

## An Innovative Role for Technicians to Positively Impact the Accuracy of Patient Medication Lists Prior to Admission

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## Conflict of Interest

- No conflicts of interest to disclose

## Memorial Medical Center

- 500 bed Magnet designated, teaching-community hospital
- Bariatric Center of Excellence
- Kidney-Pancreas Transplant Center
- Regional Cancer Center
- Level I Trauma Center
- Regional Burn Center
- Comprehensive Stroke Center

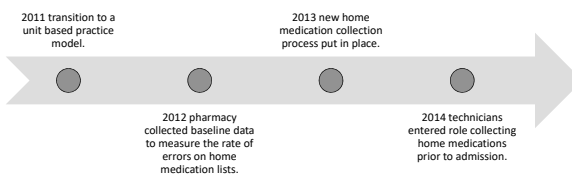
## Learning Objective for Pharmacists

- Recognize the importance of the evaluation of home medication lists at your institution
- Identify tools and skills that you can apply at your facility to improve the accuracy of home medication lists
- Identify opportunities to utilize technicians to obtain accurate medication lists

## Learning Objectives for Technicians

- Recognize the importance of accurate home medication lists
- Define and recognize errors that commonly occur on home medication lists
- Identify tools and skills that can be utilized to gather an accurate home medication list

## Background



Recognize the importance of the evaluation of home medication lists at your institution.

How often are home medication lists inaccurate?

### Components of a Home Medication List<sup>1</sup>

- Inclusive of every medication
  - Rx and OTC
  - Scheduled and PRN
- Name of every medication
- Correct Strength
- Correct Frequency
- Correct Dose
- Route of administration

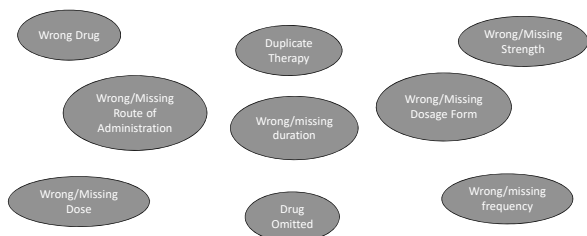
**Baseline data from 2012 collected at MMC showed a 100% error rate on home medication lists collected at admission<sup>2</sup>**

### Baseline Audit Results<sup>2</sup>

- 31 patients evaluated
- Total of 328 home medications documented
- Average of 11 medications per patient
- 61% of medication entries contained errors
- Total 448 home medication documentation errors
  - A single medication entry can have multiple errors
- Average of 15 errors per patient

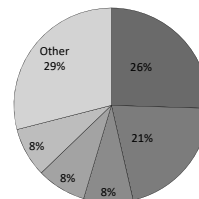
Define and recognize errors that commonly occur on home medication lists

### Common Home Medication List Errors



### Most Common Errors<sup>2</sup>

■ Drugs omitted ■ Wrong frequency ■ Wrong dose  
■ Wrong drug ■ Missing dose ■ All other



### Impact of an Error

- 83% of errors could potentially reach the patient and result in harm<sup>2</sup>
- Lean Six Sigma Black Belt Project lead to the establishment of a standardized nursing process for home medication collection
- Pharmacy later developed the Home Medication Reconciliation Technician Assistant role

Identify tools and skills that you can apply at your facility to improve the accuracy of home medication lists

### Tools for Process Improvement

- Marquis was utilized to determine best practice<sup>1</sup>
- Lean Six Sigma Black Belt Project implemented a standardized process any staff member can follow while interviewing patients
  - All staff, current and new, trained to standardized process
- Continuous evaluation of process performance

Finding the Skills

### Purpose of Medication Reconciliation Technician Assistant

- To gather a complete and accurate home medication list for patients
- To provide a team player with a focus solely on medication history
- To leverage the skills of pharmacy technicians in alignment with ASHP's Practice Advancement Initiative<sup>3</sup>
- To decrease the length of time of the admission process for nursing
- To improve patient satisfaction

