

Improvement Matrix – Oral Medication Management

How to Use This Change Framework

To use this resource most effectively:

1. Review the Strategies and Actions included in the package. The organization is explained below.
2. Use it as a resource to identify appropriate clinical practices/care behaviors for conducting a process-of-care investigation.
3. Based on the results of the investigation, use it as a resource for developing a plan of action (POA).
 - a. Clinical practices/care behaviors
 - b. Intervention actions
4. Identify, adapt, and modify tools as appropriate.
 - Conduct small tests of change and modify until ready for wider spread.



Change ideas are presented in levels of detail from the general to specific. The “big picture” is provided in an easy-to-read **Improvement Matrix**.

- The columns in the matrix reflect five **Areas for Improvement**, which are based on the Chronic Care Model.¹ The five areas are: Promoting Patient Self-Management, Implementing Evidence-Based Practices and Guidelines, Using Systems and Technology to Promote Effectiveness and Efficiency, Improving Care Delivery Systems and Mobilizing Community Resources, and Creating a Culture of Quality. The improvement framework is based on the premise that sustainable high quality care requires systems to ensure consistent implementation of the recommended clinical actions by all clinicians for all appropriate patients.
- The columns in the matrix contain high-level **Strategies** for change. For each Area, *the Strategies indicated with an asterisk* are further broken down into specific ideas for **Actions** that can be tested and implemented at the agency level.

On subsequent pages, each Area for Improvement is described then followed by a table including the Strategies, Actions, Tools and Resources, and Rationale.

- Many of the Actions have related **Tools and Resources** that provide more operational detail. Information about the tools and resources and where to obtain them can be found in the Index of Tools and Resources, and may be located simply by referring to the number. When allowed by copyright restrictions, the tools and resources are provided in a companion document.
- The justification for utilizing specific Actions is included in the column labeled Rationale

AREAS FOR IMPROVEMENT				
Promoting Patient Self-Management	Implementing Evidence-Based Practices and Guidelines	Using Systems and Technology to Promote Effectiveness and Efficiency	Improving Care Delivery Systems and Mobilizing Community Resources	Creating a Culture of Quality
1. *Equip patients and caregivers with information and options to address pain	6. *Use evidence-based assessment practices to identify patients with pain and develop individualized patient care plans	9. Implement systems to identify and track patients with pain	12. Organize care teams to promote consistency and continuity	16. *Secure commitment of senior leaders to address the issue of improving pain management
2. *Establish patient and caregiver expectations and assess their capacity to engage in self-management of pain	7. *Use evidence-based condition-specific/ problem-specific interventions for pain management	10. Use systems to enhance effective internal and external communication and continuity of care • Staff communication within and between disciplines (including paraprofessionals), between office-based and frontline staff • Communication with patients/families • Communication with key physicians-PCPs and specialists, as appropriate	13. *Match intensity of clinical resources and services to patient risks/conditions/problems as identified by assessment • At the individual patient level • At the staff caseload/population level	17. *Establish an organization-wide quality improvement process and evaluate its effectiveness, implement and improve
3. *Prepare patient and caregiver to participate in self-management and monitoring of pain	8. *Screen patients for pain and complications and refer for treatment when appropriate	11. *Use decision support tools that prompt clinicians to implement evidence-based practices for patients with pain	14. *Coordinate with MD, PCPs and specialists to promote evidence-based care and continuity of subacute/home care	18. Integrate and coordinate care across settings and providers
4. *Prepare patient/caregiver to identify and manage problems related to pain that might develop during and after discharge from home care			15. Identify/strengthen key community medical care resources	
5. Prepare patient/caregiver to maintain and convey key health and treatment information to health care providers related to pain management				

