



**IN-HOME QUALITY IMPROVEMENT**

**MEDICATION MANAGEMENT...  
BE SAFE & TAKE**

**NURSE ENRICHMENT PROGRAM**

# Medication Management... “Be Safe & Take” Nurse Enrichment Program



## **Purpose:**

- 1) To provide consistent instruction to nurses 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 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 Protocol

Interventions to Improve Medication Management

-  Universal Medication Form
-  Medication Discrepancy Tool
-  Medication Non-Adherence Tool
-  Medication Simplification Protocol

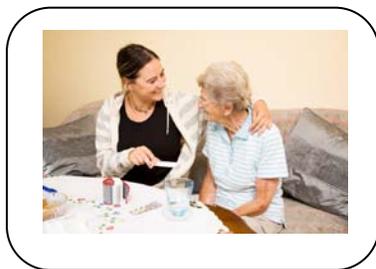
## \_\_\_\_\_ **Enrichment Activity #3**

Identify five potential interventions for helping your patients be safe and take their medications as prescribed

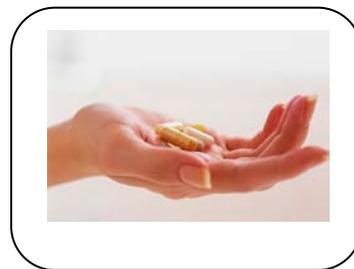
## \_\_\_\_\_ **Enrichment Activity #4**

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

### **Nurse: 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. Medication reconciliation includes:
  - A. Creating the most accurate list of 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
  
2. 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
  
3. 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
  
4. 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
  
5. Your agency is requiring all nurses 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 nurses 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

6. Mrs. O'Neill is a new admission to your agency. As her 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
  
7. 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
  
8. The In-Home 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
  
9. 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 affect 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

## **Enrichment Activity #2**

### **Medication Management Nurse 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.

#### **Enrichment Activity: Review Medication Assessment Protocol**

**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.

Disclaimer: All forms included are optional forms; each can be used as Tools, Templates or Guides for your agency and as you choose. Your individual agency can design or draft these forms to be specific to your own agency's needs and setting.

# MEDICATION ASSESSMENT PROTOCOL

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

	<b>Instructions</b>	<b>Nurse Observation/Assessment</b>
<b>1</b>	<ul style="list-style-type: none"> <li>✓ Ask patient to demonstrate how he/she takes his/her medication.</li> <li>✓ Ask if the patient has any help to prepare or select the appropriate medications.</li> </ul>	<ul style="list-style-type: none"> <li>• Observe the patient performing preparatory activity (e.g., gathering medication supplies or moving to area where medications are routinely stored/organized).</li> <li>• Is the process organized?</li> <li>• Identify compliance aids used.</li> <li>• If the patient does have assistance, determine (through observation and interview) if the assistance is <i>necessary</i>.</li> </ul>
<b>2</b>	<p>Once the medication supplies are assembled (or accessed):</p> <ul style="list-style-type: none"> <li>✓ Ask the patient to describe how he or she would proceed with taking his or her medications (i.e., ask specifically, “What would you do first? Second?” etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Is the process appropriate as described?</li> <li>• Correct dosage, time and frequency?</li> <li>• Check the patient’s response against the directions for his or her specific medications.</li> </ul>
<b>3</b>	<p>If ability to sequence the multi-step medication administration task is not evident:</p> <ul style="list-style-type: none"> <li>✓ 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.”)</li> </ul>	<ul style="list-style-type: none"> <li>• Does the patient demonstrate ability to appropriately complete all steps in the task? <ul style="list-style-type: none"> <li>➤ Selects the appropriate bottles</li> <li>➤ Opens each one and selects the correct dosage prior to closing lid(s)</li> <li>➤ Takes medication as directed</li> <li>➤ Closes lid(s) and returns bottles to storage area</li> </ul> </li> </ul>
<b>4</b>	<p>Check Adherence</p> <ul style="list-style-type: none"> <li>✓ As part of the comprehensive assessments AND</li> <li>✓ On an ongoing basis.</li> </ul>	<ul style="list-style-type: none"> <li>• Review calendar, diary, list, pillbox, etc. to determine compliance.</li> <li>• Select one medication with known start date and count pills to verify compliance.</li> <li>• Does patient have any established daily routines which are, or could be, tied-in to medication administration?</li> </ul>

# 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 nurse care providers, including In-Home 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.

## 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.ihl.org](http://www.ihl.org)).

Review the Universal Medication Form that follows.

Disclaimer: All forms included are optional forms; each can be used as Tools, Templates or Guides for your agency and as you choose. Your individual agency can design or draft these forms to be specific to your own agency’s needs and setting.



