What is an Adverse Drug Event? Let's Look A Little Deeper…

Welcome!

- All lines are muted, so please ask your questions in Q&A

- For technical issues, chat to the 'Technical Support' Panelist

- Please actively participate in polling questions that will pop up on the lower righthand side of your screen

We will get started shortly!

Quality Improvement Organizations
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ALLIANT HEALTH SOLUTIONS

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Tanya is an IPRO pharmacist with 17 years of clinical pharmacy, community pharmacy, academia, quality improvement and medication safety experience. Prior to joining IPRO, she worked at various community pharmacies and taught at Albany College of Pharmacy and Health Sciences in Albany, NY. She specializes in Medication Therapy Management (MTM), medication reconciliation, opioids, immunizations, and patient self-care. Her formal teaching experience includes courses in pharmacy practice and clinical experiential teaching.

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Objectives

- Learn Today:
  - Define Adverse Drug Event (ADE)
  - Identify ADE High Risk Medication Classes
  - Review common ADEs
  - Examine patient cases
  - Determine if the cases were ADE related

Definition

ADE = Adverse Drug Event

CDC: An adverse drug event (ADE) is when someone is harmed by a medicine.[1]

CMS: An injury resulting from drug-related medical interventions.[2]

Types of ADEs[3]

Preventable ADEs: result from a medication error that reaches the patient and causes any degree of harm.

Non-preventable ADEs: when medications are prescribed and administered appropriately. These are commonly known as side effects.

Stats[3]

- It is generally estimated that about **half** of ADEs are preventable

- Antidiabetic meds, anticoagulants/antiplatelet meds and opioids account for **more than 50%** of ED visits for ADEs in Medicare patients

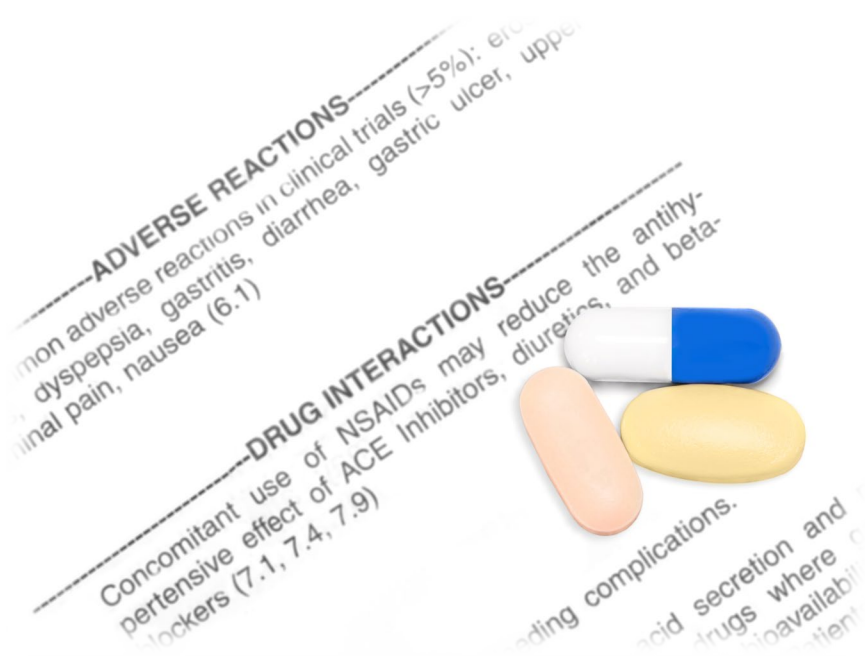- Each year, ADEs account for nearly **700,000 ED visits and 100,000 hospitalizations**

High Risk Medication Classes

- Anticoagulants
- Diabetes medications
- Opioids
- Antipsychotic medications

Who Is High Risk?

• Older adults (65 years or older) visit emergency departments almost 450,000 times each year, more than twice as often as younger persons.[1]

➢ Why?

Why?

