

Recently, the Office of Health Care Quality (OHCQ) issued the first of what will hopefully be an ongoing series of “Clinical Alerts”, to provide the Long Term Care industry in Maryland with information that will help in the day to day care of patients. The subject matter is gained from information obtained by the OHCQ through its surveyors as well as providers working all over Maryland. We intend to produce four to six “Clinical Alerts” per year.

The first “Clinical Alert,” dealing with problems around the use of anticoagulation, was thought to be useful by many working in the field. We look for continuing feedback.

To keep lines of communication open, OHCQ will also periodically put material on this web page concerning important clinical matters that need to be brought to the attention of the industry. It is our hope that facility staff will review this information and make any corrections in their own facilities as they see appropriate. As with the “Clinical Alerts,” the information is meant to be helpful and provide a “heads up” to possible clinical problems.

Anticoagulation: We continue to see problems in this area. Recently, a patient experienced bleeding difficulty because an antibiotic prescribed by an attending physician increased the effect of coumadin also being prescribed. A clinical pharmacist wrote a note in the chart to this effect, but there was a delay in noting the information and in getting the information to the physician.

Each facility should have a means of quickly noting pharmacy comments on drug interaction put into the chart, and make sure that nurse and physician caretakers are aware of, and act on the observations.

Flu Season. We are in the midst of flu season. Facilities should be on the watch for sudden outbreaks of upper respiratory infection that might represent the presence of influenza virus in a facility.

Each facility should have in place a means of detecting and tracking the incidence and prevalence of URIs, of notifying county health officers quickly, and of instituting the appropriate measures to prevent and treat influenza, once proven to be active in the facility.

Physician Notification. The failure to contact the physician when there is a significant change in a resident’s condition continues to be one of the most frequently cited deficiencies by surveyors at OHCQ. The lack of timely notification regarding persistent pain, worsening decubitus ulcers, a decline in mental status, etc. is often the start of a sequence of events that results in harm to residents.

Facilities should have clear lines of communication with each attending physician as well as their medical director. Because subtle clinical changes in the elderly can be the earliest indications of such common problems as infection and dehydration, nurses at the bedside

should be vigilant and have a low threshold for reporting them to the physician. Once such changes are recognized, if the attending physician cannot be contacted then the medical director should be apprised of the situation and give appropriate guidance.

These comments represent clinical issues currently being worked upon by the OHCQ. Please call us with comments, suggestion and questions for the future.

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