### Medication Reconciliation Technician Assistant

- High School Graduate or Equivalent Required
- Minimum 3 years experience in retail/community pharmacy practice
  - Knowledge of commonly prescribed maintenance medications/doses
  - Familiarity with OTC medications and supplements
  - Good customer service/communication skills
- Or 5 years hospital pharmacy experience considered
- Or enrollment in the final year of a PharmD program

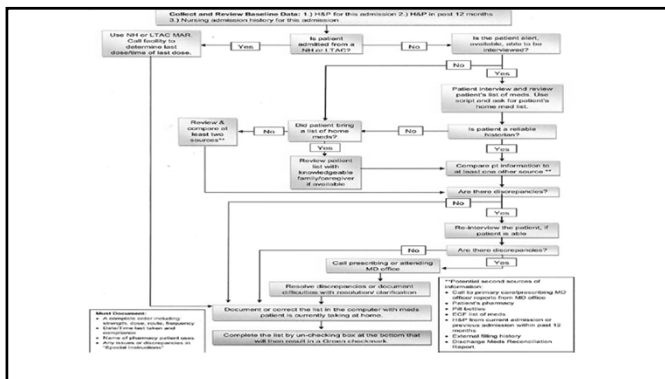
Identify tools and skills that can be utilized to gather an accurate home medication list

### Tools to Use<sup>1</sup>

- Standardize your Process
- Use Open-Ended Questions
- Use Probing Questions

### Standardized Process<sup>1</sup>

- Ask patient for medication list or medication bottles
- Ask about medications for specific conditions the patient has
- Utilize additional information sources
- Always use two sources



### Additional Sources of Information<sup>1</sup>

- Pill Bottles
- Patient's home pharmacy
- Primary Care Provider/Office
- Previous Discharge Instructions
- Extended Care Facility Medication List
- H&P
- Insurance Claim History
- Family Member/Care Giver

### Open Ended Questions

#### Close-ended questions

- Do you take any medications at home?
- Do you take your Lipitor at bedtime?
- Do you take your Toprol once daily?
- Are these all of your medications?

#### Open-ended questions

- What medications do you take at home?
- What time do you take your Lipitor?
- How often do you take your Toprol?
- What vitamins do you take?

### Probing Questions<sup>1</sup>

- What medications do you take everyday or most days?
- What medications do you take only sometimes or as needed?
- Ask about medications that are easy to forget
- Ask about OTC medications including vitamins, herbals, minerals
- What medications do you take in the evening or at night?
- What medications do you take only once per week/month?
- What medication implants/devices do you have?

### Pocket Card<sup>1</sup>

#### Home Medication List - Quick Tips

Goal: Obtain complete information on the patient's medication regimen, including:

- Medication name
- Formulation (i.e. extended release)
- Strength, Dosage, Route, Frequency
- Non-prescription medications (i.e. herbals, OTCs, vitamins)

Time sources of information are required. Investigate inconsistencies between sources.

If your starting point is a medication list:

- Review your patient. Does the patient tell you what he/she is taking. DO NOT read the list about asking if it is correct.
- For each medication, ask the dose and time(s) of the take.
- When appropriate, ask about formulation and route of administration.
- Use open-ended questions.
- Use probing questions (on back).

Time-saving tips:

- Start with easily obtainable sources (pill bottles, etc.)
- If patient cannot clearly provide information, use additional sources of information.
- If the list is still not clear, contact the physician's office.

#### Probing Questions:

- What medications do you take every day or most days?
- Which medications do you take only sometimes?
- What symptoms prompt you to take this medication?
- How many doses per week do you take?
- What's the most often you are allowed to take it?
- Do you ever skip anything on this medication?
  - Reason(s) "Compliance?" "Why not take when you get a call?"
- Assess the purpose of each medication—
  - How does it help you?
  - Ask about medications for specific conditions the patient has.
  - What conditions do you have? (i.e. your diabetes, high blood pressure, arthritis, etc.)
- Ask about medications that are easy to forget.
- What vitamins, herbals, teas, oils, ointments, creams, eye drops, ear drops, patches, injections or supplements?
- What medications do you take in the evening or at night? Do you ever skip or miss a dose?
- Ask about non-prescription products.
- What medications do you take that don't have a prescription?
  - How do you know they're safe to use?
- Assess recent medication use and adherence.
- What do you take the best dose of your medication?
- Let me know any problems you have had taking these medications the doctor has ordered for you.
- Many patients have had time taking their medications weekly or they should every day. Do you need how many days have you missed a dose of your medicine (if)?

