

Home health oversights cause dire outcomes



A [Kaiser Health News](#) analysis revealed that the critical days

after being discharged from the hospital can be some of the most dangerous days for patients. Poor coordination of care in the transition from hospital to home care jeopardizes patients' health and safety.

Kaiser Health News conducted an analysis of federal inspection records from January 2010 to July 2015, and found that over the 5 and a half year period, more than 3,000 [home health agencies \(HHAs\)](#) "inadequately tracked or reviewed new patients' meds" at the initiation of care. Egregious oversights in medication management led to dire outcomes or even death, in some cases.

Avoidable tragedies

Joyce Oyler, a 66-year old who was hospitalized for congestive heart failure in 2013, was discharged with a prescription for the diuretic metolazone. Her home health provider instead administered the chemotherapy drug methotrexate, a drug that causes devastating side effects. In Oyler's case, it led to mouth and throat sores, hemorrhaging from the nose and bowels, and ultimately, death from multiple organ failure. The HHA that mistakenly gave her the methotrexate had been cited years before for mismanaging medications; back then, they had vowed to improve.

Studies have shown that nearly one-fifth of patients experience problems resulting from medical mismanagement after being discharged from the hospital; studies also show that nearly three-quarters of those events could easily be prevented. Given that medication mistakes are the most common mistakes post-discharge, HHAs should have systems in place to ensure that new patients receive the right medication at the right dose. And with about 20% of Medicare patients readmitted to the hospital within thirty days of discharge, according to the Agency for Healthcare Research and Quality, minimizing medication errors is of special importance for the federal government.

The low-hanging fruit

While there are many factors that contribute to the prevalence of post-discharge adverse events, medication error in home health care is the low-hanging fruit; reducing these errors by holding HHAs accountable for mistakes is a feasible goal with the potential to save many lives.

One of the reasons experts cite for the problem is that post-acute providers, like home health agencies, nursing homes, and rehab facilities, did not receive any of the \$30 billion set aside by Congress to help healthcare convert to electronic medical records. Electronic health records have been proven to reduce mistakes by maintaining consistency across the systems of multiple providers. The failure of government to provide subsidies to HHAs has contributed to the frequent difficulties coordinating care in the transitions between hospital and home care. Fatal mistakes, like the one that led to Joyce Oyler's death, can result.

"The most risky transition is from hospital to home with the additional need for home care services, and that's the



one we know the least about,” said Alicia Arbaje, an assistant professor at the Johns Hopkins School of Medicine in Baltimore, to the Washington Post.

Improving care

The research is conclusive about the prevalence of medication mismanagement in home health agencies. Patients are suffering. By standardizing hospital discharge processes, implementing electronic health record systems in HHAs, and streamlining coordination of care between hospitals and home health, the healthcare system can reduce hospital readmissions and prevent unnecessary deaths.

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