

## **PARTNERING WITH PATIENTS/FAMILIES**

---

Partnering with patients and their families is an essential component of successful reconciling medications initiatives. Teams participating in the Coalition's Collaborative have shared some of the following strategies for including patients in the process:

### **■ Write your mission statement from the patient's perspective**

Frame a mission statement for reconciling medications that starts with its impact on the patient. Examples:

- Assure that patients receive appropriate medications while hospitalized
- Every patient will receive all medications they have been taking at home unless they are held/discontinued by their caregiver(s) and all new medications as ordered -- correct drug, dose, route, and schedule

### **■ Engage patients actively during the intake history process**

Engaging patients and their family is essential in developing an accurate intake medication history. While recognizing that there may be situations when the patient cannot participate (e.g. dementia, high acuity, language barriers), every effort should be made to include patients or their family in the process. Some tips:

- Have patient review the home medication list you create
- Having patients actually read over the list to review it for accuracy and completeness is even more effective than your just reading it back to them
- Develop interview questions to help in collecting the information. This should include using open-ended questions, linking medications to the patient's medical conditions and/or physicians, checklists for commonly missed medications (e.g. inhalers, eye drops, patches, contraceptive pills), specific prompts for OTCs/herbals, and scripts for highlighting the importance of reporting exact dosages they are taking and time of their last dose
- Be sure to get information on medication allergies, too
- Get name & phone number of patient's pharmacy
- Ask patients/family to bring in their pills

### **■ Provide your patients tips on promoting medication safety**

Provide tips to help patients take an active role in promoting patient safety in your admissions and discharge information packages. See resource list for examples of good reference materials.

NOTE: Extra education about the importance of accurately reporting their compliance with their medication regime as well as the potential adverse consequences associated with OTC/herbal use and interactions can provide a valuable complement to your reconciling activities.

## ■ Medication card campaigns

Use every opportunity you can to promote patients' maintaining accurate medication lists. Hand out updated medication cards at discharge. Hand out med cards to all patients discharged directly from your ED. Do outreach campaigns in the offices of local physicians with admitting privileges at your hospital. Several Collaborative participants shared examples of medication card campaigns. For example, the Cooley Dickinson Hospital campaign included providing each office with a poster, plastic dispenser holding cards, and an ample supply of cards.

An example of a medication card developed by the Coalition for patients for whom small, wallet-sized cards are not suitable (e.g. on multiple medications, have difficulty reading small print, etc) is available in the Reconciling Medications toolkit section of this WEB site.

## ■ Build review of reconciling list and MAR into early patient education, discharge planning

Some hospitals participating in IHI's Patient Safety collaboratives have reported success in using patient review of the reconciling medication list and/or their own Medication Administration Record (MAR) as an opportunity to help patients become more knowledgeable about their medications. Engaging patients when a new medication is introduced and encouraging them to ask questions whenever their medications are administered was shown to improve the discharge education process and also introduce an opportunity for the patient to serve as an extra line of defense before medications are administered. For more context, see [www.ihl.org](http://www.ihl.org).

## References

***“Your Role in Safe Medication Use”*** Patient Guide  
Massachusetts Coalition for the Prevention of Medical Errors  
([www.macoalition.org/documents/ConsumerGuide.pdf](http://www.macoalition.org/documents/ConsumerGuide.pdf))

***Involve Patients in Medication Checks and Have Patients Review their Medication Administration Record (MAR)***  
Institute for Healthcare Improvement (IHI)  
([www.ihl.org/IHI/Topics/PatientSafety/MedicationSystems](http://www.ihl.org/IHI/Topics/PatientSafety/MedicationSystems))

***“Educate Before You Medicate”*** and related consumer-oriented materials  
The National Council on Patient Information and Education (NCPIE)  
([www.talkaboutrx.org](http://www.talkaboutrx.org))

***“Your Medicine: Play it Safe”*** and related consumer safety tips  
Agency for Healthcare Research and Quality (AHRQ)  
([www.ahrq.gov/consumer](http://www.ahrq.gov/consumer))

**“Speak Up”** campaign materials

Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

([www.jcaho.org/general+public/gp+speak+up/speakup.pdf](http://www.jcaho.org/general+public/gp+speak+up/speakup.pdf))

***Strategies for Leadership: Patient- and Family-Centered Care***

American Hospital Association and Institute for Family-Centered Care

This toolkit includes a video and companion video discussion guide, a resource guide including case studies and references, and a hospital self-assessment tool

([www.aha.org/aha/key\\_issues/patient\\_safety/resources/patientcenteredcare.html](http://www.aha.org/aha/key_issues/patient_safety/resources/patientcenteredcare.html))

***Partnering With Patients to Reduce Medical Errors (Guidebook for Professionals)***

Spath PL, Nash DB; Chicago, Illinois: American Hospital Association; 2004

A guide to involving patients in error prevention and the role of hospital leadership

***The Informed Patient: Hospitals Step Up Efforts to Avoid Medication Errors***

Landro, Laura; Wall Street Journal, January 12, 2005. D4.

Included the following checklist for patients:

**Medication Checklist**

Here's how patients can help the 'medication reconciliation' process:

- List all prescription medications, including dosage, with name of prescribing physician and reason for taking drug
- List any drugs you have a known allergy to and describe reaction
- List immunization history
- List all over-the-counter medications and herbal supplements or vitamins
- Take the form to all doctor visits and medical testing labs, as well as pre-assessment visit for admission or surgery and all hospital visits including ER
- When you leave the hospital, be sure to get an updated form with new medications and ask if any medications are duplicated
- Keep a wallet-sized copy of the medications form with you at all times