

Dear Home Health Clinician,

The staff of Quality Insights of Pennsylvania (QIP) would like to commend you on the superior quality of care that you provide to your patients. Quality Insights of Pennsylvania is the Medicare Quality Improvement Organization (QIO) for the state of Pennsylvania. The Centers for Medicare & Medicaid Services (CMS), the government agency that administers Medicare, contracts with the QIO in each state to assist healthcare providers to improve the quality of care for Medicare beneficiaries in a variety of health care settings including home health.

CMS and Quality Insights are collaborating on a new venture, the Quality Medication Administration Project (Q-MAP), to improve the publicly reported quality measure of Improvement in the Management of Oral Medications. In recognition of the excellent care that you provide to your patients and your commitment to continuous quality improvement, Quality Insights has selected your agency as one of 23 home health agencies across the state to participate in this project.

The quality measure of Improvement in the Management of Oral Medications is measured by responses to OASIS item M0780. This quality measure is publicly reported on the Home Health Compare website at www.medicare.gov for all Medicare certified home health agencies. Currently, in the state of Pennsylvania and across the nation, only 38% percent of Medicare home care patients are improving in this quality measure. This project will focus on providing best practice tools and education to the participating agencies. Through our collaborative efforts, we believe that we can significantly improve this quality measure. The tools provided and lessons learned from this project will be the basis for a change package that will be shared with home health agencies nationally.

Quality Insights will sponsor three learning sessions from March through November 2005. These sessions will provide the opportunity for representatives from your agency to collaborate with home health experts, other participating home health agencies and Quality Insights of Pennsylvania to identify how we can join forces to significantly impact the quality measure of Improvement in the Management of Oral Medications. The first learning session will be held on March 29th, 2005. You will hear more about the project from your Quality Improvement Team and agency administration after this date.

Please feel free to contact the Quality Improvement Director or Manager at your agency or your QIP project coordinator with any questions. Throughout this project, we will post information on our website at www.qipa.org, under the section titled "Q-MAP." Please visit this site and give us your feedback regarding ways we can meet the needs of your organization.

Congratulations for being chosen for this important endeavor. We look forward to working closely with you and your agency to make a difference in the lives of the patients we serve.

Sincerely,

April 5, 2005

Dear Clinician,

As you know, your home health agency is participating in Q-MAP, the Quality Medication Administration Project. This special project partners Quality Insights of Pennsylvania and the Centers for Medicare & Medicaid Services (CMS) with 22 Pennsylvania home health agencies. On March 29th, representatives from your agency's quality team, clinical team, and administration attended a learning session to launch Q-MAP.

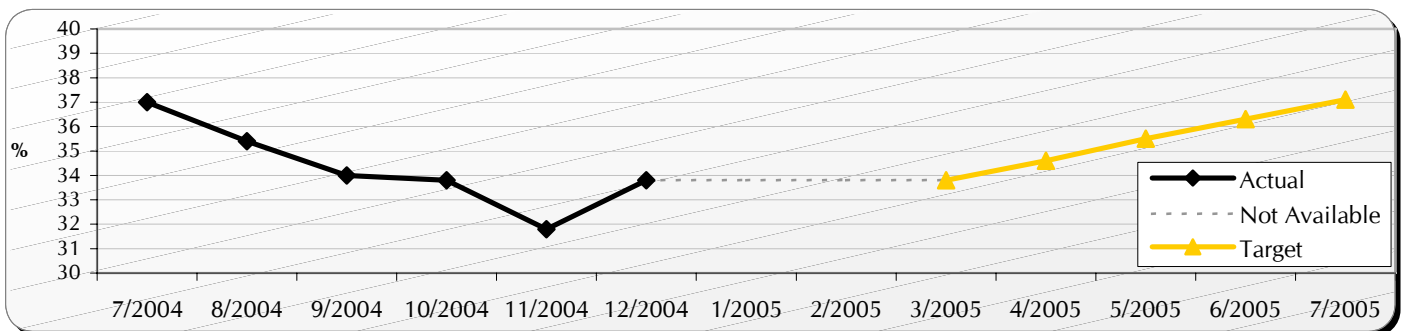
Over the next month, NURSE NAME, a nurse from Quality Insights of Pennsylvania, will visit your agency twice. On the first visit, we will meet with the members of your quality improvement team to look at a sample of records to determine specific problem areas that your agency might have related to improving the management of oral medications. We will also discuss care practices in your agency and develop a plan of action to improve this quality measure. On the second visit, NURSE NAME will meet with the clinical staff at your agency to discuss Q-MAP and instruct on the best practice tools.

