Acknowledgements

The Home Health Quality Improvement Organization Support Center (HHQIOSC) would like to thank everyone who contributed to the Best Practice Intervention Package – Medication Management. We would also like to acknowledge the following individuals and organizations for their contributions as our Technical Expert Panel.

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jean Ellis, RN</td>
<td>Vice President Member Services &amp; Business Administration Visiting Nurses Association of America</td>
</tr>
<tr>
<td>Linda Krulish, PT, MHS, COS-C</td>
<td>Home Health Section Representative American Physical Therapy Association</td>
</tr>
<tr>
<td>Judy Lentz, RN, MSN, NHA</td>
<td>Executive Director Hospice and Palliative Nurses Association</td>
</tr>
<tr>
<td>Carol Siebert, MS, OTR/L, FAOTA</td>
<td>Representative American Occupational Therapy Association</td>
</tr>
<tr>
<td>Rebecca Skrine, CCC-SLP, CHCE, COS-C</td>
<td>Home Health Representative American Speech-Language-Hearing Association</td>
</tr>
<tr>
<td>Judy Cygnarowicz, RN, CCM</td>
<td>Care Management Specialist Highmark Case Manager</td>
</tr>
<tr>
<td>Elizabeth Madigan PhD, RN, FAAN</td>
<td>Associate Professor Bolton School of Nursing, Case Western Reserve</td>
</tr>
<tr>
<td>Karen Vance, OTR/L</td>
<td>Representative American Occupational Therapy Association</td>
</tr>
<tr>
<td>Dr. Stephen Winbery, Ph.D, M.D.</td>
<td>Associate Medical Director, Q-Source Tennessee Quality Improvement Organization</td>
</tr>
<tr>
<td>Alan Stewart, RN, CHCE J. Lee, BS</td>
<td>Program Manager Home Health Service Specialist AQAF Alabama Quality Improvement Organization</td>
</tr>
<tr>
<td>Michelle Nelson, RN, BSN</td>
<td>Project Coordinator Home Health GMCF Georgia Quality Improvement Organization</td>
</tr>
<tr>
<td>Janelle Shearer RN, BSN, CPHQ</td>
<td>Program Manager Stratis Health Minnesota Quality Improvement Organization</td>
</tr>
<tr>
<td>Terri Lindsey, RNC, BSN</td>
<td>Project Manager Virginia Health Quality Center Virginia Quality Improvement Organization</td>
</tr>
<tr>
<td>Mary Ruth Price, RN</td>
<td>Administrator All Care Home Care</td>
</tr>
<tr>
<td>Victoria Christian, RNC, MBA, CNHA, CAS</td>
<td>VP for Continuing Care Clinical Improvement Catholic Health East</td>
</tr>
<tr>
<td>Ben Peirce, RN, CWOCN</td>
<td>National Director, Clinical Practice Gentiva Health Services</td>
</tr>
<tr>
<td>Mary Miller RN, BSHS</td>
<td>Regional Continuous Quality Improvement Specialist St. Joseph’s Home Health</td>
</tr>
<tr>
<td>Margaret Nace, RN, BSN</td>
<td>Director of QI Sun Home Health</td>
</tr>
<tr>
<td>Dawn Murr-Davidson, RN</td>
<td>Director of Branch Operations VNA Community Care Services</td>
</tr>
<tr>
<td>Mary Miller, RN, BSHS</td>
<td>Regional Continuous Quality Improvement Specialist St. Joseph’s/Candler Home Healthcare Inc.</td>
</tr>
<tr>
<td>Debra Blanz, RN, CPHQ</td>
<td>Quality Improvement Coordinator Heartland Home Health Care &amp; Hospice</td>
</tr>
</tbody>
</table>
HHQI Physician Advisor Members

Eric Coleman, MD, MPH  
University of Colorado Health Sciences Center Care Transitions Program

Jay A. Gold, MD, JD, MPH  
Principal Clinical Coordinator and HCQIP Director, MetaStar, Inc.; Clinical faculty - Medical College of Wisconsin; Adjunct faculty: Marquette Law School

Timothy Robert Gutshall, MD  
ER Staff Physician - Iowa Methodist Medical Center and Iowa Lutheran Hospital; Clinical Coordinator - Iowa Foundation for Medical Care

Thomas F. Kline MD, PhD, CMD  
Home Based Geriatric and Rehabilitation Medicine  
Canton, MA

John N. Lewis, MD, MPH  
Medical Director - Health Care Excel of Kentucky; Internist/Epidemiologist; Greater Louisville Medical Society; Kentucky Medical Association

Joseph G. Ouslander, MD  
Professor of Medicine and Nursing; Director, Division of Geriatric Medicine and Gerontology  
Chief Medical Officer, Wesley Woods Center of Emory University; Director, Emory Center for Health in Aging; Research Scientist, Birmingham/Atlanta GRECC

Jane C. Pederson, MD, MS  
Minnesota Medical Association; Minnesota Medical Directors Association; Minnesota Gerontologic Society

Stephen Winbery PhD, MD  
Medical Director Qsource (TN Quality Improvement Organization); ACP, ACMT

Steven L. Yount DO  
Medical Director – Bastrop Nursing Center, Lifeway Home Health and A-Med Hospice; Clinical Assistant Professor – Department of Family Practice - University of North Texas; Texas Medical Foundation – State Review Program Committee

Best Practice Intervention Package – Medication Management

Editor  
Misty Kevech, RN, MS, COS–C, Communications/Training Manager

Contributing Home Health QIOSC Staff  
Marian Essex, RN, BSN, Director, Health Care Quality Improvement, HHQIOSC  
Donna Anderson, RN, PhD, Subject Matter Expert  
Christine Bernes, RN, Project Coordinator  
Eve Esslinger, RN, MS, Project Manager  
Bonnie Kerns, RN, BSN, Community of Practice Manager  
Lee Krumenacker, RN, BS, Subject Matter Expert  
David Wenner, DO, Medical Director

Communications Staff  
Shanen Wright, Communication Manager  
Russell Hartman, Communication Specialist  
Bethany Knowles, Communication Specialist

Communication QIOSC Staff  
Mary Guiden, Sr. Communications Specialist  
Tinabeth Burton, Communication Consultant
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Welcome to the third Best Practice Intervention Package (BPIP) developed for the Home Health Quality Improvement National Campaign! In the first months of the campaign, we’ve introduced two best practice interventions for reducing avoidable hospitalizations: hospitalization risk assessments and emergency care planning. Both of these best practices are first steps for reducing avoidable hospitalizations. The focus of this third BPIP is medication management.

Medication management is receiving increased attention across the health care continuum as significantly affecting quality of life. In addition, medication management or mismanagement can greatly influence adverse events, emergency care utilization and hospitalizations. There are many tools and resources to assist home health providers improve medication management. The focus of this intervention package is not on one specific tool, but rather on clinician education.

Rather than focusing on one best practice tool, the campaign team has developed an educational program called the “Be Safe & Take” Clinician Enrichment Program. This program allows agencies to assess clinician knowledge of medication management with the “Be Safe & Take” Medications Competency. In addition, there are easy reading materials to “enrich” the education of home health agency staff to assist in improving medication management and reducing avoidable hospitalizations.

The HHQI Campaign Team wishes you and your agency success with implementing these best practice strategies and improving the quality of care to the patients we serve!

Sincerely,

Marian A. Essey
Director, Home Health Quality Improvement
Quality Insights of Pennsylvania
Best Practice Intervention Package—Medication Management

**Purpose:**
The purpose of this Best Practice Intervention Package is to provide consistent instruction to home health clinicians in medication assessment and clinical interventions to improve management of medications and improve quality of life for patients receiving home health services.

**Goal:**
The ultimate goal is to reduce avoidable hospitalizations by improving the home care patient’s ability to safely and reliably prepare and take medications as prescribed. Several tools developed by nationally recognized organizations are introduced. In this leadership track, the problem is identified and some solutions are offered.

In addition to increasing awareness, the package has been designed to provide interdisciplinary education on medication management.

- Reminder, this is **not** a one-size-fits-all package; as such, home health agencies can be flexible and may choose to: Use all, some or none of the components of the monthly packages.

**Package Contents**
This package contains the following sections for agency personnel:

- Leadership (administration, managers, quality improvement leads)
- Medication Management … “Be Safe & Take” Clinician Enrichment Program
- Care Providers (direct care provider staff)

A **Fast Track** is available on the Web site that includes a two-page medication management educational sheet. The Fast Track is ideal for agencies that do not have sufficient time during this month to utilize all portions of the Best Practice Intervention Package.

**Individual Tracks: How do you use them?**

To learn more about using the individual tracks within this package, please go to the Introduction Section of the premiere Best Practice Intervention Package – Hospitalization Risk Assessment found on the Web site at [www.homehealthquality.org/hh/hha/interventionpackages/hra.aspx](http://www.homehealthquality.org/hh/hha/interventionpackages/hra.aspx).
Best Practice: Medication Management

Leadership Section
Leadership Section
Objectives & Contents

After completing the activities included in the Leadership Section of this Best Practice Intervention Package – Medication Management, the leader will be able to:

1. Recognize the positive correlation of an effective medication management program and the prevention of avoidable acute care hospitalizations.
2. Identify the importance of educating all clinicians regarding the impact of a structured medication management program in the delivery of quality patient care and performance improvement.
3. Select assessment resources and tools to improve medication management with the development of a structured performance improvement-based medication management program.

Section Contents and Instructions for Use

<table>
<thead>
<tr>
<th>Role of Leadership</th>
<th>Discover the “problem” related to improving medication management and the ACH connection. Learn several key “solutions” to assist clinicians in efforts to improve medication preparation and safety for patients.</th>
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<tbody>
<tr>
<td>Implementation Tools</td>
<td>Review “connection” pages to obtain information and select tools for improving communication and care coordination across settings and poster (pages 18 – 27).</td>
</tr>
<tr>
<td>Medication Management “Be Safe &amp; Take” Clinician Enrichment Program</td>
<td>Utilize for nursing and therapy education. Utilize the pre- and post-test for clinician competency validation.</td>
</tr>
<tr>
<td>Care Provider Tracks</td>
<td>Review and determine what portions of this Best Practice Package – Medication Management you may want to use at your agency. Utilize the “Be Safe &amp; Take” program for nurses and therapists. Utilize the care provider sections for agency continuing education and/or for clinical competency validation.</td>
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Free CNEs for Registered Nurses

Utilize the education and post testing for required continuing education hours. Utilize the home health aide section for required monthly educational sessions.
Nearly one-third of all patients aged 65 and older admitted to home care had evidence of a potential medication problem (Meredith et al. 2001).

Adherence problems:
Approximately 40 percent of people are admitted to nursing homes because they are unable to safely manage their medications in their homes. Adherence problems are complicated by the fact that many of these patients have recently experienced a transition in care from a setting where their medication may have been changed without adequate instruction or self-management coaching provided (Fanning 2005).

The Center for Home Care Policy & Research reported in a Practice Brief (2002) that the population that uses home care services is a vulnerable one. Patients receiving home care are typically elderly, frail and often live alone. Home care patients usually take multiple medications prescribed by more than one doctor. Some have informal caregivers; others have not. These vulnerabilities make home care patients more likely to experience medication errors and emphasize the need for optimal management.

Additional Considerations
Medication Management: Regulations

CMS: Conditions of Participation
Comprehensive Assessment

Every home care patient must have a review of all medications that he/she is currently taking. “The review is provided for the identification of any potential adverse effects and drug reactions, including: ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy and noncompliance with drug therapy,” states Medicare’s Home Health Conditions of Participation: Comprehensive Assessment of Patients (Section 484.55). Your agency should have a process in place to ensure that the patient’s medication regime is evaluated. For those patients receiving therapy only, the patient’s medication management must also be evaluated.

JCAHO
Medication Reconciliation

Medication reconciliation is also one of the 2006 National Patient Safety Goals set by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). All accredited facilities must have protocols in place for documenting and reconciling medications across the continuum of care.
Multiple Players – Multiple Issues

Medication regimen management is quite dynamic in nature; as such, intervention at admission alone is not sufficient for success. A **system** has to be in place that supports regular updates and changes to the medication regimen that are easily communicated among all members of the team in addition to the patient/caregiver. This includes other providers such as the patient’s physicians.

Successful, effective medication management is multi-faceted, requiring adequate education, skills, and behavior change on the part of both the patients/caregivers, and clinicians. There are also multiple barriers that may present themselves when considering these factors. These may impact care providers, patients, and/or caregivers. Care providers include clinical staff, hospital/skilled facility staff, pharmacists, physicians, etc. Medication management barriers/challenges may include, but are not limited to, the following:

**Patient/Caregiver Issues**
- Lack of caregiver, if assistance is needed with medications
- Literacy limitations
- Medication knowledge deficits
- Cognitive deficits
- Functional limitations deficits (preparing and taking medications)
- Cultural beliefs
- Fear of addiction
- Non-adherence
- Lack of safe system set-up
- Financial difficulties
- Polypharmacy
- Medication abuse

**Health Care Provider Issues**
Issues related to:
- Completion of a comprehensive medication management assessment
- Effective pain management
- The lack of universal medication management tools between settings (hospitals, home health, nursing homes, physician offices)
- Inconsistent medication reconciliation, including communication processes between home health agencies, hospitals, skilled facilities, pharmacies and physician(s)
- Complex medication regimes
- Inappropriate medications prescribed for elderly patients
- Non utilization of appropriate medication compliance aids
- The absence of making appropriate referrals with medication issues including:
  - **Nursing** referral for any identified medication knowledge deficits and issues (when therapy-only admissions)
  - **Physical therapy** for strengthening and gait training to gain access to reach medications
- Occupational therapy for appropriate medication compliance aids or incorporating medication administration into established daily routines
- Speech language pathologist for swallowing issues or cognitive issues related to multi-step preparation
- Medical social worker for financial issues that may affect accurate medication regime, suspected medication abuse, psychological problems such as depression or issues related to general reluctance to take medications

**A Solution...**

**“Be Safe & Take” Clinician Enrichment Program**

The primary educational component of this package is the Medication Management “Be Safe & Take” Clinician Enrichment Program. “Be Safe & Take” is a medication management competency package that may serve as a component of the foundation for medication management improvement for your agency, or it may complement existing programs within your agency.

The program focuses on assessment and clinical interventions. Patient and caregiver education has been identified as the hallmark for the improvement of medication management. The program moves beyond traditional patient education for improving medication management to include medication reconciliation, simplification and a distinctive interdisciplinary approach that takes full advantage of all home health care providers, including therapy, social workers and home health aides.

