

Case #3 – Clinician

- Be the clinician taking a best possible medication history
- Use the space below to document your best possible medication history

You are going to see patient Frank Ribello

Reason for Hospital Admission: Right total hip replacement

Past Medical History: hypertension, hypercholesterolemia, arthritis, seasonal allergies, remote history of stroke

Allergies: NKDA

Prior to entering the patient's room, you have attempted to use your electronic medical record to review the patient's pre-admission medication list from the last office visit with the surgeon, but due to technical difficulties the list is not accessible at this time.

It is October 1, 2015 at 07:15 pm and the primary care physician's office and orthopedic surgeon's office are closed.

You can use the attached checklist of high performance behaviors and the supplied pocket guide to help you.

High Performance Behaviors

- Asks the patient open-ended questions about what medications she or he is taking (i.e., doesn't read the list and ask if it is correct)
- Uses probing questions to elicit additional information: non-oral meds, non-daily meds, PRN medications, non-prescription meds
- Uses other probes to elicit additional medications: common reasons for PRNs, meds for problems in the problem list, meds prescribed by specialists
- Asks about adherence
- Uses at least two sources of medications, ideally one provided by the patient and one from another "objective" source (e.g., patient's own list and ambulatory EMR med list)
- Knows when to stop getting additional sources (e.g., if patient has a list or pill bottles and seems completely reliable and data are not that dissimilar from the other sources, and/or the differences can be explained)
- Knows when to get additional sources if available (e.g., if patient is not sure, relying on memory only or cannot resolve discrepancies among the various sources of medication information)
- When additional sources are needed, uses available sources first (e.g., pill bottles present). Then obtains pharmacy data. If the medication history is still not clear: obtains outpatient provider lists, pill bottles from home and/or other sources.
- Uses resources like Drugs.com to identify loose medications (i.e., for a bag of medications, not in their bottles, provided by a patient)
- Returns to patient to review new information, resolve all remaining discrepancies
- Gets help from other team members when needed
- Educates that patient and/or caregiver about the importance of carrying an accurate and up to date medication list with them

Case #3 – Observer

- Listen carefully to the exchange between patient and clinician
- Complete the “High Performance Behaviors Checklist,” attached
- Compare the clinician’s final medication list to the “gold standard,” attached
- Be prepared to give feedback to your colleagues:
 - Did they use high performance behaviors?
 - Did they achieve an accurate Best Possible Medication History (BPMH)?

If the clinician asks for the outpatient pharmacy records, please give him/her the pharmacy list, attached.

If the clinician asks for other medication sources, say that they are not available (except for the bag of medications, which the patient should give the clinician if asked)

The PCP’s office is closed for the day.

Notes:

**“Gold Standard” Preadmission Medication List
(Do Not Share with Clinician)**

- Omeprazole 40 mg 1 capsule by mouth 30 minutes before breakfast for heartburn problems
- Metoprolol ER 12.5mg (**one-half** of the ER 25mg tablet) by mouth every morning for blood pressure
- Losartan 25 mg 1 tablet by mouth every morning for blood pressure
- ECASA 81 mg one tablet by mouth daily for stroke protection
- Atorvastatin 40 mg 1 tablet at bedtime for cholesterol
- Hydrocodone/Acetaminophen 5/325 mg 1-2 tablets every 8 hours as needed for hip pain (patient takes 1 tablet 2-3 times a day)
- Vitamin D2 1.25 mg capsule (50,000units) take once capsule by mouth once weekly (patient takes on Saturdays)
- Acetaminophen 500 mg 1 tablet by mouth twice daily as needed for headache or pain
- Patient does not take enoxaparin or ibuprofen (those are for after surgery)
- Patient stopped taking the diclofenac several weeks prior to surgery (per surgeon’s instructions) and does not plan to resume post operatively.
- Cetirizine 10 mg by mouth daily prn allergy symptoms (Patient has not taken in several months) – this does not need to be included on the gold standard list since not taken recently.