One goal of this project is to assist each agency in achieving improvement in the OASIS quality measure of "improvement in the management of oral medications." Currently, the rate for your agency on this measure is XX.X%, with the national reference for your agency being XX.X%. We feel confident that your agency can achieve an individualized target improvement rate within a few months of initiating Q-MAP. Quality Insights has analyzed historical data from your agency and other Pennsylvania home care agencies that have worked on improving this measure in the past. From this analysis, we have obtained a target rate for improvement for your agency. The target rate for your agency is XX.X%, which is a X.X% increase from your current rate. The final rate will be calculated in October 2005, but will be from OASIS data collected during July 2005.

The chart below depicts your agency's past performance and future goal for improvement in the management of oral medications. Please bring any questions that you might have regarding Q-MAP or this data to your meeting with NURSE NAME scheduled for mid-April or early May.

Improvement in Management of Oral Medication Rates from CASPER

Actual Performance from 7/2004 - 12/2004 and Target Performance for 4/2005 - 7/2005



Thank you for your commitment to this project and to the patients that we serve.

Sincerely,

Marian A. Essey, RN, BSN
Director, Healthcare Quality Improvement

Q-MAP

Making It Personal: Sample Message from Administration

Directions for Use

The following document is an example of how home health agency administration can communicate their commitment to the Q-MAP project to the home health agency staff.

This communication may be distributed in an existing agency newsletter, as a payroll stuffer, as a memorandum to staff, as a voice mail message or by any another method of transmission from administration to staff.

Our agency has initiated an important project, the Quality Medication Administration Project, or Q-MAP, to improve the management of oral medications for our patients. This is a publicly reported measure on the Home Health Compare website at www.medicare.gov. Being publicly reported means that patients, families, referral sources, and other home care agencies are able to see our progress with this project. The public can also see our commitment to providing excellent patient care in general as based upon the information related to the other publicly reported measures found on the Home Health Compare website.

The administration of our agency is asking you to make this project not only an agency-wide project, but also a personal project. We are asking that with each patient you visit, you renew your personal commitment to provide care that supports our best practices for improving the management of oral medications.

We ask that you keep in mind these 4 key elements of the Q-MAP project in our agency:

Q = Quality care – Our commitment is to continuously improve our quality of care.

M = Medication administration and safety - Is the focus of our quality improvement efforts.

A = Action Required! – Action is required to assure that safe medication administration is consistently occurring. Be proactive!

P = Personal – Make it your personal commitment to your patients to assure each patient is at his or her optimal level for safe and effective medication administration.

On behalf of the administration of this agency, we thank you for your commitment to our agency and to the patients we serve. By working together, we believe that Q-MAP can become another successful milestone in our continuous pursuit of excellence.

Sincerely,

Agency Administration (insert names)

Q-MAP

Home Health Agency Staff Reminders for Personal Care Home/Assisted Living Patients

Directions for Use

The purpose of this form is to serve as a clinical staff reminder related to promoting improvement in management of oral medications for personal care home or assisted living patients.

This form may be used as a review prior to case conferences for personal care home or assisted living patients.

This form may be distributed to clinicians that visit a high volume of personal care home or assisted living patients.

This example may be altered.

Our agency is currently involved in a quality improvement project known as Q-MAP, or Quality Medication Administration Project. The focus of this project is to improve the management of oral medications.

