MSOS Member Briefing
January 2025

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Moderated by: E. Robert Feroli, PharmD, FASHP

MSOS
MEDICATION SAFETY OFFICERS SOCIETY

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WHO'S ON FIRST? WHAT'S ON SECOND?:
STANDARDIZING PATIENT NAMES

Liz Hess, PharmD, MS, FISMP, CPPS
Associate Director, Medication Safety and Accreditation
UK HealthCare

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MEDICATION ERROR

- Near Miss Event
- Nurse called pharmacy for a medication for Rachel Smith
- Pharmacy had a medication for John Smith
- Recognized the *preferred* name of the patient was Rachel and the *legal* name was John

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BACKGROUND

- Many patients do NOT go by their legal first name
  - Nickname, gender transitional, middle name
- Presents a risk for errors
  - Wrong patient, wrong time, dose omission
- Two patient identifiers should be used
  - Name and DOB
- Registration, Legal, and Chief Diversity Officer recommend to use the legal name for patient care tasks, such as medication administration
- Preferred name can be used in other communication with the patient

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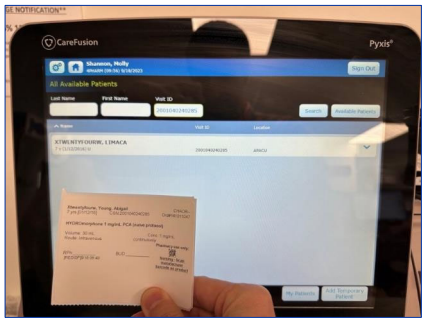
NAVIGATING THE USER EXPERIENCE

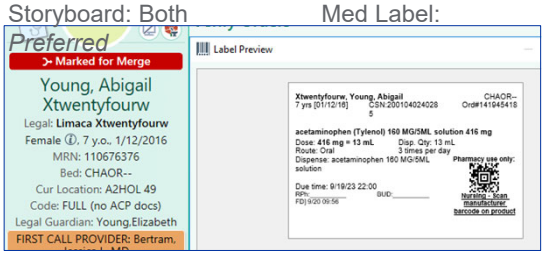
- What does it look like for the end user?

Patient Armband: Both

ADC: Legal Name



Storyboard: Both



Med Label:

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ASSESSMENT

- A different name is used throughout the medication-use process

Med Use System	Format	Example (nickname)	Example (DEI)
EHR Patient List	Legal Name	Robert Jones	John Smith
EHR Chart/ Storyboard *RN likely refers to patient as Preferred Name*	Preferred Name Legal Name	Bobby Jones Legal: Robert Jones	Rachel Smith Legal: John Smith
★ **ADC** *No link to preferred name*	Legal Name	Robert Jones	John Smith
Carousel Medication Label	Legal Name	Robert Jones	John Smith
Dispense Preparation Module	Preferred Name	Bobby Jones	Rachel Smith
EHR Medication Label	Preferred Name	Bobby Jones	Rachel Smith
Patient Armband	Legal Name Prefers	Robert Jones Bobby	John Smith Rachel
★ **Retail Pharmacy System** *No link to preferred name*	Legal Name	Robert Jones	John Smith

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SYSTEM UPDATES

Med Use System	Format	Example (nickname)	Example (DEI)
EHR Patient List	Legal Name	Robert Jones	John Smith
EHR Chart/ Storyboard RN likely refers to patient as Preferred Name	Preferred Name Legal Name	Bobby Jones Legal: Robert Jones	Rachel Smith Legal: John Smith
ADC No link to preferred name	Legal Name	Robert Jones	John Smith
Carousel Medication Label	Legal Name	Robert Jones	John Smith
Dispense Preparation Module	**Legal Name, "Preferred"**	Jones, Robert "Bobby"	Smith, John "Rachel"
EHR Medication Label	**Legal Name, "Preferred"**	Jones, Robert "Bobby"	Smith, John "Rachel"
Patient Armband	Legal Name Prefers	Robert Jones Bobby	John Smith Rachel
Retail Pharmacy Software	Legal Name	Robert Jones	John Smith

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FIXING THE SYSTEM

- Update patient name policy
- Educate staff on utilizing the legal name when communicating patient information
- Submit IT ticket for EHR alignment of patient names
  - Medication labels and Dispense Preparation now use the legal name with preferred in quotes
- Communicate to patients, patient safety is the priority, therefore we ask for their legal name during medication administration, procedures etc.

