



H2H “Mind Your Meds ”Challenge

Webinar #3- Lessons Learned

Wednesday, April 18, 2012

2:00 pm – 3:00 pm ET



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Welcome

Take Home Messages

- Understand how to implement the “Mind Your Meds” strategies and tools in your facility
- Learn lessons from other facilities
- Share your ideas, needs, and experiences with the “Mind Your Meds” Challenge



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Webinar Format

Topic	Presenter	Time
Welcome	Shilpa Patel	5 min
MM Success Metrics and Tool Kit	Shilpa Patel	5 min
Success Metrics 2,5,6,7: Case Study #1	Sam Abdelghany, Pharm D, BCOP Maribeth Cabie, Pharm D <i>Yale New Haven Hospital</i>	15 min
Success Metrics 2-7: Case Study #2	Adam M. Pugacz, Pharm.D., BCPS Sherry K.M. LaForest, Pharm.D., BCPS <i>Louis Stokes Cleveland Dept of Veterans Affairs Medical Center</i>	15 min
Success Metrics 5, 8,10: Case Study #3	Michele Gilbert RN, MSN, NP-C, CCRN <i>Bon Secours Charity Health System</i>	10 min
Question-and-Answer	All	10 min ₃



H2H Challenge #2:

**Post Discharge
Mediation
Management**

“Mind Your Meds”

Goal

The goal of the “Mind Your Meds” Challenge is for clinicians and patients discharged with a diagnosis of HF/MI to work together and ensure optimal medication management.



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“Mind Your Meds” Success

The clinician is successful if:

1. HF and MI patients are prescribed appropriate medications, dose, type, and frequency.
2. Medication reconciliation is performed accurately as appropriate for every patient AND is documented in the medical record.
3. Possible external barriers to obtaining prescribed medications are identified in advance, addressed, and documented in the medical record.
4. Possible barriers to patients remembering/ understanding the need to take medications as prescribed are identified in advance, addressed, and documented in the medical record.



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“Mind Your Meds” Success

The clinician is successful if (continued):

5. Patient/Caregiver is provided with documented instructions and prescriptions for all their medications, especially when and how they should be taken, during the discharge process.
6. Patient/Caregiver can demonstrate they understand the importance of taking their medications, of adhering to their medication as prescribed, and of adhering to any changes to their prescriptions – especially medications that are discontinued.
7. Patient/Caregiver can demonstrate they understand possible side effects and symptoms that may be related to their medications, and who to call if they have symptoms that may be related to medications.



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“Mind Your Meds” Success

The patient is successful if:

8. Patient/Caregiver remembers to take all their medications as prescribed (i.e., dose, type, frequency).
9. Patient/Caregiver can demonstrate they understand what each medication does, why the medication is important to take as prescribed, and what potential side effects there may be for medicines.
10. Patient/Caregiver brings his/her medications or a medication list to each and every clinic visit.
11. Patient/Caregiver can discuss any challenges, problems, issues, side effects, or questions about medications with clinician.



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“Mind Your Meds” Tool Kit

The **H2H MM Tool Kit** consists of **11 success measures** and over **30 resources and tools** gathered together in one place. The tool kit was derived from the H2H learning community and external organizations. Each tool/strategy is linked to a particular success metric for process improvement.

#	Success Measures	Tool
	The clinician is successful if:	
1	The right meds are prescribed	<ul style="list-style-type: none"> ■ PINNACLE Heart Failure Practice Solutions ■ Qualidigm Heart Failure Module 1
2	Med rec at admission and discharge	<ul style="list-style-type: none"> ■ American Society of Health System Pharmacists Med Rec Tool Kit ■ National Transition of Care Coalition Med Rec Elements ■ BOOST Med Rec Resources ■ AHRQ Med Rec Tool Kit
3	Environmental barriers to getting meds addressed	<ul style="list-style-type: none"> ■ H2H Key Questions at Admission, a Stay, and Discharge ■ H2H Common Barriers and Solutions to Med Management
4	Patient barriers to taking meds addressed	<ul style="list-style-type: none"> ■ H2H Key Questions at Admission, a Stay, and Discharge ■ H2H Common Barriers and Solutions to Med Management ■ Home Health QI Staff Education on Barriers and Roles ■ Home Health QI Social Worker Med Management Checklist ■ Home Health QI Med Management Care Planning Tool ■ H2H Health Literacy Tools Chart
5	Patient has medication documentation	<ul style="list-style-type: none"> ■ CardioSmart Patient Resources ■ Heart Failure Society of America Patient Medicines Module 1 ■ AHRQ Improve Med Adherence and Accuracy ■ Med Action Plan for Heart Failure

“Mind Your Meds” Case Study #1: Yale New Haven Hospital

Success Metrics Addressed:

2. Med rec at admission and discharge
5. Patient has medication documentation
6. Patient understands importance of their meds
7. Patient understand side effects from their meds



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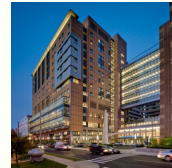
Medication Reconciliation

Sam Abdelghany, Pharm D, BCOP
Maribeth Cabie, Pharm D
Yale New Haven Hospital

Overview

- Medication reconciliation projects
 - Heart Failure
 - Medicine
- Implementation/logic
- Outcomes to date
- Barriers and future directions

Yale-New Haven Hospital (YNHH)



- 1000 + bed tertiary care, academic medical center
- 52, 000 + admissions
- Electronic medical record (EMR)
- Pharmacy department: 190 pharmacists and technicians
 - 4 Med Rec. Techs

Heart and Vascular Center Collaborative

- Started in 2010 on two cardiac units
- Rapid cycle quality improvement methodology
- Weekly interdisciplinary meetings

Heart and Vascular Center Collaborative

- Patient identification
 - Drug filters in our EMR (furosemide, torsemide, digoxin)
- Intense one-on-one education with a HF care coordinator
- Redesign of discharge education materials
- Appointment within 7 days
- Follow up phone calls by the care coordinator
- Review of discharge medication lists by a pharmacist prior to discharge