Patients who reside in a personal care home, assisted living facility, or who have paid caretakers do not usually self-administer medication. The following items should be kept in mind when working with these patients to improve the management of oral medications:

1. **Data Collection**

OASIS item M0780, Management of Oral Medications, is the data collection item used to measure improvement in the management of oral medications. For patients with paid caregivers, remember that this OASIS item refers to “ability, not compliance or willingness.” Be sure to assess the patient’s ability to prepare and take oral medications reliably and safely instead of reporting how the medications are actually being administered.

2. **Eny, meany, miny, mo....I choose you!**

Patients are usually in facilities due to functional or cognitive deficits that require caregiver assistance for some, if not all, ADLs and IADLs. After accurately assessing the patient’s ability to improve in the management of oral medications, the clinician should determine if the patient is truly capable of improving in this outcome. Patients should be “selected” to focus on improvement in this outcome after completion of the comprehensive assessment. Some criteria, which may be used to determine the patients that are candidates for improvement, might include:

❑ **Patients that are visibly making attempts to maintain or regain independence in ADLs or other IADLs**

These patients have an “I can do it myself” attitude and may say things like, “I’m getting better every day,” or “I wish I could....”

❑ **Short-term versus long-term patients**

Patients that are new to a facility (or with a paid caregiver) may have an increased desire to demonstrate independence and may be more motivated to improve. This does not discredit the need to assess all patients individually, regardless of length of stay.

❑ **Patients that are in facilities (or with caregivers) that foster independence**

Visits by nurses and/or therapists alone will generally not promote improvement in functional status. The environment must support patient independence and autonomy.

- ❑ **Patients that are suffering from recently diagnosed or treated cognitive impairment affecting motivation or depression**

Patients that are cognitively impaired due to depression may not have the motivation to improve. Recent treatment by a physician or interventions of a Psychiatric Nurse that are directed at treating depression may have a positive affect on ADLs and IADLs.

- ❑ **Patients recently hospitalized for an acute illness**

Patients that have recently been hospitalized for an acute episode of illness and then require caregiver assistance are often in need of encouragement to regain independence in ADLs and IADLs, but often have a good prognosis for return of functional status.

3. Create an atmosphere for improvement

Often times, caregivers at facilities are unaware of the home health agency care plan for their patients. Personal care homes and assisted living facilities offer challenges to care planning related to the multiple rotating staff that are caring for the patients. Some actions that may be used to create an atmosphere for improvement include:

- ❑ When possible, include the facility staff in the care planning process.
- ❑ Find a way to identify patients, possibly by a sticker or symbol on the medication administration record at the facility, in order to prompt staff that this patient is working to improve the management of oral medications.
- ❑ Provide a brief educational in-service at the facility to let caregivers know that some patients will be the focus of improvement in the management of oral medications.
- ❑ Encourage facility staff to promote independence in all ADLs and IADLs, as appropriate, as improvement in other functional areas may lead to improvement in the management of oral medications.
- ❑ Praise staff when patient improvements are recognized.

This form represents suggested methods for improvement in the management of oral medications in the personal care home or assisted living facilities. These suggestions are not guaranteed to invoke improvement. Patients should be individually assessed and treated per the physician directed plan of care.

Q-MAP

Therapy/Rehab Staff Education

Directions for Use

The purpose of this form is to serve as a reminder guide for use of Q-MAP best practice tools for therapists and/or the rehabilitation team at the agency.



Quality Medication Administration Project
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Quality Medication Administration Project (Q-MAP) Related to Home Therapy

Reminders for Home Therapy related to improvement in the management of oral medications:

