

# Streamlining the Process of Recapitulation of Physician Orders: The 45-Day Collaborative Recap

By Rebecca Ferrini, M.D.; Soon Chu, R.N.; Nancy Beecham, R.N.; Merlyn Trinidad, R.N.; Grace Tsai, PharmD; Cynthia Soriano, R.N.; Sue Barrows, C.N.A. and Almira Gutierrez, C.N.A.

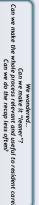


County of San Diego Health & Human Services, Edgemoor DPSNF Santee, California

### BACKGROUND

is the monthly recapitulation of physician orders just a "necessary evil" or is this inefficient. human error prone process an opportunity to improve interdisciplinary collaboration in resident care?

Edgemoor is a 192 bed distinct part SNF with six 32-bed neighborhoods. Residents average more than nine medications daily. We had a morthly recapitulation system where physical orders were reprinted by the pharmacy and checked, updated, signed and converted to medication and treatment sheets by nursing prior to the physical with. Analysis showed that recapitulation time was associated with multiple medication errors and was a source of tension and highly time consuming for nursing.





## 

PROCESS OF QUALITY IMPROVEMENT

Audts of the reap procedure, staff observations and interviews identified significant problems. Problems were initially identified in 2010 with small fixes attempted but none successful. Interdisciplinary Team comprised of the clerks, nurses, phamaay staff and physician maped current process identifying areas of redundancy, frustrations, inefficiency and proposed trial of in-person recaps.

A pilot project set up all in one hour, face-to-face recap.

The process was brought to other neighborhoods and extended to a 45-day cycle. The MAR and treatment sheets were printed on legal paper. Later, we enhanced the process by including the pharmactic who completed Medication Regimen Review directly with the physicians, approximately every quarter.

The 45-day recap process reduced the number of recaps from 12 to 8 annually (30% reduction)

Staff time for checking, interruptions and use of paper was also reduced.

Staff savings was used to provide a dedicated nurse and clerk familiar with the resident.

Errors were significantly reduced. In 2011, pre-intervention, we had 12 recap errors. In 2012, post intervention , we had 0 recap errors.

Inclusion of the consultant pharmacist enhanced collaboration and nearly eliminated pharmacy review. Involved staff were uniformly positive about the change.

# PROBLEMS IDENTIFIED

- Printed in advance, the recapitulations had to be checked and rechecked over three weeks with all new orders addeed both to the recap and the new MAR , prior to MD signature. Many times, monthly orders were put into place without MD review.
- The recaps and MAR had many handwritten corrections for changes which were hard to read, not dated or initialed and out-of-order, prompting errors.
- Physicians noted recaps might not be "ready" to sign when they were available and nurses noted that they didn't know when the MD came and always had to have the recaps ready. Some physicians made many changes, others just signed. Some physicians came at off-hours, when there was no advection.
- Items necessary for recap review not consistently available. clerk.
- Night nursing staff not transcribing orders or checking.
- Recap schedule was not coordinated with cycle fill schedule.
- Workload varied from 60 to zero recaps daily.
- Recapitulation time was associated with a high error rate. Everyone felt that since there were so many checks, someone else would be finding errors.
- Multiple interruptions of nursing staff by physicians who asked questions at recap times (*ave they still using this pm?* What is their blood pressure? Can you tell me about their diabetic control?) The nurse present may not know the information or the MD needs, which caused irritation, interruptions and poor care.
- Physicians received pharmacy intervention requests separate from their function of reviewing the resident care orders and found it more convenient to ignore or provide insufficient explanation in response to pharmacy reviews
- Physician orders had redundancies -- items that should be removed, care
- planning issues, inconsistencies in the way orders were written which made the papers longer, more confusing and risky for errors.
- Special "diabetic" orders/MAR were confusing if not implemented on the first of the month.
- Time and staff intensive.
- ÷ 30-day recap schedule didn't coincide with 60-day regulatory note schedule.