Pharmacist's Role

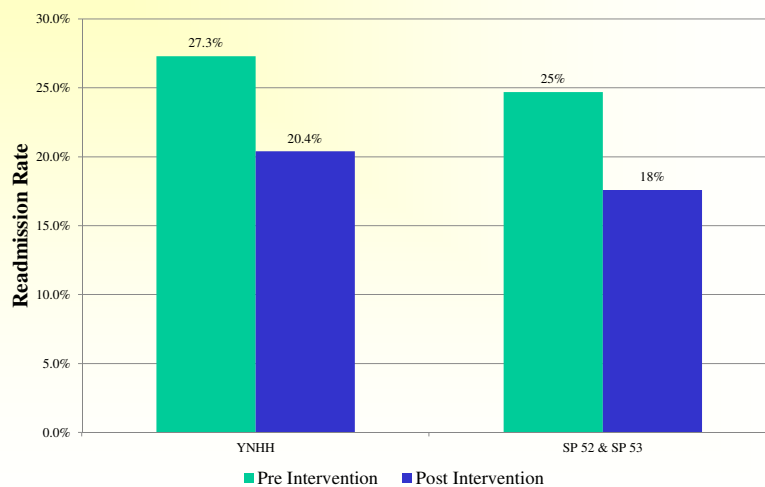
HF check list

- ✓ Med. Recon
- ✓ Life saving therapy
- ✓ Follow-up appt
- ✓ Medication refills
- ✓ Vaccinations
- ✓ When to call the physician
- ✓ When to call 911

Provide patient with:

- Wallet card
- Handouts- informational sheets/kits (ie; Fragmin)
- Drug information handouts
- Discharge instructions

Results



Medicine Pilot

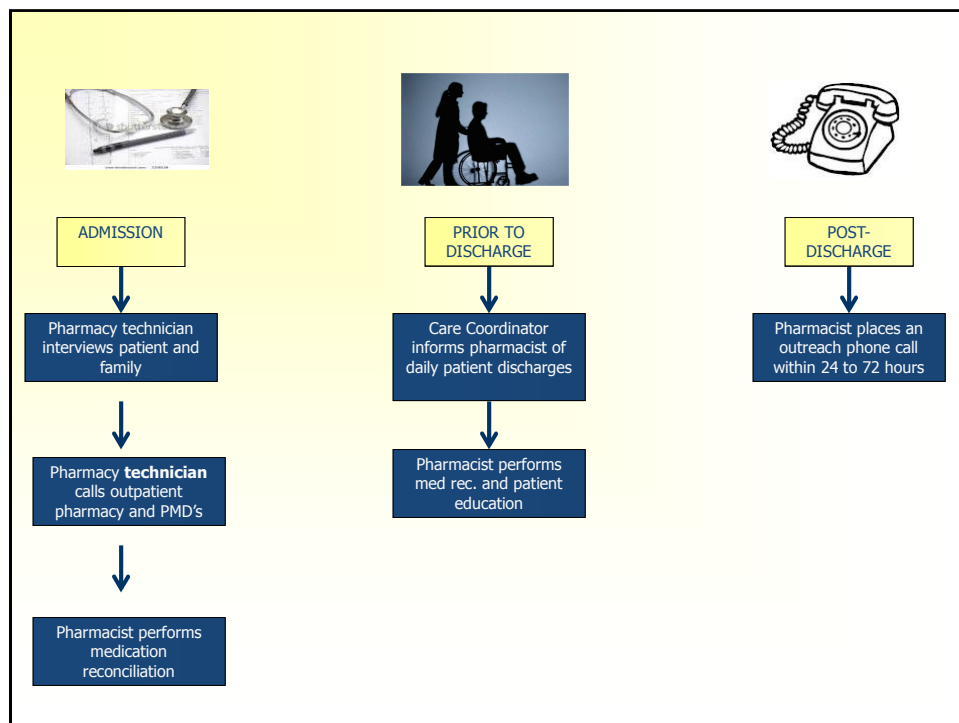
- Follow up to a previous pharmacy project
- Include best practices
 - Medication reconciliation (admission and discharge)
 - Incorporate medication reconciliation technicians
 - New discharge instructions
 - Follow up phone call
- Targeted challenging floor

Design

- A quasi-randomized, prospective study
- Inclusion Criteria
 - All patients admitted to one medicine floor
 - October 2011 –March 2012
- Exclusion Criteria
 - Discharged to hospice
 - Expired prior to discharge

Objectives

- Primary
 - 30-day readmission rates
 - Compare to preceding 6 months and same time frame the previous year
- Secondary
 - Pharmacist interventions
 - Total pharmacist and technician time



Medication Reconciliation Form Admit Date: _____ Completed by MRT: _____ Time: Talk to patient _____ min, Reconcile to inpatient meds _____ min, Call pharmacy _____ min, Reconcile at discharge _____ min

Patient Name: _____ MRN: _____ Rm Number: _____ Ht: _____ Wt: _____ DOB/ AGE: _____ Allergies and Reaction: _____

Hospitalist vs Generalist _____ Pharmacy: _____ Primary Care Office: _____ If called, who you spoke to: _____

Name	Dose	Route	Frequency (AM or PM if daily)	Indication	Cost On Admin E-exact O-different No not cost	Intervention Accepted or Denied	Cost On D/C E-exact O-different No not cost	Intervention Accepted or Denied	Explain Discrepancies (Admission or Discharge)	Intervention Comments
1					E D N	A D	E D N	A D		
2					E D N	A D	E D N	A D		
3					E D N	A D	E D N	A D		
4					E D N	A D	E D N	A D		
5					E D N	A D	E D N	A D		
6					E D N	A D	E D N	A D		
7					E D N	A D	E D N	A D		
8					E D N	A D	E D N	A D		
9					E D N	A D	E D N	A D		
10					E D N	A D	E D N	A D		
11					E D N	A D	E D N	A D		
12					E D N	A D	E D N	A D		

