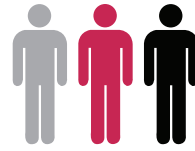


ADVERSE DRUG EVENTS

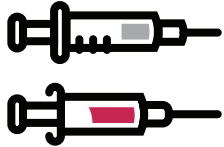
CASE FOR CHANGE



ONE in THREE
hospital adverse events
are ADEs.¹



ADEs Comprise about
2/3 of preventable
complications after
patient is discharged
from the hospital.¹



ADEs affect approximately
2,000,000
hospital stays each year.¹



Hospital stays extended by
1.7 to 4.6
days due to ADEs.¹

BOLD AIM & KEY DRIVERS

Reduce
incidence of adverse
drug events by

20
PERCENT
by 2019.

- Intervention Priorities
- Patient Centered
- Monitoring and Surveillance

RAPID CYCLE INNOVATIONS

Intervention Priorities

- Enlist champions within departments to lead initiatives
- Implement use of NCC MERP Scale Categories D-I for categorization of adverse drug events

Patient Centered

- Address any possible barriers due to social determinants of health (SDH)
- Educate patients with diabetes and family members on the symptoms of hypoglycemia

Monitoring and Surveillance

- Support advancement of surveillance strategies that better identify real world burden and scope of ADEs
- Support development, dissemination, and uptake of optimal acute care management strategies
- Support policies that incentivize optimal acute care management and that minimize payment/coverage barriers to such management
- Support research of management of ADE's (drug selection, transition among agents, adherence, laboratory testing, and reversal strategies)

KEY LEARNING

- Engage multidisciplinary teams in the process by creating awareness, training, and education around current evidence-based practice and guidelines
- Engage and educate patients and families
- Incorporate anticoagulation, glycemic and opioid order sets into electronic health records (EHRs) for ease of use
- Educate providers and clinical staff (MDs and RNs)
- Integration of medication reconciliation and other care transition models
- Multidisciplinary collaboration; including Pharmacy, Laboratory Services, etc.
- Measure performance by setting baselines, collecting performance data, reviewing data with staff and adapting systems to improve performance and outcomes
- Improve access to more integrated EHR data linking pharmacy, laboratory, and outcomes data

MEASURES

Process:

- Blood Glucose less than 50
- INRs greater than 5
- Stat naloxone administration
- Opioid therapy treatment plan
- Prevalence of naloxone usage in community setting prior to admission

Outcome:

- Adverse drug event rate
- Adverse drug events originating during hospital stay



Source:
1. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. National Action Plan for Adverse Drug Event Prevention. <https://health.gov/hca/pdfs/ade-action-plan-508c.pdf>