Identify opportunities to utilize technicians to obtain accurate medication lists

### Where Can I fit In?

- ER admissions
- Scheduled OR admissions
- Direct Admits
- Integrate into Admission Nursing Teams

### As a Leader, Know Your Staffing Resources

- Utilize community/retail technicians
- Utilize pharmacy students
- Offer your own experienced staff additional opportunities

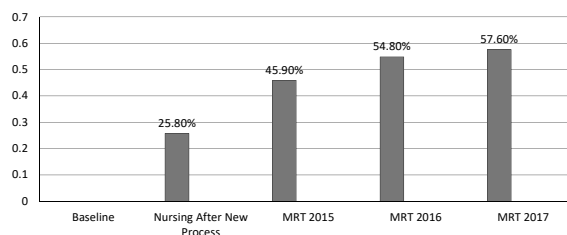
### Know Your Limitations

- Budget Limits
  - Consider shared resources with other departments
- Lack of Qualified Technicians in Your Community
  - Train Nursing Staff
  - Use Pharmacy Students
- Too Many New Admissions
  - Focus on a population you can control
- Lack of Organizational Support
  - Collect the baseline data

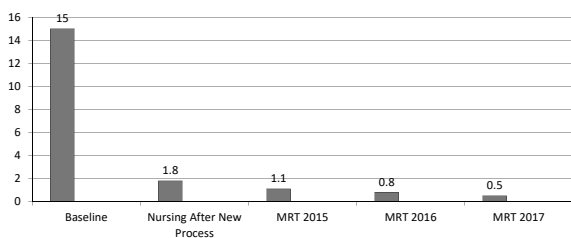
### Evaluation of Process Performance

- Randomly select 30 patients to audit
- Audit performed by a pharmacist or pharmacy resident
- Audit performed within 24 hours of admission
- Auditor utilized standardized process and tools to collect medication list
- Compare Auditor list vs. Collected list
- Audit completed annually

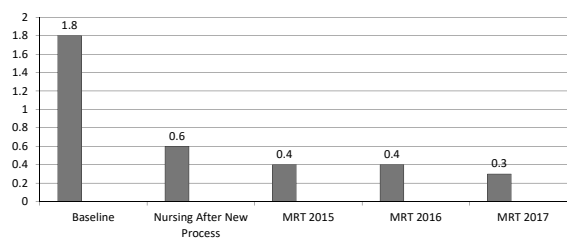
### Percentage of Error FREE Med Lists



### Average # of Errors Per Patient



### Average # of Omission Errors per Patient



## Assessment

### Which home medication documentation is the most accurate?

- A) Metoprolol 25mg BID, last taken 7/29/2017 @2100
- B) Metoprolol tartrate 25mg, one tablet twice daily, last taken 7/29/2017@ 2100
- C) Metoprolol tartrate 25mg, last taken 7/29/2017 @2100
- D) Metoprolol tartrate 25mg BID

### What *tools* can be used to collect an accurate and complete home medication list?

- A) Standardized Process
- B) Open ended questions
- C) Probing questions
- D) B&C
- E) All of the above

### If a patient is unable to come up with a medication list, what is another resource you can utilize to gather an accurate and complete list?

- A) Family member/caregiver
- B) Patients home pharmacy
- C) Primary Care Provider/Office
- D) Pill bottles
- E) All of the above

### Which of the following medication lists is documented correctly?

#### Example 1

Toprol XL 50mg one tablet daily @0800  
 Lasix 40mg one tablet daily @0800  
 Synthroid 112mcg one tablet daily @0800  
 Singulair 10mg one tablet daily @0800

#### Example 2

Crestor 20mg one tablet daily  
 Glucophage 500mg one tablet three times daily  
 Ambien 5mg one tablet at bedtime  
 Protonix 40mg one tablet daily

## References

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## Questions?

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