MRT Check when complete: Herbs _____ Creams/Ointments _____ As needed meds (ibuprofen for backache) _____ Multivitamin or other vitamins _____ Pharmacist Initials (Med Recon): _____ & _____ min # interventions _____

Source: patient list patient memory family pill bottles pharmacy old records transfer records W-10 Pharmacist Education: _____ & _____ min # accepted _____

Pharmacist (Discharge): _____ & _____ min # interventions _____ # accepted _____

D/C Date: _____ D/C to (home, home w/ services, STR, ECF): _____

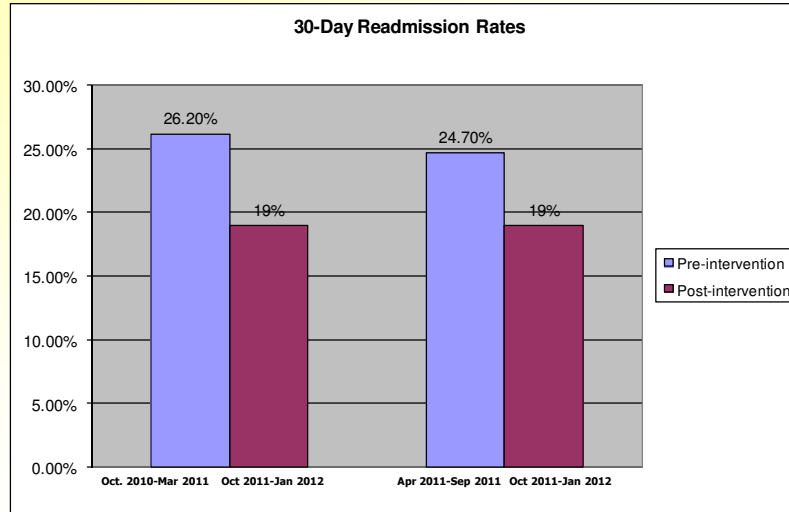
Reason for Hospital Stay: _____

Additional medications started inpatient: _____

Follow-up Phone Call

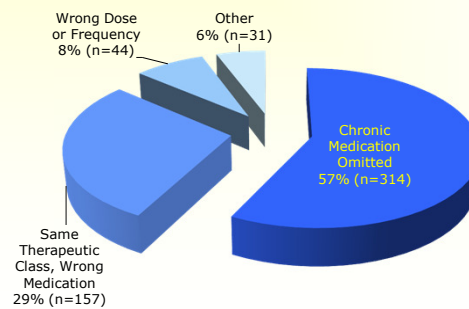
- Made by a pharmacist 24 to 72 hours after discharge:
 - ✓ How have you been feeling since you have returned home?
 - ✓ Were you able to obtain all of your medications?
 - ✓ Did you understand how to take all of your medications?
 - ✓ Did you experience any medication-related side effects?
 - ✓ Do you have any questions regarding your follow-up appointments?
 - ✓ Do you have any other questions or concerns?

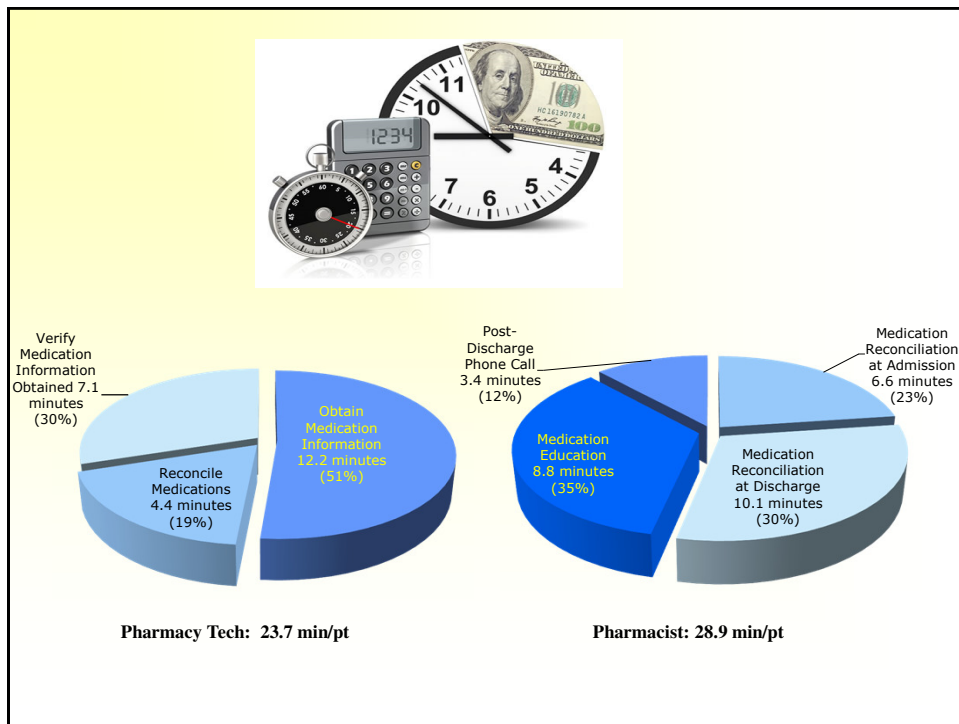
Preliminary Results



Medication Reconciliation Interventions

Pharmacist-Identified Medication Interventions (Per Patient)			
	Admission	Discharge	Total
Mean	0.3	1.2	1.5
Range	0-4	0-9	546





Barriers and Limitations

- Advance notification of patient discharges
- Weekend and off-hours discharges
- Summer blues!
- Primary diagnosis and EMR filter accuracy

Future Directions

- Expand current efforts
 - Heart and Vascular Center Collaborative
 - Med Rec. technicians on other floors
 - Weekends
- Technology and medication reconciliation
 - EPIC
- Follow-up phone call
- Communications with outside providers

“Mind Your Meds” Case Study #2: Louis Stokes Cleveland Dept of Veterans Affairs Medical Center

