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### IQH Insights

**Five ways you can reduce polypharmacy, inappropriate prescribing and adverse drug events:**

1. Obtain pharmacist recommendations.
2. Inpatient setting - use computer alerts to reduce medication errors.
3. Review patient medication(s).
4. Educate patients for compliance.
5. Consider using the Beers criteria for the elderly.

[Click here to download the latest ADE Pocket guide.](#)

### New Tools

## Partnership to Improve Dementia Care Formed

Mississippi ranks fifth nationally in the use of antipsychotic drugs in nursing homes, according to current data. A special initiative, the Partnership to Improve Dementia Care, has been formed to reduce the inappropriate use of antipsychotic medications and ensure appropriate care for nursing home patients in the state. An Aug. 7 meeting at Information & Quality Healthcare (IQH) brought together numerous organizations in a collaborative effort to reduce the use of antipsychotic medications in nursing homes.

Organizations collaborating in efforts to reduce the use of antipsychotic drugs in Mississippi nursing homes include: the University of Mississippi School of Pharmacy, Mississippi Health Care Association, Mississippi Hospital Association, Grow MS, Division of Medicaid, Mississippi State Department of Health, Mississippi Department of Human Services Ombudsman, Mississippi Chapter Alzheimer's Association, and IQH. With data showing a statewide usage average of 27%, the Mississippi goal is a 4% reduction.

The Mississippi initiative is part of a national partnership effort that will equip residents, caregivers, and providers with the best tools to make right decisions. According to Patrick Conway, MD, CMS chief medical officer and director of Clinical Standards and Quality, "A CMS nursing home resident report found that almost 40 percent of nursing home patients with signs of dementia were receiving antipsychotic drugs at some point in 2010, even though there was no diagnosis of psychosis. Managing dementia without relying on medication can help improve the quality of life for these residents."

## Patient Safety in the Hospital

A guide for patients and caregivers "The Batz Guide for Bedside Advocacy: Teaming Up for the Patient" can be accessed at [www.louisebatz.org](http://www.louisebatz.org). The guide covers patient safety in the hospital from what to ask and what to be alert for, including infections, blood clots, bed sores, medication safety, and discharge instructions. Pages in the guide are available for writing names, numbers,

**[New Care Transition Tools Are Available](#)**

**[Updated Core Measures Booklet](#)**

**[New - Signs of Pain Matrix - A fun interactive learning tool for reinforcing pain recognition skills](#)**

**Upcoming Events**

**[September 6-8, 2012 - American College of Physicians MS/LA Annual Scientific Meeting](#)**

**[September 21, 2012 - Complimentary CME Provider Workshop](#)**

medications and vital signs.

At a recent American Health Quality Association meeting, patient speaker Laura Townsend, the daughter of Louise Batz, shared information about the guide that was begun after a medical error occurred while her mother recovered from knee surgery. A combination of Demerol, Morphine and Vistaril put her into respiratory arrest, causing brain damage from anoxia. She died 11 days later after removal from life support. Laura Townsend created the Louise H. Batz Patient Safety Foundation and the booklet that includes contributions from physicians and hospitals in San Antonio. Dr. Frank J. Overdyk states, "I insist that every friend or loved one be monitored continually with pulse oximetry whilst receiving parenteral opioids (narcotics). This should be a standard of care nationwide."

## Care Transitions Teleconference Held

Approximately 75 to 80 healthcare providers participated in the July 26 Care Transitions Teleconference Learning & Action Network meeting coordinated by IQH. The teleconference "Evidence-based Interventions to Reduce Hospital Readmissions" featured three care transitions experts, who shared aspects for different levels of care including home health, hospital and nursing home settings.

Adam Y. Brooks, PT, presented "Successful Care Transitions in Home Health Moving from We Can to We Are." Deborah L. Creedy, RN, BSN, CCM, shared "Innovative Program for Reducing Readmissions in the Hospital Setting." Mary Perloe, RN, MS, GNP, presented the INTERACT program that is an evidence-based intervention designed to reduce readmissions in the nursing home environment.

Responses from the event indicated that over half of the participants had participated in an earlier learning & action effort and reflected enthusiasm for the material presented. To access the presentations, [click here](#).

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