# UNIVERSAL MEDICATION FORM

<b>IMMUNIZATION RECORD</b> (Record the last dose taken)
TETANUS
PNEUMONIA VACCINE
FLU VACCINE
HEPATITIS VACCINE

<b>Comments</b>	

## **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 the Physician, Nurse or Pharmacist to help you fill out this form.
4. In the COMMENTS column, record things like the name of the 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. Lets the patient and/or family 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.ihl.org](http://www.ihl.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<sup>©</sup>) facilitates reconciliation of the medication regime across settings and prescribers. The MDT<sup>©</sup> is a tool for identifying and characterizing medication discrepancies that arise when the patients are making the transition between sites of care. Specific MDT<sup>©</sup> items are designed to be actionable and ideally able to recognize problems before patients experience harm. It was found that clinicians using the MDT<sup>©</sup> were able to capture a wide range of transition-related medication problems.

The MDT<sup>©</sup> 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<sup>©</sup>)

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.

Review the Medication Discrepancy Tool that follows.

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

Disclaimer: All forms included are optional forms; each can be used as Tools, Templates or Guides for your agency and as you choose. Your individual agency can design or draft these forms to be specific to your own agency’s needs and setting.

# 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

✓ **Causes and Controlling Factors: Check all that apply**

*(Italicized text suggests patient's perspective and/or intended meaning)*

**Patient Level** \_\_\_\_\_

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

**System Level** \_\_\_\_\_

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

✓ **Resolution: Check all that apply**

- Advised to stop taking/start taking/change administration of medication
- 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 \_\_\_\_\_

# Medication Non-Adherence Staff Education Tool

Non-Adherence: This term is applied to patients when they are not following the prescribed treatment. There may be factors that are affecting the patient/caregiver's ability to take their medications, which need assessed and addressed. Typically nurses 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.

Review the Medication Non-Adherence Staff Education Tool that follows.

## Medication Simplification Protocol

**“Mrs. 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 care agency nurse 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.

Review the Steps to Medication Simplification that follows.

## 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:

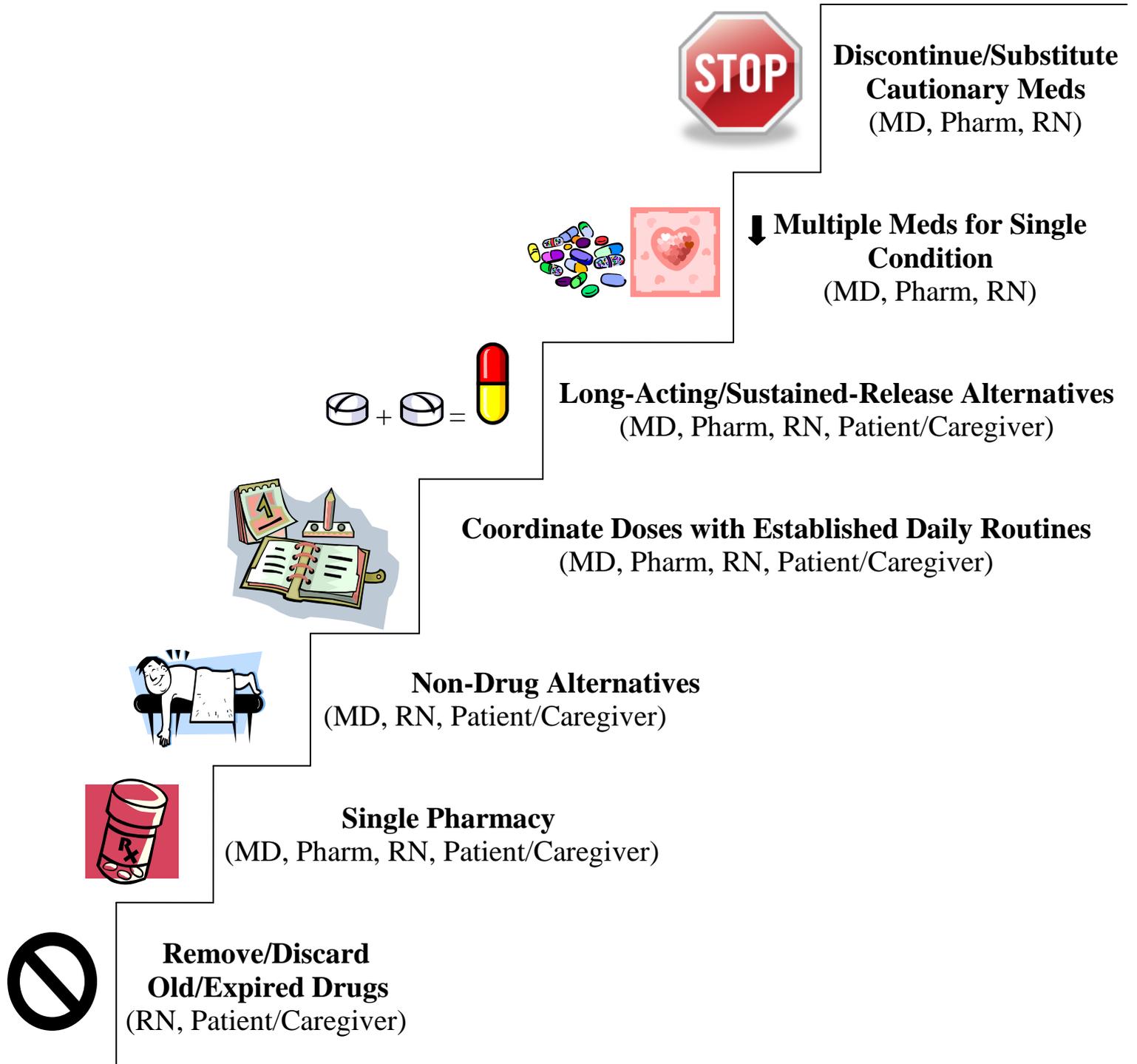
Potential Non-Adherence Issues	Assessment Strategies	Referral Triggers?
<p><b>Knowledge Deficit</b></p> 	<p>Is there evidence to support/suggest that patient/caregiver does not understand medication regimen?</p> <ul style="list-style-type: none"> <li>• “I’m not having (symptoms) anymore, so I’m not sure whether to keep taking this.”</li> <li>• “That makes my stomach upset, so I try not to take it.”</li> <li>• “I don’t know when to take my meds or what dose to take.”</li> </ul>	RN
<p><b>Illiteracy</b></p> 	<p>Is there evidence to support/suggest that patient’s/caregiver’s inability to read is affecting medication compliance?</p> <ul style="list-style-type: none"> <li>• Unable to read medication name, frequency, dose, other instructions</li> </ul>	RN, SLP, OT
<p><b>Financial Concerns*</b></p> 	<p>Is there evidence to support/suggest that patient is limiting medication use to save drug (i.e. to save money)?</p> <ul style="list-style-type: none"> <li>• “I take it when I really need it.”</li> <li>• “I sometimes only take half the ordered amount.”</li> </ul>	RN, MSW
<p><b>Fear of Addiction*</b></p> 	<p>Is there evidence to support/suggest that patient is limiting medication use due to concerns he or she will become addicted?</p> <ul style="list-style-type: none"> <li>• “I want to get off that stuff.”</li> <li>• “I only take it when I can’t stand it anymore.”</li> </ul>	RN, MSW
<p><b>Drug Diversion or Over-Mediating*</b></p> 	<p>Is there evidence to support/suggest that patient is taking too much medication?</p> <ul style="list-style-type: none"> <li>• “I need a refill; the bottle spilled in the sink.”</li> <li>• “Even doubling the prescribed amount does not <u>touch</u> the pain.”</li> </ul> <p>(do not assume intentional over-medicating without evaluating for true ineffectiveness of current meds, need for adjuvant therapy, etc.)</p>	RN, MSW

