

WELCOME

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Director, Marketing & Business Development



Asking a question is easy!

- About the topic being presented
 - Click on the Q&A icon at the bottom of your screen
 - Type your question & hit Enter
 - Questions will be answered at the program's end, or offline if time runs out
- > About technical issues or CE credit
 - Click on the Chat icon at the bottom of your screen
 - ❖ Type your question & hit Enter
 - Our team will reply to your question right away



Housekeeping notes

- This webinar is being recorded for on-demand access later, after the series' conclusion
- To earn CE, you must attend the entire session
- For those sharing a computer
 - Complete a manual sign-in sheet before the program ends
 - Go to Chat to access the link for the sign-in sheet
 - Each participant must complete an evaluation to obtain CE credit
 - Instructions will also be emailed to the program registrant



Getting the Most out of Your System and Avoiding Pitfalls



Introduction

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Learning objectives

1

Understand where pitfalls still lie within electronic record systems

2

Understand what your system & pharmacy interface can — and can't — do for you

3

Identify practical steps you can take to improve success & minimize the potential for error

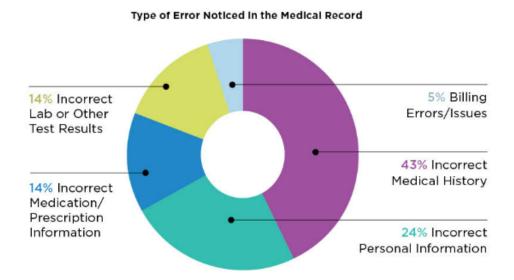


Broken Records

One in five people surveyed this year by the Kaiser Family Foundation has found a mistake in their EHR. Of those, nearly half have incorrect medical histories.

21%

OF PATIENTS FOUND AN ERROR IN THEIR EHR.



EHRs can help, but they can also hurt



The problem with EHRs



Only as accurate as the data that were entered



No standard — too many variables with different systems that cause confusion for pharmacies & facilities



Success depends on how well staff are trained



Glitches still occur



How issues affect safety

Missed administration because the order didn't "pop" in the eMAR

- Med order from pharmacy not approved (pharmacy-push)
- Order disappeared or delayed while interface down
- Erroneous D/C caused by glitch or process error
- Med not linked to resident

Extra administration

• Duplicate order caused by glitch or process error

Adverse events

Administering a med before pharmacy review (facility push)



Do what you always do, get what you always get "As the eMAR was implemented, staff continued to hold onto traditional strategies and circumvent the new eMAR features."

Agency for Healthcare Research and Quality. Electronic medication administration records improve communication and decisionmaking in nursing homes. *Research Activities*, July 2009, No. 347. Agency for Healthcare Research and Quality, Rockville, MD. http://archive.ahrq.gov/news/newsletters/research-activities/jul09/0709RA29.html



A cautionary tale













How does the interface affect you?

Each order transmits as an individual electronic message



But when is an order not an order?

Splits

Titrations & graduated dosing ("splits") transmit as separate orders

• 1 message per split

Order changes come in as 2 orders to approve (ex: Lasix 10 mg to 20 mg):

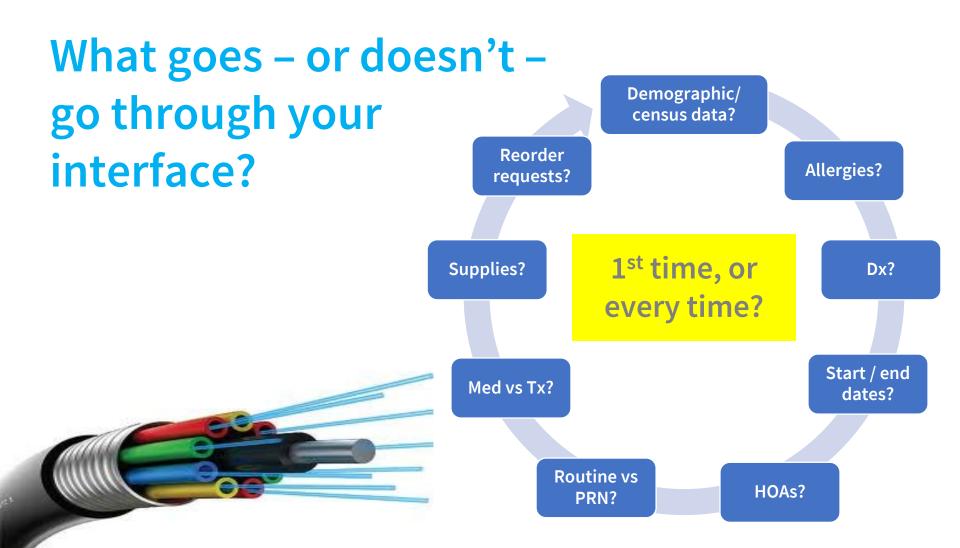
- D/Cs the "old" order (Lasix 10)
- Submits the "new" order (Lasix 20)

D/Cs

1 cancel order

1 new order







The smallest details matter!