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BUT WAIT, THERE'S MORE!

- Forgot about workflows inside pharmacy
  - Medication Messages
    - Preferred Name → Legal Name, "preferred"

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KEY TAKEWAYS

- The EHR and external systems should standardize patient name format utilized for patient safety
- Review your patient name options available in your EHR and supporting systems

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Heart & Vascular Center
DEEP VEIN THROMBOSIS CLINIC
A Department of The Moses H. Cone Memorial Hospital

Safety & Success in a Pharmacist-Led Deep Vein Thrombosis Clinic

Madison Yates, PharmD, BCACP, CPP

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Pharmacy Services

www.conehealth.com/dvt

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Cone Health

- Cone Health is a not-for-profit health care network serving patients in Alamance, Forsyth, Guilford, Randolph, Rockingham and surrounding counties in North Carolina

Moses H. Cone Memorial Hospital, Greensboro, NC

Heart & Vascular Center (Outpatient Tower) to be completed Spring 2025 (future location of DVT Clinic)

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Cone Health – Acute Care

- Over **1,200** acute care beds
- **5** acute care hospitals
- **6** cancer centers
- **2** surgical centers
- Women's and Children's Center
- **2** stand-alone emergency departments
- **10** urgent care facilities

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Cone Health – Ambulatory Care

- Over **150,000** attributed patients
- **30+** Primary Care Clinics and **60+** Specialty Clinics in Cone Health Medical Group
- **8** outpatient pharmacies + **1** centralized services pharmacy
- Value-Based Care
  - Cone Health Value-Based Care Institute
  - Triad HealthCare Network Accountable Care Organization
  - HealthTeam Advantage Medicare Advantage Plan
  - 4 Contracted Managed Medicaid Plans

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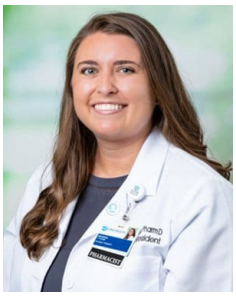
Deep Vein Thrombosis (DVT) Clinic

Led by team of vascular surgeons and **clinical pharmacist practitioner (CPP)**



Madison Yates, PharmD, BCACP, CPP

Goals

- Standardize DVT treatment in our community
- Reduce emergency department utilization for DVT
- Ensure access and affordability of medications
- Direct access to vascular surgeons to evaluate need for intervention

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DVT Clinic Workflow

Patients are referred to either start treatment immediately after outpatient diagnosis of DVT or for follow up management

→

All patients are seen by the clinical pharmacist practitioner for medication management

→

Patients who are candidates for vascular intervention are also seen by the vascular surgeon

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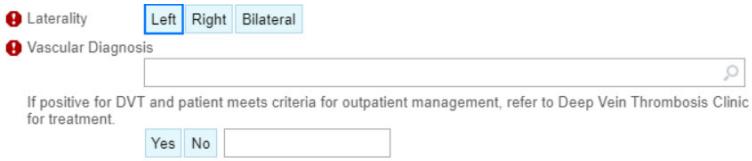
DVT Clinic Referral

- Embedded in vascular ultrasound orders in EHR
- Standalone referral in EHR is also available
- Many independent practices who do not use our EHR have modified their ultrasound order fax forms to include a similar statement

Ultrasound order in Epic:



Exclusions to outpatient management assessed at ultrasound appointment once positive: new or worsening shortness of breath, chest pain, elevated or irregular heartbeat, dizziness, lightheadedness, fainting, active bleeding, affected limb is cold or discolored

Examples of modified ultrasound fax forms at non-Epic practices:

- **US, DOPPLER, VENOUS**
  | PRIORITY: STAT
  NOTE TO IMAGING FACILITY: STAT VENOUS DOPPLER LEFT LOWER EXTREMITY R/O DVT If positive, refer to Cone DVT Clinic CALL

IF POSITIVE FOR DVT AND PATIENT MEETS CRITERIA FOR OUTPATIENT MANAGEMENT REFER TO DVT CLINIC FOR TREATMENT ___YES ___NO

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EHR: electronic health record

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DVT Clinic – Opened 11/6/23

- DVT Clinic was first location of care after DVT diagnosis in **61%** of patients