The “Be Safe & Take” Clinician Enrichment Program has been designed to use as an educational offering to:

1. provide consistent instruction.
2. gain familiarity with nationally recognized tools and resources.

**The program includes resources from:**

- Centers for Medicare & Medicaid Services (CMS) OASIS guidelines
- Quality Medication Administration Project (Q-MAP) Best Practice Tools
- Institute for Healthcare Improvement (IHI)
- University of Colorado Health Sciences Center Care Transitions Program
Who is the program for?

The program was created for use by clinicians – nurses and therapists. Each agency must decide if this package is appropriate for the therapists employed there. At many home health agencies in the country, therapists complete admissions and perform comprehensive assessments that include medications. Therapists also utilize other clinicians to review medications or other agency resources.

How do I use the “Be Safe & Take” Program?

- Determine if you want to use as a paper-based or electronic tool
  - Access the “Be Safe & Take” Clinical Enrichment Program that is provided as a separate track in the complete version of this package. OR
  - Download the electronic version on the Web site (www.homehealthquality.org) for the specific staff for which you plan to have complete the program.

Suggestions for Use with Nurses and/or Therapists

- Use as an education in-service
  - Clinicians may independently complete Enrichment Activity #1 and #4 (pre- and post-test) Note: Identical tests – a valuable method to evaluate improvement
  - May complete the Enrichment Activities # 2 & #3 together in small or large groups
- Clinicians may complete as a self-study activity.
- Utilize as an orientation competency and/or as a core on-going annual competency.
- Use the answer key for test that is included on the last page of the leadership track.
- Evaluate findings from the post-test to identify additional education needs.
- Take advantage of noting the references provided for every question and categorized by topic (Assessment or Intervention) to assist you with future educational planning.
“Be Safe & Take” Resources

Outcome and Assessment Information Set Resources

OASIS item M0780 identifies the patient’s ability to prepare and take medications reliably and safely. Accuracy of completion of the M0780 is crucial for reliable measurement of improving management of medications. OASIS Resources:

State OASIS Education Coordinators (OECs)

For a list of OECs go to the OASIS download page at https://www.qtso.com/

CMS OASIS Guidelines including:

• OASIS User Manual, Chapter 8
  
  Chapter 8: OASIS provides, in detail, item-by-item tips including MO item definition, time points for collection, specific response instructions and assessment strategies. Chapter 8 and the crosswalk (October 2006) can be located at https://www.cms.hhs.gov/OASIS, user manual, Part 1 Chapters and Weakland folder.

• OASIS Web-Based training

  OASIS Web-Based Training at www.oasistraining.org is an online self-study program that provides CMS-sponsored training using interesting audio & visual features to capture the details of the OASIS data set for assessing patients.

• CMS OASIS Questions and Answers

  OASIS Questions and Answers can be found at the OASIS download page at https://www.qtso.com/hhadmin.html. The list of state OASIS Education Coordinators can also be located there.

OASIS Strategies for Accuracy WebEx (Q-MAP)

This twenty minute pre-recorded WebEx presentation by Linda Krulish, President of OASIS Answers, was created for the Quality Medication Administration Project to support accurate completion of M0780. Access at www.medqic.org/.
“Be Safe & Take” Resources

Quality Medication Administration Project (Q-MAP) Best Practice Tools

The Q-MAP best practice tools were developed from the recommendations of a home health technical expert panel. Seven best practice tools and supporting resources were piloted in Pennsylvania then implemented nationally through the Q-MAP National Collaborative (2006). Q-MAP tools are available on www.medqic.org under Home Health, Medications, and Tools.

Q-MAP tools referenced in this program include:

**Medication Assessment Protocol**
The Medication Assessment Protocol provides a standardized approach to evaluating patient ability to administer medications. It promotes a combination of interview and observation to evaluate the patient’s true ability to **be safe** and **take** his/her medications as prescribed.

**Medication Simplification Protocol**
The Medication Simplification Protocol provides a standardized approach to simplifying complex medication regimens. Polypharmacy is increasingly recognized as an important issue for older people, and there are approaches to simplification of medication regimes (Madigan, 2007). This seven-step protocol encourages collaboration between the home health agency clinician, the pharmacist, and the physician to meet the goals, including the use of the fewest medications possible in the simplest form to achieve the desired treatment goal.

**Beers Criteria**
The Beers Criteria is a list of potentially inappropriate medications for use in older adults independent of diagnoses or conditions. It indicates specific concerns and assigns a high or low severity rating.

**Medication Non-Adherence Staff Education Tool**
The Medication Non-Adherence Tool promotes a comprehensive and standardized approach to evaluating the presence and possible underlying causes of medication non-adherence. The tool is to be used when general assessment findings suggest the patient is not taking medications as prescribed. Potential non-adherence issues are identified and addressed with assessment intervention strategies. The referral triggers promote an interdisciplinary approach to medication management.
“Be Safe & Take” Resources

Institute for Healthcare Improvement Resource

**Universal Medication Form**
The two-page Universal Medication Form provided by the IHI can be used by **patients** to register information about their medication use, allergies and immunization records. The form can also help prevent adverse drug events (ADEs) and improve communication between health care providers, patients and families. *(McLeod Health Florence, South Carolina)*

University of Colorado Health Sciences Center Care Transitions Program

**Medication Discrepancy Tool**
The Medication Discrepancy Tool (MDT©) is a tool for **clinicians** to use for identifying and characterizing medication discrepancies that arise when patients are making the transition between sites of care. Specific MDT© items are designed to be actionable and ideally used to recognize problems before patients experience harm. It was found that clinicians using the MDT© were able to capture a wide range of transition-related medication problems. The MDT© was developed to fill the gap in the identification and categorization of transition-related medication problems, to facilitate resolution of these problems by describing appropriate action steps at either the patient or system level, and to lead to a single reconciled list of medications, irrespective of the number of prescribers involved *(www.caretransitions.org)*.
Almost 30 percent of hospital admissions for people age 65 or older are directly attributed to medication non-adherence (Fanning 2005). Patients who have trouble taking their medications as prescribed may not only decline in their Outcome-Based Quality Improvement (OBQI) measure of Management of Medications, but ineffective medication administration could:

- Prevent the patient’s health conditions from improving
- Cause the patient to become sicker and more unstable
- Lead to significant side effects
- Produce other symptoms that could affect a patient’s safety (Krulish 2005)

Any of these circumstances could lead to an acute care hospitalization.

**Home care clinicians have a unique opportunity to reduce avoidable hospitalizations by improving medication management.**

*This may be achieved through:*

- accurate assessment and reassessment
- reconciliation of discrepancies with follow-up
- clinical interventions when adherence issues are identified

**Self-care management issues:**
At discharge from home care, agencies are to release patients with the capability to self-manage routine health care needs — such as medication management. As part of routine operations, home care agencies evaluate their Adverse Event Outcome Reports to determine what occurred to cause patient safety occurrences (CMS 2001). A decline in a patient’s ability to manage medication is defined as an adverse event and included in the report. Madigan reported that an evaluation of 2003 OASIS data showed that the second most frequently occurring adverse event was a **decline in medication management** (2007). It accounted for 21.4 percent of the adverse events for the reporting period. There is room for quality improvement within the home health community for patient medication management improvement and the determination, implementation, and validation of those interventions that represent best practice.
Medication assessment and reconciliation is a time consuming effort and goes beyond asking the questions included in the OASIS assessment. If the patient’s medication management routine is not designed to integrate with current lifestyle behaviors and adjust to changes, the plan will fail and the patient will appear as if he/she is non-adherent – when the fact is that the plan was not appropriate for the patient. Medication management routines can be quite complex and difficult for patients to control, it takes time to make the behavior changes necessary to remain “adherent” for the duration of the illness.

**The Role of Leadership**

As a member of the leadership team at your organization--what is your role with improvement in this medication management?

Medication management is not a one-time visit intervention in the home; it requires a system approach that necessitates leadership involvement to implement and sustain. Leadership commitment is essential in securing staff contribution and adherence to the practice standards developed for the agency medication management program.

**Securing Commitment From Staff: Checklist**

Leadership may increase its success in securing commitment from clinical staff by:

- Vigilantly reviewing this Medication Management Best Practice Intervention Package
- Remaining informed of the current national initiatives regarding patient safety and the significance of safe medication management across all settings
- Becoming informed of your organization’s medication management status and areas for potential improvement
- Determining system changes/support that may be necessary for the development and ongoing maintenance of a quality medication program at your agency
- Talking directly with your staff regarding significance of this intervention and what is being done at the administrative level to support the program
- Supporting your quality improvement/education staff in their efforts to develop processes, educate new and current staff, and ensure staff competency at the time of new hire orientation, as well as on a continuous basis
- Ensuring the medication management quality improvement team has the resources such as time to devote to the development and ongoing monitoring of the effectiveness of medication management clinical practices
- Walking the medication management improvement walk *daily*!!

*Safe, effective oral medication management is important in our organization*
Medication Management
Implementation Tools: How to Use

Patient & Family Connection
• Use as educational page with staff to focus on patient medication management
• Share this document with leadership and staff to promote patient centered approach to medication management

Physician Connection
• Use ‘tips’ and ‘keys’ in collaborating with physicians and identifying ways to improve communication
• Share with leadership and identify ways to enhance relationship between nurses and physicians

Hospice & Palliative Connection
• Share ‘five rights’ with staff to promote medication safety
• Use information to brainstorm with staff on how to improve medication access for patient/families

Hospital Connection
• Utilize the content to improve patient care coordination with focus on medication reconciliation with hospitals and other provider settings
• Share this document with liaison, intake staff or others who have contact with hospital discharge planners

Pharmacy Connection
• Share with leadership and staff and weigh pros and cons of implementing ‘Pharmacist Consult’ at agency

Managed Care Connection
• Share this information with managed care organizations to highlight goals of medication management: improve patient adherence to medications and support efforts to reduce avoidable hospitalizations

Medication Management Poster
• Use poster around the office(s) as a visual reminder of the monthly best practice intervention topic
  o Available in the leadership track or on Web site with intervention postings
• Start a bulletin board of the monthly posters; highlight specific action items, post success stories and trending data reports

Success Stories
• Read at staff meetings, distribute in mail boxes, post on bulletin board
**Medication Management**
Patient & Family Connection  
(Self-Management)

**Is** | **Is NOT**
--- | ---
• An intervention to assist with reducing avoidable acute care hospitalizations | • An effort to only improve M0780 – Medication outcome measure
• A quality improvement initiative to assist patients and caregivers to manage their medications more effectively and safely | • A quality improvement initiative for clinicians to manage the patient’s medications
• A quality improvement initiative that includes methods and education to enhance assessment/intervention skills of clinicians which will promote patient/caregiver self-management of medications | • An educational program for clinicians on medication actions, interactions and side effects
• An activity to improve management of all types of medications (oral, injectable, inhalers, IVs, enteral) | • An activity to only address medications

Home care must teach patients and families to uniquely manage their medications independently or with adaptive equipment. If patients are not taking their medications as ordered, then the underlying issues need to be uncovered and modifications with current medication regime may need to be made.
Medication Management
Physician Connection

Improving communication processes with physicians will **promote medication safety** and **improve relationships with physicians**.

**FACT:** Contacting physicians to review medications is completed in many ways by home health agencies.

**SUGGESTIONS:**
- Determine physician preference – if **non-urgent** issues, determine how the physician prefers communication regarding medications.
- Always call with **urgent** medication issues!

**TIPS:**
- Try to accommodate the majority of physicians (target your primary referral sources and/or your physician champions)
- Decrease the variability of the way medication issues are handled – determine standardized processes that are followed by all clinicians. (Remember the immense amount of information that physicians encounter each day!)

**Key:** Keep a **Tickler File** of physician preferences
  - How does physician want to be notified of patient admission to home care (immediately or after admission)?
  - How does physician prefer to be notified of non-urgent issues? (Does physician prefer email, calls, faxes, etc.?)

**FACT:** Home health nurses and physicians rarely encounter each other **in person**.

**SUGGESTIONS:**
- Designate or assign nurses to physicians: Make an effort to provide opportunities for clinicians to meet physicians face-to-face!
- Meet with hospitalists – it is essential that hospitalists understand what home health can provide as well as understand home care’s goal of reducing **avoidable** hospitalizations.

**TIPS:**
- Focus on **mutual goals** of improving the quality of life of frail elderly with chronic disease processes
- Emphasize the need for all settings to collaborate with medication reconciliation

**Key:** “Break down silos – all health care settings work on medication reconciliation. Increase everyone’s efficiencies!”
  Tim Gutshall, M.D., Clinical Coordinator,
  Iowa Foundation for Medical Care
Medication Management  
Hospice & Palliative Connection

Medication management support is one of the most critical responsibilities of hospice and palliative nurses and is also a vital concern with home care patients. All aspects of medication management are important: dosing, accessibility, reconciliation, administration, evaluation of effectiveness, disposal, cost and patient/family education.

Nursing uses the *Five Rights of Medication Safety*: the right dose is given to the right person at the right time using the right route and being given for the right reasons. Of course in the home setting, 24-hour access, reconciliation transparency from setting to setting, disposal, cost and education are also important.

**Medication access** is a concern that hospice must always address – including emergency medication kits to address anticipated changes in health status and relationships with pharmacies with 24-hour coverage.

**Home care can utilize these principles by:**
- Being more aware of medication access issues and educating patients/families about timely refill of medications
- Obtaining prn orders for emergency medications such as IV Lasix to proactively assure medication availability

**Medication reconciliation** from other provider settings to hospice is essential to ensure continuity of care. Many states have adopted state regulations to assure this activity occurs.

**Home care can utilize these principles by:**
- Reviewing post-hospital discharge and reconciling with the preadmission medication list on SOC/ROC

**Medication disposal** requirements have recently changed. To address these needs, Hospice & Palliative Nurses Association (HPNA) has posted the new regulations and a sample of the methodology done by a Denver Hospice. If you are interested in more information, contact the HPNA office at their National Office at 412-787-9301.
**Medication teaching** for patients and families effectively relies on the hospice nurse being well educated and knowledgeable about the medications ordered. As an active member of the interdisciplinary team, the **pharmacist** should be the hospice first point of reference. His/her support in problem solving, educating and advising is critical to successful medication management to assure the **right** dose is given to the **right** person at the **right** time using the **right** route and being given for the **right** reasons.