Potential Non-Adherence Issues	Assessment Strategies	Referral Triggers?
<p><b>Health Belief /Expectations*</b></p> 	<p>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?</p> <ul style="list-style-type: none"> <li>• “If he is meant to get better, it will happen.”</li> <li>• “If I take the pills, it will show a lack of faith.”</li> </ul>	<p>RN, MSW</p>
<p><b>Memory Deficit</b></p> 	<p>Is there evidence to support/suggest that patient is forgetting to take medications, or forgetting that medications have already been taken-resulting in non-compliance?</p> <ul style="list-style-type: none"> <li>• “I usually take one after lunch, but my daughter called, and I can’t remember if I took it”.</li> <li>• Pills found in chair, on table by cup, etc.</li> <li>• Incorrect pill counts</li> <li>• Signs of ineffective drug therapy</li> </ul>	<p>RN, OT, SLP</p>
<p><b>Functional Deficits</b></p> 	<p>Is there evidence to support/suggest that the patient’s non-adherence is due to functional deficits?</p> <ul style="list-style-type: none"> <li>• Fine motor/gross motor/mobility</li> <li>• Vision</li> <li>• Swallowing</li> </ul>	<p>OT, SLP, PT</p>
<p><b>Disorganization</b></p> 	<p>Is there evidence to support/suggest that the patient’s medication administration methods lack organization?</p> <ul style="list-style-type: none"> <li>• Bottles/pills in multiple locations</li> <li>• Unable to locate all medications</li> <li>• Reported administration methods vary from day to day (inconsistent)</li> <li>• Lack of established or predictable routines (sleep, meals, ADLs, etc.)</li> </ul>	<p>RN, OT, SLP, MSW</p>

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

*This material was modified from The Home Care Comprehensive Assessment and Drug Regimen Review: Competency Assessment & Training Program for Home Care Therapists and distributed by the West Virginia Medical Institute, the Quality Improvement Organization supporting the Home Health Quality Improvement National Campaign, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication Number: 9SOW-WV-HH-BBK-031210. App. 03/10.*

# STEPS to MEDICATION SIMPLIFICATION



Medication Simplification Protocol- QMAP "Best Practices for Improvement in Management of Oral Medications" OASIS ANSWERS, Inc. © 2005

This material was developed by Linda Krulish, PT, MHS, and Stephanie Mello Gaskell, MS, MBS, RN COS-C, and distributed by Quality Insights of Pennsylvania, the Medicare Quality Improvement Organization for Pennsylvania, under contract with the Centers for Medicare & Medicaid Services (CMS).

## 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 the “**Be Safe and Take**” Medications Competency Post-Test (Pages 3 and 4)



You have just completed the Medication Management “Be Safe & Take” Nurse Enrichment Program.