231 patients

387 visits

Data as of 12/31/24

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DVT Clinic - Referrals

Referring Practice	%
Emergency Department	28.9
Orthopedic Surgery	24.6
Primary Care	24.6
Urgent Care	4.9
Other	16.9

Data as of 7/15/24 CONE HEALTH

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Clinic Demographics

Characteristic (N=142)	n (%)
Age, years*	58.4 (17.7)
Female sex	73 (51.4)
Race	
White or Caucasian	75 (52.8)
Black or African American	55 (38.7)
Other or 2+ Races	12 (8.5)
Weight, kg*	92.6 (21.9)
BMI, kg/m^{2}*	31.3 (7.5)
Insurance	
Commercial	67 (47.2)
Medicare	48 (33.8)
Medicaid	25 (17.6)
Uninsured	8 (5.6)
Tricare/VA	2 (1.4)
Other	1 (0.7)

Characteristic (N=142)	n (%)
Location of DVT (Most Proximal)	
Common femoral or iliac	29 (20.4)
Femoral	37 (26.1)
Popliteal	20 (14.1)
Distal	42 (29.6)
Upper extremity	9 (6.3)
Cause of DVT	
Provoked by transient risk factor	82 (57.7)
Provoked by persistent risk factor	19 (13.4)
Unprovoked	41 (28.9)

*Mean (SD)

Data as of 7/15/24 CONE HEALTH

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Anticoagulant Use

Outcome	n (%)
Anticoagulant Prescribed	
Apixaban	98 (69)
Rivaroxaban	33 (23.2)
Warfarin + enoxaparin	3 (2.1)
Initial Prescribing Practice	
DVT Clinic	84 (59.2)
Emergency department (ED)	30 (20.1)
Non-ED referring practice	24 (16.9)

Data as of 7/15/24

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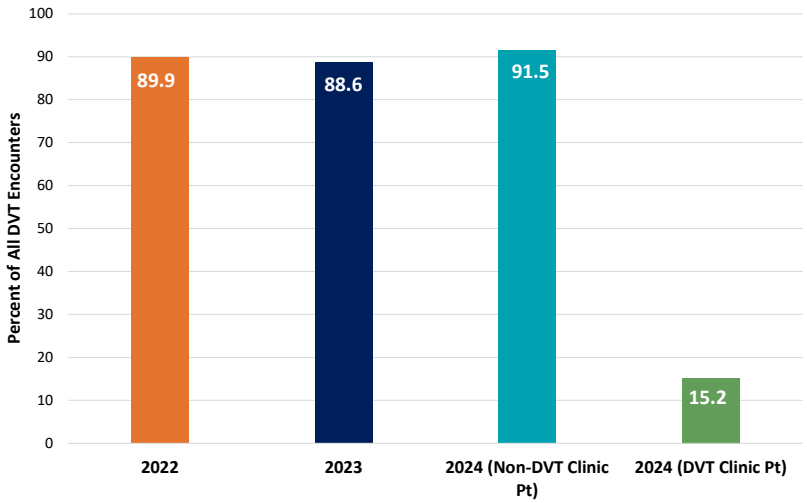
ED Admissions for DVT



Data as of 12/31/24

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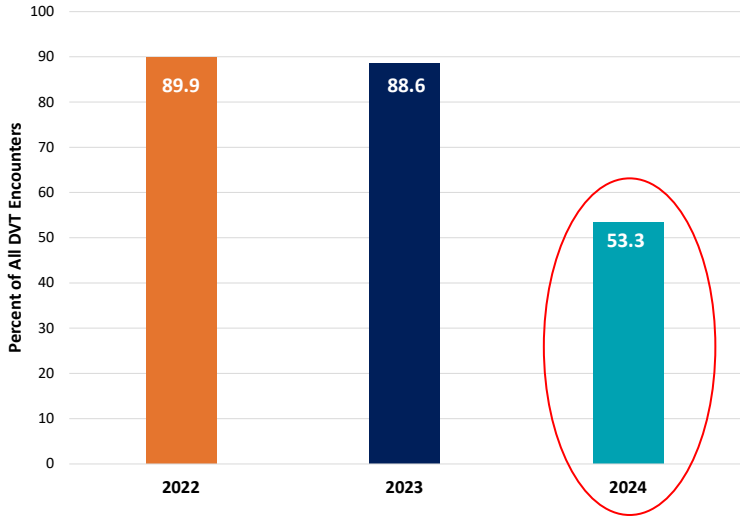
ED Admissions for DVT