**Home care can utilize these principles by:**
- Engaging a pharmacist as part of your interdisciplinary team to review potential medication problems and utilize his/her expertise with medication simplification, reconciliation and consulting with physicians regarding interactions/contraindications.
- Facilitating ongoing clinician medication education (beyond nursing).
- Use the Medication Management... **“Be Safe & Take Clinician” Enrichment Program** with staff (included in this Best Practice Intervention Package).

Information for this section was provided by Judy Lentz, Executive Director Hospice & Palliative Nurses Association. HPNA has numerous educational products that address specific medication education and management. Resources available on their Web site: [www.hpna.org/webconf_schedule.aspx](http://www.hpna.org/webconf_schedule.aspx) or by calling 412-787-9301
**Medication Management**

**Hospital Connection**

**MEDICATION RECONCILIATION**
REQUIRES
COMMUNICATION
AND
COLLABORATION
BETWEEN HEALTH CARE PROVIDERS

**Transitions** between
health care settings:
**A Crucial Time**
for medication safety

- **Hospital To Home**
- **Home To Emergency Room**
- **Home To Hospital**
- **Skilled Facility To Home**

**MEDICATION SAFETY:** Medication errors are almost never the fault of a single practitioner or caused by the failure of a single element.

(IOM report: Preventing Medication Errors, July 2006, p. 45)

Pharmacy Management
Pharmacy Connection

- Simplify medication list
- Utilize language the patient can understand
- Avoid potential medication errors
- Avoid potential medication interactions
- Promote patient quality of life

Home health agencies may employ pharmacists to review patient’s medication regimens
[PHARMACIST Consult]

Clinician contacts patient’s pharmacist to review patient’s medication regimen

Goals of both approaches:

Pharmacists and pharmacy students can work with home health care “to provide safe and effective pharmacotherapy plans, reduce medication errors and adverse drug events, assure safe preparation and dispensing of medications, provide reliable health care information, and optimize patients’ outcomes.”

- Abby Kahaleh, BPharm, MS, MPH, PhD
  Director of Experiential Education
  Assistant Professor of Pharmacy Practice
  LECOM School of Pharmacy
Outcome = Simplify medication regimen while increasing quality of care and decreasing potential medication errors

Outline Processes:
Example: Patients on X number of medications will have pharmacist review medication schedule

Market Program to current and potential referral sources

Be Safe & Take

Ask pharmacist to contact physicians to explain goal of Pharmacist Consult before implementing program
Medication Management  
Managed Care Connection

Clinicians must clearly articulate to managed care payers:

**Barriers** to patient’s ability to safely prepare and take medications

**Knowledge** level of patient and/or caregiver

**Motivation** to adhere to medication regime

**Interventions** intended as part of plan of care to improve medication management

**Examples**

There are medication discrepancies on Mrs. K’s hospital discharge medication list compared to the list we received on referral and with her home list. The list of all medications was faxed to her physician. Patient does not understand the new medications.

Requesting:
SN daily X 2 for medication reconciliation, then 2 – 3 X wk for 2 wks for medication instruction.

Mr. P is not adhering to the prescribed medication regime. He is ordered to take 10 different medications at 4 times throughout the day. He lacks organizational skills and has difficulty locating bottles in multiple locations in the house.

Requesting:
SN 3 x wk x 1w; 2 x w x 1 to instruct and assist with medication simplification with pharmacist and physician, as well as medication teaching.
OT to evaluate and treat for organizational skills and appropriate compliance aide.
Medication Management

Home care clinicians can assist with reducing avoidable acute care hospitalizations by improving medication management.

Accurate patient/caregiver assessment including:

- Physical abilities
- Cognitive abilities
- Social factors
- Cultural beliefs
- Support systems
- Motivational factors
- Patient triggers

Reconcile any medication discrepancies

Make appropriate referrals

Simplify complex medication regimen
**Medication Management**

“Be Safe & Take” Medications Competency

**Answer Key**

The answer key is for the pre and post test for the “Be Safe & Take” Medication Competency (pages 33 – 38).

7. E

**Clinicin Track Post-Test Answer Keys**

Each track of the Best Practice Intervention Package has a post-test that providers may choose to complete after reviewing the track and completing the activities.

For the Medication Management package, the post-tests are found on the following pages:

- Nurse Track – use the “Be Safe & Take” Competency
- Therapy Track – page 75
- Medical Social Work Track – page 88
- Home Health Aide Track – page 98

Use the answer keys below to score the post-tests included with the Medication Management Best Practice Intervention Package.

**Nursing Post-Test Answers:** N/A

- use the competency test

**Therapy Post-Test Answers:**

1. A
2. F
3. B
4. D
5. G

**Medical Social Worker Post-Test Answers:**

1. C
2. A
3. E
4. B
5. F

**Home Health Aide Post-Test Answers:**

1. A
2. C
3. D
4. B
5. F
Medication Management

References


Institute for Healthcare Improvement; www.ihi.org


Q-MAP Best Practice Tools © OASIS ANSWERS, Inc. (2005); www.medqic.org

Medication Management...
Be Safe & Take
Clinician Enrichment Program
Medication Management... “Be Safe & Take”
Clinician Enrichment Program

Purpose:
(1) To provide consistent instruction to home health clinicians in medication assessment and clinical interventions
(2) To improve management of medications in the home setting
(3) To improve quality of life for patients receiving home health services

Goal: To reduce avoidable hospitalizations by improving the home care patient’s ability to **safely prepare and take** medications as prescribed

____ Enrichment Activity #1
Pre-test: Complete “Be Safe & Take” Medications Competency

____ Enrichment Activity #2
Review home health resources for:
- Medication Assessment
- Interventions to Improve Medication Management

____ Enrichment Activity #3
Identify five potential interventions for helping your patients **be safe and take** their medications as prescribed

____ Enrichment Activity #4
Post-test: Complete “Be Safe & Take” Medications Competency

Clinician: Assess & Intervene
Patient: Be Safe & Take
Enrichment Activity #1 & # 4 (pre- and post-test)
“Be Safe & Take” Medications Competency

Directions: Choose the ONE BEST response to the following questions. Circle the letter that identifies the ONE BEST response.

1. When assessing management of oral medications to answer OASIS item M0780, the clinician is assessing:
   A. who sets up the medications most of the time
   B. the patient’s ability to manage his/her oral medications
   C. the patient’s knowledge about medication side effects
   D. the adverse effects that the patient is experiencing from medications

Reference: OASIS Chapter 8
Topic: Assessment

2. M0780 states, “Management of Oral Medications: Patient’s ability to prepare and take all prescribed oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals.” The OASIS response selected should reflect the patient’s ability to:
   A. always take every dose of medication correctly
   B. take all important medications correctly all of the time
   C. take all important medications correctly most of the time
   D. take a majority of daily doses correctly on the day of assessment

Reference: OASIS Implementation Manual 6/06
Topic: Assessment

3. You are admitting a patient into your home care program that was recently discharged from the hospital with asthma. She is on a tapering dose of prednisone for the next seven days. This is her only medication. Your assessment reveals that the patient does not understand how to take the prednisone correctly. Patient is agreeable to try a medication box, which you will bring on the next visit. How would you complete the SOC M0780?
   A. 0 - Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times
   B. 1 – Able to take medication(s) at the correct times if:
      (a) individual dosages are prepared in advance by another person: OR
      (b) given daily reminders; OR
      (c) someone develops a drug diary or chart
   C. 2 – Unable to take medications unless administered by someone else
   D. UK – unknown

Reference: OASIS Implementation Manual 6/06
Topic: Assessment
4. In order to accurately assess the patient’s ability to manage his/her oral medications, the clinician needs to use a combined approach of interview and ________________.
   A. observation
   B. review of documentation from referral source
   C. discussion with caregiver only
   D. clinician’s best judgment
Reference: OASIS Implementation Manual 6/06
Topic: Assessment

5. Medication reconciliation includes:
   A. creating the most accurate list of a patient’s medications
   B. providing a patient form to record all medications
   C. resolving discrepancies
   D. documenting only physician prescribed medications
   E. All of the above
   F. All but D
Reference: Universal Medication Form
Topic: Intervention/Reconciliation

6. If maintained properly, a Universal Medication Form can:
   A. reduce confusion and save time
   B. improve communication between patient, family and healthcare providers
   C. improve medication safety
   D. All of the above
Reference: Universal Medication Form
Topic: Intervention/Reconciliation

7. Actions to resolve medication discrepancies include:
   A. advise to stop taking/start taking/change administration of medications
   B. discuss potential benefits and harm that may result from non-adherence
   C. talk to pharmacist about the problem
   D. address performance/knowledge deficit
   E. All of the above
   F. All but C
Reference: Medication Discrepancy Tool
Topic: Intervention/Reconciliation
8. Your new patient, Mrs. Frenzen, is being admitted into home care services. She is experiencing weakness in her dominant hand as a result of a stroke. She also has severe arthritis and was unable to demonstrate that she could open her medication box or remove the lid from a medication bottle. Which discipline would be the most appropriate to contact the physician for a referral?
   A. Medical Social Worker  
   B. Occupational Therapy  
   C. Physical Therapy  
   D. Speech Language Pathology  
   
Topic: Intervention  
Reference: Medication Non-Adherence Education Tool

9. Mr. Jones, your new admission with a new diagnosis of diabetes, tells you that he will only take the Diabenese once a day, instead of the ordered twice a day dosage. Upon further questioning he states that he does not have enough money to buy his pills, pay his rent, and buy groceries. His solution is to use half the amount as needed for his diabetes. Which discipline would be the most appropriate to contact the physician for a referral?
   A. Medical Social Worker  
   B. Occupational Therapy  
   C. Physical Therapy  
   D. Speech Language Pathology  
   
Topic: Intervention  
Reference: Medication Non-Adherence Education Tool

10. When selecting a type of medication box, you need to consider all of the following EXCEPT:
    A. patient’s ability to open the box  
    B. number of pills the patient takes in a day  
    C. size of the agency logo on the box  
    D. patient’s visual ability  
   
Topic: Intervention  
Reference: Q-MAP Best Practice Tools
11. Your agency is requiring all clinicians to use a new medication teaching tool as a guideline for patient education related to medications. You feel like you have always done a good job of patient education and feel resistant to use the new guideline. The purpose of having all clinicians use the same guideline for medication teaching is to:
   A. promote a consistent approach to assessing, teaching and evaluating patient’s knowledge and abilities with medications
   B. provide you with an option to assist with your assessment and instruction regarding medication management
   C. control what you teach your patients about medication management
   D. give you one more piece of paper to carry along with you on your visits

Topic: Intervention
Reference: Q-MAP Best Practice Tools

12. Mrs. O’Neill is a new admission to your agency. As her primary nurse you are responsible to manage her care. She has a new diagnosis of heart failure, but has a history of diabetes and emphysema for the last ten years. With the addition of her new heart failure meds, she now takes 11 medications every day. To help simplify her complex medication regimen, you would:
   A. remove/discard old and expired medications (with her permission)
   B. ask the pharmacist to review her medications
   C. A only
   D. A and B

Topic: Intervention
Resource: Medication Simplification Protocol

13. The Beers Criteria is a:
   A. List of medications that most elders take
   B. List of potentially inappropriate medications for the elderly
   C. List of medications that the elderly should never take
   D. List of medications to help you determine what medications should be discarded

Topic: Intervention
Resource: Beers Criteria

14. Patient medication teaching must include components that can improve self-administration. This includes:
   A. visual recognition of each drug
   B. dose and time to take each medication
   C. all interactions and side effects
   D. expected duration
   E. All of the above
   F. All but C

Topic: Intervention
Reference: Q-MAP Best Practice Tools
15. The home health aide role in medication management includes:
   A. None - The aide should not be involved with medication management
   B. reporting changes such as difficulty swallowing or sudden depression
   C. observing and reporting if there may be financial issues preventing the patient from getting prescriptions filled in a timely, consistent manner
   D. reporting the discovery of pills in the bed
   E. All of the above
   F. All but A

Topic: Intervention
Reference: Medication Management Best Practice Intervention Package

16. The role of the physical therapist in medication management includes:
   A. complete medication profile at SOC for PT only patients
   B. assess problems that could affect medication management including pain, cognitive impairments, and dysphagia
   C. pursue physician order for skilled nursing if patient requires teaching of a complex medication regime
   D. All of the above

Topic: Intervention
Reference: Medication Non-Adherence Education Tool

17. The following information should be communicated to the physician with concerns related to medication simplification:
   A. name of agency and reason for visits
   B. patient name and date
   C. any physical or cognitive impairments that might effect medication regime and that potential relationship
   D. Nothing – the physician knows what his patient is taking
   E. All but D
   F. All of the above

Topic: Intervention
Resource: Medication Simplification Protocol

18. Patient selection criteria for medication management case conferences might include:
   A. patients that may require medication simplification
   B. patients that reside in an assisted living facility and are severely cognitively impaired
   C. patients that scored 0 on M0780
   D. patients that scored 1 or 2 on M0780 with good prognosis
   E. A and D
   F. All of the above

Topic: Intervention
Reference: Medication Non-Adherence Education Tool
19. Mr. Lyman has been admitted to a personal care assisted living facility status post right hip replacement. The paid caretaker is administering all of his medications. Home care is admitting patient. Select the most appropriate plan of care.
   A. Do not consider him for improvement interventions
   B. Instruct only the caretaker in his medication regime
   C. Observe his cognitive, physiological and physical abilities to evaluate potential for improvement in management of oral meds
   D. Begin medication management interventions when he returns to his own home

Topic: Intervention
Resource: Medication Assessment Protocol

20. Speech therapy may be referred for improvement in medication management when the following reasons for non-adherence are identified:
   A. knowledge deficit
   B. illiteracy
   C. memory deficits
   D. swallowing difficulty
   E. All of the above
   F. B, C, and D

Topic: Intervention
Reference: Medication Non-Adherence Education Tool
Enrichment Activity #2
Medication Management Clinician Education

Assessment:
Assess patient’s ability to safely prepare and take medication

True identification of patient status and/or deficits related to medication management will be best achieved using combined observation and interview methods in a multifaceted assessment (Krulish, 2005). Accuracy of completion of the M0780, the OASIS item used to compute improvement in management of oral medications, is crucial. OASIS education is the role of the state OASIS Education Coordinator.

Enrichment Activity: Review-Medication Assessment Protocol
Additional OASIS Resources (optional)

Consider: “How can I incorporate this information into my daily practices?”

Medication Assessment Protocol
The Medication Assessment Protocol provides a standardized approach to evaluating patient ability to administer medications. It promotes a combination of interview and observation to evaluate the patient’s true ability to be safe and take his/her medications as prescribed.

