

Patient Care Coordination Challenges Between Skilled Nursing Facilities and a Nationwide Home Infusion Pharmacy

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Background

Skilled nursing facilities (SNFs) do not have an in-house pharmacy to mix Parenteral Nutrition (PN) bags. PN is either distributed as a pre-made combination solution from a long term care pharmacy or the SNF will outsource custom PN mixing to home infusion pharmacies. Even though treatment is common among older generations, few facilities provide regular PN services on-site. Requirements for a facility to provide PN include having a dedicated 24-hour nursing staff who are highly skilled to supervise PN treatments, frequent lab draws, and central line maintenance.

Purpose

A national home infusion provider observed several challenges with providing parenteral nutrition (PN) to skilled nursing facilities (SNFs).

Methods

This home infusion provider observed challenges with coordinating care with SNFs over a one-year time period and implemented strategies to improve the safe provision of PN therapy.

Challenges included:

- Minimal clinical information available. Missing information included medical diagnoses, other therapies administered, incomplete PN orders, complete medication profile and patient diet history including oral intake.

- Limited staffing of Registered Nurses (RNs) available to administer therapy in the facility. Most SNFs employ Licensed Practical Nurses (LPNs) and LPNs are unable to administer IV therapy. Since IV therapies are often less common in the SNF setting, most RNs have minimal experience or exposure to PN administration.
- Routine lab draws not being drawn correctly or specimen integrity compromised.
- PN pumps and PN bags administered to the wrong patients, misplaced or missing.
- Additive dosing issues: additives not added to the PN bag or the correct dose not administered.

Results

Processes implemented to facilitate stronger coordination of care:

- Obtain direct phone number for facility contact person.
- Clarify contact information for facility dietitian to communicate changes.
- Access to Electronic Medical Records (EMRs) to obtain missing medical information.
- Minimize lab draws (if possible) and draw all patients on same day of the week to keep the same RN on schedule.
- Dispense PN pumps with labels for the patient's MRN and name for identification of correct patient.

- SNF dietitian check in along with comprehensive delivery calls to SNF RN: check number of bags on hand, number of bags in the SNF refrigerator and check of patient's room to ensure correct amount of bags are being administered.
- Minimize additives to PN bags; provide more descriptive instructions on label for additions to PN bag.
- Communicate with provider regarding orders for addition of sliding scale insulin vs. adding insulin to PN bags.
- Host regularly scheduled inservices for PN education for all staff. SNFs typically have high turnover in nursing staff so annual or bi-annual in-services are beneficial.

Discussion

Strengthening team communication, ongoing education for all staff, adherence to national standards and availability to provide clinical guidance is essential for successful transitions in care when providing PN across various healthcare settings.

Conclusions

Although challenges persist when working between different care settings, utilizing strong communication tactics will support better coordination and provision of safe patient care.