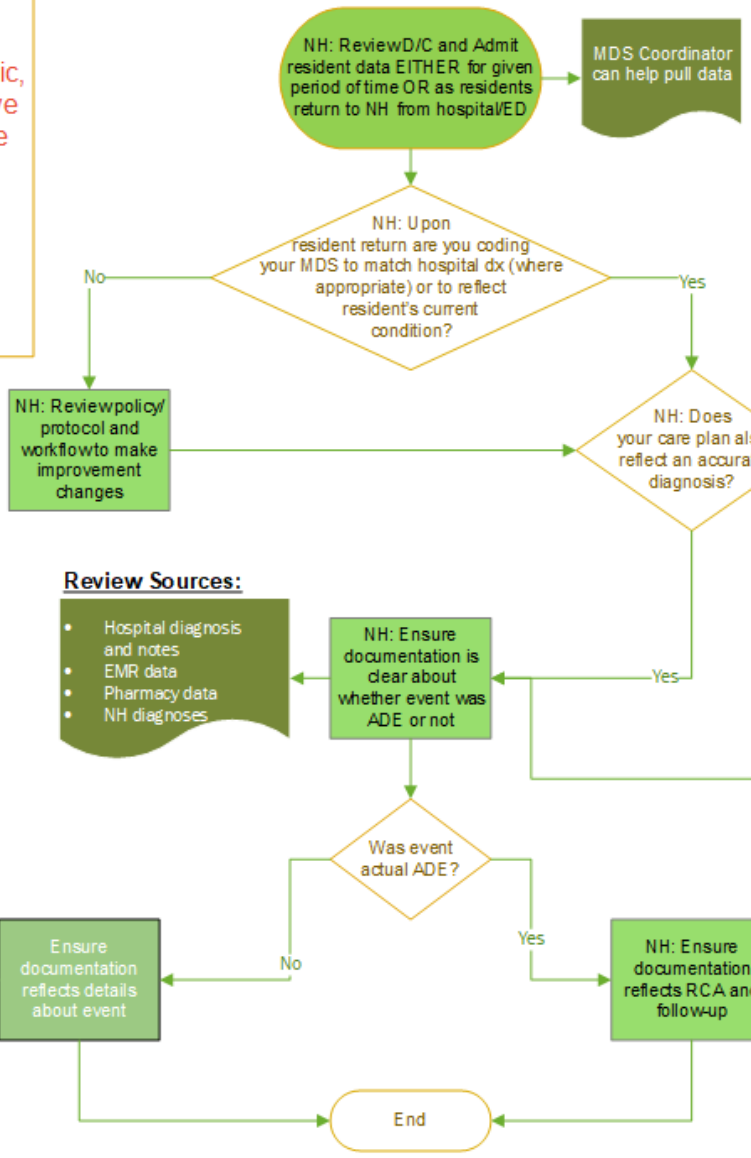
Workflow For Nursing Home ADE/MDS Event Check

NHs identified by CMS data have residents who have been taking 1+ meds in 1+ of three categories (diabetic, anti-coagulant, opioids) AND who have 1+/120 ICD-10 ADE dx in 1+ of those three categories.

Nursing homes should determine whether event was an "actual" ADE and have supporting documentation for either scenario.



Be sure to include this in your QAPI work!

ACRONYM KEY

ADE (adverse drug event)
D/C (discharge)
ED (emergency department)
EMR (electronic medical record)
INR (international normalized ratio)
MDS (minimum data set)
NH (nursing home)
NP (nurse practitioner)
QAPI (quality assurance and performance improvement)
WNL (within normal limits)

Sample documentation:

Mrs. Smith returned from hospital with a diagnosis of Epitaxis. Reviewed documentation. Mrs. Smith was on Coumadin. Mrs. Smith had walked into a door. INR had been checked to determine if event was an ADE. INR WNL. Event was not an ADE. Reviewed with NP. Diagnosis of Epitaxis was appropriate. No other factors present. Will continue to monitor.

Ultimately, the best practice is to call ED prior to patient's arrival to give report of high risk medications, chronic diseases, and goals of care.

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