give a 4 to 5 business day notice by calling 484-884-2992 and pressing the prescription option and following the instructions.

I have read the above and understand my responsibility of keeping my medication safe. If I have any questions or concerns I will call my pain management physician or office staff.

_____ _____
Signature of Patient Date

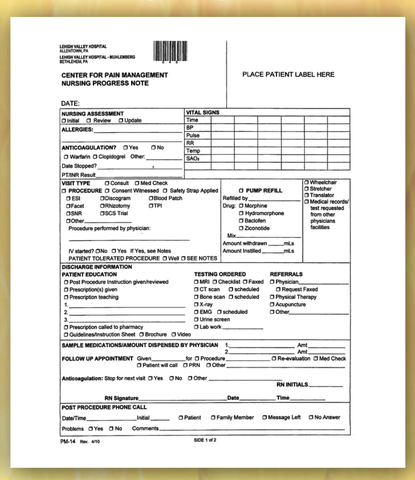
I have reviewed above instructions with the patient.

_____ _____
Signature of Staff Date

Place a copy in the patient file

It is everyone's responsibility to keep yourself and others safe from prescription drug misuse.

Figure 2
Nursing Progress Note



LEHIGH VALLEY HOSPITAL ALLENTOWN, PA
LEHIGH VALLEY HOSPITAL - MUHLENBERG BETHLEHEM, PA

CENTER FOR PAIN MANAGEMENT
NURSING PROGRESS NOTE

PLACE PATIENT LABEL HERE

DATE:

NURSING ASSESSMENT
☐ Initial ☐ Review ☐ Update

ALLERGIES:

ANTICOAGULATION? ☐ Yes ☐ No
☐ Warfarin ☐ Clopidogrel Other:
Date Stopped? _____
PT/INR Result _____

VITAL SIGNS

Time						
BP						
Pulse						
RR						
Temp						
SAO2						

VISIT TYPE ☐ Consult ☐ Med Check
☐ **PROCEDURE** ☐ Consent Witnessed ☐ Safety Strap Applied
☐ ESI ☐Discogram ☐Blood Patch
☐Facet ☐Rhizotomy ☐TPI
☐SNRI ☐SCS Trial
☐Other
Procedure performed by physician:

N' started? ☐No ☐Yes If Yes, see Notes
PATIENT TOLERATED PROCEDURE ☐ Well ☐ SEE NOTES

☐ **PUMP REFILL**
Refilled by _____
Drug: ☐ Morphine
☐ Hydromorphone
☐ Baclofen
☐ Ziconotide
Mfg. _____
Amount withdrawn _____ mLs
Amount instilled _____ mLs

☐ Wheelchair
☐ Stretcher
☐ Translator
☐ Medical records/ test requested from other physicians facilities

DISCHARGE INFORMATION
PATIENT EDUCATION
☐ Post Procedure Instruction given/reviewed
☐ Prescription(s) given
☐ Prescription teaching
1. _____
2. _____
3. _____
☐ Prescription called to pharmacy
☐ Guidelines/Instruction Sheet ☐ Brochure ☐ Video

TESTING ORDERED
☐ MRI ☐ Checklist ☐ Faxed
☐ CT scan ☐ scheduled
☐ Bone scan ☐ scheduled
☐ X-ray
☐ EMG ☐ scheduled
☐ Urine screen
☐ Lab work _____

REFERRALS
☐ Physician_____
☐ Request Faxed
☐ Physical Therapy
☐ Acupuncture
☐ Other_____

SAMPLE MEDICATION/AMOUNT DISPENSED BY PHYSICIAN 1._____ Amt_____
2._____ Amt_____

FOLLOW UP APPOINTMENT Given_____for ☐ Procedure_____ ☐ Re-evaluation ☐ Med Check
☐ Patient will call ☐ PRN ☐ Other_____

Anticoagulation: Stop for next visit ☐ Yes ☐ No ☐ Other _____

RN INITIALS_____

RN Signature_____ **Date**_____ **Time**_____

POST PROCEDURE PHONE CALL
Date/Time_____Initial_____ ☐ Patient ☐ Family Member ☐ Message Left ☐ No Answer
Problems ☐ Yes ☐ No Comments_____