## POLICY & PROCEDURE

<ol> <li>Unit's variant prime new recep SARI, reflecting most recent release to put in one for that overange and plots new SARI, and because theory in moderation and bendment books.</li> <li>Byyenian called heals to use any concentration of the second point of the second point</li></ol>	<ol> <li>Planmaria bolascus estem modurations and telephones surning neighborhood when completed</li> </ol>	<ol> <li>Species prime prime prime prime prime prime prime prime and prime primi prime prime prime prime prime prime prime prime prime prime</li></ol>	<ol> <li>Torops are: <ul> <li>Device well, conversal, and signed by Physician</li> <li>a Device well, conversal, and signed by Physician</li> </ul> </li> </ol>	<ol> <li>requiring quark more cross parameters survey area as assuments from the area of appendix receptory Neuron in strainfolds for maintance of Physics in, has never of plane of early and has appropriate data and forms resultable (MACR planers summiring), behaviored monitoring).</li> </ol>		<ol> <li>A valueble is determined every He-O days for using and physician and pharmacy notified</li> </ol>	Namawi Mamawi Mamay Tothaidan	Suite Supervise Lonnod Seme Physical	RESPONDENTATE:	<ol> <li>Numing to responsible for the intriprity of non-antication orders and complex traduous orders.</li> </ol>	<ol> <li>Planmacy staff is responsible for entering medication orders into the system to match precomption labels.</li> </ol>	<ol> <li>All physician orders are endered aris the Product system when section.</li> </ol>	A. All physician orders are summarized and reviewed every 21-43 days by Licensed Venew and the Physician to sume accuracy and complements. A queed roup angulars gereion colour and evolutions. In our set of creates to be sourced.	POLICY AND PROCEEDED MANUAL	Country of San Dispo Health and Human Verviers Agroup
View: Modeusion governoit makes the "stop outers" policy (Net XEEDS UV) shall be altered in. In the alterna of a particular usy date for a mathematical, it will be assumed to explain in 45 days unlines a Physician signs an order to continue it.	11. Netwis others have special realistions - these are consend in Mod 022 Scheduled Medicalous.	<ol> <li>The Livenord Nape will inside and theik spection there, Tr there, dubeic there, psychoropic MAR and pain flow there or other special form, as indicated.</li> </ol>	<ol> <li>The Locased Name will gar particular mention to stars identified as problemate with test unbraw (see) as order to Q.O.D., Q.Wolf ex.Q. multiple orders and much the medication and testiment sheets as such a way to minimize particular errors.</li> </ol>	<ol> <li>The Unit Assistant can remove from the recup appearaneum which have already passed.</li> </ol>	<ol> <li>Admission orders related to anotheration of resident and surragine, screens for therapy which have been accomplished, and progeness interments are not areoled on the zerup.</li> </ol>	Destinguisses colors canage. Cleaner woord to left leg versit deener, mply- tainnaminate orana l'ha to ioner one finit and Tadi miniment to upper one third, cover with guara and wrap in herior.	Parsnav bid example Wood clease: we is thereted per clart transitioner orean 1% see as dereved per clast. TAB manager are as dereved per clast	<ol><li>Long transmit orders of more than one step an each madication, not entered by "bit Assistant. The platmacy will held the components of that benchmark order with "nee as directed in chast."</li></ol>	<ol> <li>Numissional organisem which are ordered by the Physician are placed on the secap and treatment sheet for signature.</li> </ol>	<ul> <li>owary study on opporter provide another to use through a study provide a manning staff for and document or the particular trace or first use explicitly request the physical is order, that is a case plan target. Ask Physician if in death:</li> </ul>	<ol> <li>The Physican should obligate bleak space on the order short to pre-rait addition of further orders.</li> <li>We are the state of th</li></ol>	<ol> <li>The Physician signs in the bolism of each page of the encop Physician Oxfors Sheet to signify that the answer is complete and thay, the chart red.</li> </ol>	<ol> <li>The Physician lines not orders which are to be discontanced and can to-orate unw orders, each charge to initiated.</li> </ol>	REAP GENERAL GUIDLINES:	Country of San Diego Bookh and Haman Services Aprocy

ime of physician decision-

1-making

education. "We now must have informed

consent for the dose of antipsychotics--let's check the charts as we go through to make

ure we have that."