- ❑ Patients admitted to our agency that are “therapy only” or “rehab only” will be assessed by the admitting clinician utilizing the best practice tool, ***Medication Assessment Protocol***. Therapists and nurses will use this as a prompt for a complete and accurate assessment.
- ❑ Patients that are visited by therapy for their initial resumption of care (ROC) visit (the visit after an inpatient stay in which OASIS data is gathered) will utilize the ***Medication Assessment Protocol*** as a prompt for a complete and accurate assessment.
- ❑ Patients visited for ST, OT, or PT will be assessed at the initial therapy assessment for problems that could affect the management of oral medications.
 - Pain
 - Cognitive impairments, including depression affecting motivation
 - Physical impairments, including motor impairments, visual impairments, dysphagia, and environmental barriers.
- ❑ Patients that are assessed by therapy as having an impairment that could affect the management of oral medications will have a coordination of care conference scheduled (may be telephone conference) with the patient’s team leader or supervising clinician. Appropriate referrals will be requested per the best practice tool, ***Oral Medications Care Planning Tool***.
- ❑ Patients that are admitted as “therapy only” or “rehab only” and have more than 8 medications ordered (including over the counter medications and herbal supplements) will have a coordination of care conference scheduled (may be telephone conference) with the patient’s team leader or supervising clinician. The team leader will evaluate the medication regime utilizing the ***Medication Simplification Protocol***.
- ❑ Remember, a goal of the Q-MAP project is to improve, at the individual patient level, the patient’s ability to safely and reliably manage and administer his/her own medication. Although it is not reasonable to expect all patients to improve, our agency wants to be sure that all patients are adequately assessed for their ability to improve and that all appropriate services and interventions are utilized to achieve this goal.

Thank you for your commitment to this project.

Q-MAP

Home Health Aide Staff Education

Directions for Use

The purpose of this form is to serve as a reminder guide for Q-MAP interventions for home health aides.



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Quality Medication Administration Project (Q-MAP) For Home Health Aides

Reminders for Home Health Aides related to improvement in the management of oral medications.

Our agency is working to improve our patients' abilities to safely and reliably administer their medications by mouth. This project involves all members of our agency. As a care provider, your input into the status and well being of our patients is important.

Please keep in mind the following:

- ❑ Safely and reliably administering medications involves the patient's ability to:
 - Open medication containers
 - Safely and accurately read medication labels
 - Swallow medications without difficulty
 - Pick up the medication and get it to their mouth without dropping or losing the medication
 - Organize medications so that they can be taken as prescribed (this may involve a friend or relative preparing the medications in a pill dispenser or in some instances assisting either with the preparation of the administration or administration of the medication).

- ❑ All home health aides have an important role in reporting any of the following observations to the nurse or therapist that is overseeing the care of the patient experiences **changes** in the their bodily functions such as:
 - **Difficulty swallowing**
 - **Loss of or decreased ability to use fingers and/or hands** to hold small objects or open containers
 - **Difficulty seeing** or complaints of problems with vision such as blurred vision, broken or lost glasses
 - **Difficulty remembering** or recalling events in the recent past or difficulty remembering how to perform routine tasks
 - **Sudden depression** or loss of motivation.

- ❑ In addition to observed changes in bodily function as mentioned above, the nurse or therapist that is overseeing the care of the patient should be contacted if any of the following are observed:
 - Patients indicating that they are not taking their medications as prescribed, including
 - **Not getting prescriptions filled timely**
 - Patients or family members stating that they are not getting prescriptions filled due to a **lack of money for prescriptions**
 - Patients stating that they are **"too sick" to take their medications**
 - Patients noting that caretakers are **not administering their medications as ordered.**

- Finding **lost or misplaced medications** (either individual medications or medication containers).
- Patients or family members discussing their **fears of the patient becoming addicted** to medications (usually pain medications, sleeping pills or muscle relaxants).

Thank you for your commitment to this project.

Q-MAP

Patient Information: You and Your Medications are Important to Us

Directions for Use

The purpose of this form is to serve as patient education related to promoting improvement in management of oral medications.



Quality Medication Administration Project
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Dear Patient:

You and the administration of your medications are important to us. This is the reason that our home health agency was selected to be a participant in a quality improvement project known as **Q-MAP**, or the **Quality Medication Administration Project**. The focus of Q-MAP is to assist our patients in improving their ability to safely and reliably administer their medications by mouth.