(M0780) Management of Oral Medications: Patient’s ability to prepare and take all prescribed oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. Excludes injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)

<table>
<thead>
<tr>
<th>Prior</th>
<th>Current</th>
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<tr>
<td></td>
<td>1. Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times</td>
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<td>2. Able to take medication(s) at the correct times if:</td>
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<td>(a) individual dosages are prepared in advance by another person; OR</td>
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<td>(b) given daily reminders; OR</td>
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<td>(c) someone develops a drug diary or chart</td>
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<td>3. Unable to take medication unless administered by someone else</td>
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<td>4. NA – No oral medications prescribed</td>
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<td>5. UK – Unknown</td>
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MEDICATION ASSESSMENT PROTOCOL

Purpose: To provide a standardized approach to evaluating patient ability to administer medications.

<table>
<thead>
<tr>
<th>Instructions</th>
<th>Clinician Observation/Assessment</th>
</tr>
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</table>
| 1. ✓ Ask patient to demonstrate how he/she takes his/her medication.  
✓ Ask if the patient has any help to prepare or select the appropriate medications. | • Observe the patient performing preparatory activity (e.g., gathering medication supplies or moving to area where medications are routinely stored/organized).  
• Is the process organized?  
• Identify compliance aids used.  
• If the patient does have assistance, determine (through observation and interview) if the assistance is necessary. |
| 2. Once the medication supplies are assembled (or accessed):  
✓ Ask the patient to describe how he or she would proceed with taking his or her medicines (i.e., ask specifically, “What would you do first? Second?” etc.) | • Is the process appropriate as described?  
• Correct dosage, time, and frequency?  
• Check the patient’s response against the directions for his or her specific medications. |
| 3. If ability to sequence the multi-step medication administration task is not evident:  
✓ Ask the patient to demonstrate a multi-step medication administration task (i.e., “Please show me how you would open your medicine bottles and take your medication.”) | • Does the patient demonstrate ability to appropriately complete all steps in the task?  
• Selects the appropriate bottles  
• Opens each one and selects the correct dosage prior to closing lid(s)  
• Takes medication as directed  
• Closes lid(s) and returns bottles to storage area. |
| 4. Check adherence:  
✓ As part of the comprehensive assessments AND  
✓ On an ongoing basis. | • Review calendar, diary, list, pillbox, etc. to determine compliance.  
• Select one medication with known start date and count pills to verify compliance.  
• Does patient have any established daily routines which are, or could be, tied-in to medication administration? |
Additional OASIS Resources (optional)

OASIS Web-Based Training
OASIS Web-Based Training at [www.oasistraining.org](http://www.oasistraining.org) is an online self-study program that provides CMS-sponsored training using interesting audio & visual features to capture the details of the OASIS data set for assessing patients.

Department of Health and Human Services, Centers for Medicare & Medicaid Services, OASIS Users Manual, Chapter 8
Chapter 8: OASIS in detail provides item-by-item tips including MO item definition, time points for collection, specific response instructions and assessment strategies.

OASIS Q & As
OASIS Questions and Answers can be found at the OASIS download page at [https://www.qtso.com/hhadownload.html](https://www.qtso.com/hhadownload.html). The list of state OASIS Education Coordinators can also be located there.

Certificate & Competency Board, Inc. (OCCB)

OASIS Strategies for Accuracy WebEx
This twenty minute pre-recorded WebEx presentation by Linda Krulish, President of OASIS Answers, was created for the Quality Medication Administration Project to support accurate completion of M0780. Access at [www.medqic.org](http://www.medqic.org).
Interventions to Improve Medication Management

If the patient is unable to safely prepare and take medication, identify possible underlying causes and intervene appropriately.

Key: Patient and caregiver education has been the hallmark of improving medication management. This medication management program moves beyond traditional education to include reconciliation, simplification and a distinctive interdisciplinary approach that takes full advantage of all home health care providers, including therapy, social workers and home health aides.

Reconciliation: Process of identifying the most accurate list possible of all medications a patient is taking – including drug name, dosage, frequency and route – and comparing that list against the physician and/or hospital discharge orders, with the goal of providing correct medications.

Medication reconciliation is also one of the 2006 National Patient Safety Goals set by the Joint Commission on Accreditation of Healthcare Organizations. All accredited facilities must have protocols in place for documenting and reconciling medications across the continuum of care.

Patient Tool: Universal Medication Form

“My other doctor ordered that. Oh, and I was taking that before I went to the hospital. I have been on that blue one for years.”

The key to the reconciliation process is an accurate medication list carried by the patient. The two-page Universal Medication Form from the Institute for Healthcare Improvement (IHI) can be used by patients to register information about their medication use, allergies, and immunization records. The form can also help prevent adverse drug events (ADEs) and improve communication between health care providers, patients and families. (McLeod Health Florence, South Carolina, www.ihi.org).
Healthcare Provider Tool: Medication Discrepancy Tool

“The prescriptions the patient received do not match the discharge med list from the hospital.”

The Medication Discrepancy Tool (MDT©) facilitates reconciliation of the medication regime across settings and prescribers. The MDT© is a tool for identifying and characterizing medication discrepancies that arise when patients are making the transition between sites of care. Specific MDT© items are designed to be actionable and ideally able to recognize problems before patients experience harm. It was found that clinicians using the MDT© were able to capture a wide range of transition-related medication problems.

The MDT© was developed to fill the gap in the identification and categorization of transition-related medication problems, to facilitate resolution of these problems by describing appropriate action steps at either the patient or system level, and to lead to a single reconciled list of medications, irrespective of the number of prescribers involved. (The Care Transitions Program©)

Even if your agency is not currently using these specific tools, a general knowledge of these two tools, created by these recognized organizations, is valuable.

**Enrichment Activity:** Review-

Universal Medication Form
Medication Discrepancy Tool

Consider: “How can I incorporate this information into my daily practices?”
UNIVERSAL MEDICATION FORM

* Fold this form and keep it in your wallet.

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<td>Phone Number:</td>
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<td>Birthdate:</td>
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<th>Allergic To/Describe Reaction:</th>
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List all prescription and over-the-counter (non-prescription) medications such as vitamins, Aspirin, Tylenol, and herbals (ex: Ginseng, Gingko Biloba, St. John’s Wort) Include prescription meds taken as needed, (ex. Viagra, Nitroglycerin.)

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME OF MEDICATION / DOSE</th>
<th>DIRECTIONS: USE PATIENT FRIENDLY DIRECTIONS. DO NOT USE MEDICAL ABBREVIATIONS</th>
<th>DATE STOPPED:</th>
<th>REASON FOR TAKING/MD NAME</th>
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Refer to the next page for directions.
UNIVERSAL MEDICATION FORM

IMMUNIZATION RECORD (Record the last dose taken)

TETANUS
PNEUMONIA VACCINE
FLU VACCINE
HEPATITIS VACCINE

Comments

Patients:

1. Always keep this form with you.

2. Take this form to ALL doctor visits and ALL medical testing (lab, x-ray, MRI, CT, etc). Take this form to ALL preassessment visits for admission or surgery and ALL hospital visits (ER, in-patient admission, out-patient visits).

3. Update this form as changes are made to your medications. If a medication is stopped, draw a line through it and record the date it was stopped. If help is needed ask Physician, Nurse or Pharmacist to help you fill out this form.

4. In the COMMENTS column, record things like the name of doctor who told you to take this medication. You may also add the reason for taking the medication (high blood pressure, high blood sugar, high cholesterol). Always keep this form with you.

5. Tell your family, friends and neighbors about the benefits of using this form.

6. When you are discharged from the hospital, you will get an updated form. This will be reviewed with you and you will be given a copy. When you return to your doctor, take your updated form with you. Always keep this form with you. This will keep everyone up-to-date on your medications.

How does this form help you?

By using this form, it

1. Reduces confusion and saves time. You do not have to remember all the medications you are taking, the form does this for you.

2. Improves communication. Provides doctors, health care providers and institutions with a current list of ALL of your medications. Let's the patient and/or family member know exactly what medications are to be taken and when.

3. Improves MEDICATION SAFETY. Medication interactions and duplications can be detected and corrected.

This resource was originally created by McLeod Health, Florence, South Carolina and is made available as a resource by the Institute for Healthcare Improvement (IHI) at www.ihi.org.
**MEDICATION DISCREPANCY TOOL (MDT)**

MDT is designed to facilitate reconciliation of medication regimen across settings and prescribers.

**Medication Discrepancy Event Description:** Complete one form for each discrepancy

<table>
<thead>
<tr>
<th>Patient Level</th>
<th>System Level</th>
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</thead>
<tbody>
<tr>
<td>Adverse Drug Reaction or side effects</td>
<td>Prescribed with known allergies/intolerances</td>
</tr>
</tbody>
</table>
| Intolerance | Conflicting information from different informational sources.  
  *For example, discharge instructions indicate one thing and pill bottle says another.* |
| Didn’t fill prescription | Discharge instructions incomplete/inaccurate/illegible.  
  *Either the patient cannot make out the handwriting or the information is not written in lay terms.* |
| Didn’t need prescription | Confusion between brand & generic names |
| Money/financial barriers | Incorrect dosage |
| Intentional non-adherence  
  *“I was told to take this but I choose not to.”* | Incorrect quantity |
| Non-intentional non-adherence (ie:Knowledge deficit)  
  *“I don’t understand how to take this medication.”* | Incorrect label |
| Performance deficit  
  *“Maybe someone showed me, but I can’t demonstrate to you that I can.”* | Cognitive impairment not recognized |

**Resolution :: check all that apply**

- Advised to stop taking/start taking/change administration of medications
- Discussed potential benefits and harm that may result from non-adherence
- Encouraged patient to call PCP/specialist about problem
- Encouraged patient to schedule an appointment with PCP/specialist to discuss problem at next visit
- Encouraged patient to talk to pharmacist about problem
- Addressed performance/knowledge deficit
- Provided resource information to facilitate adherence
- Other
Non-adherence: This term is applied to patients when they are not following the prescribed treatment. There may be many factors that are affecting the patient/caregiver’s ability to take their medications, which need assessed and addressed. Typically clinicians look at the primary physical or cognitive impairments, but a more detailed assessment is needed, related to the complex process of medication management.

The Medication Non-Adherence Tool promotes a comprehensive and standardized approach to evaluating the presence and possible underlying causes of medication non-adherence. Use when general assessment findings suggest patient is not taking oral medications as prescribed. Potential non-adherence issues are addressed with assessment strategies. The referral triggers promote an interdisciplinary approach to medication management.

Interdisciplinary case conferencing of potential issues that may impact medication management is essential in developing possible interventions. The success of improving medication management will be the inclusion of the patient and caregiver in the decision making process and assisting with overcoming any barriers.

Medication Simplification Protocol

“Mr. Jones is never going to be able to keep 14 medications straight.”

The Medication Simplification Protocol encourages a standardized approach to simplifying complex medication regimens. Polypharmacy is increasingly recognized as an important issue for older people, and there are approaches to simplification of medication regimes (Madigan, 2007). This seven step protocol encourages collaboration between the home health agency clinician and the pharmacist and physician to meet the goals, including using the fewest medications possible in the simplest form to achieve the desired treatment goal.
“Doctor Gonzales, Mrs. Allen has had several near falls recently. She is currently prescribed Ativan 3.0 mg twice daily.”

The Beers Criteria is a list of potentially inappropriate medication for use in older adults independent of diagnoses or conditions. It indicates specific concerns and assigns a high or low severity rating.

The Beers Criteria is based on a consensus derived from an expert panel that reviewed scientific literature. The list is intended to assist clinicians in adopting evidence-based prescribing practices. The Beers Criteria is not intended to supersede clinical judgment of the prescriber. When you encounter a patient receiving a potentially inappropriate medication, refer to the Beers Criteria, clearly articulate your concerns with a description of assessment findings to the prescriber (Neafsey, 2005).

Enrichment Activity: Review-
Medication Non-Adherence Staff Education Tool
Medication Simplification Protocol
Beers Criteria

Consider: “How can I incorporate this information into my daily practices?”
**MEDICATION NON-ADHERENCE (staff education tool)**

Purpose: To promote a comprehensive and standardized approach to evaluating the presence and possible underlying causes of medication non-adherence.

When general assessment findings suggest patient is not taking oral medications as prescribed, assess further:

<table>
<thead>
<tr>
<th>Potential Non-Adherence Issues</th>
<th>Assessment Strategies</th>
<th>Referral Triggers?</th>
</tr>
</thead>
</table>
| **Knowledge Deficit**         | Is there evidence to support/suggest that patient/caregiver does not understand medication regimen?  
                                · “I’m not having (symptom) anymore, so I’m not sure whether to keep taking this.”  
                                · “That makes my stomach upset, so I try not to take it.” | RN |
| **Illiteracy**                | Is there evidence to support/suggest that patient’s/caregiver’s inability to read is affecting medication compliance?  
                                · Unable to read medication name, frequency, dose, other instructions | RN, SLP, OT |
| **Financial Concerns***       | Is there evidence to support/suggest that patient is limiting medication use to save drug (i.e. to save money)?  
                                · “I take it when I really need it.”  
                                · “I sometimes only take half the ordered amount.” | RN, MSW |
| **Fear of Addiction***       | Is there evidence to support/suggest that patient is limiting medication use due to concerns he or she will become addicted?  
                                · “I want to get off that stuff.”  
                                · “I only take it when I can’t stand it anymore.” | RN, MSW |
| **Drug Diversion or Over-Medicating*** | Is there evidence to support/suggest that patient is taking too much medication?  
                                · “I need a refill; the bottle spilled in the sink.”  
                                · “Even doubling the prescribed amount does not touch the pain.” (do not assume intentional over-medicating without evaluating for true ineffectiveness of current meds, need for adjuvant therapy, etc.) | RN, MSW |
| **Health Belief/Expectations*** | Is there evidence to support/suggest that the patient’s medication non-compliance may be due to general beliefs or expectations about health and illness?  
                                · “If he is meant to get better, it will happen.”  
                                · “If I take the pills, it will show a lack of faith.” | RN, MSW |
| Memory Deficits | Is there evidence to support/suggest that the patient is forgetting to take medications, or forgetting that medications have already been taken—resulting in non-compliance?  
| | • “I usually take one after lunch, but my daughter called, and I can’t remember if I took it.”  
| | • pills found in chair, on table by cup, etc.  
| | • incorrect pill counts  
| | • signs of ineffective drug therapy | RN, OT, SLP |
| Functional Deficits | Is there evidence to support/suggest that patient/caregiver non-adherence is due to functional deficits?  
| | • fine motor/gross motor/mobility  
| | • vision  
| | • swallowing | OT, SLP, PT |
| Disorganization | Is there evidence to support/suggest that the patient’s medication administration methods lack organization?  
| | • bottles/pills in multiple locations  
| | • unable to locate all medications  
| | • reported administration methods vary from day to day (inconsistent)  
| | • lack of established or predictable routines (sleep, meals, ADLs, etc.) | RN, OT, SLP, MSW |

*May not affect patient’s ability to take medications, therefore may not impact M0780 scoring

Referrals should be made based on patient need, state practice acts, and agency policy.
MEDICATION SIMPLIFICATION PROTOCOL:

Purpose: To encourage a standardized and collaborative approach to simplifying complex medication regimens.