Improvement Matrix – Oral Medication Management

AREAS FOR IMPROVEMENT				
A. Promoting Patient Self-Management	B. Implementing Evidence-Based Practices and Guidelines	C. Using Systems and Technology to Promote Effectiveness and Efficiency	D. Improving Care Delivery Systems and Mobilizing Community Resources	E. Creating a Culture of Quality
<p>A.1. Provide patients and caregivers with information and options to address problems managing their oral medications.</p> <p>A.2. Establish patient and caregiver expectations and assess their capacity to engage in self-management of oral medications.</p> <p>A.3. Prepare patient and caregiver to participate in self-management of oral medications.</p> <p>A.4. Prepare patient/caregiver to identify and manage problems related to their medication regimen that might develop during and after discharge from home care</p> <p>A.5. Prepare patient/caregiver to maintain and convey key health and treatment information to health care providers related to medication management.</p>	<p>B.1. Use evidence-based assessment practices to identify patients with difficulty managing oral medications and develop individualized patient care plans</p> <p>B.2. Use evidence-based condition-specific/ problem-specific interventions for oral medication management.</p> <p>B.3. Screen patients for difficulty managing their medications, medication related complications, and refer for treatment when appropriate</p>	<p>C.1. Implement systems to identify and track patients with difficulty managing oral medications.</p> <p>C.2. Use systems to enhance effective internal and external communication and continuity of care</p> <ul style="list-style-type: none"> • Staff communication within and between disciplines (including paraprofessionals), between office-based and frontline staff • Communication with patients/families • Communication with key physicians <p>C.3. Use decision support tools that prompt clinicians to implement evidence-based practices for oral medication management.</p>	<p>D.1. Organize care teams to promote consistency and continuity</p> <p>D.2. Match intensity of clinical resources and services to patient risks/conditions/problems as identified by assessment</p> <ul style="list-style-type: none"> • At the individual patient level • At the staff caseload/population level <p>D.3. Coordinate with MD PCPs and specialists to promote evidence-based care and continuity of outpatient/in-home care</p> <p>D.4. Identify/strengthen ties with community medical/ social resources</p>	<p>E.1. Secure commitment of senior leaders to address the issue of improving oral medication management.</p> <p>E.2. Establish an organizational quality improvement plan of action and allocate resources to implement and monitor it</p> <p>E.3. Integrate and sustain organizational changes demonstrated to achieve positive improvement</p>

Improvement Matrix – Oral Medication Management

CHANGE DOMAIN: PROMOTING PATIENT SELF-MANAGEMENT			
Strategy	Action	Tools and Resources	Rationale
A.1. Provide patients and caregivers with information and options to address problems managing their oral medications.	A.1.1 Teach patient and caregiver about medication management including drug actions, interactions with other drugs or foods, adverse effects to report and the importance of compliance with the medication regime.	Improvement in Management of Oral Medications: 5 visit Guide: Guide to using your pill planner Medication compliance: What every patient should know.	Patient/caregiver knowledge and understanding of a medication regime can enhance adherence to treatment, improve skills, and improve clinical status
A.2 Establish patient and caregiver expectations and assess their capacity to engage in self-management of oral medications.	A.2.1. Partner with the patient/caregiver to establish realistic goals and expectations. A.2.2 Determine patient/caregiver's understanding of medication regime A.2.3 Assess patient's cognitive capacity and implications for self-management; identify potential need for caregiver support.	Managing Your Medications Best Practices for Improvement in Oral Medications: Teleconference Supplement Med Take Test	Adherence to the plan and health outcomes improve when clinicians become patient partners and include patients in care planning, taking into account their values. Determination of cognitive ability is critical to developing an individualized care plan that customizes education according to patient and caregiver abilities.
A.3 Prepare patient and caregiver to participate in self-management of oral medications.	A.3.1 Design/adapt/implement individualized condition and problem specific patient self management plans that include medication regimen and adjustment. A.3.2 Incorporate training and self-management strategies for minimizing functional limitations as indicated by the patient's condition including: • Muscle strengthening • Fine motor dexterity training A.3.3 Teach patient/caregiver appropriate administration of medications and potential side effects or interactions. Ask patients the following compliance questions: • Are they taking the medication(s) as prescribed? • Do they have questions about medications? • How often do they forget to take their medication? • How often they miss a dose of their medication or adjust it to suit their needs? A.3.4 Use assistive devices as necessary (e.g. pre-poured pillboxes, automatic dispenses with voice-activated message, or regular call reminders for enhancing medication compliance)	Letter to patients Best Practices for Improvement in Oral Medications: Teleconference Supplement Drug Education Checklist Improvement in Management of Oral Medications: 5 visit Guide: Patient Education handouts: Guide to using your pill planner Metered Dose Inhalers Spacer Devices Dry Powder Inhaler Nebulizers Medication Compliance Aid Selection Tool	Compliance with medications is a key to stabilizing the patient's condition. Individualized teaching and specialized assistive devices have been found useful in improving patient compliance.