High-Performance Behaviors Checklist

<p>Asks the patient open-ended questions about what medications she or he is taking (i.e., doesn't read the list and ask if it is correct)</p> <ul style="list-style-type: none"> • Patient will only describe metoprolol ER dose correctly as one-half tablet if asked "how are you taking this med" or "describe how you take this", rather than "are you taking the metoprolol ER one tablet daily?" 	<input type="checkbox"/>
<p>Uses probing questions to elicit additional information: non-oral meds, non-daily meds, PRN medications, non-prescription meds</p> <ul style="list-style-type: none"> • Patient will only describe Vitamin D if probed for non-daily medications or if probed after clinician contacted pharmacy. • Patient will only describe Tylenol if asked about OTC medications • Patient will only describe cetirizine if asked about seasonal medications 	<input type="checkbox"/>
<p>Uses other probes to elicit additional medications: common reasons for PRNs, meds for problems in the problem list, meds prescribed for specialists</p>	<input type="checkbox"/>
<p>Asks about adherence</p>	<input type="checkbox"/>
<p>Uses at least two sources of medications, ideally one provided by the patient and one from another "objective" source (e.g., patient's own list and ambulatory EMR med list)</p> <ul style="list-style-type: none"> • In this case, patient's memory, patient's bag of medications 	<input type="checkbox"/>
<p>Knows when to stop getting additional sources (e.g. if patient has a list or pill bottles and seems completely reliable and data are not that dissimilar from the other sources, and/or the differences can be explained)</p> <ul style="list-style-type: none"> • Once the metoprolol dose is explained rationally, the additional medications listed from the pharmacy and missing medication from the patient's medication bag can be explained, the clinician should stop getting additional information. 	<input type="checkbox"/>
<p>Knows when to get additional sources if available (e.g., if patient is not sure, relying on memory only or cannot resolve discrepancies among the various sources of medication information)</p> <ul style="list-style-type: none"> • Clinician should seek to clarify / explain the following inconsistencies with additional sources: metoprolol ER, hydrocodone/apap, ibuprofen, enoxaparin, diclofenac, acetaminophen, cetirizine, and vitamin D. 	<input type="checkbox"/>
<p>When additional sources are needed, uses available sources first (e.g., pill bottles present). Then obtains pharmacy data. If the medication history is still not clear: obtains outpatient provider lists, pill bottles from home and/or other sources.</p> <ul style="list-style-type: none"> • Clinician may miss correct hydrocodone/acetaminophen dose/frequency if he/she does not ask patient if medications are present 	<input type="checkbox"/>
<p>Uses resources like Drugs.com to identify loose medications (i.e., for a bag of medications, not in their bottles, provided by patient)</p>	<input type="checkbox"/>
<p>Returns to patient to review new information, resolve all remaining discrepancies</p> <ul style="list-style-type: none"> • Clinician should clarify "extra" medications from patient's bag (e.g., OTC omeprazole) and from pharmacy records (e.g., enoxaparin) 	<input type="checkbox"/>
<p>Gets help from other team members when needed</p>	<input type="checkbox"/>

Educates the patient and/or caregiver of the importance of carrying an accurate and up to date medication list with them	<input type="checkbox"/>
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Case #3 – Outpatient Pharmacy Records

*** For Clinician ***

The patient's pharmacy is able to provide you with the following information (recently filled medications).

Today is October 1, 2015

- Omeprazole 40 mg take one capsule orally 30 minutes before breakfast
 - Last filled 9/12/15
- Metoprolol succinate ER 25 mg take one tablet daily
 - Last filled 9/12/15
- Losartan 25 mg take one tablet daily
 - Last filled 9/12/15
- Atorvastatin 40 mg take 1 tablet at bedtime
 - Last filled 9/4/15
- Vitamin D2 1.25 mg 50,000 units take one capsule once per week
 - Last filled 9/4/15
- Ibuprofen 800 mg take one tablet every eight hours as needed for pain
 - Last filled 9/29/15
- Enoxaparin 40 mg subcutaneously daily as directed
 - Last filled 9/29/15
- Diclofenac sodium EC 75 mg take one tablet by mouth two times per day
 - Last filled 9/2/15

Case #3 – Patient

Be the Patient and Follow Your Role:

Today is October 1, 2015. You are Frank Ribello, a 71 year old male whose DOB is 3/6/1944. You are being checked in and admitted for a right total hip replacement, which is scheduled for tomorrow. Your past medical history includes hypertension, hypercholesterolemia, arthritis, seasonal allergies, and a remote history of stroke. You have no known drug allergies.

You are a retired professor and hold a doctorate degree. You have family present. Your family does not know your medications since you manage them yourself, but family has accompanied you to most of your recent appointments.

You know your medications well and can list names and describe how you take most of them and for what indication you take them. However, you do not remember the prescribed strengths of many of your medications.

The clinician entering the room does not have access to a pre-admission medication list.

Role Play Regarding your Medications as Follows:

- **If asked if you have a list of medications:**
No, you do not keep a list but each week you place your daily doses in a weekly pill divider to help you “keep them straight.”

