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For Sarasota and Charlotte
Call: (276) 236-2548
871 Venetia Bay Blvd #231
Venice, Florida 34285

For Lee and Collier Counties
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Medication Discrepancy Risk Factors

#1 Factor: Low Social Support

The Bad News:

Despite much attention in recent decades, medication discrepancies still present a prevalent danger for patients. Across various care settings and patient groups, the prevalence of medication discrepancies has ranged from 14% to 86%.¹⁻⁵ One of the latest entries into this body of evidence is the work of Elizabeth Manias and colleagues, measuring an unintentional medication discrepancy rate of 39.7%.⁶ Among these patients with medication discrepancies, 68% were readmitted to the hospital within six months. Interestingly, Manias and colleagues examined their data to reveal risk factors for medication discrepancies. Knowing these risk factors can help with care planning.

In the current study, researchers examined the medical records of 426 patients, age 65+, who were admitted to any of five hospitals through the emergency department. They followed the patients across various acute and subacute care settings and through to discharge to home. Their data established the following risk factors for unexplained medication discrepancies:

- **No Social Support:** This increased the risk 171%. This was defined as having no partner, informal caregiver, or formal caregiver.
- **Multiple Transitions:** Transitions here refers to care settings such as the ED, cardiac ward, intensive care, nursing home, etc. More than four transition points increased the odds 148%.
- **Multiple Pre-Existing Prescriptions:** Each prescription that was already in place at presentation to the ED increased the risk 13%.

No social support turned out to be the largest modifiable risk factor in medication discrepancies. The presence of a risk factor can serve as a red flag that additional support may be warranted.

The Good News

When patients need improved social support, doctors can simply prescribe it. Discharge planners can simply refer to it. The private-duty home care and nursing available through McKenney Home Care can provide the social support needed to modify this risk factor as well as skilled nursing for at-home medication reconciliation. Adding a home visit to the medication reconciliation program detects 62% more medication discrepancies - even after pre-discharge medication reconciliation and post-discharge reconciliation by phone.⁷ When you refer patients with potential medication adherence problems, McKenney Home Care can send nursing assistants to provide medication reminders and assist with self-administered medication. McKenney aides can pick up medications for clients at the pharmacy, examine medication containers to evaluate adherence, and report adherence problems to nurse supervisors for further interventions.

If forgetfulness, impaired judgment, or physical limitations are impeding your patients' ability to adhere to their medication instructions, it is highly likely that other health-related activities of daily living are suffering. Order an in-home assessment by McKenney Home Care to help ensure that all your patient's needs are being met, so elderly patients can stay in their own homes with greater convenience, safety, and health.



Now Serving Sarasota and Charlotte Counties



After six years of serving Collier and Lee Counties from our headquarters in Naples, we have expanded to Sarasota and Charlotte Counties to serve most of Southwest Florida. With our new office in Venice, McKenney Home Care is now 150 caring professionals strong. Characterized by our world-renowned medical board, ACHC accreditation, and very high patient reviews, McKenney is setting the standard for home care, in Collier & Lee and now in Sarasota & Charlotte.

Please offer McKenney Home Care to your patients.



AIDE SERVICES

- Medication reminders
- Adherence to therapeutic diets
- Assistance with ambulation and transfers
- Transportation assistance to your office and other outings
- Hospital / facility sitters
- Help with bill paying
- Help keep appointments
- Bathing / bathing assistance
- Grooming & dressing
- Toileting
- Feeding
- and more



PRIVATE DUTY NURSING

- Medication reconciliation
- Periodic medication set-up
- Post-op care
- Medication administration
- Health monitoring / assessments
- Glucose monitoring
- Medication teaching
- Therapeutic diet teaching
- Medical equipment monitoring
- PEG / colostomy care
- Catheters
- End of life care
- and more



HEALTH ADVOCATE

- We provide ongoing home assessment and support to decrease acute incidents and reduce hospital visits.
- We provide regular phone calls and monthly visits to proactively reconcile medication and assist in the coordination of care.
- We will maintain communication with the primary care practitioner(s), keeping them informed of patient status including sending the names of the hospitalists and all specialists called in for consultation and data from tests performed.
- At hospitals and other facilities, we will send an experienced Private Nurse to act as your patient's advocate, ensuring optimal assistance from the facility.



DEMENTIA CARE

McKenney Home Care provides enriched, specialized training for its caregivers working for patients with Alzheimer's Disease and other forms of dementia. In addition to specialized videos and manuals, McKenney caregivers are sensitized through the Virtual Alzheimer's App. This virtual reality experience helps caregivers understand the feelings and experience of those with Alzheimer's and dementia.

In addition, McKenney Home Care is a trained Music & Memory Agency. Providing help for Alzheimer's and Dementia Patients, this specialized music therapy program is highly personalized and has been shown to reduce the need for anti-anxiety and anti-psychotic drugs by 50%. In addition to bringing joy to the lives of patients suffering with Alzheimer's and dementia, this program can enrich the life of anyone with neurological issues, or those required to be on a ventilator or dialysis for long periods of time. Music opens the door to stored memories that otherwise might be hidden, connecting a people to their former selves and bringing joy back into their lives. We would be delighted to work with your patients on a personalized music program.

References:

1. Kee KW, Char CW, Yip AY. A review on interventions to reduce medication discrepancies or errors in primary or ambulatory care setting during care transition from hospital to primary care. *Journal of Family Medicine and Primary Care*. 2018 May;7(3):501.
2. Azzi M, Constantino M, Pont L, McGill M, Twigg S, Krass I. Medication safety: an audit of medication discrepancies in transferring type 2 diabetes mellitus (T2DM) patients from Australian primary care to tertiary ambulatory care. *International Journal for Quality in Health Care*. 2014 May 19;26(4):397-403.
3. Coleman EA, Smith JD, Raha D, Min SJ. Posthospital medication discrepancies: prevalence and contributing factors. *Archives of Internal Medicine*. 2005 Sep 12; 165 (16): 1842-7.
4. Manias E, Gerdz MF, Weiland TJ, Collins M. Medication use across transition points from the emergency department: identifying factors associated with medication discrepancies. *Annals of Pharmacotherapy*. 2009 Nov;43(11):1755-64.
5. Wong JD, Bajcar JM, Wong GG, Alihai SM, Huh JH, Cesta A, Pond GR, Fernandes OA. Medication reconciliation at hospital discharge: evaluating discrepancies. *Annals of Pharmacotherapy*. 2008 Oct;42(10):1373-9.
6. Manias E, Annakis N, Considine J, Weerasuriya R, Kusljic S. Patient-, medication-and environment-related factors affecting medication discrepancies in older patients. *Collegian*. 2017 Dec 1;24(6):571-7.
7. Costa L, Poe S. Challenges in posthospital care: nurses as coaches for medication management. *J Nurs Care Qual*. 2011; 26 (3): 243-251.