New Med Pass in Early Stages of Change


It has long been a common assumption that residents’ lives must revolve around their medication schedules. That they must be woken up to take medication, that whatever they are doing must be interrupted or missed when it is time for meds. It’s an assumption that is being disproved, even in nursing homes just beginning their culture change journey.

ACTS Retirement-Life Community Fort Washington Estates’ Willowbrook Court in Fort Washington, PA was chosen as the pilot community for a person-centered med pass initiative. They wanted to create a policy for delivering medication to residents that was dictated by the residents’ individual daily rhythm, even though they were just beginning the neighborhood stages of change. Challenging the long-standing system required meetings with all stakeholders and a plan for Quality Assurance and regulatory compliance.

Staff met in learning circles to discuss the change. Julie Palmer, Fort Washington Estates’ DON, led the process and met with the medical director, pharmacist consultant and pharmacy nurse to look at possibilities for reducing meds and writing scripts in a way that reflected time of day they were to be given instead of specific hours. Meetings were held with Independent Living residents of Fort Washington Estates as well as with Willowbrook Court (Skilled Nursing) residents to get their input. Finally, Julie spoke with their field representative from the Department of Health to make sure they had covered all the bases before moving forward.

Bases covered, the new system was ready to be tried. Four residents who kept pretty defined daily routines were chosen to start the pilot the program. Every month more residents were added and after a few months orders for all newly admitted residents were written in the new system. Short-term rehab residents who are able administer their own medications. “They were doing it the day before they came here, we don’t want them to lose that ability,” Julie said. If new medications were added during their stay, they would also know better how to deal with them when they returned home and continued on those medications. Their medications are kept in a locked drawer in their room to which they have a key.

In keeping with the goal of not limiting residents’ activities in order to administer meds, the team decided against in-room med cabinets. “We found
Skit Examines Homelessness in Nursing Homes

http://www.pilgrimplace.org/

The need for true home for elders living in nursing homes suddenly becomes urgent when one realizes the many similarities between these elders and the homeless. Lack of privacy, loss of personhood, feelings of powerlessness and dependency are overwhelming for those living in traditional nursing homes, and on the street.

Action Pact trainings often include an examination of these similarities to create motivation and momentum for culture change work. Two members of the Steering Team from Pilgrim Place in Claremont, CA decided to put together a skit to illustrate the similarities to their peers as part of this training. Independent Living resident Eleanor Scott Myers and Staff Developer Rachel Von Stein play a homeless person and elder in a nursing home respectively. The two characters have a frank and empathetic discussion about the parallel indignities in their lives. The skit was so well done and powerful, they were encouraged to video tape it to be used as part of the PersonFirst® trainings done throughout the organization. “[People in the trainings] see things they had never thought of before that a resident might feel because of things we do,” said Sue Fairely, VP of Health Services at Pilgrim Place.

The skit is now available on YouTube: http://www.youtube.com/watch?v=Opd2cgN7Pnw

We encourage you to check it out and share it to awaken that urgency in your organization.

Getting It Right From the Start

Creating households is a powerful and large undertaking for a healthcare center. If you’ve made the decision to bring about the change for true home for your residents, but now need to decide how to get there, it’s time to have a conversation with Action Pact Development (APD) to determine the feasibility of all the particulars of your goal.

Enlisting the help of APD right at the start can save you time and money while giving you an outcome designed with the input of all stakeholders – leadership, staff, Board and residents. Action Pact Development’s Integrated Pre-Feasibility Analysis (IPA) ensures the cultural, physical, organizational and financial elements of the project are planned for and integrated simultaneously. It establishes organizational and cultural pathways, a project scope, an associated budget and a subsequent timeline.

Read more about the IPA process and how it helped the Inglis Foundation start developing their future households. http://www.actionpact.com/testimonials/detail/the_inglis_foundation

The IPA process compared to the traditional, linear development approach:

IPA Development Process—Interactive, Integrated, Iterative Approach

• Architect, contractor, financial forecaster, culture change consultant, and IPA facilitator are engaged simultaneously
• Architect designs a building layout with input from contractor, forecaster, culture consultant, leadership, staff, residents, board/community members, etc.
• As design unfolds, everyone has input simultaneously to create a design that works architecturally, operationally, culturally, and financially
• Process takes 3 to 6 months

compare that to the

Normal Development Process—Linear Approach

• Architect is hired – takes months to design a layout
• Architect passes their drawings to contractor who takes a month to price it
• Financial forecaster then takes a couple months to build financial model, only to report the design won’t work financially
• Architect goes back to drawing board and the linear process repeats itself until project works
• Process can take 1.5 to 3 years or more

Med Pass

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residents weren’t often in their room and we didn’t want to have to take them away from something to go back to their room to take their meds,” Julie said. Wanting to get away from the traditional med cart, a wood and marble cupboard with a plant atop it houses meds for each of the three neighborhoods.

The lack of interruption to residents’ lives was the main driver, but “the numbers” show benefit as well. The average medications per resident, including as-needed meds, in February 2010 was 18.7. May 2011 showed that number to be 11.9. The 2010 positive response rate from physicians was 63 percent. In July of 2011, the positive response rate was 95 percent. And their survey after instituting the new med pass policy; deficiency free. All ACTS communities will now be adopting the same policy.

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