

Rates of pressure ulcers declined by 66%, falls in high-risk residents were reduced by 25%, hospitalizations for falls declined by 23%, and fractures fell by 17%.

Better Documentation, Better Surveys

Even without measuring outcomes, using a multidisciplinary team approach can help nursing homes stay in compliance with requirements for regular consideration of gradual dose reductions, geriatrician Dr. Jay S. Luxenberg said in an oral presentation.

At the 430-bed Jewish Home, San Fran-

cisco, where he is medical director, an interdisciplinary team doing weekly “drug



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DR. LUXENBURG

rounds” reviews residents on psychoactive drugs, so that each of those residents is

reviewed at least every 6 months.

The team—consisting of the medical director, two psychiatrists, a nurse practitioner, a pharmacist, and usually representatives of the floor unit’s social workers or nurses—assesses drug indications, documentation, consent, efficacy parameters, side effects, nonpharmacologic strategies, and previous or ongoing gradual dose reductions. It then presents recommendations to the attending physician about whether a gradual dose reduction would be appropriate, and the attending must document agreement or give a rationale for not ac-

cepting the recommendation.

“So far, that has helped us tremendously” in improving documentation and avoiding deficiencies on annual surveys by regulators, Dr. Luxenberg said. “Surveyors are very generous when you have documented well,” he noted.

“We need to step away from the defense that the person is doing well, so we don’t want to change anything. A lot of our physicians have that as a gut feeling,” Dr. Luxenberg said.

The speakers and investigators in this article said they have no conflicts of interest related to these topics. ■

➤ To view a video interview of Dr. Luxenberg, go to youtube.com/ElsGlobalMedicalNews and search on “teamwork.”

Nursing Home Tools Reduced Hospitalizations

LONG BEACH, CALIF. — Disease-specific tools for management of the most common reasons that patients move back and forth between such facilities and hospitals reduced short-term rehospitalizations among 3,255 residents of 10 skilled nursing facilities, according to the company that developed the tools.

The automated “care guides” to skilled nursing facility (SNF) management of patients reduced rehospitalizations within 30 days of discharge from 24% before the study to 14% over a year’s time. However, rates of rehospitalization more than 30 days after discharge increased from 4% to 6%, Dr. Thomas Riemenschneider and his associates reported in a poster at the annual meeting of the American Medical Directors Association (AMDA).

The guides focus on disease management, standardized nursing processes, outcomes measurement, and performance improvement to stabilize recently hospitalized residents. Most SNF residents who bounce back to hospitals within 30 days of discharge do so multiple times, noted Dr. Riemenschneider, chief medical officer of the company that developed and is marketing the management tools, Clinical Outcomes Management Solutions (COMS) Interactive, Hudson, Ohio.

Avoiding rehospitalization was better for patients, who were less likely to die by the end of the study (3%) than before (6%), he reported.

For each hospitalization avoided, an SNF gained an average \$4,000 in reimbursements for a longer resident stay.

More information about the care guides can be found on the company’s Web site, www.comsllc.com.

Dr. Riemenschneider and his associates in the study hold stock in COMS Interactive.

—Sherry Boschert

➤ To view a video interview of Dr. Riemenschneider, go to youtube.com/ElsGlobalMedicalNews, and search for the video titled “Reducing Readmissions.”

JUST LIKE THE PANCREAS

By the time of diagnosis, patients may have lost up to 50% of β -cell function, and it may continue to decline, on average, by ~5% annually.¹

Patients may not know that their pancreas is no longer making enough insulin and that their disease has progressed.²

Based on data from 2003-2004, about 40% of patients with diabetes nationwide were not adequately controlled^a—and may have spent an average of 5 years with an A1C >8% from diagnosis to insulin initiation.^{3,4}

You may be surprised that in a survey, about 80% of patients with type 2 diabetes taking OADs said they would consider taking insulin based on your recommendation.⁵

Patients may focus on blaming themselves for their uncontrolled blood glucose, but you can help them focus on turning this negative mindset into positive action for managing their disease.²

Insulin may help make a difference. According to the ADA, insulin is the most effective way to lower blood glucose.⁶ It works as part of an overall treatment plan.^b

Helping patients get their blood glucose under control earlier in the disease process may help reduce their risk of long-term complications.⁷

So, consider prescribing insulin today to help lower blood glucose for your appropriate patients.

INSULIN

IMPROVING BLOOD GLUCOSE CONTROL SHOULDN'T WAIT