Success Metrics Addressed:

2. Med rec at admission and discharge
3. Environmental barriers to getting meds addressed
4. Patient barriers to taking meds addressed
5. Patient has medication documentation
6. Patient understands importance of their meds
7. Patient understand side effects from their meds



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Pharmacist Medication Reconciliation and Cardiac Disease

Adam M. Pugacz, Pharm.D., BCPS

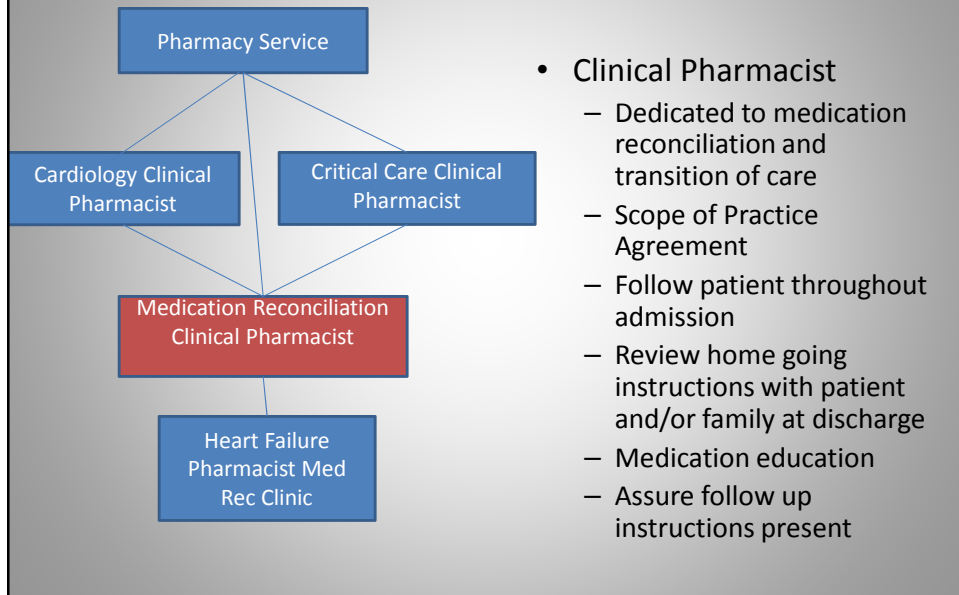
Sherry K.M. LaForest, Pharm.D., BCPS

Louis Stokes Cleveland Dept of Veterans
Affairs Medical Center

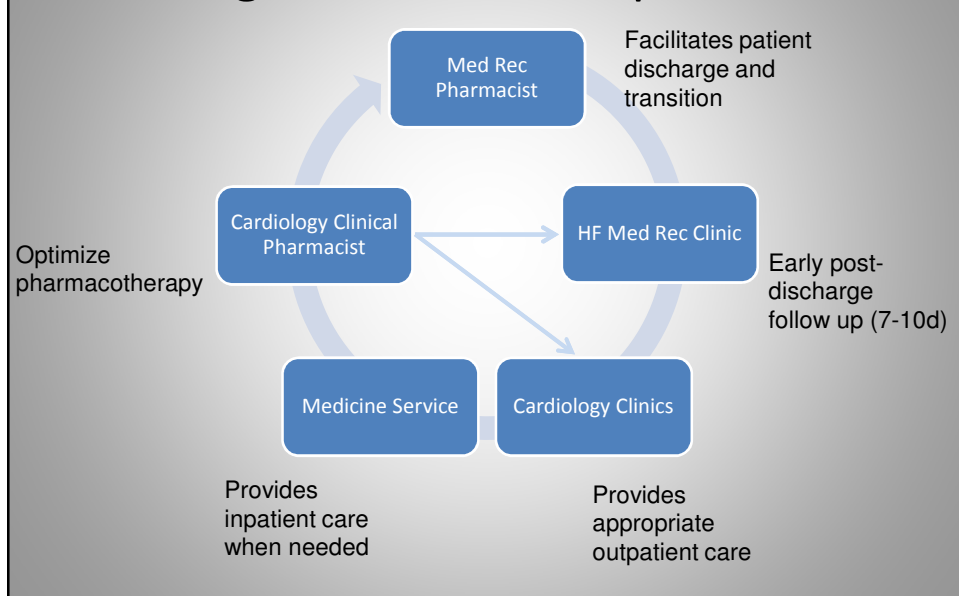
The Veterans Affairs Health System

- Cleveland VA Medical Center
 - Tertiary care center, 673 beds, 223 acute care, closed health system with standardized national formulary
 - Estimated ~7000 patients with HF
 - Urban population center
 - Electronic health record system (EHR)
 - Access to national data and Rx records
- Medication Access
 - Any VA medical center or community based clinic
 - Central fill mail order
- Prescription drug benefits
 - Fully covered in some cases
 - Affordable co-payments if applicable

Approach to Medication Reconciliation



Integration and Co-operation



SERIOUS Model for Medication Reconciliation

Solicit (from patient)

- Medications and allergies from patient at each encounter, including all medications and herbal supplements
- Obtain information from other pharmacies if needed

Examine

- At each inpatient and outpatient encounter
- Look for discrepancies in doses, frequencies between list and reported regimen

Reconcile

- Compare home list and list in medical record, make changes to make them match as appropriate
- Reconcile with interactions and allergies and take appropriate actions

Inform

- Educate patients and caregivers about indications and adverse effects of medications

Optimize

- Optimize medication doses to target guidelines or to improve symptoms
- Reduce medications if appropriate to address polypharmacy or improve adherence

Update

- Update list with appropriate changes

Share

- With patient/caregiver when leaving and all other providers

Hoover D. IHI National Forum 2008. [Abstract]

What do we provide at discharge?

