



# NEWS

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## **Medication Lapses in Health Care System Pose Risk for One in Four Older Patients Entering Home Health Care**

*Evidence-Based, National Home Care Quality Improvement Initiative Shown to Enhance Medication Management*

New York, NY – About 28 percent of elderly patients were found to be at risk for harmful medication interactions or drug duplications when they were admitted to home care, according to a new study by the Center for Home Care Policy & Research.

The study also found that during the course of a home care episode, nearly a quarter of patients age 65+ experienced one or more symptoms or signs of a problem or complication related to their drug regimen. Medication-related problems – including falls related to anti-anxiety drugs, and weakness or confusion related to certain cardiac drugs – were targeted so that home care staff could take preventive action.

“Older home care patients often have more than one chronic condition and multiple doctors who prescribe multiple medications, including new prescriptions following a hospitalization,” said Penny H. Feldman, Ph.D., director of the Center for Home Care Policy & Research (the Center), Visiting Nurse Service of New York.

Patients with chronic illness take as many as six to eight medications, with 20 percent taking nine or more medications, when they first enter into home care. Each additional medication increases the risk of an adverse interaction between two or more drugs, including over-the-counter preparations.

“Home care nurses and nurse managers are uniquely positioned to reconcile patients’ entire medication regimen – both prescription and over-the-counter drugs – when they transition into home care, and to watch for signs of medication-related problems over time,” said Dr. Feldman. “However, frontline nurses often lack the necessary tools, information and clinical guidance to consistently perform these critical assessments.”

The Center launched the Geriatric CHAMP (Curricula for Homecare Advances in Management and Practice) Program to test whether state-of-the-art training and support in medication management and quality improvement would empower staff and lead to better practice.

“The good news,” reported Dr. Feldman, “is that our data show that CHAMP’s evidence-based, medication management training makes a marked difference in the capacity of home care agencies to minimize older patients’ medication risks.”

The Center’s medication risk findings are based on data from 3300 patient records examined as part of evaluating the medication course of the CHAMP Program. The data come from the patients of 165 frontline nurse managers in 50 home care agencies across the nation (see list below) who graduated from the Geriatric Medication Management course. CHAMP, spearheaded by the Center since 2005 and funded by the Atlantic Philanthropies and The John A. Hartford Foundation going forward, is the first national, evidence-based geriatric quality improvement initiative in home care.

“The Institute of Medicine listed medication management as a top priority for improving the nation’s health care quality nearly a decade ago. Our evidence shows that home care agencies face many challenges as they seek to incorporate consistent, comprehensive medication management into daily practice,” said Dr. Feldman. “Nevertheless, significant improvements are achievable.”

The CHAMP evaluation compiled systematic medication management data from CHAMP participants before and after they completed the 10-month CHAMP medication course. Patient records showed significant improvement on key medication management measures.

- Comprehensive medication assessments increased from half of older patients to 76 percent.
- Identification of possible signs of a medication-related complication, such as serious bruising in a patient taking a blood thinning medication, increased from less than half the time to 60 percent.
- Alerting patients’ doctors to potentially harmful drug interactions or duplication of drugs increased from 45 to 70 percent.
- Overall, these improvements ranged from 30 to 56 percent compared to care prior to CHAMP participation.

CHAMP’s Geriatric Medication Management course addresses key issues of medication management, including: medication reconciliation; medication errors and adverse drug events; medications inappropriate for use by older adults; drug/drug interactions; helping patients adhere to their medication regimen; and communicating with physicians about medication-related problems.

The CHAMP program also includes a course devoted to improving geriatric pain management. This year the CHAMP program expanded and is establishing a national Community of Practice for geriatric homecare excellence. The Community will be based on the nation’s first evidence-based recommendations specific to geriatric homecare.

### **Home Care Agencies that Participated in the CHAMP Geriatric Medication Management Course**

#### **California**

Butte Home Health and Hospice	Chico
Central Coast VNA & Hospice	Monterey
Sierra Nevada Home Care	Grass Valley
Sutter VNA & Hospice	Emeryville
Tahoe Forest Home Health Services	Truckee
UC Davis Home Care Services	Sacramento

#### **Connecticut**

Day Kimball Hospital Home Care & Hospice	Putnam
Interim Healthcare	Wallingford
Visiting Nurse and Health Services of CT	Vernon
VNA Community Healthcare	Guilford
VNA Health Care, Inc.	Hartford
VNA of South Central Connecticut	New Haven

#### **Colorado**

Visiting Nurse Corporation of Colorado	Denver
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**Illinois**

Blessing Home Care  
US Home Health Care

Quincy  
Chicago

**Iowa**

VNA of Pottawattamie County

Council Bluffs

**Massachusetts**

Baystate VNA & Hospice  
Greater Medford VNA  
Home Health VNA  
VNA Care Network  
VNA of Boston  
VNA of Southeastern Massachusetts

Springfield  
Medford  
Lawrence  
Worcester  
Charlestown  
Fall River

**Michigan**

Hackley Visiting Nurse Services & Hospice  
Superior Home Nursing & Hospice

Muskegon  
Hancock

**Minnesota**

Minnesota Visiting Nurse Agency  
North Memorial Home Health & Hospice

Minneapolis  
Robbinsdale

**Nebraska**

VNA of Omaha

Omaha

**New Hampshire**

Rockingham VNA & Hospice  
Souhegan Home & Hospice Care

Exeter  
Milford

**New Jersey**

VNA of Central Jersey

Red Bank

**New York**

Community Health Center  
Visiting Nurse Service of New York  
VNA of Central New York

Johnston  
New York  
Syracuse

**Ohio**

Caring Visiting Nurse & Hospice (ProMedica)

Toledo

**Pennsylvania**

Covenant Home Care  
VNA of Pottstown and Vicinity

Pottsville  
Wyomissing

**Rhode Island**

VNA of Care New England

Warwick

**Texas**

VNA of Texas

Dallas

**Vermont**

VNA & Hospice of Vermont and New Hampshire

White River Junction

**Wisconsin**

Horizon Home Care & Hospice, Inc.	Brown Deer
Home Health United	Madison
Kenosha VNA, Inc.	Kenosha
Ministry Home Care	Marshfield
St. Vincent Home Health Care	Green Bay
University Hospital Home Health Agency	Middleton
Wheaton Franciscan Home Health & Hospice	Milwaukee

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The [Center for Home Care Policy and Research](#) conducts scientifically rigorous research to promote the delivery of high quality, cost-effective care in the home and community and support informed decision making by policy makers, payers, managers, practitioners, and consumers of home and community based services. The Center is part of the [Visiting Nurse Service of New York](#) and conducts research that is broadly applicable to real-world home care settings. The Visiting Nurse Service of New York, serving 132,000 patients and making a quarter of a million professional visits annually, is the largest nonprofit home care agency in the United States.