Data as of 12/31/24

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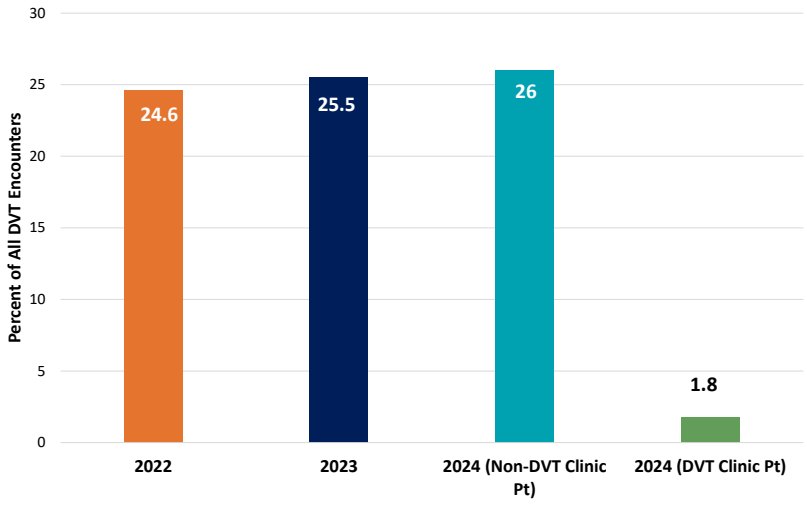
Hospital Admissions for DVT



Data as of 12/31/24

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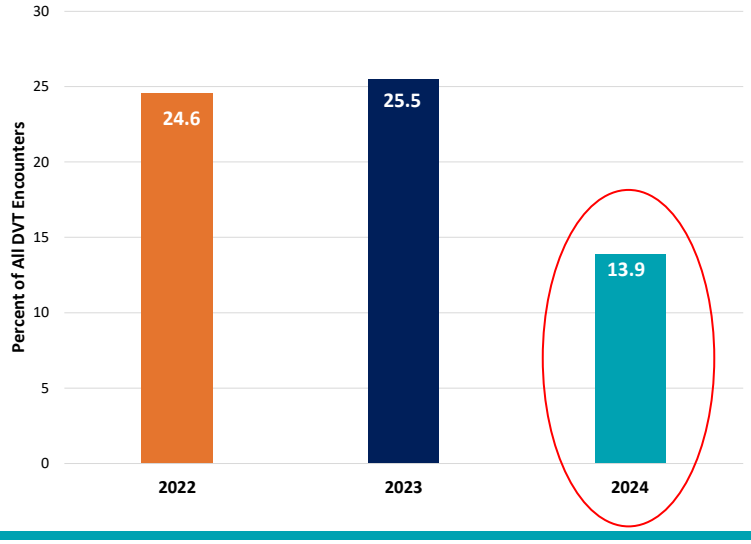
Hospital Admissions for DVT



Data as of 12/31/24

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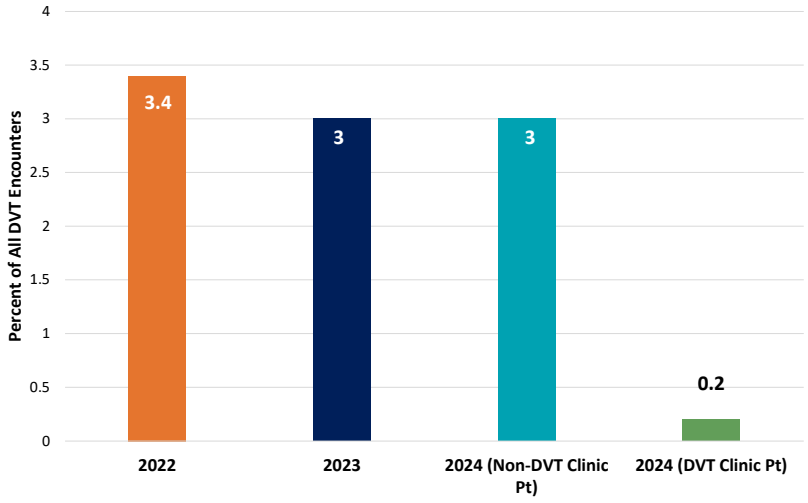
30-Day Readmissions for DVT