- Decreased kidney function

- Decreased liver function

- Possible dehydration

- Cognitive deficits

- Polypharmacy

- Multiple medical conditions

- Slowed/decreased absorption

Other Causes

- New medication added
- Medication stopped
- Medication adherence changes
- Drug-drug interactions
- Drug-food interactions
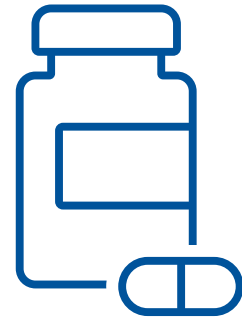- Lack of monitoring
- Care transitions

A Few Common Drug Induced ADEs

- Falls
- Bleeding
- Bruising
- Clotting
- Confusion
- Dizziness
- Sedation

- Decreased respiration
- Constipation
- Low blood sugar
- High blood sugar
- Decreased blood pressure/HR

What Are We Missing?

Case #1

- 80yo female resident is found on the floor before breakfast this morning. She is conscious but sweaty. She was last seen in bed when she took her morning medications.

- Medications:
  - Atorvastatin 40mg QHS
  - Glyburide 5mg QAM
  - Hydrocodone/APAP 5/325mg QID
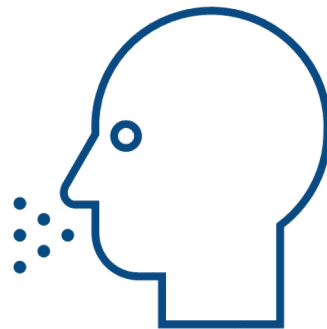 - Metoprolol XL 50mg QAM

Case #2

- 72yo male resident has been sleeping for the last 24 hours. He has only been awake for a few minutes when he is woken by staff to take his medications.

- Medications:
  - Metformin 500mg BID
  - Aspirin 81mg QAM
  - Hydrocodone/APAP 5/325mg QID prn
  - Fentanyl 100mcg/72hrs (recently increased from 75mcg)

Case #3

- 90yo female resident has chest tightness and a cough.

- Medications:
  - Metformin 500mg BID
  - Aspirin 81mg QAM
  - Lisinopril 20mg QD

References

1. https://www.cdc.gov/medicationsafety/adult_adversedrugevents.html

2. https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/Adverse-Drug-Event-Trigger-Tool.pdf

3. https://psnet.ahrq.gov/primer/medication-errors-and-adverse-drug-events

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Objectives Check In!

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How will this change what you do? Please tell us in the poll…

Closing Survey

Help Us Help You!

- Please turn your attention to the poll that has popped up in your lower right-hand side of your screen
- Completion of this survey will help us steer our topics to better cater to your needs

CMS 12th SOW Goals

Behavioral Health Outcomes & Opioid Misuse
- ✓ Promote opioid best practices
- ✓ Decrease high dose opioid prescribing and opioid adverse events in all settings
- ✓ Increase access to behavioral health services

Patient Safety
- ✓ Reduce risky medication combinations
- ✓ Reduce adverse drug events
- ✓ Reduce C. diff in all settings

Chronic Disease Self-Management
- ✓ Increase performance on ABCS clinical quality measures (i.e., aspirin use, blood pressure control, cholesterol management, cardiac rehab)
- ✓ Identify patients at high-risk for developing kidney disease & improve outcomes
- ✓ Identify patients at high risk for diabetes-related complications & improve outcomes
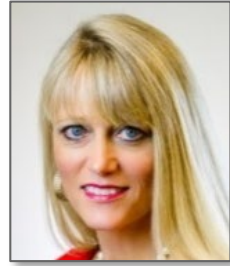
Quality of Care Transitions
- ✓ Convene community coalitions
- ✓ Identify and promote optical care for super utilizers
- ✓ Reduce community-based adverse drug events

Nursing Home Quality
- ✓ Improve the mean total quality score
- ✓ Develop national baselines for healthcare related infections in nursing homes
- ✓ Reduce emergency department visits and readmissions of short stay residents

Making Health Care Better *Together*

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Upcoming Events

Learning and Action Webinars

Nursing Homes Tuesdays, 2pm ET/1pm CT	Community Coalitions Thursdays, 12:30 pm ET/11:30am CT
April 20, 2021: A deeper dive into Opioid and Antipsychotic Medication Adverse Drug Events	March 25, 2021: One Coalition's Experience Using Data and Community Partnerships to Reduce Readmissions
May 18, 2021: A deeper dive into Diabetic Agent and Anticoagulation Medication Adverse Drug Events	April 22, 2021: UAB Ticket To Ride: COVID and Vaccine Communication Across Care Continuum

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