Use: Add triggers to comprehensive assessment to target patients for medication reduction/simplification strategies:

| Is patient taking > 8 medications? | YES | Is there opportunity to simplify the patient’s drug regimen? |

Goals:
1) Use the fewest medications possible in the simplest form to achieve the desired treatment goal.
2) Eliminate preventable drug-related adverse events.
3) Use non-pharmacological therapies in place of medications when possible.
4) Improve patient medication regimen adherence and independence.

Process: Agency staff will work collaboratively with the organization or community-based pharmacist and/or physician to apply criteria and meet goals.

Medication Simplification Steps:
1) Remove/discard unnecessary or expired drugs to prevent confusion.
2) Encourage use of a single pharmacy to enhance regimen review and collaboration with pharmacist.
3) Consider non-pharmacologic alternatives.
4) Coordinate administration times with established sleep and activity patterns/routines.
5) Decrease administration frequency, using sustained-release or long acting products.
6) Reduce multiple medications to treat a single condition, unless combination therapy is intentional.
7) Discontinue/substitute cautionary medications known to be problematic for geriatric patients (e.g., “Beers Criteria”).

References for Protocol Development:
“Medication Regimen Simplification” QMWeb - accessed 02/03/04
http://mqa.dhs.state.tx.us/qmweb/MedSim.htm
Accessed 02/03/04
STEPS to MEDICATION SIMPLIFICATION

Discontinue/Substitute Cautionary Meds
(MD, Pharm, RN)

↓ Multiple Meds for Single Condition
(MD, Pharm, RN)

Long-Acting/Sustained-Release Alternatives
(MD, Pharm, RN, Patient/Caregiver)

Coordinate Doses with Established Daily Routines
(MD, Pharm, RN, PT, OT, SLP, Aide, Patient/Caregiver)

Non-Drug Alternatives
(MD, RN, PT, OT, Aide, Patient/Caregiver)

Single Pharmacy
(MD, Pharm, RN, PT, OT, SLP, Patient/Caregiver)

Remove/Discard Old/Expired Drugs
(RN, PT, OT, SLP, Patient/Caregiver)
<table>
<thead>
<tr>
<th>Drug</th>
<th>Concern</th>
<th>Severity Rating (High or Low)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Propoxyphene (Darvon) and combination products (Darvon with ASA, Darvon-N, and Darvocet-N)</td>
<td>Offers few analgesic advantages over acetaminophen, yet has the adverse effects of other narcotic drugs.</td>
<td>Low</td>
</tr>
<tr>
<td>Indomethacin (Indocin and Indocin SR)</td>
<td>Of all available nonsteroidal anti-inflammatory drugs, this drug produces the most CNS adverse effects.</td>
<td>High</td>
</tr>
<tr>
<td>Pentazocine (Talwin)</td>
<td>Narcotic analgesic that causes more CNS adverse effects, including confusion and hallucinations, more commonly than other narcotic drugs. Additionally, it is a mixed agonist and antagonist.</td>
<td>High</td>
</tr>
<tr>
<td>Trimethobenzamide (Tigan)</td>
<td>One of the least effective antiemetic drugs, yet it can cause extrapyramidal adverse effects.</td>
<td>High</td>
</tr>
<tr>
<td>Muscle relaxants and antispasmodics: methocarbamol (Robaxin), carisoprodol (Soma), chlorzoxazone (Paraflex), metaxalone (Skelaxin), cyclobenzaprine (Flexeril), and oxybutynin (Ditropan). Do not consider the extended-release Ditropan XL.</td>
<td>Most muscle relaxants and antispasmodic drugs are poorly tolerated by elderly patients, since these cause anticholinergic adverse effects, sedation, and weakness. Additionally, their effectiveness at doses tolerated by elderly patients is questionable.</td>
<td>High</td>
</tr>
<tr>
<td>Flurazepam (Dalmane)</td>
<td>This benzodiazepine hypnotic has an extremely long half-life in elderly patients (often days), producing prolonged sedation and increasing the incidence of falls and fracture. Medium- or short-acting benzodiazepines are preferable.</td>
<td>High</td>
</tr>
<tr>
<td>Amitriptyline (Elavil), clordiazepoxide-amitriptyline (Limbitrol), and perphenazine-amitriptyline (Triavil)</td>
<td>Because of its strong anticholinergic and sedation properties, amitriptyline is rarely the antidepressant of choice for elderly patients.</td>
<td>High</td>
</tr>
<tr>
<td>Doxepin (Sinequan)</td>
<td>Because of its strong anticholinergic and sedating properties, doxepin is rarely the antidepressant of choice for elderly patients.</td>
<td>High</td>
</tr>
<tr>
<td>Meprobamate (Miltown and Equanil)</td>
<td>This is a highly addictive and sedating anxiolytic. Those using meprobamate for prolonged periods may become addicted and may need to be withdrawn slowly.</td>
<td>High</td>
</tr>
<tr>
<td>Doses of short-acting benzodiazepines: doses greater than lorazepam (Ativan), 3 mg; oxazepam (Serax), 60 mg; alprazolam (Xanax), 2 mg; temazepam (Restoril), 15 mg; and triazolam (Halcion), 0.25 mg</td>
<td>Because of increased sensitivity to benzoazidepines in elderly patients, smaller doses may be effective, as well as safer. Total daily doses should rarely exceed the suggested maximums.</td>
<td>High</td>
</tr>
<tr>
<td>Long-acting benzodiazepines: clordiazepoxide (Librium), clordiazepoxide-amitriptyline (Limbitrol) clidinium-chlordiazepoxide (Librax), diazepam (Valium), quazepam (Doral), halazepam (Paxipam), and chlorzazepate (Tranxene)</td>
<td>These drugs have a long half-life in elderly patients (often several days), producing prolonged sedation and increasing the risk of falls and fractures. Short- and intermediate-acting benzodiazepines are preferred if a benzodiazepine is required.</td>
<td>High</td>
</tr>
<tr>
<td>Disopyramide (Norpace and Norpace CR)</td>
<td>Of all antiarrhythmic drugs, this is the most potent negative inotrope and therefore may induce heart failure in elderly patients. It is also strongly anticholinergic. Other antiarrhythmic drugs should be used.</td>
<td>High</td>
</tr>
<tr>
<td>Digoxin (Lanoxin) (should not exceed 0.125 mg/d except when treating atrial arrhythmias)</td>
<td>Decreased renal clearance may lead to increased risk of toxic effects.</td>
<td>Low</td>
</tr>
<tr>
<td>Short-acting dipyridamole (Persantine)</td>
<td>Do not consider the long-acting dipyridamole (which has better properties than the short-acting in older adults) except with patients with artificial heart valves. May cause orthostatic hypotension.</td>
<td>Low</td>
</tr>
<tr>
<td>Methylbipropionate (Aldomet) and methylbipropionate (Aldoril)</td>
<td>May cause bradycardia and exacerbate depression in elderly patients.</td>
<td>High</td>
</tr>
<tr>
<td>Drug/Class</td>
<td>Description</td>
<td>BEERS CRITERIA</td>
</tr>
<tr>
<td>------------</td>
<td>-------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Reserpine at doses 0.25 mg</td>
<td>May induce depression, impotence, sedation, and orthostatic hypotension.</td>
<td>Low</td>
</tr>
<tr>
<td>Chlorpropamide (Diabinese)</td>
<td>It has a prolonged half-life in elderly patients and could cause prolonged hypoglycemia. Additionally, it is the only oral hypoglycemic agent that causes SIADH.</td>
<td>High</td>
</tr>
<tr>
<td>Gastrointestinal antispasmodic drugs: dicyclomine (Bentyl), hyoscyamine (Levson and Levinesin), propantheline (Pro-Banthine), belladonna alkaloids (Donnatal and others), and clidinium-chlordiazepoxide (Librax)</td>
<td>GI antispasmodic drugs are highly anticholinergic and have uncertain effectiveness. These drugs should be avoided (especially for long-term use).</td>
<td>High</td>
</tr>
<tr>
<td>Anticholinergics and antihistamines: chlorpheniramine (Chlor-Trimeton), diphenhydramine (Benadryl), hydroxyzine (Vistaril and Atarax), cyproheptadine (Periactin), promethazine (Phenergan), tripelennamine, dexchlorpheniramine (Polaramine)</td>
<td>All non-prescription and many prescription antihistamines may have potent anticholinergic properties. Nonanticholinergic antihistamines are preferred in elderly patients when treating allergic reactions.</td>
<td>High</td>
</tr>
<tr>
<td>Diphenhydramine (Benadryl)</td>
<td>May cause confusion and sedation. Should not be used as a hypnotic, and when used to treat emergency allergic reactions, it should be used in the smallest possible dose.</td>
<td>High</td>
</tr>
<tr>
<td>Ergot mesyloids (Hydergine) and cyclandelate (Cyclospasmol)</td>
<td>Have not been shown to be effective in the doses studied.</td>
<td>Low</td>
</tr>
<tr>
<td>Ferrous sulfate 325 mg/d</td>
<td>Doses 325 mg/d do not dramatically increase the amount absorbed but greatly increase the incidence of constipation.</td>
<td>Low</td>
</tr>
<tr>
<td>All barbiturates (except phenobarbital) except when used to control seizures</td>
<td>Are highly addictive and cause more adverse effects than most sedative or hypnotic drugs in elderly patients.</td>
<td>High</td>
</tr>
<tr>
<td>Meperidine (Demerol)</td>
<td>Not an effective oral analgesic in doses commonly used. May cause confusion and has many disadvantages to other narcotic drugs.</td>
<td>High</td>
</tr>
<tr>
<td>Ticlopidine (Ticlid)</td>
<td>Has been shown to be no better than aspirin in preventing clotting and may be considerably more toxic. Safer, more effective alternatives exist.</td>
<td>High</td>
</tr>
<tr>
<td>Ketorolac (Toradol)</td>
<td>Immediate and long-term use should be avoided in older persons, since a significant number have asymptomatic GI pathologic conditions.</td>
<td>High</td>
</tr>
<tr>
<td>Amphetamines and anorexic agents</td>
<td>These drugs have potential for causing dependence, hypertension, angina, and myocardial infarction.</td>
<td>High</td>
</tr>
<tr>
<td>Long-term use of full-dosage, longer half-life, Non-COX-selective NSAIDs: naproxen (Naprosyn, Avaprox, and Aleve), oxaprozin (Daypro), and piroxicam (Feldene)</td>
<td>Have the potential to produce GI bleeding, renal failure, high blood pressure, and heart failure.</td>
<td>High</td>
</tr>
<tr>
<td>Daily fluoxetine (Prozac)</td>
<td>Long half-life of drug and risk of producing excessive CNS stimulation, sleep disturbances, and increasing agitation. Safer alternatives exist.</td>
<td>High</td>
</tr>
<tr>
<td>Long-term use of stimulant laxatives: bisacodyl (Dulcolax), cascara sagrada, and Neoloid except in the presence of opiate analgesic use</td>
<td>May exacerbate bowel dysfunction.</td>
<td>High</td>
</tr>
<tr>
<td>Amiodarone (Cordarone)</td>
<td>Associated with QT interval problems and risk of provoking torsades de pointes. Lack of efficacy in older adults.</td>
<td>High</td>
</tr>
<tr>
<td>Orphenadrine (Norflex)</td>
<td>Causes more sedation and anticholinergic adverse effects than safer alternatives.</td>
<td>High</td>
</tr>
<tr>
<td>Guanethidine (Ismelin)</td>
<td>May cause orthostatic hypotension. Safer alternatives exist.</td>
<td>High</td>
</tr>
<tr>
<td>Guanadrel (Hylorel)</td>
<td>May cause orthostatic hypotension.</td>
<td>High</td>
</tr>
<tr>
<td>Cyclandelate (Cyclospasmol)</td>
<td>Lack of efficacy.</td>
<td>Low</td>
</tr>
<tr>
<td>Isoxsuprine (Vasodilan)</td>
<td>Lack of efficacy.</td>
<td>Low</td>
</tr>
<tr>
<td>Nitrofurantoin (Macrodantin)</td>
<td>Potential for renal impairment. Safer alternatives available.</td>
<td>High</td>
</tr>
<tr>
<td>Doxazosin (Cardura)</td>
<td>Potential for hypotension, dry mouth, and urinary problems.</td>
<td>Low</td>
</tr>
</tbody>
</table>
### BEERS CRITERIA

<table>
<thead>
<tr>
<th>Drug and Type</th>
<th>Potential Effects</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methyltestosterone (Android, Virilon, and Testrad)</td>
<td>Potential for prostatic hypertrophy and cardiac problems.</td>
<td>High</td>
</tr>
<tr>
<td>Thioridazine (Mellari)</td>
<td>Greater potential for CNS and extrapyramidal adverse effects.</td>
<td>High</td>
</tr>
<tr>
<td>Mesoridazine (Serentil)</td>
<td>CNS and extrapyramidal adverse effects.</td>
<td>High</td>
</tr>
<tr>
<td>Short acting nifedipine (Procardia and Adalat)</td>
<td>Potential for hypotension and constipation.</td>
<td>High</td>
</tr>
<tr>
<td>Clonidine (Catapres)</td>
<td>Potential for orthostatic hypotension and CNS adverse effects.</td>
<td>Low</td>
</tr>
<tr>
<td>Mineral oil</td>
<td>Potential for aspiration and adverse effects. Safer alternatives available.</td>
<td>High</td>
</tr>
<tr>
<td>Cimetidine (Tagamet)</td>
<td>CNS adverse effects including confusion.</td>
<td>Low</td>
</tr>
<tr>
<td>Ethacrynic acid (Edecrin)</td>
<td>Potential for hypertension and fluid imbalances. Safer alternatives available.</td>
<td>Low</td>
</tr>
<tr>
<td>Desiccated thyroid</td>
<td>Concerns about cardiac effects. Safer alternatives available.</td>
<td>High</td>
</tr>
<tr>
<td>Amphetamines (excluding methylphenidate hydrochloride and anorexics)</td>
<td>CNS stimulant adverse effects.</td>
<td>High</td>
</tr>
<tr>
<td>Estrogens only (oral)</td>
<td>Evidence of the carcinogenic (breast and endometrial cancer) potential of these agents and lack of cardioprotective effect in older women.</td>
<td>Low</td>
</tr>
</tbody>
</table>

Abbreviations: CNS, central nervous system; COX, cyclooxygenase; GI, gastrointestinal; NSAIDs, nonsteroidal anti-inflammatory drugs; SIADH, syndrome of inappropriate antidiuretic hormone secretion

Used with Permission

References:

Enrichment Activity #3

Identify five potential discipline specific clinical interventions for helping your patients to **be safe and take** their medications as prescribed.

