

PATIENT ADHERENCE



Strategy 2

Staff evaluate and address the patient for non-adherence.

Are we doing this? Yes No Sometimes We aren't sure

Answer these questions to evaluate whether the intervention is fully implemented:

1. Do we have a way to identify the reasons for non-adherence, including: knowledge deficit, illiteracy, financial concerns, fear of addiction, drug diversion or overmedicating, health beliefs/expectations, memory deficits, functional deficits and/or disorganization?

2. When non-adherence reasons are identified, do we make a referral to the appropriate discipline, (i.e., illiteracy = SLP, financial = SW)?

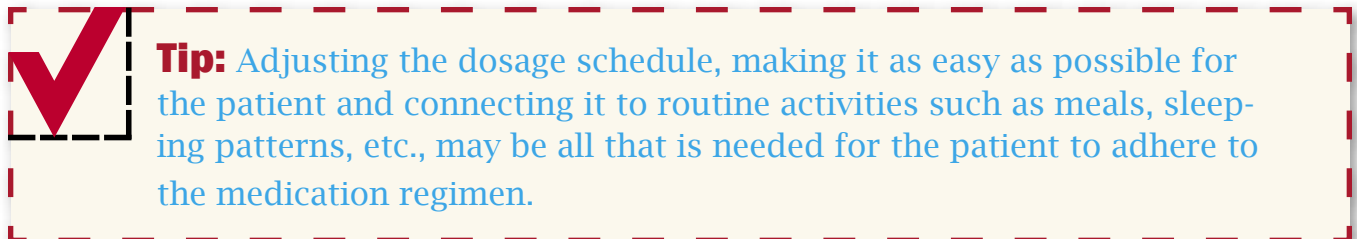
3. For therapy only, do therapists evaluate oral medication adherence on an ongoing basis and request a RN intervention if adherence problems are identified?

4. Do we have a medication simplification protocol for patients on more than eight medications?

5. Have we educated our staff on medication safety, medication simplification?

6. Have we considered ethnic/cultural tolerance for medication?

7. Do we encourage our patients to use one pharmacy only and consult with the pharmacist about drug interactions, reducing the number of medications or proposing less expensive medications?



Tip: Adjusting the dosage schedule, making it as easy as possible for the patient and connecting it to routine activities such as meals, sleeping patterns, etc., may be all that is needed for the patient to adhere to the medication regimen.

While not all of these factors improve MO780, they are all important in establishing good medication management. Our goal should be to have the patient as capable of handling their oral medications as possible at the time they are discharged.

The local pharmacist may be the patient’s only medication resource once home health is discontinued.

Some agencies have coordinated with pharmacy colleges to give pharmacy students the opportunity to practice their clinical counseling on patients.

There are computer based medication programs that can help the clinician review and evaluate for polypharmacy, adverse events, drug reactions, drug interactions, etc.



Suggested Tools for Strategy 2

- Medication Non-Adherence
- Medication Simplification Protocol
- Steps to Medication Simplification
- TAHC authored: Texas Regulations Related to PT Completing Comprehensive Assessment Medication Review
- American Physical Therapy Association Position Paper on Medicare’s Outcome Assessment Information Set for Home Health Services



Staff Education Resources

- Medication Management, Simplification & the Older Adult: Putting the Problem into Perspective, Teleconference by Stephen Winbery, PhD (Online)
- Improvement in Management of Oral Medications, Web conference by Linda Krulish, PT, MHS (Online: username: tmfhh/password: txhh04)
- Completing the Picture: Utilization of Occupational and Speech Therapy in the Home Setting, Web conference by Lanae Waldrup, OTR and Lisa Aileen Williams, SLP, MEd (Online)

Team discussion notes and planning:

What gaps have we identified in our current plan?

What are our next steps? Did we include the who, what, and when?

On a scale of 1-10, how confident are we that our agency plan is fully implemented and effective?

