Adverse Events in Post-Acute Care: The Office of the Inspector General’s Report

John E. Morley MB, BCh *

Divisions of Geriatric Medicine and Endocrinology, Saint Louis University School of Medicine, St. Louis, MO

Between 2008 and 2012, the Office of the Inspector General (OIG) examined the prevalence and causes of adverse events in hospitals (http://oig.hhs.gov/oei/reports/oei-06-09-00092.pdf). These suggested that 27% of all Medicare beneficiaries who were hospitalized experienced an adverse event. They determined that one-half of the events were preventable and that they cost Medicare an extra $4.4 billion annually.

In February 2014, the OIG released a report examining a selected random sample of persons admitted from 1–35 days to a skilled nursing facility with the end date in August 2011 (http://oig.hhs.gov/oei/reports/oei-06-11-00370.pdf). Their results were similar to the hospital data (Table 1) with 22% having an adverse event and 11% a temporary harm. They determined that 59% were preventable. They estimated that these adverse events extrapolated over a year cost the United States $2.8 billion. Based on their finding, they recommend a need to increase awareness of nursing home safety and methods to reduce potential harms. They also recommended that the Centers for Medicare and Medicaid Services (CMS) instruct state agency surveyors to look at nursing home practices to reduce adverse events.

These findings are at first glance not that surprising based on the numerous articles in the Journal over the last few years concerning adverse events in long-term care.1–17 A major negative outcome was transfer back to the hospital and it is hoped that the CMS’ Championing the Intervention to Reduce Avoidable Acute Care Transfer (INTERACT) or other transition programs will help to reduce these adverse effects.7,9,14,18 Certainly having an advanced practice nurse or medical director fulltime in long-term care would be very advantageous.28,29 An important component of the long-term care fix is the hospitals. Notes received from the hospital are on the whole excessive, may fail to note medication changes on discharge, often do not address geriatric syndromes or the reasons for specific treatments, and may reach the nursing home physician late or not at all. The OIG recommendations will clearly lead to all nursing homes having a special committee to examine all adverse reactions in postacute care and especially those that result in returns to hospital within 30 days.

Based on the OIG report, there is clearly a set of low hanging fruit. An extensive pharmacy review of medications needs to be done on the day of admission. This should focus on whether drugs are likely to cause delirium,30–32 constipation,33,34 bleeding with a careful examination of drugs that interact with coumadin,35–37 constipation,38–40 and overprescribing of antidiabetic drugs that will cause hypoglycemia.41–43

In the case of infections removing all urinary catheters that are not necessary,46 adding probiotics in persons receiving antibiotics and rapid recognition and treatment of Clostridium difficile diarrhea,47 careful treatment and observation of surgical wounds (though here the problem is likely to be a hospital one), and sitting residents at 45° or more in bed and having speech therapy examine their swallowing within 24 hours of admission18,48 will all decrease the infection rate.

The other category is more difficult. Dehydration needs increasing awareness among aides and nurses.50,51 For deep vein thrombosis and pulmonary embolus, appropriate use of anticoagulants following hip and knee fracture and more aggressive physical therapy may help.52–54 Falls remain a difficult problem and utilizing dual-stiffness flooring to prevent hip fracture, awareness of syncope and postprandial hypotension, and changes in physical therapy focusing on resistance exercise, therapy for dual tasking deficits and balance exercise may all be helpful.55,56

Both AMDA and the Journal have consistently done a service to the long-term care industry trying to increase awareness of the problems associated with care for older persons in the nursing home. There is a clear need to improve education for persons working in nursing homes.57 However, to solve the problems highlighted by the OIG, it will take a large infusion of cash into the long-term care industry. This needs to go to paying higher salaries for all who work in the industry.

Table 1

<table>
<thead>
<tr>
<th>Types</th>
<th>22%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adverse Events</td>
<td></td>
</tr>
<tr>
<td>78% transfer</td>
<td></td>
</tr>
<tr>
<td>6% resident death</td>
<td></td>
</tr>
<tr>
<td>Types</td>
<td></td>
</tr>
<tr>
<td>Medication related (Delirium, bleeding, falls, constipation)</td>
<td>37%</td>
</tr>
<tr>
<td>Infections (Aspiration pneumonia, surgical infections, UTI, Clostridium difficile)</td>
<td>28%</td>
</tr>
<tr>
<td>Others (Falls, omission of care, dehydration, DVT)</td>
<td>37%</td>
</tr>
<tr>
<td>Temporary Harm Events</td>
<td>11%</td>
</tr>
<tr>
<td>Types</td>
<td></td>
</tr>
<tr>
<td>Medication related (Hypoglycemia, falls, delirium, thrush, allergy)</td>
<td>43%</td>
</tr>
<tr>
<td>Infections (Catheter urinary tract infections, wound care)</td>
<td>17%</td>
</tr>
<tr>
<td>Others (Pressure ulcers, falls, skin tears)</td>
<td>40%</td>
</tr>
</tbody>
</table>

DVT, deep vein thrombosis; UTI, urinary tract infection.

The author declares no conflicts of interest.

* Address correspondence to John E. Morley, MB, BCh, Division of Geriatric Medicine, Saint Louis University School of Medicine, 1402 S. Grand Boulevard, M238, St. Louis, MO 63104.

E-mail address: morley@slu.edu (J.E. Morley).

1525-8610/$ - see front matter © 2014 - American Medical Directors Association, Inc. All rights reserved.

http://dx.doi.org/10.1016/j.jamda.2014.03.009
especially nurse’s aides and nurses. Also, to introduce the quality improvement programs necessary will require an increase in staffing. It is hoped that the CMS will use at least one-half of the $2.8 billion lost to infuse money into the long-term care institutions that improve care.

References