1. __________________________________________________
   __________________________________________________

2. __________________________________________________
   __________________________________________________

3. __________________________________________________
   __________________________________________________

4. __________________________________________________
   __________________________________________________

5. __________________________________________________
   __________________________________________________

Enrichment Activity #4

Complete “**Be Safe & Take**” Medications Competency Post-test.

Congratulations!

You have just completed the Medication Management “**Be Safe & Take**” Clinician Enrichment Program.
Best Practice: Medication Management

Nurse Track
Nurse Track

This best practice intervention package is designed to introduce and/or reinforce the role of effective medication management in reducing avoidable acute care hospitalizations.

Objectives
After completing the activities included in the Nurse Track of this Best Practice Intervention Package – Medication Management, the learner will be able to:

1. Recognize the positive correlation of an effective medication management program and the prevention of avoidable acute care hospitalizations.
2. Answer Mo 780 more accurately.
3. Complete a more accurate, comprehensive medication assessment.
4. Identify five potential interventions to assist patients in improving medication management ability.

Complete the following activities:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Location</th>
<th>Estimated Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Read the medication management description and complete the Medication Management “Be Safe &amp; Take” Clinician Enrichment Program</td>
<td>Page 59 and obtain the “Be Safe &amp; Take” program from your leadership or on <a href="http://www.homehealthquality.org">www.homehealthquality.org</a></td>
<td>75 minutes</td>
</tr>
<tr>
<td>Listen to the audio recording: “Medication Management for Clinicians”</td>
<td>Page 60</td>
<td>15 minutes</td>
</tr>
<tr>
<td>Read the success stories</td>
<td>Page 61</td>
<td>15 minutes</td>
</tr>
<tr>
<td>RNs: Complete the nursing evaluation and post-test online to receive free CNEs</td>
<td>See link below</td>
<td>15 minutes</td>
</tr>
<tr>
<td>Total time for completion</td>
<td></td>
<td>120 minutes</td>
</tr>
</tbody>
</table>

FREE CNEs for Registered Nurses

RNs may apply for free 2.0 CNEs for completing all of the nursing track activities (see above table) from this Best Practice Intervention Package – Medication Management

Complete above activities & complete evaluation/post-test online at http://www.zoomerang.com/recipient/survey.zgi?p=WEB226F2HHTZZQ
Medication Management

Medication management, or mismanagement, can greatly influence adverse events, emergency care utilization and hospitalizations. There are many tools and resources to assist home health providers improve medication management. The focus of this intervention package is not on one specific tool, but instead, centers on clinician education through the “Be Safe & Take” Clinician Enrichment Program.

Medication Management…the ACH Connection

Patients who have trouble taking their medications as prescribed not only may decline in the Outcome Based Quality Improvement (OBQI) measure of Management of Medications, but ineffective medication administration could:

- Prevent the patient’s health conditions from improving
- Cause the patient to become sicker and more unstable
- Lead to significant side effects
- Produce other symptoms that could affect a patient’s safety (Krulish 2005)

Any of these can lead to an acute care hospitalization.

Medication Management… “Be Safe & Take” Clinician Enrichment Program

This educational program is available to improve knowledge of accurate assessment and clinical interventions to assist patients improve their medication management. You will learn more about improving medication assessment related to quality of care as well as additional universal resources. This program moves beyond traditional patient education for improving medication management to include medication reconciliation, simplification and a distinctive interdisciplinary approach that takes full advantage of all home health care providers, including therapy, social workers and home health aides.

The “Be Safe & Take” Clinician Enrichment Program is available through your leadership or online at [www.homehealthquality.org](http://www.homehealthquality.org) under the Medication Management Best Intervention Package.

Note: There is not a nurse track post-test. Instead, complete the medications competency. Registered nurses will also complete the electronic CNE test.
Audio Recordings

Instructions:
Listen to the audio recording to learn more about reducing avoidable acute care hospitalizations and the use of medication management.

<table>
<thead>
<tr>
<th>Title</th>
<th>Description</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication Management for Clinicians</td>
<td>A 15-minute audio recording related to improving medication management.</td>
<td>The audio link is located at <a href="http://www.homehealthquality.org/hh/hha/interventionpackages/medmanagement.aspx">http://www.homehealthquality.org/hh/hha/interventionpackages/medmanagement.aspx</a></td>
</tr>
</tbody>
</table>

There are several ways to listen to the audio recording:
- Visit the link above and listen directly through the Web site.
- Download the audio recording by right-clicking on the audio file and selecting “Save Target As...”. This will save the file to your hard drive. Once you have saved the file, you can listen to it on your computer or you can burn the audio file to a CD to listen to in your car or stereo.

“All clinicians need to carefully listen for cues to help develop new habits and routines.” Karen Vance, OTR
Success Stories

Illinois Home Health Agency Confronts Low Medication Management Rates

In September 2005, Girling Health Care, Inc.’s Lori Spoo, assistant director of patient care, was reviewing OBQI (Outcome Based Quality Improvement) data for the agency, and she was not happy with something she noted related to medication management. “At that time, our oral medication rate was really crummy,” Spoo said frankly. More specifically, the agency’s oral medication observed rate on OBQI (CASPER) was 24.1 percent (compared with a national 48 percent). Spoo, who is also a registered nurse (RN), said she saw an opportunity for improvement.

To further investigate the problem, the agency assembled an interdisciplinary team including nurses, a physical therapist and a home health clerk – to conduct a process of care investigation. Staff conducted chart reviews in an attempt to discover the cause of the low medication improvement rate. Spoo, who previously worked at the Illinois Foundation for Quality Health Care, the state’s Medicare Quality Improvement Organization, said that previous work on OBQI helped her guide the process. “I had been part of an OBQI demonstration project in 1995, and I was very familiar with the OBQI process,” she added.

Girling Health Care is family-owned and has been in operation for 39 years. The organization provides home health, homemaker services, and community care and hospice services in Texas, Florida, Oklahoma, Tennessee, Illinois and New York. At Spoo’s workplace in Illinois, Girling has a unique population of patients, and specializes in orthopedic surgery patients. More than 90 percent of the agency’s patients are post-operative knee or hip replacements, and are, in general, a healthier and younger population than most home health patients, Spoo explained. Due to those demographics, staff developed “tunnel vision of sorts”; so, when the occasional patient showed up that wasn’t quite as functional, that patient was treated the same as the orthopedic surgery patients. “They really needed a more intense kind of treatment,” Spoo noted.

In addition to this general observation, what did the interdisciplinary staff conclude following the process of care investigation? It was identified that patients were not being assessed properly at the start of care with regard to medication management ability. To correct the faulty assessment, Spoo said the team developed an interdisciplinary form that would assist staff with patient medication management assessment. “It’s very simplistic,” she said. “It just [poses] questions that should lead to a conclusion... of whether or not a patient is independent on medication management,” Spoo added.
The form was included in start of care packets, and the agency conducted in-service training on the new form for all nurses and physical therapists. In-service training was held as part of regular staff meetings, and took a mere 15 minutes, said Spoo. Management also posted medication management information on a bulletin board in the conference room, including graphs that visually showed the agency’s medication data/current rates. “We made sure the data and the importance of improving oral medications was in everybody’s face all the time,” she added.

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Thanks to the improved results, the agency has also seen a reduction in acute care hospitalizations (ACH), even though it wasn’t a focus of the oral medication quality improvement effort. “Our rates weren’t that high to begin with,” noted Spoo. “Now we are focusing on ACH rates and we recently implemented telehealth in December,” she added.

To help with future ACH improvements, Girling also recently refined its on-call system by adding a triage nurse. Spoo said the agency anticipates the new position will help decrease avoidable ACH rates.

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According to Wingate, while Interim scored above state and national averages for medication management, they wanted to improve further. With an average patient age of 73 and patients averaging 11 medications, the Oral Medication outcome was particularly important for quality patient outcomes and to assist with reducing acute care hospitalization.

Interim also worked with their QIO, the Carolinas Center for Medical Excellence, on reducing ACH rates.

Show, Show, Show
Interim began by administering a staff questionnaire to determine what specifically staff members used to assess a patient’s ability to properly take oral medications. To management’s surprise, the approximately 20 clinician respondents each gave a different answer.

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Along the same line, Interim found that there were no consistent documentation tools between the different offices, such as medication planners and medication lists.

Wingate assembled a multi-disciplinary team, made up of RN, PT, OT, MSW, and clinical education staff. The team developed a standardized agency protocol and specific assessment elements with instructions on observing the patient demonstrating the preparation of medications, as well as taking medications correctly.
The team reviewed the OASIS question, Mo 780 (related to the management of oral medications), and developed clinical education tools outlining specific assessment strategies. In addition, agency staff helped select and distribute a uniform medication planner (pill box) for all offices that was patient friendly, easy to open and read. The team also developed a uniform patient medication record.

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**Implementation and Education is Ongoing**
Once the new protocols and products were developed, Interim stepped up to educate every staff member. Each office had a mandatory clinical education program. Employees were educated regarding medication teaching techniques. The new medication tools have been established as part of the orientation for new staff. Interim registered for the national QMAP collaborative in 2006, which was timely as they began their medication management improvement efforts. Management and clinical education staff participated in monthly QMAP conference calls. The agency also distributed various QMAP tools to the staff which were used for patient assessment and education.

Interim implemented additional OASIS education and implemented annual OASIS competency “ride-alongs” with the staff. The clinical supervisors accompany the staff on patient visits to observe staff members following agency process and protocols.

Wingate says the process is ongoing; home health management staff continue to train and monitor how well the offices are doing. Staff members have been very open to implementing new protocols and accepting the process, she says; they have played a vital role in developing and implementing the new processes.

**Results**
“We learned that we cannot assume that everyone is doing the same thing, which is what we thought was happening. We laughed about how everyone was assessing medications differently. That was the biggest shock,” Wingate reflects.

“In less than six months, we improved seven percent in our oral medication outcome. We are delighted to see the success and we continue to improve,” adds Wingate. “Our ACH rate has decreased three percent in the past year, and we believe [improvement in oral meds management] is one of the things that has helped improve it.”

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Best Practice:
Medication Management

Therapy Track
This best practice package is designed to introduce and/or expand the knowledge of home care physical and occupational therapists and speech language pathologists to the importance of a structured medication management program in reducing avoidable acute care hospitalizations.

**Objectives**

After completing the activities in the Therapy Track of this Best Practice Intervention Package – Medication Management, the therapist will be able to:

1. Recognize the positive correlation of an effective medication management program and the prevention of avoidable acute care hospitalizations.
2. Answer Mo 780 more accurately.
3. Complete a more accurate, comprehensive medication assessment as according to role.
4. Identify 3 potential interventions to assist patients in improving medications management ability.

Complete the following activities:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Location</th>
<th>Estimated Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Read the medication management description and review <strong>OR</strong></td>
<td>Page 67</td>
<td>5 minutes</td>
</tr>
<tr>
<td>Complete the Medication Management “Be Safe &amp; Take” Clinician Enrichment Program</td>
<td>Obtain from your leadership or on <a href="http://www.homehealthquality.org">www.homehealthquality.org</a></td>
<td>75 minutes</td>
</tr>
<tr>
<td>Listen to the audio recording: Medication Management for Clinicians</td>
<td>Page 69</td>
<td>15 minutes</td>
</tr>
<tr>
<td>Read the Medication Management – Therapist’s Guide to Practical Application</td>
<td>Page 70</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Read the success stories</td>
<td>Page 73</td>
<td>15 minutes</td>
</tr>
<tr>
<td>Complete the therapy post-test (<strong>if not</strong> taking the “Be Safe &amp; Take” Clinician Enrichment Program)</td>
<td>Page 77</td>
<td>15 minutes</td>
</tr>
<tr>
<td><strong>Total Time</strong></td>
<td><strong>60 minutes</strong> (without “Be Safe &amp; Take” Enrichment Program)</td>
<td>60-115 minutes</td>
</tr>
<tr>
<td></td>
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Medication Management

Medication Management can affect reducing avoidable acute care hospitalizations and improve the patient’s capability for self-management. Home care clinicians have a unique opportunity to improve medication management through accurate assessment, reconciliation of discrepancies and follow-up clinical interventions when adherence issues are identified.

There are many facets of medication management issues. Some issues are straightforward, where others are more complex. Medication management issues can include, but are not limited to the following:

- Inadequate medication management assessment
- Knowledge and literacy deficits
- Lack of knowledgeable caregiver
- Readiness to learn
- Financial concerns
- Cognitive deficits
- Functional deficits (prepping and taking medications)
- Medication reconciliation, including communication processes between home health agency and physician
- Lack of universal tools between settings (hospital, home health, nursing home, physician offices)
- Culture beliefs
- Depression
- Fear of addiction
- Ineffective pain management
- Polypharmacy
- Complex medication regimes
- Inappropriate medications for elderly patients
- Not utilizing appropriate medication compliance aids

Nearly one-third of all patients aged 65 and older admitted to home health care had evidence of a potential medication problem (Meredith, et al. 2001).