Improvement Matrix – Oral Medication Management

CHANGE DOMAIN: PROMOTING PATIENT SELF-MANAGEMENT			
Strategy	Action	Tools and Resources	Rationale
A.4 Prepare patient/caregiver to identify and manage problems related to their medication regimen that might develop during and after discharge from home care	<p>A.4.1 Educate patient and caregiver on strategies to decrease the potential for medication errors such as: Using one pharmacy Removing expired or unused medications Taking all medications to all physician office visits</p> <p>A.4.2 Educate and assist patient in discussing medication simplification and barriers to adherence with physician.</p>	Medication Simplification Protocol	<p>Patients with high numbers of medications are at significantly higher risk of rehospitalization.</p> <p>Patients with more than one prescribing provider are at greater risk for inappropriate prescribing, polypharmacy, and medication error.</p>
A.5 Prepare patient/caregiver to maintain and convey key health and treatment information to health care providers related to medication management.	A.5.1 Teach patient and caregiver about the importance of maintaining a current medication list including over-the-counter medications, herbal preparations, and nutritional supplements.	<p>5 visit Guide - Medication Record</p> <p>Best Practices Teleconference Supplement - Medication list and log</p>	Patients with more than one prescribing provider are at greater risk for inappropriate prescribing, polypharmacy, and medication error.

CHANGE DOMAIN: IMPLEMENTING EVIDENCE-BASED PRACTICES AND GUIDELINES			
Strategy	Action	Tools and Resources	Rationale
B.1 Use evidence-based assessment practices to identify patients with difficulty managing oral medications and develop individualized patient care plans	B.1.1 Assess patient / caregiver ability to management medications independently including: Knowledge of current medication regimen Cognitive / memory deficits Barriers to medication adherence	<ul style="list-style-type: none"> • Medication Assessment Protocol • OBQI Tips for Oral Medications • Assessment of Barriers to Oral Medication Management • Medication compliance aid assessment 	
B.2 Use evidence-based condition-specific/ problem-specific interventions for oral medication management.	<p>B.2.1 Use Beers criteria to identify medications to avoid or use with specified dose or duration in elderly patients.</p> <p>B.2.2 Use assessment of barriers to independent medication management to make referrals to Skilled Nursing (for therapy only patients) , PT, OT, Speech, or social work.</p> <p>B.2.3 Select appropriate compliance aid and educate patient or caregiver on its use based on systematic assessment of patient's medication management practices.</p>	<ul style="list-style-type: none"> • Medication Non-adherence staff education tool • Medication Simplification Protocol + Beers Criteria • Medication Teaching Strategies • Medication compliance aid Selection tool 	

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CHANGE DOMAIN: IMPLEMENTING EVIDENCE-BASED PRACTICES AND GUIDELINES			
Strategy	Action	Tools and Resources	Rationale
B.3 Screen patients for difficulty managing their medications, medication related complications, and refer for treatment when appropriate	B.3.1 Assess patient's medication compliance every visit. B.3.2 Assess for complications of medications every visit and refer for evaluation and treatment as needed.	<ul style="list-style-type: none"> Medication Assessment Protocol Noncompliance Worksheet (Located in 5-visit guide) Noncompliance Risk Tool (Located in Teleconference Supplement) 	

CHANGE DOMAIN: USING SYSTEMS AND TECHNOLOGY TO PROMOTE EFFECTIVENESS AND EFFICIENCY			
Strategy	Action	Tools and Resources	Rationale
C.1 Implement systems to identify and track patients with difficulty managing oral medications.	C.1.1 Develop agency log or tracking system to identify patients scoring 1 or more on MO 780.		
C.2 Use systems to enhance effective internal and external communication and continuity of care <ul style="list-style-type: none"> Staff communication within and between disciplines (including paraprofessionals), between office-based and frontline staff Communication with patients/families Communication with key physicians 	C.2.1 Use evidence-based clinical practice guidelines and care plans to assure consistency and continuity of care across providers and disciplines. C.2.2 Communicate interval analysis, care plan, and patient progress at weekly case conference.	Case Conference Planning Form	Multi-disciplinary evidence-based guidelines are effective tools for care provider coordination and care continuity.
C.3 Use decision support tools that prompt clinicians to implement evidence-based practices for oral medication management.	C.3.1 Use care planning tool to develop individualized medication management strategies and incorporate into patient care plan.	Care Planning Tool	