- **If asked to list or describe how you are taking your medications (without any other prompts) you state:**
 1. Omeprazole once per day 30 minutes before breakfast for heartburn problems
 2. Metoprolol ER once per day for blood pressure
 - a. If not asked an open ended question you initially will only remember that you take it once per day and not offer that you now take one-half of a tablet. For example, if you are asked “Are you taking the metoprolol 25 mg once daily” you should say yes, and only offer initially that you take it once per day.
 - b. If asked an open-ended question (e.g., “how do you take it”), you can explain that you were recently told by your primary care physician to take half of your normal dose because your blood pressure was “too well controlled” (i.e. was a little low), and only after prompting do you recall that you were previously taking 25 mg, and now it is 12.5 mg. You use a pill-cutter to cut them in half.
 3. Losartan one tablet every morning for blood pressure
 4. Aspirin (baby aspirin) one 81 mg tablet daily to prevent stroke
 - a. You have to take the enteric coated (the non-enteric coated tablet really bothers your stomach and reflux problems)
 5. Atorvastatin 1 tablet at bedtime

6. Hydrocodone 1 tablet as needed for hip pain (if asked, you are not sure if this is a combination product with acetaminophen or plain hydrocodone). Lately you've been taking 1 tablet 2-3 times a day.

- **If asked if you have medication bottles present:**

Yes, you have a bag of your pill bottles with you. At this time give the clinician **Case #3 Patient Bag of Medications *for Clinician*** from your packet.

For your part on how to respond to further questions about meds in this bag, see **Case #3 Patient Bag of Medications *for Patient*** from your packet.

- **If asked for your pharmacy information:**

Your pharmacy is: GroceryMart on Brookwood Rd. in Newtown. If the clinician requests your pharmacy records, the observer will provide the pharmacy records to the clinician at this time.

- **If asked a probing/clarifying question after the clinician contacts the pharmacy:**

The pharmacy has several medications filled recently that you did not initially mention.

Please see: **Case #3 Outpatient Pharmacy Records *for Patient*** from your packet for information regarding your pharmacy prescription fill records.

- **If asked about your PCP or any prescribers**

Your PCP is Denise O'Leary on Pine Street in Newtown.

- **If asked about non-prescription / OTC medication use:**

You take Aspirin (one 81 mg tablet daily) and acetaminophen (extra strength 1 tablet as needed for pain, last taken about one week ago. You've taken it as often as two times a day.)

- **Only if asked about non-daily medications:**

You remember you take Vitamin D - one tablet once weekly on Saturdays (you will resume this upon discharge).

- **If asked a probing question about PRN medications:**

In addition to the hydrocodone pill, you take acetaminophen extra strength 1 tablet as needed for pain, last taken about one week ago. You've taken it as often as 2 times a day.

You do not think of the cetirizine when only prompted for as needed medications.

- **If asked a probing question about seasonal medications (or to match the PMH of seasonal allergies):**

You sometimes take cetirizine one tablet a day if needed, but you have not taken in a few months.

- **If asked a probing question about NON oral medications:**

You do not take any non oral medications.

- **If asked about adherence:** You take all of your prescribed medications every day. You may forget a dose every once in a while, but rarely.
- If probed further regarding the following, you should deny any problems with cost, copayments, insurance coverage, running out of medications, side effects, and deny thoughts of your medications not working.

Final correct list, after you have been asked multiple probing and clarifying questions:
(Do Not Share with Clinician)

- Omeprazole 40 mg 1 capsule by mouth 30 minutes before breakfast for heartburn problems
- Metoprolol ER 12.5mg (**one-half** of the ER 25mg tablet) by mouth every morning for blood pressure
- Losartan 25 mg 1 tablet by mouth every morning for blood pressure
- ECASA 81 mg one tablet by mouth daily for stroke protection
- Atorvastatin 40 mg 1 tablet at bedtime for cholesterol
- Hydrocodone/Acetaminophen 5/325 mg 1-2 tablets every 8 hours as needed for hip pain (currently taking 1 tablet 2-3 times a day)
- Vitamin D2 1.25 mg capsule (50,000units) take once capsule by mouth once weekly (you take on Saturdays)
- Acetaminophen 500 mg 1 tablet by mouth twice daily as needed for headache or pain
- You do not take enoxaparin or ibuprofen (those are for after your upcoming surgery)
- You stopped taking the diclofenac several weeks prior to surgery (per surgeon's instructions) and do not plan to resume post operatively.
- Cetirizine 10 mg by mouth daily prn allergy symptoms (you have not taken in several months) – this does not need to be included on the gold standard list since not taken recently).

Case #3 – Patient’s Bag of Medications

*** For Patient ***

Your bag of medication bottles includes the following prescriptions and OTCs . When asked about each medication, you can confirm the information in italics. You don’t remember some strengths without prompting.