- Apply guideline based pharmacotherapy
 - Assure quality care (templates, active review)
 - Look for medication omissions in discharge instructions
 - Document required medication-related performance measures for patients with heart failure, acute coronary syndromes
- Facilitate prompt follow up
 - Utilize available clinics and communicate amongst staff
- Detailed medication education
 - Bedside teaching with discharge medications present
 - Medication adherence aids available (e.g. pill organizer)

Barriers Identified with Discharge Medication Reconciliation

Challenges

- Accurate admission med rec assessments
 - Prescriptions across different health systems and pharmacies
 - Expired outpatient orders
- Access to care and medications
- Patient non-adherence
 - Objective evidence?
 - Try to get at source of problem

Solutions

- Clinical pharmacist available at all levels of care
 - Dedicated to med rec
 - Review records and actual medications
 - Communicate recommendations to inpatient and outpatient PCP/cardiology teams via EHR
- Targeted questions about home medication use, supplies, refills
- Dispensing to patient at bedside for direct education
- Appointments prior to discharge

Heart Failure Medication Reconciliation Clinic



- Pharmacist staffed, with NP/MD evaluation when needed
 - Uses existing departmental staff
- Prompt follow up, re-enforce education/adherence, and regimen optimization
- Provide BP cuffs, scale, tablet cutters, pill box (+/- initial filling) and pill calendars to patient if necessary

Clinic Evaluation

	Total Population (n=122)	Post Hospital Discharge (n=73)	Systolic Dysfunction (n=67)
Age (mean \pm SD)	68 \pm 11 years	69 \pm 10 years	65 \pm 11 years
EF \leq 40%	55%	50%	100%
Oral/Injectable/Inhaled Medications mean (range)	15 (4-27)	14 (4-26)	13 (6-24)
Medication Discrepancies	52% (n=64)	52% (n=38)	51% (n=34)
Number of Discrepancies mean (range)	3 (1-12)	3 (1-12)	3 (1-12)
Medication Optimization	71% (n=87)	71% (n=52)	75% (n=50)
Number of Medications Optimized median (range)	2 (1-5)	2 (1-5)	2 (1-4)
Days between discharge and clinic visit (mean \pm SD)	n/a	10 \pm 6 days	n/a
30-day all cause readmission rate % (mean number of days)	n/a	8% (16 days)	n/a
Mortality within 30 days	1.6% (n=2)	2.7% (n=2)	1.4% (n=1)

Milfred-LaForest S. HFSA 2010. [Abstract]

Medication Discrepancies

- Why did we find so many medication discrepancies?
 - Patients bring medication bottles/pill box
 - Time allotted to do a thorough interview
 - 60 min appointments (including NP assessment if needed)
 - Hospital discharge
 - Lack of inpatient med rec does not appear to be the problem
 - 77% of patients had med rec done by pharmacist prior to discharge
 - Confusing time for patients, lots of information
 - Don't have home meds in hospital with them

Medication Use Barriers Identified in Post-Discharge Clinic

Challenges

- Identifying appropriate patients and scheduling within short time frame
- Patient barriers
 - Lack of understanding of changes at discharge (unintentional errors)
 - Multiple medication lists/supplies in home
 - Poor health literacy/social support to actually make prescribed changes

Solutions

- Consult template for inpatient services
 - Request med rec clinic follow-up
 - If possible make appointment prior to discharge
- Targeted education
- Simplify regimen
- Involve home care services, communicate specific issues
 - Telehealth nurses
 - Home-based primary care
 - Family members

“Mind Your Meds” Case Study #3: Bon Secours Charity Health System

Success Metrics Addressed:

5. Patient has medication documentation
8. Patient remembers to take meds
10. Patient brings their meds to appointments



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Mind Your Meds



BON SECOURS CHARITY HEALTH SYSTEM
Bon Secours Health System
Good Help to Those in Need®

Michele Gilbert RN, MSN, NP-C, CCRN
Nurse Practitioner, Heart Failure Program



MEDACTIONPLAN™ for Heart Failure 5.0 MedActionPlan.com™

Welcome, Michele Gilbert Help Log Out Change Password English ▾

1. Patient List **2. Select Medications** 3. Edit Doses & Times 4. MedActionPlan™

Cover Schedule Instructions Insulin Taper Coag. Checklist Health Record Calendar Patient Ed.

MRN: 8473605 DOB: 03-01-1933 Allergies* 05/19/09 16:03 M.Gilbert ▾

[Search Meds](#) | [Default Regimens](#)


Quick Find: pril

[+](#) Click to add a medication not found using Quick Find

- Prilosec® 10mg Capsule(s)
- Prilosec® 20mg Capsule(s)**
- Prilosec® 40mg Capsule(s)
- Prilosec® 2m/mL mL(s)
- Prilosec® OTC 20mg Delayed Release Tablet(s)
- Primacor® 10mL Injection(s)
- Primacor® 20mL Injection(s)
- Primacor® 50mL Injection(s)
- Primaquine® 15mg Tablet(s)
- Primaxin® I.M. 500mg/500mg Injection
- Primaxin® I.M. 750mg/750mg Injection
- Primaxin® I.V. 250mg/250mg Injection
- Primaxin® I.V. 500mg/500mg Injection

Selected Medications [Clear List](#)

Click and drag a medication to change the order.

- GENERIC **Allopurinol** 300mg Tablet(s)
-  **Levothyroid®** (Levothyroxine sodium) Forest Pharmaceutical 25mcg Tablet(s) By mouth
- GENERIC **Spironolactone** 25 mg Tablet(s) By mouth
- GENERIC **Prednisone** 10mg Tablet(s) By mouth
- GENERIC **Lisinopril** 20mg Tablet(s) By mouth
- GENERIC **Digoxin** 0.25mg Tablet(s)




MEDACTIONPLAN™ for Heart Failure 5.0 MedActionPlan.com™

Welcome, Michele Gilbert Help Log Out Change Password English ▾

1. Patient List 2. Select Medications **3. Edit Doses & Times** 4. MedActionPlan™

Cover Schedule Instructions Insulin Taper Coag. Checklist Health Record Calendar Patient Ed.