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CHANGE DOMAIN: IMPROVING CARE DELIVERY SYSTEMS AND MOBILIZING COMMUNITY RESOURCES			
Strategy	Action	Tools and Resources	Rationale
D.1 Organize care teams to promote consistency and continuity	<p>D.1.1 Educate all employees and contract staff on agency efforts and best practices adopted to improve patient independence in managing their medication.</p> <p>D.1.2 Include agency efforts and best practices adopted to improve patient independence in managing their medication in new employee orientation.</p>	<p>Therapy / Rehab Staff Education</p> <p>Home Health Aide Staff Education</p> <p>New Employee Orientation</p>	<p>Interdisciplinary collaboration is essential for optimal patient care management</p>
<p>D.2 Match intensity of clinical resources and services to patient risks/conditions/problems as identified by assessment</p> <ul style="list-style-type: none"> • At the individual patient level • At the staff caseload/population level 	<p>D.2.1 Design/adapt/implement individual care plans to improve process for matching resources to patient risks/conditions/problems. Components should include: Visit frequency, Discipline mix, Type of visit and use of non-visit supplements</p> <p>D.2.2 Design/adapt/implement staff caseload and population management plan to match overall staff resources to patient population characteristics (e.g., severity, risk): Analyze visit frequency patterns Develop visit frequency standards</p> <ul style="list-style-type: none"> • Monitor caseloads 	<p>Easley-Storjell Instruments for Caseload/Workload Analysis (Acute care hospitalization change package, Tool 78)</p>	<p>Understanding the complexity of care and time requirements of individual cases is an essential first step in assuring that adequate nursing resources (including skills and time) are available to meet patient needs.</p>
D.3 Coordinate with MD PCPs and specialists to promote evidence-based care and continuity of outpatient/in-home care	<p>D.3.1 Educate community providers on agency efforts to improve management of oral medications</p> <p>D.3.2 Educate all clinicians on how to communicate and coordinate medication management with multiple prescribing providers.</p>	<p>Letter to Physicians</p> <p>Medication Simplification Script and Fax Form</p>	<p>Interdisciplinary collaboration is essential for safe and effective management of medication regimen.</p>
D.4 Identify/strengthen ties with community medical/ social resources	<p>D.4.1 Provide patient and caregiver information on prescription drug assistance for patients who are unable to afford their medications</p> <p>D.4.2 Educate staff on identified community resources available to patients and families, such as Medication Reviews with local retail pharmacists.</p>	<p>Financial Assistance for Prescription Drugs (in 5 visit guide)</p>	

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CHANGE DOMAIN: CREATING A CULTURE OF QUALITY			
Strategy	Action	Tools and Resources	Rationale
E.1 Secure commitment of senior leaders to address the issue of improving oral medication management.	E.1.1 Identify important leverage points for agency leaders for achieving dramatic, system level performance improvement: <ul style="list-style-type: none"> • Establish, oversee, and communicate improvement aims • Align system measures, strategy, projects • Channel leadership attention to improvement • Get the right team • Engage clinicians • Build Improvement capability 	What will it take to move the big dots? (Acute Care Hospitalization Change Package, Tool #60)	Despite their desire and effort to improve quality, healthcare leaders have not been able to achieve dramatic improvements in quality. Sustainable organization-wide quality improvement requires the attention and commitment of resources by senior leadership.
E.2. Establish an organizational quality improvement plan of action and allocate resources to implement and monitor it	E.2.1 Use the OBQI process to investigate care processes for patients who need assistance managing their medications and develop a plan of action for improvement	TMF Home Health Collaborative Online POA and monitoring.	The OBQI process is a systematic quality improvement method to identify, investigate, and correct problems with care processes.
E.3. Integrate and sustain organizational changes demonstrated to achieve positive improvement	E.3.1 Provide feedback to staff on how the improvement efforts are working. E.3.2 Celebrate positive improvement with staff		Feedback and positive reinforcement from leadership are key elements of holding the gains.