- Medication & dosing choices
 - Tabs vs caps, cream vs ointment
 - Strength, total strength, frequency
- What if EHR & pharmacy orders don't match exactly?
- ☐ What do you have to fix because a field doesn't transmit?
- Order as written vs what should appear on EMAR:
 - What will you administer (ex: Lasix/furosemide)?



Two interface types

Pharmacy push

- ☐ Facility faxes orders to pharmacy
- Pharmacy enters orders in its system
- E-orders automatically pushes to facility EHR

Facility push

- ☐ Facility enters orders in EHR,
- EHR automatically pushes e-orders to pharmacy



Most common EHR interfaces

PHARMACY-PUSH



















FACILITY-PUSH









PointClickCare^{*}



Pharmacy-push interfaces

- Experts enter orders
- ► Time to fax & enter
- Nurses must verify & accept orders from pharmacy before they'll pop in the EMAR





Challenges with pharmacy-push

- A lot of orders to approve!
- Discrepancies in resident info may cause orders to reject
- Renewing Rx #s may D/C old orders & create new ones to approve
- Interface may not populate all needed info on the facility side
- Mouse slips:
 - Completing an order before updating/ correcting data
 - Accidently rejecting an order
- Rejecting an order that was already D/C'd may cause a duplicate that pharmacy cannot see



Nursing's role in receiving/
approving pharmacypushed orders

Is order correct based on what was submitted?

Check/update HOAs & other missing info

Add parameters if needed:

- Sliding scale
- BP
- SG
- Site



Facility-push interfaces



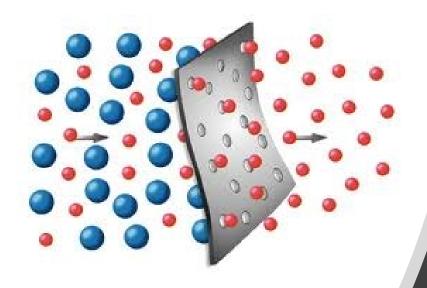
- No waiting for orders to be entered
- Nurses must learn order-entry:
 - Free-hand text vs picklist
 - Can you use pharmacy's formulary?



Challenges with facility-push

- Census edits may inactivate the resident in pharmacy system
- Some orders do not go through interface & must be faxed
- Some data may not go through
- "Non-significant" changes after initial submission don't get sent to pharmacy
 - Dx, allergies, HOAs, comments, clarifications, etc
- Changing an order while pharmacy processes it
 - Significant changes may D/C the old order in the pharmacy system; resulting in delays as "new" order must be re-processed, re-verified, etc





Issues with all interfaces

- Glitches
- Missing data (no channel to communicate in interface?)
- Duplicates
- ☐ Interface goes down...are messages lost?
- Making changes too soon after entering/saving orders
- Making additional changes before previous ones are processed by pharmacy



Steps you can take to minimize errors

- Always check your work
- Identify an in-house super-user/specialist:
 - Address front-line questions
 - Point of contact for issues with pharmacy & vendor
- Consider monthly or quarterly med order reconciliations
- Know your EHR & know your interface!
- Specific training or reference materials
 - Who does what
 - When to approve & when to reject orders
 - What does—and doesn't—go through
 - What are your known glitches

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Questions to ask



- How does your EHR communicate with pharmacy?
- Which pieces of data do NOT get pushed through the interface?
- How does census get communicated?
- How are orders submitted?
- How are changes communicated?
- How are order messages and/or clarifications communicated?
- What will happen if you delete a duplicate order?
- What will happen if you reject an order from pharmacy?



How do you instruct pharmacy?

- Do not send
- Taken from on-site supply
- Clarifications
- Family to provide
- Profile-only resident
- MD approval of med in presence of documented allergy
- Therapy start/end dates



To fax or not to fax to pharmacy?