Conditions of Participation: Comprehensive Assessment of Patients

Every home care patient must have a review of all medications that they are currently taking. This review needs to identify any potential adverse effects and drug reactions, including effective drug therapy, significant side effects and drug interactions, duplicate drug therapy and noncompliance with drug therapy. This regulation is part of the Home Health Medicare Conditions of Participation related to comprehensive assessment of patients and applies to all patients, including therapy only patients. Your agency should have a process in place to ensure that the patient’s medication regime is evaluated.
Medication Management...the ACH Connection
Patients who have trouble taking their medications as prescribed not only may decline in the Outcome Based Quality Improvement (OBQI) measure of Management of Medications, but ineffective medication administration could:

- Prevent the patient’s health conditions from improving, or
- Cause the patient to become sicker and more unstable, or
- Lead to significant side effects, or
- Produce other symptoms that could affect a patient’s safety (Krulish 2005)

Any of these can lead to an acute care hospitalization

Medication Management... “Be Safe & Take” Clinician Enrichment Program

This educational program is available for nurses and therapists to improve knowledge of accurate assessment and clinical interventions to assist patients improve their medication management. You will learn more about improving medication assessment related to quality of care as well as additional universal resources. The “Be Safe & Take” Clinician Enrichment Program is available through your leadership or online at www.homehealthquality.org under Medication Management Best Intervention Package (file is available separately under associated resources).
Audio Recordings

Instructions:
Listen to the audio recording to learn more about reducing avoidable acute care hospitalizations and the use of Medication Management.

<table>
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<tbody>
<tr>
<td>Medication Management forClinicians</td>
<td>A 15-minute audio recording related to improving medication management.</td>
<td>The audio link is located at <a href="http://www.homehealthquality.org/hh/hha/interventionpackages/medmanagement.aspx">http://www.homehealthquality.org/hh/hha/interventionpackages/medmanagement.aspx</a></td>
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“Taking medications is part of the patient’s critical activities of daily living.”
Carol Siebert, OTR
Purpose: Reminders related to improvement in the management of medications.

- Assess patient’s ability (even if in personal care home/assistive living facility) on initial PT, OT and ST therapy visits for problems that could effect the management of medications
  - Pain
  - Cognitive impairments, including depression affecting motivation
  - Physical impairments, including motor impairments, visual impairments, dysphasia and environmental barriers
  - Disorganization

- Utilize a consistent medication assessment process to ensure accurate assessment for all patients

- Ask patient or caregiver (if patient is not going to manage own medications) to demonstrate activities involved with medication management
  - Prepare and select appropriate medications
  - Describe how they would proceed with taking medications
  - Sequence the multi-step medication administration task (i.e. demonstrate how they would open the medication bottles and take the medications)

- Determine if specific patients will not likely improve in their self-administration of medications and facilitate an alternative (caregiver, friend, medication compliance aids...)

- Evaluate if the caregiver is available consistently to manage the medications

- Assess and instruct on most appropriate medication compliance aids

- Assess and identify patient ongoing adherence issues that may influence medication management
  - Knowledge deficits
  - Illiteracy
  - Financial concerns
  - Depression
  - Fear of addiction
  - Drug diversion or over-medicating
  - Health belief/expectations (e.g. “If I take the pills, it will show a lack of faith.”)
  - Memory deficits
  - Functional deficits
  - Disorganization
Complete a comprehensive medication list (prescribed and over the counter) for therapy only cases. The medication assessment can include any of the following:
- Medication list reviewed by a nurse
- Medication list reviewed by a software program to assess for medication interactions
- Prepackaged forms that include codes/screenings for potential medication issues
- Patient’s pharmacy contact for comprehensive review

Communicate and coordinate care plan goals with SOC clinician and other patient team members

Consider appropriate referrals with medication issues including:
- **Nursing** referral for any identified medication knowledge deficits and new medications
- **Physical Therapy** for strengthening and gait training to gain access to reach medications
- **Occupational Therapy** for appropriate medication compliance aids or incorporating medication administration into established daily routines
- **Speech Language Pathologist** for swallowing issues or cognitive issues related to multi-step preparation
- **Medical Social Worker** for financial issues that may affect accurate medication regime, suspected medication abuse or depression or issues related to potential drug diversion

Participate in case conferences providing expertise with assessment findings and planning interventions

Evaluate the need for a nursing referral, if therapy only. If no referral is necessary, assess patient’s knowledge of medication regime including:
- Visually recognizing drug
- Purpose
- Dosing and administration
- Brand and generic names
- Expected duration of therapy
- When to take medication relative to meals, sleep, etc.
- What to do in case a dose is missed
- What to do if the condition being treated becomes/remains a problem

**Interdisciplinary case conferencing of potential issues that may impact medication management is essential in developing possible interventions. The success of improving medication management will be in the inclusion of the patient and caregiver in the decision making process and assisting with overcoming any barriers.**
Therapy Tips

Physical Therapy

Include the following into PT plan of care related to medication management:
- Improve gait, balance & strength for patient to access medications
- Report changes to skilled nursing
- Observe for non-adherence issues
- Assess for ineffective drug therapy

Speech Therapy

Include the following into ST plan of care related to medication management:
- Evaluate swallowing difficulties
- Recommend changing tablets/capsules to liquid medication when possible
- Establish exercise program to improve cognitive process for patients having problems with multi-step activities
- Establish program to improve reading and comprehension for appropriate patients

Occupational Therapy

Include the following into OT plan of care related to medication management:
- Establish exercise programs to increase hand/wrist strength and eye/hand coordination to prepare and take medications
- Observe for non-adherence issue
- Identify compliance aids based on patient deficits or adapting current aids
- Educate agency staff on the different types of medication compliance aids for appropriate patients
Success Stories

Illinois Home Health Agency Confronts Low Medication Management Rates

In September 2005, Girling Health Care, Inc.’s Lori Spoo, assistant director of patient care, was reviewing OBQI (Outcome Based Quality Improvement) data for the agency, she was not happy with something she noted related to medication management. “At that time, our oral medication rate was really crummy,” Spoo said frankly. More specifically, the agency’s oral medication observed rate on OBQI (CASPER) was 24.1 percent (compared with a national 48 percent). Spoo, who is also a registered nurse (RN), said she saw an opportunity for improvement.

To further investigate the problem, the agency assembled an interdisciplinary team including nurses, a physical therapist and a home health clerk—to conduct a process of care investigation. Staff conducted chart reviews in an attempt to discover the cause of the low medication improvement rate. Spoo, who previously worked at the Illinois Foundation for Quality Health Care, the state’s Medicare Quality Improvement Organization, said that previous work on OBQI helped her guide the process. “I had been part of an OBQI demonstration project in 1995, and I was very familiar with the OBQI process,” she added.

Girling Health Care is family-owned and has been in operation for 39 years. The organization provides home health, homemaker services, community care and hospice services in Texas, Florida, Oklahoma, Tennessee, Illinois and New York. At Spoo’s workplace in Illinois, Girling has a unique population of patients, and specializes in orthopedic surgery patients. More than 90 percent of the agency’s patients are post-operative knee or hip replacements, and are, in general, a healthier and younger population than most home health patients, Spoo explained. Due to those demographics, staff developed “tunnel vision of sorts”; so, when the occasional patient showed up that wasn’t quite as functional, that patient was treated the same as the orthopedic surgery patients. “They really needed a more intense kind of treatment,” Spoo noted.

In addition to this general observation, what did the interdisciplinary staff conclude following the process of care investigation? It was identified that patients were not being assessed properly at the start of care with regard to medication management ability. To correct the faulty assessment, Spoo said the team developed an interdisciplinary form that would assist staff with patient medication management assessment. “It’s very simplistic,” she said. “It just [poses] questions that should lead to a conclusion... of whether or not a patient is independent on medication management,” Spoo added.
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Therapy Post-Test
Medication Management

1. In order to accurately assess the patient’s ability to manage his/her oral medications, the clinician needs to use a combined approach of interview and ________________.
   A. observation
   B. review of documentation from referral source
   C. discussion with caregiver only
   D. clinician’s best judgment

2. Medication reconciliation includes:
   A. creating the most accurate list of a patient’s medications
   B. providing a patient form to record all medications
   C. resolving discrepancies
   D. documenting only physician prescribed medications
   E. All of the above
   F. All but D

3. Your new patient, Mrs. Frenzen, is being admitted into home care services after suffering from a stroke. She is experiencing weakness in her dominant hand as a result of the stroke. She also has severe arthritis and was unable to demonstrate that she could open her medication box or remove the lid from a medication bottle. Which discipline would be the most appropriate to contact the physician for a referral?
   A. Medical Social Worker
   B. Occupational Therapy
   C. Physical Therapy
   D. Speech Language Pathology

4. The role of the physical therapist in medication management includes:
   A. complete medication profile at SOC for PT only patients
   B. assess problems that could affect medication management including pain, cognitive impairments, and dysphagia
   C. pursue physician order for skilled nursing if patient requires teaching of a complex medication regime
   D. All of the above

5. Speech therapy may be referred for improvement in medication management when the following reasons for non-adherence are identified:
   A. knowledge deficit
   B. illiteracy
   C. fear of addiction
   D. memory deficits
   E. swallowing difficulty
   F. All of the above
   G. B, D, E
Best Practice:
Medication Management

Medical Social Worker Track
Medical Social Worker Track

This best practice package is designed to introduce and/or expand the knowledge of the medical social worker to the importance of a structured medication management program in reducing avoidable acute care hospitalizations.

Objectives

After completion of the activities in the Medical Social Worker track of this Best Practice Intervention Package – Medication Management, the learner will be able to:

1. Recognize the positive correlation of an effective medication management program and the prevention of avoidable acute care hospitalizations.
2. Identify 4 – 5 financial, cognitive and/or non-adherence issues that may be barriers for patients to manage their medications appropriately.
3. Identify 4 – 5 interventions to assist patient and/or caregiver with improving medication management ability.

Complete the following activities:

<table>
<thead>
<tr>
<th>Activity</th>
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<tbody>
<tr>
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**Total Time** | **60 minutes** |
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Audio Recordings

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**Medical Social Worker’s Guide to Practical Application**

**Purpose:** To assess, educate and determine appropriate interventions to improve patient/caregiver medication management

**Common Problem**
- Educate patient/caregiver to have complete medication list
- Educate patient/caregiver to use one pharmacy

**Financial Problems**
- Complete a financial assessment to determine there is a lack of funds to purchase medications
- Assess for financial abuse by family, friends, neighbors, etc. that may be affecting purchasing medications
- Participate in case conferences providing social work expertise with assessment finding and planning interventions
- Determine strategies for patients and families to address financial issues that are affecting their medical care
- Collaborate with patient’s physician on assistance with obtaining medications, including medication simplification or changes in medications related to cost
- Evaluate patient for other medical/medication programs (i.e. state programs or Medicare Part D programs)
- Evaluate patient to determine eligibility for pharmaceutical indigent programs
- Create a resource table of medication assistance programs
- Evaluate patient for other supplemental services (i.e. food stamps, rent rebates, etc.) that would reduce financial burden
Cognitive Problems

- Conduct a small mental evaluation if clinician is concerned about patient’s cognitive abilities with medication management
- Seek alternative caregiver if patient or current caregiver is cognitively impaired to accurately manage medications, including community programs and volunteers
- Assist clinicians with working with physicians and pharmacies for medication simplification
- Investigate financial resources to purchase needed medication compliance aids

Non-Adherence Issues

- Assess and identify ongoing patient adherence issues that may affect medication management
  - Knowledge deficits
  - Illiteracy
  - Financial concerns
  - Depression
  - Fear of addiction
  - Drug diversion or over-medicating
  - Health belief/expectations (e.g. “If I take the pills, it will show a lack of faith.”)
  - Memory deficits
  - Functional deficits
  - Disorganization

- Reinforce need for medication compliance to patient and caregiver
- Assess and offer interventions for suspected medication abuse or depression
Success Stories

Illinois Home Health Agency Confronts Low Medication Management Rates

In September 2005, Girling Health Care, Inc.’s Lori Spoo, assistant director of patient care, was reviewing OBQI (Outcome Based Quality Improvement) data for the agency, she was not happy with something she noted related to medication management. “At that time, our oral medication rate was really crummy,” Spoo said frankly. More specifically, the agency’s oral medication observed rate on OBQI (CASPER) was 24.1 percent (compared with a national 48 percent). Spoo, who is also a registered nurse (RN), said she saw an opportunity for improvement.

To further investigate the problem, the agency assembled a interdisciplinary team including nurses, a physical therapist and a home health clerk—to conduct a process of care investigation. Staff conducted chart reviews in an attempt to discover the cause of the low medication improvement rate. Spoo, who previously worked at the Illinois Foundation for Quality Health Care, the state’s Medicare Quality Improvement Organization, said that previous work on OBQI helped her guide the process. “I had been part of an OBQI demonstration project in 1995, and I was very familiar with the OBQI process,” she added.

Girling Health Care is family-owned and has been in operation for 39 years. The organization provides home health, homemaker services, community care and hospice services in Texas, Florida, Oklahoma, Tennessee, Illinois and New York. At Spoo’s workplace in Illinois, Girling has a unique population of patients, and specializes in orthopedic surgery patients. More than 90 percent of the agency’s patients are post-operative knee or hip replacements, and are, in general, a healthier and younger population than most home health patients, Spoo explained. Due to those demographics, staff developed “tunnel vision of sorts”; so, when the occasional patient showed up that wasn’t quite as functional, that patient was treated the same as the orthopedic surgery patients. “They really needed a more intense kind of treatment,” Spoo noted.

In addition to this general observation, what did the interdisciplinary staff conclude following the process of care investigation? It was identified that patients were not being assessed properly at the start of care with regard to medication management ability. To correct the faulty assessment, Spoo said the team developed an interdisciplinary form that would assist staff with patient medication management assessment. “It’s very simplistic,” she said. “It just [poses] questions that should lead to a conclusion... of whether or not a patient is independent on medication management,” Spoo added.
The form was included in start of care packets, and the agency conducted in-service training on the new form for all nurses and physical therapists. In-service training was held as part of regular staff meetings, and took a mere 15 minutes, said Spoo. Management also posted medication management information on a bulletin board in the conference room, including graphs that visually showed the agency’s medication data/current rates. “We made sure the data and the importance of improving oral medications was in everybody’s face all the time,” she added.

The agency invited several speakers to discuss medication management. One presentation was conducted by a company that provides electronic medication management systems. Educational learning sessions served as additional reminders of the importance of medication management, and it also assisted staff in becoming familiar with available products in the workplace.

The result? Spoo said the agency has improved its medication management rate by nearly 100 percent. “We’re now up to 42.5 percent on the OBQI report, compared to the national reference of 44.5 percent,” she said. “We’ve definitely increased everybody’s awareness on how to correctly assess a patient, and their ability to manage medications.”