Data as of 12/31/24

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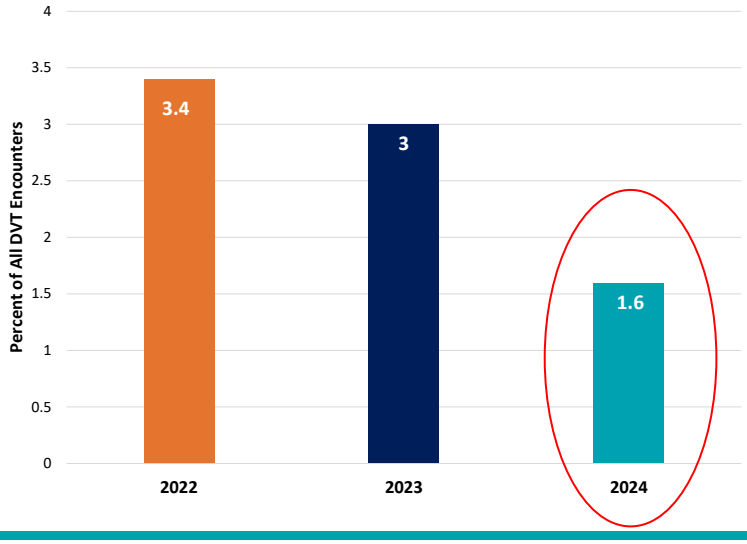
30-Day Readmissions for DVT



Data as of 12/31/24

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Safety Outcomes – Bleeding

No incidence of bleeding: **93.4%**

Major bleeding: **0%**

Clinically relevant non-major bleeding: **6.6%**

Data from **11/6/23 - 7/15/24**

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Medication Errors Caught

- Serious drug interactions
- Prescription sent to wrong pharmacy or to a pharmacy with medication out of stock
- Incorrect administration by the patient
- Continuation of anticoagulation beyond necessary duration
- Unnecessary initiation of anticoagulation

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Patient Medication Outcomes

Patient Medication Cost Savings

- Per **3-month** supply of medication
  - Total: **$29,487**
  - Average per patient: **$232**
  - Max per patient: **$2366**
- Median copay: **$10/month**

Patient Medication Adherence

- First **3 months** of treatment
  - **94.8%**
- No patients stopped anticoagulation due to medication access

Data from **11/6/23 - 7/15/24**

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Financial Outcomes

Contribution margin: **$1,056,000**

Pharmacy revenue: **$115,975**

Data as of 11/6/24

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Opportunities for Growth

DVT Clinic only saw **34%** of all patients with DVT at Cone Health in 2024

Data as of 12/31/24

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CONE HEALTH
Pharmacy Services

www.conehealth.com/dvt madison.yates2@conehealth.com

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ISMP
Institute for Safe Medication Practices
An ECRI Affiliate

ISMP Update
MSOS Briefing January 2025

Rita K. Jew, PharmD, MBA, BCPPS, FASHP
President
Institute for Safe Medication Practices

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We Heard You….

March MSOS Briefing: Medication Error Reduction Plan

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The Just Culture Company is now part of the ECRI and ISMP Family!!

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MERP Annual Review

- Similar Labels/Packaging
- Quality issues
  - Missing barcodes
  - Overwrap obscures barcodes
  - Missing medication name and concentration
  - Missing medication labels (succinylcholine)

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2025-2026 Targeted Medication Safety Best Practices for Community Pharmacy

New Best Practices

- Safeguard against errors when dispensing weight-based medications
- Safeguard against errors during vaccine preparation and administration
- Safeguard against errors during return-to-stock (RTS) process

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Upcoming Educational Programs

https://home.ecri.org/products/medication-safety-intensive-workshop

- Medication Safety Intensive Workshops (Virtual)
  - March 13 & 14
  - May 8 & 9
  - August 14 & 15
  - October 16 & 17
  - December 4 & 5
- Medication Safety Intensive Workshops for Community & Specialty Pharmacies
  - Apr 25 & May 2
  - Sep 26 & Oct 3

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Questions?

- A copy of today's slides will be posted on our website.
  - Next MSOS Briefing date – **March 27th, 2025.**

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