Best Practice:

Nurse Track

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Skilled Nursing Track: Focus on Medication Management

Improving Medication Management is one of the most important roles of a home care nurse. It is a significant component of decreasing avoidable hospitalizations and improving patient safety and care transitions.

SN CHECKLIST:

Do you:

- ☐ Complete **medication reconciliation** including assessment for over-the-counter medications / herbs / nutritional supplements/topical medications at SOC/ROC/Discharge and transfer to rehab if SN services complete?
- ☐ Send a **current, complete typed medication list** to the primary care physician's office by next business day for all patients who have transitioned from one care setting to another (i.e. hospital to home, nursing home to home)?
- ☐ Enlist support of pharmacy and primary care physician during medication reconciliation?
- ☐ Look at ALL bottles in home and confirm names?
- ☐ Recommend disposal of any expired or discontinued medications?
- ☐ Follow up with any medication changes after all physician appointments?
- ☐ Use '**Show Me'** to assess medications? (Not just ask the patient to tell you!)
- ☐ On assessment, teach staff to focus on the **INTENT** of the OASIS-C question?
- ☐ Complete a Drug Regimen Review at every comprehensive assessment time point?
- ☐ Teach patient to use reminder strategies (cueing strategies such as using alarm clock, location of medications, written notes)?*
- ☐ Use planned and documented phone monitoring as a follow up intervention?*
- ☐ Use **scripts** when doing assessment medication. Ask quality or nursing leaders for sample scripts—they are available in the leadership section of this package?
- ☐ Use probing questions such as 'What do you take if you can't sleep?'
- ☐ Use repetition of patient medication education at future home care visits?*
- ☐ Use **Teach-Back** to evaluate patient understanding of medications including precautions on high-risk medications?
- ☐ Use medication simplification strategies for patients taking multiple medications?* (Medication Simplification Tool)
- ☐ Understand potentially inappropriate medications among older adults?

INSIGHTS

Medication Reconciliation

Is:

Clinician looking at every medication bottle the patient takes

Asking patient 'Is this everything you take'?

Asking patient about herbal supplements, vitamins and other OTC drugs

Is NOT:

Clinician only looking at the patient's hand written list ***OR*** hospital discharge summary

Clinician assuming the patient medication list and/or discharge summary are all the medications the patient takes

Susan Ambrosy, Quality Manager
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- Use strategies to improve patient compliance with medication regimen?
- Use a **patient-centered approach to medication teaching**—teach patients to be their own advocate so they 'carry' an accurate list of medication and a list of their allergies?
- Enlist the support of other disciplines to improve medication compliance? (e.g. MSW if financial restrictions, OT/PT if functional deficits, SLP for cognitive deficits)
- Ask patient to explain the purpose of medication?
- Include caregivers in medication management / teaching?
- Promote patient self-management so that the patient/family takes responsibility and accountability in medication management?

*Found to be an evidence-based practice significantly associated with above average oral medication outcome rates (Shearer, 2009).

'Show Me' is asking the patient to demonstrate how they take their pills (open bottles, etc). *Patients can't always do what they tell you they can do.*

'Teach Back' is a technique providers ask patients to state in their own words (i.e. teach back) key concepts, decisions, or instructions just discussed. For more information visit http://www.healthliteracy.com/

INSIGHTS

Use a **patient centered approach** to medication teaching—teach patients to be their own advocate so they 'carry' an accurate list of medication.
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OASIS-C has brought several changes to medication evaluation and management. OASIS-C includes

- A **complete drug regimen review** for any potential clinically significant medication issues (M2000)
- Documentation of **follow-up with the physician** regarding clinically significant medication issues, including medication reconciliation (M2002 and M2004)
- **High-risk drug education** to the patient/caregiver (M2010)
- **Drug Education to the patient/caregiver** (M2015)
- Assessment of **management of oral medications (**M2020)
- Assessment of **management of injectable medications** (M2030)

INSIGHTS

Medication Reconciliation is NOT just asking the patient what medications they are taking!

It is:
Putting your hands on **every medication bottle** including:

Eye drops
OTC pain meds
Vitamins
Herbals

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