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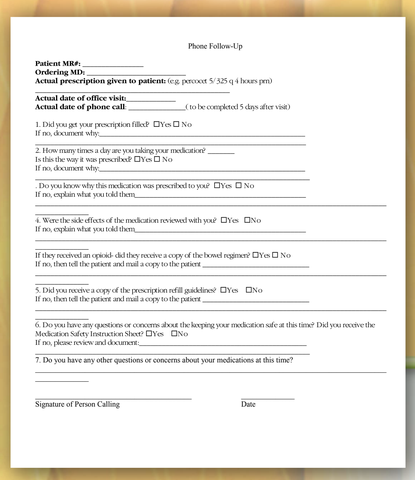
Figure 3
Phone Follow-Up



Phone Follow-Up

Patient MR#: _____
Ordering MD: _____
Actual prescription given to patient: (e.g. percocet 5/ 325 q 4 hours prn)

Actual date of office visit:_____
Actual date of phone call: _____ (to be completed 5 days after visit)

1. Did you get your prescription filled? ☐Yes ☐ No
If no, document why:_____

2. How many times a day are you taking your medication? _____
Is this the way it was prescribed? ☐Yes ☐ No
If no, document why:_____

3. Do you know why this medication was prescribed to you? ☐Yes ☐ No
If no, explain what you told them_____

4. Were the side effects of the medication reviewed with you? ☐Yes ☐No
If no, explain what you told them_____

If they received an opioid- did they receive a copy of the bowel regimen? ☐Yes ☐ No
If no, then tell the patient and mail a copy to the patient _____

5. Did you receive a copy of the prescription refill guidelines? ☐Yes ☐No
If no, then tell the patient and mail a copy to the patient _____

6. Do you have any questions or concerns about the keeping your medication safe at this time? Did you receive the Medication Safety Instruction Sheet? ☐Yes ☐No
If no, please review and document:_____

7. Do you have any other questions or concerns about your medications at this time?

_____ _____
Signature of Person Calling Date

Retrospective Chart Review:

A retrospective chart review from July to December 2009 of 250 charts was completed for current nursing practice for documentation of teaching when prescriptions were given. This project was completed at Lehigh Valley Hospital-Muhlenberg Center for Pain Management. In addition, we were tracking the number of phone calls made by the patient after receiving a prescription about any problems or concerns with the medication.

Out of the 250 charts-100 patients had received prescriptions for opioid medications. 80 charts had no documentation that the patient had any teaching or instructions in regards to the prescribed medication. 20 charts had adequate documentation of teaching about the prescribed medication. In addition, approximately 55 patient phone calls were recorded with problems or concerns about their prescribed medication.

Concurrent chart reviews were completed during February, March, May and June- 33 random charts for compliance in obtaining an opioid agreement and the use of Urine Drug Screens. The patients were on an opioid from a few months to 7 years. Out of the 33 charts there were 6 charts that had an opioid agreement-many that were obtained but never updated on an annual basis. Out of the 6 that had an opioid agreement there was only 1 UDS completed. Many of the charts were lacking in documentation of risk assessments, benefit of current treatment and the 4A's.

Concurrently, a Standard Operating Procedure was developed for Opioid Prescribing to include opioid agreements, outline responsibilities of the staff (physician and nursing), and urine drug screen guidelines. This SOP was implemented as of July 6, 2010.

Evaluation/Outcome:

As of July 15, 2010 approximately 175 patients received the teaching/guideline sheet at each clinic visit. There was an overall improvement in nursing documentation as well as patient compliance with taking the medication as prescribed along with satisfaction with their current treatment.

The pharmacy collaboration overall decreased the number of pharmacies that were being used by the patients, the number of lost prescriptions due to no mailing of prescriptions. The pharmacy was able to monitor if patients went to other physicians/pharmacies for additional medications. It also increased patient satisfaction and compliance. As well decrease nursing time spent on writing/mailing/documenting of renewals.

The follow up phone call was difficult to complete. Many times patients were not home or did not return our phone calls. In follow- up at the next visit many patients did not report any major issues with their medication.

Future Processes:

- Revise and update opioid agreements
- Have at least 2 days per month scheduled for UDS days
- Follow-up monitoring of charts to be completed 3 months after implementation of the SOP for the implementation of opioid agreements and the use of UDS in the practice.
- Continue chart reviews for nursing documentation of teaching and patient compliance.