Information/Order Type	Patient Info (LOA, Changes)	Allergies & Dx	New Orders	Order Changes & D/Cs	Refills
Meds or IV orders with directions > 1,000 characters					
TPNs					
Controlled substances					
Compounds/complex mixes					
All other meds: • Start/end dates • Admin times • HOAs					
Pharmacy instructions					
Ancillary orders					



What can managers do?



Ensure processes are updated & followed



Monitor for success



Use built-in reporting capabilities:

- Clinical
- Administrative/ procedural



Establishing standards for best practices

Processes

- When do you approve orders?
- When do you resolve missed meds?
- Regularly scheduled monitoring & auditing:
 - Interface/transmission errors
 - Missed meds
 - Scanned meds
 - Order entry
 - Order reconciliation

Procedures

- Checking order accuracy (facility- or pharmacyentered)
- Approving orders
- Reconciling orders to capture missing data:
 - Not faxed to pharmacy
 - That didn't go through the interface
- Census/room changes



Monitoring parameters



Procedural adherence

- Scanning &/or linking received orders or received meds
- Scanning at administration--are nurses scanning all meds?

Performance

- Meds administered OOC or not administered (out of HOA cycle)
- Orders awaiting review/acceptance

Are data being uploaded/entered timely?

- Census
- Labs
- Orders (if facility-push)



Getting the data you need

- □ Reports you used to get through pharmacy are now at your fingertips
 - Meds
 - Ancillary orders
 - Vaccinations
 - Vitals
- OOCs, scan %s, etc

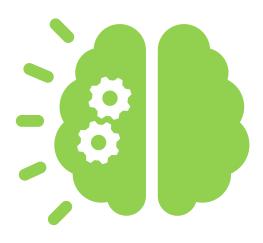




Computers don't think like us

- Every character counts
 - Discrepancies between facility & pharmacy are the primary reason for issues
- They do not understand dosing ranges
 - 1–2 tablets: choose one specific dose or split into two separate orders











Start & end dates

- Systems often default start dates to when the order was entered
- What date should a new order start?
- ▶ When will the med be delivered?
- When will resident exhaust existing supply?
- ► If the start date changes, how does it affect the end date for shortterm therapies?





Receiving meds from pharmacy

<u>Each</u> med received from pharmacy should be checked against the corresponding order in the EHR

Many systems require you to scan or link

Always double check that med was linked correctly

 If you put a med into a cart without linking 1st, it may not show up in the EHR that it's available to give





PHARMACY-PUSH

Good habits

Before each med pass

- ✓ Review pending orders before each med pass (read the entire order)
- ✓ Orders will not pop unless approved

Before end of shift

- ✓ Review pending orders (read the entire order)
- ✓ Document all missed meds





PHARMACY-PUSH

Approving orders

- ☐ Read the entire order & reconcile vs original
- ☐ Review for accuracy & correct errors, if any
- Add any med info that did not pass through the interface:
 - Administration start & stop dates/times
 - Give times
 - Route
 - Indication
 - Type of med: PRN / insulin / injectable / patch
 - Associated vitals





- Is info missing info because it's a mistake or it needs to be added by nursing?
- Give pharmacy specific directions what do you want them to do to fix it?
- In general, only reject an order if the resident, medication, or instructions are wrong

PHARMACY-PUSH

Before you reject an order



Q & A



About CE credit

Administrator credit

This program has been approved for one clock hour of continuing education credit by the National Continuing Education Review Services (NCERS) of the National Association of Long-Term Care Administrator Boards (NAB).

Approval #20230729-1-A85875-DL

Nursing credit

This program has been approved for one clock hour of continuing education credit by The Illinois Board of Nursing, an approved sponsor of continuing education by the Illinois Department of Professional Regulation.



Obtaining CE credit

- Complete the evaluation at the conclusion of this program:
 - In your web browser
 - Also emailed immediately following this program
- For those sharing a computer to view the webinar:
 - Submit your sign-in sheet to the email address listed on the form
 - Each participant will then be emailed a link to the evaluation
 - Each person must complete an evaluation to receive CE credit
- Certificates should be emailed in the next 30 days



ForumPharmacy.com

Want more CE after this?

Look for our upcoming webinars:

Aug: Where Do We Stand Now – Recap of Regulations & Surveys After

COVID

Sep: Happenings on the Hill – Updates on LTC Initiatives and Legislation

Oct: Recruitment, Retention & More in the New Normal

Nov: Long-Term Care @ Home

Dec: Cyber-Security & HIPAA Compliance



THANK YOU!