Staff now uses the “Managing Your Medicines” form that is one of the many free tools available from the Quality Medication Administration Project (Q-MAP) National Collaborative. The Collaborative—which began in 2006—was designed to engage large multi-state home health providers in a national initiative to support quality improvement in oral medications management. Over 200 agencies from eight multi-state home care providers participated in the Q-MAP National Collaborative. These tools are also posted on MedQIC (www.medqic.org).

Thanks to the improved results, the agency has also seen a reduction in acute care hospitalizations (ACH), even though it wasn’t a focus of the oral medication quality improvement effort. “Our rates weren’t that high to begin with,” noted Spoo. “Now we are focusing on ACH rates and we recently implemented telehealth in December,” she added.

To help with future ACH improvements, Girling also recently refined its on-call system by adding a triage nurse. Spoo said the agency anticipates the new position will help decrease avoidable ACH rates.

Agency leaders remain impressed with the simple, yet important quality improvement processes implemented by Spoo and Girling staff. “I’m amazed and proud that we’ve accomplished so much,” said Nancy Sciortino, RN and director of patient care. “Small changes can make such a big difference.”

*Lori Spoo, Girling Health Care, Inc. provided the data in this article.*
Interim HealthCare of Greenville, South Carolina is a multi-office home healthcare agency operating in six counties. Interim’s 200-plus employees serve both urban and rural patients. Their parent company, Interim HealthCare, was founded in 1966, and is one of the nation's leading providers of home health care services. With a network of more than 300 offices nationwide, and approximately 75,000 health care workers, Interim "delivers appropriate high quality home care and treats each patient with genuine compassion, kindness and respect."

In December 2005 the agency identified two clinical outcome measures, Acute Care Hospitalization (ACH) and oral medication management as targeted outcomes for improvement. The two outcomes complement each other, says Dianne Wingate, outcomes management director for Interim, pointing to significant professional literature on rehospitalizations due to complications with medication.

According to Wingate, while Interim scored above state and national averages for medication management, they wanted to improve further. With an average patient age of 73 and patients averaging 11 medications, the Oral Medication outcome was particularly important for quality patient outcomes and to assist with reducing acute care hospitalization.

Interim also worked with their QIO, the Carolinas Center for Medical Excellence, on reducing ACH rates.

**Show, Show, Show**

Interim began by administering a staff questionnaire to determine what specifically staff members used to assess a patient's ability to properly take oral medications. To management’s surprise, the approximately 20 clinician respondents each gave a different answer.

“We learned that staff was just verbally asking the patients [if they were taking medications], and we really had to have the patient show us that they could take the correct medication in the correct dosage at the correct time,” says Wingate. “We ask, ask, ask. We need to have them to show, show, show.”

Along the same line, Interim found that there were no consistent documentation tools between the different offices, such as medication planners and medication lists.

Wingate assembled a multi-disciplinary team, made up of RN, PT, OT, MSW, and clinical education staff. The team developed a standardized agency protocol and specific assessment elements with instructions on observing the patient demonstrating the preparation of medications, as well as taking medications correctly.
The team reviewed the OASIS question, Mo 780 (related to the management of oral medications), and developed clinical education tools outlining specific assessment strategies. In addition, agency staff helped select and distribute a uniform medication planner (pill box) for all offices that was patient friendly, easy to open and read. The team also developed a uniform patient medication record.

“The staff used all types of medication records before we started this process,” recalls Wingate. “They would list the meds on all kinds of things: card stock, legal paper. The new record developed was separated by morning, lunch, dinner and bedtime. Our social work staff provided their expertise in developing the record, which included pictures of a sun and moon and place settings pictured for specific time periods for medications.”

**Implementation and Education is Ongoing**
Once the new protocols and products were developed, Interim stepped up to educate every staff member. Each office had a mandatory clinical education program. Employees were educated regarding medication teaching techniques. The new medication tools have been established as part of the orientation for new staff. Interim registered for the national QMAP collaborative in 2006, which was timely as they began their medication management improvement efforts. Management and clinical education staff participated in monthly QMAP conference calls. The agency also distributed various QMAP tools to the staff which were used for patient assessment and education.

Interim implemented additional OASIS education and implemented annual OASIS competency “ride-alongs” with the staff. The clinical supervisors accompany the staff on patient visits to observe staff members following agency process and protocols.

Wingate says the process is ongoing; home health management staff continue to train and monitor how well the offices are doing. Staff members have been very open to implementing new protocols and accepting the process, she says; they have played a vital role in developing and implementing the new processes.

**Results**
“We learned that we cannot assume that everyone is doing the same thing, which is what we thought was happening. We laughed about how everyone was assessing medications differently. That was the biggest shock,” Wingate reflects.

“In less than six months, we improved seven percent in our oral medication outcome. We are delighted to see the success and we continue to improve,” adds Wingate. “Our ACH rate has decreased three percent in the past year, and we believe [improvement in oral meds management] is one of the things that has helped improve it.”

*Dianne Wingate, Interim Healthcare, provided the data in this article.*
Medical Social Worker
Post-Test
Medication Management

1. Assessment is crucial to identify potential financial issues that may affect the patient’s/caregiver’s ability to take medications as prescribed. All of the following are cues that such issues may be affecting adherence to the medication regimen, except:
   A. significant income to afford medications, but a frequent lack of funds in check book to purchase medications
   B. limited food in home
   C. patient having difficulty swallowing pills
   D. phone or electric shut off
   E. lack of understanding of Medicare Part D

2. Patients that are identified as being non-adherent may have many underlying issues that need to be assessed and addressed. The interdisciplinary team should case conference to ensure that all issues are identified and potential interventions can be offered to the patient and/or caregiver.
   A. True
   B. False

3. The patient and/or family needs to be engaged in decision making related to medication management. Some of the factors that need to be assessed to assist with the development of the patient-centered care plan include the following:
   A. knowledge and literacy deficits
   B. readiness to learn
   C. cognitive and functional deficits
   D. culture beliefs
   E. All of the above

4. Occupational therapy is an appropriate referral related to medication management for all of the following, except:
   A. evaluate for appropriate medication aids
   B. arrange financial assistance with medications
   C. address disorganization that is impacting taking correct medications
   D. establish an exercise program to increase the strength of hands and/or wrists
5. The home health aide role in medication management includes:
   A. None - The aide should not be involved with medication management
   B. reporting changes such as difficulty swallowing or sudden depression
   C. observing and reporting if there may be financial issues preventing the patient from getting prescriptions filled in a timely, consistent manner:
   D. reporting the discovery of pills in the bed
   E. All of the above
   F. All but A
Best Practice:
Medication Management

Home Health Aide Track
Home Health Aide Track

This best practice package is designed to introduce and/or expand the knowledge of the home health aide to the importance of a structured medication management program in reducing avoidable acute care hospitalizations.

Objectives

After completing the activities in the Home Health Aide track of this Best Practice Intervention Package – Medication Management, the learner will be able to:

1. Recognize that assisting patient and/or caregiver with preparing and taking the medications may help reduce acute care hospitalizations.
2. Appreciate that the home health aide is an important part of the interdisciplinary team.
3. Describe 3 factors that may impact patient medication management that need reported to the agency.

Complete the following:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Location</th>
<th>Estimated Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ Read the medication management description and review</td>
<td>Page 95</td>
<td>5 minutes</td>
</tr>
<tr>
<td>❑ Listen to the audio recording: Medication Management for Home Health Aides and utilize the discussion points</td>
<td>Page 96</td>
<td>20 minutes</td>
</tr>
<tr>
<td>❑ Read the Medication Management – Home Health Aide’s Guide to Practical Application</td>
<td>Page 97</td>
<td>10 minutes</td>
</tr>
<tr>
<td>❑ Read the success story</td>
<td>Page 98</td>
<td>10 minutes</td>
</tr>
<tr>
<td>❑ Complete the home health aide post-test and forward to your manager</td>
<td>Page 100</td>
<td>15 minutes</td>
</tr>
<tr>
<td><strong>Total Time</strong></td>
<td></td>
<td><strong>60 minutes</strong></td>
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Medication Management

Medication Management is an important best practice intervention that agencies can use to help reduce avoidable hospitalizations. Over 30% of patients hospitalized have a problem with medication management. Agencies are working to improve the patient’s ability to take their medications safely, consistently and as prescribed by the physician and to improve the caregiver’s ability to manage the patient’s medications.

Nurses, therapists and medical social workers are addressing medication management with patients and/or caregivers in several main ways:

- Assessment
- Education
- Community resources

There are many factors related to medication management that must be evaluated. The patient’s and caregiver’s ability to safely prepare and take medications needs to be assessed and can include the ability to:

- Safely and accurately read medication labels
- Swallow medications without difficulty
- Pick up medications and get it to their mouth without dropping or losing the medication
- Organize medications so they can be taken as prescribed (this may involve a friend or relative preparing the medications in a pill box or some other way to help with preparing or administering the medication)

How can a home health aide help with medication management?

You are an additional set of eyes and ears to observe the patient and caregiver. Report potential medication problems that might ultimately lead to hospitalization.
Audio Recordings

Listen to the audio recording to learn more about reducing avoidable acute care hospitalizations and the use of Medication Management.

<table>
<thead>
<tr>
<th>Title</th>
<th>Description</th>
<th>Link</th>
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There are several ways to listen to these audio recording:

- Visit the link above and listen directly through the Web site.
- Download the audio recording by right-clicking on the audio file and selecting “Save Target As...”. This will save the file to your hard drive. Once you have saved the file, you can listen to it on your computer or you can burn the audio file to a CD to listen to in your car or stereo.

Discussion Questions

You may complete these discussion questions together in a group setting (team meeting) or just think about them if you are doing this as a self-study.

- Think about the patients you saw yesterday. Identify 4 “potential” medication issues your patients may have.
- Describe how you can “observe” activities that could affect how a patient manages his medications.
- What are some “teaching” related medication issues that you would report to a nurse?
- How could you “promote” better medication management with your patients?
- Give a real-life example of signs of “potential” financial issues that could affect a patient’s medication management.
- What could a physical therapist do to help with medication management? An occupational therapist? A speech therapist?
Medication Management

Home Health Aide’s Guide to Practical Application

Purpose: Home Health Aides have an important role related to medication management by:

1. Being aware of potential factors that may affect the patient taking medications correctly.
2. Learning when to notify the nurse, therapist or manager with potential problems.

Below are examples of factors that should be brought to the SN/Therapy/Manager’s attention:

- **Physical Factors**
  - Difficulty seeing or complaints of problems with vision such as blurred vision, broken or lost glasses
  - Difficulty getting to the medications
  - Loss of or decreased ability to use fingers and/or hands to hold small objects or open containers
  - Difficulty in swallowing
  - Uncontrolled pain

- **Environmental Factors**
  - Pills found on the floor, in bed, etc.
  - Caregiver (new, change or absent)

- **Mental Factors**
  - Confusion which may affect patient taking medications
  - Confusion of caregiver if he/she is preparing medications
  - Decline in mental status (increased confusion, unusual drowsiness
  - Difficulty remembering or recalling events in the recent past or difficulty remembering how to perform routine tasks
  - Sudden depression or loss of motivation

- **Financial Factors**
  - Problems buying food
  - Patient/family mentioning money problems or lack of money for medications
  - Phone or electricity shut off

- **Patient not taking medications as prescribed**
  - Adamant about not taking medications or following physician orders
  - Not getting prescriptions filled timely
  - State that they are “too sick” to take their medications
  - State caregiver is not giving their medications as ordered
  - Finding lost or misplaced medications (individual pills or medication bottles)
  - Patient or family discussing fear of patient becoming addicted to medications (usually pain medication, sleeping pill or muscle relaxants)
Success Story

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*Lori Spoo, Girling Health Care, Inc. provided the data in this article.*
Home Health Aide Post-Test
Medication Management

1. Home health aides are part of the interdisciplinary team and can help reduce avoidable acute care hospitalizations by observing for potential medication problems in the home.
   A. True
   B. False

2. There are a variety of factors that may affect the patient’s or caregiver’s ability to prepare and take their medications safely. Home health aides should observe and report any of the following to the agency, except:
   A. vision problems
   B. pills found on the floor or in the bed
   C. new grocery store
   D. new caregiver

3. Signs of potential changes in the patient’s mental status could include the following:
   A. increased forgetfulness
   B. sudden depression
   C. forgetting if he/she took medication
   D. All of the above

4. Patients that refuse to take their medications must be placed in a nursing home.
   A. True
   B. False

5. The home health aide role in medication management includes:
   A. None - The aide should not be involved with medication management
   B. reporting changes such as difficulty swallowing or sudden depression
   C. observing and reporting if there appears to be financial issues that might prevent the patient from getting prescriptions filled timely
   D. reporting the discovery of pills in the bed
   E. All of the above
   F. All but A
MDT is designed to facilitate reconciliation of medication regimen across settings and prescribers.

Medication Discrepancy Event Description: Complete one form for each discrepancy

✓ Causes and Contributing Factors :: Check all that apply

:: Italicized text suggests patient's perspective and/or intended meaning

**Patient Level**

- □ Adverse Drug Reaction or side effects
- □ Intolerance
- □ Didn't fill prescription
- □ Didn't need prescription
- □ Money/financial barriers
- □ Intentional non-adherence
  - "I was told to take this but I choose not to."
- □ Non-intentional non-adherence (ie: Knowledge deficit)
  - "I don’t understand how to take this medication."
- □ Performance deficit
  - "Maybe someone showed me, but I can’t demonstrate to you that I can."

**System Level**

- □ Prescribed with known allergies/intolerances
- □ Conflicting information from different informational sources.
  - For example, discharge instructions indicate one thing and pill bottle says another.
- □ Confusion between brand & generic names
- □ Discharge instructions incomplete/inaccurate/ illegible.
  - Either the patient cannot make out the handwriting or the information is not written in lay terms.
- □ Duplication.
  - Taking multiple drugs with the same action without any rationale.
- □ Incorrect dosage
- □ Incorrect quantity
- □ Incorrect label
- □ Cognitive impairment not recognized
- □ No caregiver/need for assistance not recognized
- □ Sight/dexterity limitations not recognized

✓ Resolution :: check all that apply

- □ Advised to stop taking/start taking/change administration of medications
- □ Discussed potential benefits and harm that may result from non-adherence
- □ Encouraged patient to call PCP/specialist about problem
- □ Encouraged patient to schedule an appointment with PCP/specialist to discuss problem at next visit
- □ Encouraged patient to talk to pharmacist about problem
- □ Addressed performance/knowledge deficit
- □ Provided resource information to facilitate adherence
- □ Other ____________________________________________