Agency staff unfamiliar with process

Vo agency staff

edictable workload allows planning rived positively by every member of the

npredictable workload

complaints

**BRIEF SUMMARY OF RECAP PROCESS** 

The day prior to meeting, all recapitulations are printed but the MAR is not. First thing in the moring, the physician and nuces familiar with the resident plus the pharmacist meet together face to face for an hour. When completed, the recaps are faced to pharmacy for checking within 4 hours, the pharmacy approves the recaps and authorizes printing of the MAR. MAR is printed by noon. The familiar RN checks the MAR with the recap and mplanemus new orders.

23

Previous processes (Staggered 30 day)	Current processes (45 day collaborative)
12 recaps annually	8 recaps annually
Physicians work alone	Physicians work together allows collegiality,
	questions and suggestions
Inconsistencies in language on capacity,	Alignment of language and procedures with
	consistency in language throughout the
nning type orders, closer observation,	facility; new initiatives could be implemented
Peer review accomplished in isolation	quickly with 100% thange at one time
concernent accompliance in according	
with physician reviewing records and	questions and collaboration about difficult
filling out a form	cases
Pharmacy review reviewed in isolation,	Pharmacy review contemporaneous with
an	review of orders, permits more ready changes
	or more conversations, witnessed by other
not provide explanation to pharmacist	MDs a bout justifying treatment (and often
	sensitive proposals for alternatives), minimal
MAR begins with handwriting and as	MAR and recaps begin without handwriting
orders added, gets more and more full	and so accumulate less "add-ons"
Use of stickies to communicatethey fall	No more stickies.
off, cannot tell who wrote them, could be	
ans constantly interrupting nurses	Nurse who reviews and checks has only this
	task and is the most familiar with resident
familiar with the patient and has other	minimize interruptions with copies of all
tasks. easily distracted in process of	records at fingertips all accomplished in quiet
reviewing so may sign without really checking	space separate from patient care interruptions
Estimated/average staff time per recap:	Estimated/average staff time per recap:
MD: 30 seconds to 10 minutes	MD: 30 seconds to 10 minutes
Unit secretary: 4 minutes	Unit secretary: 4 minutes
LN: 20 minutes	LN: 4 minutes
Consulting pharmacist: N/A	Consulting pharmacist: 2 minutes
1-3 interruptions of staff work	Dedicated staff to answer questions
Cross-coverage troubling as physicians	Enhanced cross coverage as physicians more
not familiar with each other's patients	comfortable working together permitting others to sign their recaps and make changes
	resulted in improved care practices.
MD, pharmacist and nurse worked in	Building physician collaboration with nurse and
isolation	pharmacy
Pharmacy audits results not available at	Audits can be conducted collaboratively with

### A 45-day recap process offers substantial efficiencies in time and energy and improved care and interdisciplinary collaboration. Stating decision-making capacity in simple terminology. Standardization of high risk orders regarding levels of observation Initiation of standard order for those who lack decision making Eliminating orders designed for nursing instruction and care plan that don't require a physician order (e.g. wedges, hand rolls, therapeutic leave, checking and monitoring). Elimination of unneeded prns and establishing procedure to differentiate prns that the resident was attached to (written as collaboration with nurses (e.g. statins at 5 p.m., Coumadin at 5 **OTHER INITIATIVES LINKED TO RECAP PROCESS** capacity and have no identified surrogate (HSC 1418). physiological sense. Establishing standard bowel management program that made be discontinued p.m.). Permission for pharmacy to change timing of medications per manufacturer's guidelines through telephone order and antipsychotic dose. Implementing informed consent for psychotropics including "indefinite" and justified even if not used) and those which could Standardization of "what goes where on recap. PHYSICIAN ORDERS A strategy of the state of the and a second sec EXAMPLE OF THE OWNER. Alerta h. EXAMPLE OF MAR STAFF GUIDELINE ON WHAT GOES WHERE ON A RECAP CUST WHEN TO FUT an CM and man on the or CM and man of the the of mathematical and worth process and work dealers