Today is October 1, 2015

- Rx: Omeprazole 40 mg take one capsule orally 30 minutes before breakfast
 - Last filled 9/12/15
 - *You can confirm that you take this once daily in the morning before breakfast*
- Rx: Metoprolol succinate ER 25 mg take one tablet daily
 - Last filled 9/12/15
 - *If asked a **non-open ended question**, such as “are you still taking metoprolol 25 mg daily”, you agree and say YES.*
 - *If asked an **open ended question**, such as “how are you taking the metoprolol”, you answer that you take one half a tablet once daily in the morning; this dose was changed by your primary care physician instructions a few weeks ago due to your blood pressure being “too well controlled”. You don’t think the pharmacy has the new instructions because they automatically filled this.*
- Rx: Losartan 25 mg take one tablet daily
 - Last filled 9/12/15
 - *You can confirm you take one daily in the morning*
- Rx: Atorvastatin 40 mg take 1 tablet at bedtime
 - Last filled 9/4/15
 - *You can confirm you take one daily at bedtime*
- Rx: Hydrocodone/Acetaminophen 5/325 mg 1-2 tablets every 8 hours as needed for hip pain
 - Last filled 9/1/15 at a **different pharmacy** (CVS on Main St. in Plainville)
 - *You have been taking 1 tablet 2-3 times per day every day*
 - ***If asked why not on the pharmacy list, explain that the orthopedist prescribed it and this pharmacy is near his office***
- OTC: ECASA 81 mg bottle
 - *You can confirm that you take one 81 mg tablet daily in morning*
- OTC: Omeprazole OTC 20 mg box (contains several remaining capsules)
 - *You are not taking this one any more since you are taking the prescription dose.*
- OTC: Acetaminophen extra strength 500mg tablets
 - *You take 1 tablet twice daily as needed for pain or headache, last taken about a week ago.*
- OTC: Cetirizine 10 mg box

- *You confirm that you take one tablet daily as needed for seasonal allergies, although you have not taken one in several months.*

- Your bag does not contain your vitamin D2 prescription bottle. You must have left that in your cabinet.
 - *If asked specifically about this medication, you can confirm the following:*
 - *Vitamin D2 1 capsule once weekly every Saturday*

Case #3 – Patient’s Bag of Medications

***** For Clinician *****

The patient’s bag of medications includes the following prescriptions and OTCs

Today is October 1, 2015

- Rx: Omeprazole 40 mg take one capsule orally 30 minutes before breakfast
 - Last filled 9/12/15
- Rx: Metoprolol succinate ER 25 mg take one tablet daily
 - Last filled 9/12/15
 - **These pills are split in half in the bottle**
- Rx: Losartan 25 mg take one tablet daily
 - Last filled 9/12/15
- Rx: Atorvastatin 40 mg take 1 tablet at bedtime
 - Last filled 9/4/15
- Rx: Hydrocodone/Acetaminophen 5/325 mg 1-2 tablets every 8 hours as needed for hip pain
 - Last filled 9/1/15 at a **different pharmacy** (CVS on Main St. in Plainville)
- OTC: ECASA 81 mg bottle

- OTC: Omeprazole OTC 20 mg box

- OTC: Acetaminophen extra strength 500mg tablets

- OTC: Cetirizine 10 mg box

Case #3 – Outpatient Pharmacy Records

*** For Patient ***

The Clinician may contact the pharmacy to confirm your medications. When asked about each medication, you can confirm the information in italics. You don't remember some strengths without prompting.

Today is October 1, 2015

- Omeprazole 40 mg take one capsule orally 30 minutes before breakfast
 - Last filled 9/12/15
 - *You can confirm that you take this once daily in the morning before breakfast*
- Metoprolol succinate ER 25 mg take one tablet daily
 - Last filled 9/12/15
 - *If asked a **non-open ended question**, such as “are you still taking metoprolol 25 mg daily”, you agree and say YES.*
 - *If asked an **open ended question**, such as “how are you taking the metoprolol”, you answer that you take one half a tablet once daily in the morning; this dose was changed by your primary care physician instructions a few weeks ago due to your blood pressure being “too well controlled”. You don’t think the pharmacy has the new instructions because they automatically filled this.*
- Losartan 25 mg take one tablet daily
 - Last filled 9/12/15
 - *You can confirm you take one daily in the morning*
- Atorvastatin 40 mg take 1 tablet at bedtime
 - Last filled 9/4/15
 - *You can confirm you take one daily at bedtime*
- Vitamin D2 1.25 mg 50,000 units take one capsule once per week
 - Last filled 9/4/15
 - *You can confirm you take one capsule once per week (you take on Saturdays), but you are not sure of the dose*
- Ibuprofen 800 mg take one tablet every eight hours as needed for pain
 - Filled 9/29/15
 - *You are not taking this one – this is for after your **upcoming** surgery*
- Enoxaparin 40 mg subcutaneously daily as directed
 - Filled 9/29/15
 - *You are not taking this one – this is for after your **upcoming** surgery*
- Diclofenac sodium EC 75 mg take one tablet by mouth two times per day
 - Last filled 9/2/15
 - *You are not taking this one – this was stopped several weeks before surgery (you stopped this and started the “hydrocodone”).*

If asked why Vicodin (Hydrocodone/Acetaminophen) is not on the list, explain that you fill it at a different pharmacy (CVS)