MRN: 8473605 DOB: 03-01-1933 Allergies* 05/15/09 17:14 M. Gilbert--presen ▾








Time & Quantity	Medication	Purpose
1x Daily @ Dosing Time: 8am Quantity: 1	GENERIC Allopurinol 300mg Tablet(s) Select Route of Administration	English: Treats gout
1x Daily @ Dosing Time: 8am Quantity: 1	 Levothyroid® (Levothyroxine sodium) 25mcg Tablet(s) By mouth (PO)	English: Replaces thyroid hormone
1x Daily @ Dosing Time: 8am Quantity: 1	 Aldactone® (Spironolactone) 50 mg Tablet(s) By mouth (PO)	English: Water pill
2x Daily @ Dosing Time: 8am 4pm Quantity: 2 2	 Lasix® (Furosemide) 40mg Tablet(s) By mouth (PO)	English: Water pill
1x Daily @	Aspirin	English:

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MedicationPlan™
My Daily Schedule




5/15/2009 5:14:00 PM
Revised by: Michele Gilbert

DOB: 03-01-1933 MRN: 8473605
Allergies: **NKA**

Take These Medications	At These Times			Purpose
	8am	4pm	8pm	
 Allopurinol 300mg Tablet(s) By mouth	1 Tablet(s)			Treats gout
 Levothroid® (Levothyroxine sodium) 25mcg Tablet(s) By mouth	1 Tablet(s)			Replaces thyroid hormone
 Aldactone® (Spironolactone) 50 mg Tablet(s) By mouth	1 Tablet(s)			Water pill
 Lasix® (Furosemide) 40mg Tablet(s) By mouth	2 Tablet(s)	2 Tablet(s)		Water pill
 Aspirin 81 mg Tablet(s) By mouth	1 Tablet(s)			Prevents blood clots
 Prinivil® (Lisinopril) 20mg Tablet(s) By mouth	1 Tablet(s)			Controls blood pressure
 Digitek® (Digoxin) 0.25mg Tablet(s) By mouth	1/2 Tablet(s)			Treats heart failure and irregular heart beat

MedicationPlan™
My Daily Schedule

DOB: 03-01-1933 MRN: 8473605
Allergies: **NKA**

Take These Medications	At These Times		Purpose
	8am	4pm	
 Coreg® (Carvedilol) 25mg Tablet(s) By mouth	1 Tablet(s)		Treats heart failure and irregular heart beat
 Prilosec® (Omeprazole) 20mg Capsule(s) By mouth	1 Tablet(s)		Prevents blood clots
 Warfarin As directed By mouth			Prevents blood clots

Type of Insulin*	Breakfast	Lunch	Dinner
Lantus®			
Novolin® R			

*Do not mix Lantus with other insulins.
The pharmacist may make a generic substitution for the medication name, dosage strength, shape, color, and size may change as a strength on your prescription bottle against the dosage strength a healthcare professional's office immediately if you receive medication if you have questions about your medication.
1 teaspoon = 5mL, 1 tablespoon = 15mL











Patient verbalized understanding of instructions/explanations reg
Healthcare Provider/Title: _____
[I, the patient (We, the family) understand these medications and schedule to you so you can keep your schedule current.
Patient/Family Member: _____

Keep your med schedule updated on www.MyMedSchedule.com
schedule to you so you can keep your schedule current.
©2001-2009 MedAdaptation.com, LLC. All Rights Reserved. Register ID 265449

MedicationPlan™
My Daily Schedule

5/15/2009 5:14:00 PM
Revised by: Michele Gilbert








DOB: 03-01-1933 MRN: 8473605
Allergies: **NKA**

Take These Medications	At These Times			Purpose
	8am	4pm	8pm	
 Allopurinol 300mg Tablet(s) By mouth	1 Tablet(s)			Treats gout
 Levothroid® (Levothyroxine sodium) 25mcg Tablet(s) By mouth	1 Tablet(s)			Replaces thyroid hormone
 Aldactone® (Spironolactone) 50 mg Tablet(s) By mouth	1 Tablet(s)			Water pill
 Lasix® (Furosemide) 40mg Tablet(s) By mouth	2 Tablet(s)	2 Tablet(s)		Water pill
 Aspirin 81 mg Tablet(s) By mouth	1 Tablet(s)			Prevents blood clots
 Prinivil® (Lisinopril) 20mg Tablet(s) By mouth	1 Tablet(s)			Controls blood pressure
 Digitek® (Digoxin) 0.25mg Tablet(s) By mouth	1/2 Tablet(s)			Treats heart failure and irregular heart beat
 Lipid® (Gemfibrozil) 600mg Tablet(s) By mouth	1 Tablet(s)	1 Tablet(s)		Lowers cholesterol
 Glucotrol® (Glipizide) 10mg Tablet(s) By mouth	1 Tablet(s)	1 Tablet(s)		Controls blood sugar
 Zocor® (Simvastatin) 40mg Tablet(s) By mouth			1 Tablet(s)	Lowers cholesterol

Anticoagulation Patient Schedule5/15/2009 5:14:00 PM
Revised by: Michele Gilbert

DOB: 03-01-1933 MRN: 8473605

Allergies: **NKA**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
 Warfarin 2.5 mg	 Warfarin 2.5 mg	 Warfarin 2.5 mg	 Warfarin 2.5 mg	 Warfarin 2.5 mg	 Warfarin 2.5 mg	 Warfarin 2.5 mg
Total: 2.5 mg	Total: 2.5 mg	Total: 2.5 mg	Total: 2.5 mg	Total: 2.5 mg	Total: 2.5 mg	Total: 2.5 mg

My last INR result: My INR goal: My next INR check: **Special Instructions:**

Vitamin K affects Coumadin®/warfarin. Try to eat the same amount of Vitamin K-containing foods every day (kale, spinach, broccoli, and other green leafy vegetables). Call your doctor right away if you have any unusual bleeding. Take your pills at the same time every day, as recommended by your doctor. Please remember to keep your appointment for your next International Normalized Ratio (INR) check.

