

# To the Point



*From the desk of*  
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## **2019 AMDA PALTC Annual Meeting Recap**

The biggest challenge I find every year is that there are so many wonderful, practical and helpful sessions to choose from, presented on exactly the types of issues we face every day working in post-acute and long-term care. Whether your passion is antibiotic stewardship, caring for persons with dementia-related behaviors, optimizing coding for a long-term care practice, or pondering end of life ethical issues, there was robust conversation, well-designed research and valuable networking with experts in the field. A few of my favorite highlights:

### **[IOU Toolkit](#)**

Appropriate diagnosis and treatment of urinary tract infections in the nursing home resident remains a challenge. This free toolkit offers very practical guidance and tools for integrating evidence based practice, including an empiric therapy guideline that is straightforward, cost effective, and clinically sound.

### **[AMDA on the Go Podcast](#)**

What a convenient way to earn relevant CME. These podcasts are succinct, engaging and a great way to stay on top of what is new and important to providers serving post-acute and long-term care medicine. I enthusiastically endorse!

### **Measuring What Matters**

In the February newsletter, I asked what reflects meaningful quality to YOU and your residents. The message from our medical directors is that it's interesting to know center level information on quality metrics, but that patterns of concerns become much clearer if they can be stratified. For example, rehospitalization numbers for the entire center take on new meaning when broken out by attending physician, day of the week and time of day, with clearer insights on what interventions will be most effective. This is important insight that the Society will incorporate into data management and reporting strategies.

### **Deprescribing**

We know that polypharmacy represents a serious risk to many of the residents we serve. Their many transitions in care settings increase the risk of both duplicate therapy and therapy that it continues beyond its intended duration. A great resource, complete with examples of deprescribing algorithms, can be found at [deprescribing.org](http://deprescribing.org). There were several excellent presentations at the AMDA Annual Meeting on this topic, which is an indication that many of our colleagues are also focusing on this issue.

### **Good Samaritan Society Medical Director Meeting**

One of my favorite nights of the year is when we have the chance to gather together and reflect on what has been accomplished, learn from each other and lift up ways that the Society can strengthen the medical director role and the care that is provided to residents. I hope you'll be able to join us next year.

Remember that regulations now **require** medical directors review the Medication Reviews EVERY MONTH. If the pharmacist makes a recommendation that is not followed, it is important for the responding physician to document the clinical rationale for this. Please include this review in the hours you report to your administrator monthly.

### **Prevention of Avoidable Hospital Transfers**

We have all experienced that "No Good, Terrible, Very Bad" series of events that have landed residents in the hospital. Please use these as learning opportunities to work with the center staff and local health system to improve care processes. This is truly meaningful work. When you do it, please remember to report the time you spent when you report your hours to the administrator. This really helps me gauge the degree to which medical directors are being included in this important work.

Questions? Email [ywalker3@good-sam.com](mailto:ywalker3@good-sam.com).

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