Dietary ConsiderationsFoods & Drugs that may **decrease** INR:

Enteral nutrition, green tea, multivitamins, green leafy vegetables (e.g., broccoli), kale, lettuce, spinach, fiddleheads, parsley, oils (e.g., rapeseed, soybean), Tegretol, Questran, Dilantin, Mysoline, Carafate, Cyclosporine, Ethanol (chronic), Barbiturates, Nafcillin, Rifampin.

Foods & Drugs that may **increase** INR:

Grapefruit juice, dong quai, garlic, ginger, ginkgo biloba, Tylenol, Tagamet, Cipro, Biaxin, Cardizem, Antabuse, Emycin, Ethanol (acute), Diflucan, Prozac, Luvox, Sporanox, Nizoral, Mevacor, Flagyl, Prilosec, Darvon, Bactrim, Cognex.

Keep your med schedule updated on www.MyMedSchedule.com. Ask your healthcare facility to send your schedule to you so you can keep your schedule current.

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My Daily Schedule

5/15/2009 5:14:00 PM Revised by: Michele Gilbert

DOB: 03-01-1933 PW: 17614RC

MRN: 8473605 Allergies: **NKA**

Medication	8 am	4 pm	8 pm
Allopurinol 300mg Tablet(s)	1		
Levothroid® (Levothyroxine sodium) 25mcg Tablet(s) By mouth	1		
Aldactone® (Spironolactone) 50 mg Tablet(s) By mouth	1		
Lasix® (Furosemide) 40mg Tablet(s) By mouth	2	2	
Aspirin 81 mg Tablet(s) By mouth	1		
Prinivil® (Lisinopril) 20mg Tablet(s) By mouth	1		
Digitek® (Digoxin) 0.25mg Tablet(s) By mouth	1/2		
Lopid® (Gemfibrozil) 600mg Tablet(s) By mouth	1		1
Glucotrol® (Glipizide) 10mg Tablet(s) By mouth	1		1
Zocor® (Simvastatin) 40mg Tablet(s) By mouth			1
Coreg® (Carvedilol) 25mg Tablet(s) By mouth	1		1
Diltiazem®			








Morristown General Hospital
Rheumatology
800 555-5555

MedActionPlan™
Weekly Med Checklist

5/15/2009 3:14:00 PM
Revised by: Michele Gilbert

It is important to bring this completed list with you to each healthcare or dental visit.

DOB: 03-01-1933 MRN: 8473605
Allergies: NKA

		Date: / /							
Time	Medication	Dose	SUN	MON	TUES	WED	THUR	FRI	SAT
8am	 Allopurinol 300mg <i>Treats gout</i>	1 Tablet(s)							
	 Levothroid® (Levothyroxine sodium) 25mcg <i>Replaces thyroid hormone</i>	1 Tablet(s)							
	 Aldactone® (Spironolactone) 50 mg <i>Water pill</i>	1 Tablet(s)							
	 Lasix® (Furosemide) 40mg <i>Water pill</i>	2 Tablet(s)							
	 Aspirin 81 mg <i>Prevents blood clots</i>	1 Tablet(s)							
	 Prinivil® (Lisinopril) 20mg <i>Controls blood pressure</i>	1 Tablet(s)							
	 Digitek® (Digoxin) 0.25mg <i>Treats heart failure and irregular heart beat</i>	½ Tablet(s)							
	Lopid®								

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John Doe

Take These Medications	7am	8am	12N	4pm
Proloace® (Omeprazole) 20mg Capsule(s)	1	1		
Cymbalta® (Duloxetine HCl)		1	1	

Medications

Medication	7	8	12	4
Proloace® (Omeprazole) 20mg Capsule(s)	1	1		
Cymbalta® (Duloxetine HCl) 30mg Tablet (orange capsule)		1	1	

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- Set refill reminders—reorder your prescriptions before they run out
- Keep track of your daily medications—strengths, dosage and purpose
- Bring your pill schedule to all your doctor appointments
- Maintain medicine schedules for yourself and family members
- Print your schedule in English or Spanish
- Convenient wallet-size schedules to carry with you
- Pill box organizers and reminders

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Step 1: Select Medications

Click a medication to add it to your schedule.

03/11/10 10:16 mymeds
Go to Step 2 >

Enter a Medication Name: carved

+ Can't find a medication? Click here.

Carvedilol 3.125 mg Tablet(s)
Carvedilol 6.25 mg Tablet(s)
Carvedilol 12.5 mg Tablet(s)
Carvedilol 25 mg Tablet(s)
Carvedilol Oral Suspension 1.67 mg/mL mL(s)
Casodex® 50 mg Tablet(s)
Cataflam® 50 mg Immediate release tablet(s)
Catapres® TTS-1 Patch
Catapres® TTS-2 Patch
Catapres® TTS-3 Patch
Catapres® 0.1 mg Tablet(s)
Catapres® 0.2 mg Tablet(s)
Catapres® 0.3 mg Tablet(s)
Cayston® 75 mg mL(s)
CeeNU® 10 mg Capsule(s)
CeeNU® 40 mg Capsule(s)
CeeNU® 100 mg Capsule(s)
Cefadroxil / Cefadroxil Hemihydrate 500 mg Capsule(s)
Cefadroxil / Cefadroxil Hemihydrate 250 mg/5 mL mL(s)
Cefadroxil / Cefadroxil Hemihydrate 500 mg/5 mL mL(s)
Cefadroxil / Cefadroxil Hemihydrate 1 G Tablet(s)

MyMedSchedule List

Enter a name for your schedule here. [Clear List](#)

Click and drag a medication to change the order.

Nexium®
(Esomeprazole) AstraZeneca
40mg Capsule(s)

Cozaar®
(Losartan) Merck
50mg Tablet(s)

GENERIC

Digoxin
0.125mg Tablet(s)

Lipitor®
(Atorvastatin) Pfizer
20mg Tablet(s)

Plavix®
(Clopidogrel) Bristol Myers Squibb
75mg Tablet(s)

GENERIC

Aspirin
81mg Tablet(s)

Pro Amatine®
(Midodrine Hydrochloride) Shire
5mg Tablet(s)

Coumadin®
(Warfarin) Bristol Myers Squibb
5mg Tablet(s)

GENERIC

Prednisone
10mg Tablet(s)

Image not available

Coumadin®
(Warfarin) Bristol Myers Squibb
As directed

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Step 2: Select Times & Quantities

English
Back to Step 1
Refill Reminders
Go to Step 3 >

Time	Quantity Taken	Medication	Strength/Form	Purpose/Notes
10am 1x Daily	1	Nexium® (Esomeprazole) Prescribing Information Add a Refill Reminder	40mg Capsule(s)	Purpose (English): Treats/prevents stomach ulcer/heartburn
10am 1x Daily	1	Cozaar® (Losartan) Prescribing Information Add a Refill Reminder	50mg Tablet(s)	Purpose (English): Controls blood pressure
6pm 1x Daily	1	<div>GENERIC</div> Digoxin Add a Refill Reminder	0.125mg Tablet(s)	Purpose (English): Treats irregular heart beat and heart failure
6pm 1x Daily	1	Lipitor® (Atorvastatin) Prescribing Information Add a Refill Reminder	20mg Tablet(s)	Purpose (English): Lowers cholesterol
10am 1x Daily	1	Plavix® (Clopidogrel) Prescribing Information Add a Refill Reminder	75mg Tablet(s)	Purpose (English): Prevents blood clots
10am 1x Daily	1	<div>GENERIC</div> Aspirin Add a Refill Reminder	81mg Tablet(s)	Purpose (English): Prevents blood clots
10am 1x Daily	1	Pro Amatine® (Midodrine Hydrochloride)	5mg Tablet(s)	Purpose (English): Treats hypotension

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Step 3: Review the Schedule

English

MyMedSchedule

Checklist

Instructions

Weekly Med Checklist

Name: _____

Revised: 3/11/2010 at 10:16 AM

It is important to bring this completed list with you to each healthcare visit. Always speak with your healthcare provider about any changes to your medications.

Time	Medication	Dose	SUN	MON	TUES	WED	THUR	FRI	SAT
10am	Nexium® (Esomeprazole) 40mg Capsule(s)	1 Capsule(s)							
	Cozaar® (Losartan) 50mg Tablet(s)	1 Tablet(s)							
	Plavix® (Clopidogrel) 75mg Tablet(s)	1 Tablet(s)							
	Aspirin 81mg Tablet(s)	1 Tablet(s)							
	Pro Amatine® (Midodrine Hydrochloride) 5mg Tablet(s)	1 Tablet(s)							
2pm	Pro Amatine® (Midodrine Hydrochloride) 5mg Tablet(s)	1 Tablet(s)							
6pm	Digoxin 0.125mg Tablet(s)	1 Tablet(s)							
	Lipitor® (Atorvastatin) 20mg Tablet(s)	1 Tablet(s)							
	Pro Amatine® (Midodrine Hydrochloride) 5mg Tablet(s)	1 Tablet(s)							
10pm	Pro Amatine® (Midodrine Hydrochloride) 5mg Tablet(s)	1 Tablet(s)							
Other	Coumadin® (Warfarin) As	Please see your Anticoagulation Schedule							

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Name: _____

Medication	10 am	2 pm	6 pm	10 pm
Nexium® (Esomeprazole) 40mg Capsule(s)	1			
Cozaar® (Losartan) 50mg Tablet(s)	1			
Digoxin 0.125mg Tablet(s)			1	
Lipitor® (Atorvastatin) 20mg Tablet(s)			1	
Plavix® (Clopidogrel) 75mg Tablet(s)	1			
Aspirin 81mg Tablet(s)	1			
Pro Amatine® (Midodrine Hydrochloride) 5mg Tablet(s)	1	1	1	1
Coumadin® (Warfarin) As directed	Please see your Anticoagulation Schedule			
Carvedilol 12.5 mg Tablet(s)				

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Learn more

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MyMedSchedule® Mobile

My Daily Schedule Page 1 of 2

Please re-type using only the use-able medication have cop's phone - thanks

Take These Medications	Purpose
Plavix® (Clopidogrel) 75mg	Prevents blood clots ✓
Spirinolactone 25mg	Water pill and heart pill ✓
Furosemide 40mg	Water pill ✓
Spiriva® (Tiotropium Bromide) Mapihydrate 5mg	Maintains open airways
Enalapril 5mg	heart pill
Carvedilol 25mg	heart pill
Advair Diskus® (Fluticasone propionate/Salmeterol xinafoate) 250mcg/50mcg	Treats asthma, and other pulmonary disease
Flomax® (Tamsulosin Hydrochloride) 0.4mg	Treats symptoms of enlarged prostate ✓
Simvastatin 40mg	Lowers cholesterol
Albuterol USP 90mcg/dose	Treats asthma and COPD

The pharmacist may make a generic substitution for the medication shown in your Daily Schedule. The medication name, shape, color, and size may change as a result of this substitution. Always speak with your healthcare provider about any changes to your medications. 1 teaspoon = 5mL, 1 tablespoon = 15mL.

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NEXIUM 30MG 2 tablets @ mte QID 1/11/19

Medication Adherence

- 31-58% of cardiovascular patients are non-adherent in taking their medications
- 33-69% of medication-related hospital readmissions in the US are due to poor medication adherence.
- Improved medication adherence can lead to a decrease in ED visits, rehospitalization and mortality.
- Medication non-adherence contributes to 20-64% of heart failure readmissions



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Final Thoughts....

- A good medication list is easy to read, with:
 - Brand and generics if indicated
 - Clear dosage
 - Simple explanation of what medication does
 - Tailored to the patient's schedule
 - Portable (accessible on smart phone or paper list with the patient at all times)



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- Patient Recognition of Signs and Symptoms
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Moderated Question-and-Answer Session

Please submit your question online at this time.



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Thank You

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