We realize that it is important to our patients to remain, or regain their independence to be able to stay, in their homes. The **Quality Medication Administration Project** will offer assistance to our patients that are in need of improving their ability to safely and reliably administer their medications by mouth. This assistance will be in the form of clinical assessments and interventions that are geared toward increasing your independence with your medications.

The percentage of patients who get better at taking their medications correctly by mouth is a quality measure that is reported to the public on the Medicare website, Home Health Compare at www.medicare.gov. Patients, families, and the general public are able to go to this website to compare home health agencies on this and 10 other quality measures.

If you are already independent in taking your medications, you might not notice any change in the care that our staff is providing. If you are requiring assistance to administer your medications or if you are having medication safety issues, you may receive additional attention from our staff. Not all patients will be able to improve in this quality measure. However, in many instances, additional education or interventions by our home health agency staff in conjunction with your physician can assist you in improving your ability to administer your medications by mouth.

If you feel that you would be a good candidate for this project, please discuss this with your nurse or therapist.

Please do not hesitate to contact your nurse or therapist with any questions or concerns that you might have related to this project or any concerns that you might have related to your medication regime.

Your Q-MAP Team at **Home Health Agency Name (insert name here)**

Q-MAP

Letter to Physicians

Directions for Use

The purpose of this form is to serve as a sample letter to physicians and referral sources related to promoting improvement in management of oral medications and to instruct in the Medication Simplification Protocol and Beers Criteria.

This example may be altered.



Quality Medication Administration Project
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Dear Physician:

Our home health agency is currently involved in a quality improvement project known as Q-MAP, or Quality Medication Administration Project. The focus of this project is to improve the management of oral medications by advancing the home care patient's ability to safely and reliably administer their medications by mouth.

The percentage of patients who get better at taking their medications correctly by mouth is a publicly reported measure for all home health agencies. Information on this and additional quality measures can be found on the Home Health Compare website at www.medicare.gov.

Our agency might be contacting you with requests for additional services, such as occupational therapy, speech therapy or MSW to assist in providing necessary interventions to individual patients as part of this project.

In addition to tools and interventions relating to patients' physical and cognitive barriers, we are also utilizing a Medication Simplification Protocol. This protocol utilizes the *Beers Criteria for Potentially Inappropriate Medication Use in Older Adults* (Fick, DM, Cooper, JW, Wade, WE, Waller, JL, Maclean, JR, and Beers, MH. (2003) Updating the Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. Arch Intern Med; 163: 2716-2724 including correction note published Arch Intern Med 164:298.).

We have attached the Medication Simplification Protocol and Beers Criteria for your review. With the utilization of the Medication Simplification Protocol and the Beers Criteria, a nurse or pharmacist may be contacting you with potential concerns related to individual patients' medication regimes. Please take a moment now to review these documents. Should you have any questions or concerns at any time, please contact _____ (insert agency representative name and phone number here).

Thank you for your continued support and cooperation in improving the care of the patients we serve.

Sincerely,

Agency Representative Name (insert here)

Attachments: Medication Simplification Protocol
Beers Criteria

Q-MAP

Script and Fax Form: Talking to Physicians related to Medication Simplification

Directions for Use

The following documents are examples of how the home health agency can communicate concerns related to medication simplification to a physician.

These examples may be altered.

Phone Contact Related to Medication Simplification

Format	Example
1. Indicated patient name and date of admission/resumption of care or assessment	1. "Our agency admitted Mary Green on 3/12."
2. Indicate any physical or cognitive impairments that might be tied to the medication regime (i.e. concern for falls, confusion, decline in ADLs, etc.)	2. "She is confused in the morning and has recently declined in her ability to ambulate up stairs since her recent hospitalization."
3. Reference Medication Simplification Protocol and Beers Criteria	3. "As part of our initial assessment and medication review, we utilized our Medication Simplification Protocol and looked at the Beers Criteria. We had sent this to you previously."
4. Indicate possible relationship with impairment(s) and medication regime.	4. "As Mrs. Green is on 25 medications and has some confusion, we took a closer look at her medication regime and contacted her pharmacist. The pharmacist recommended _____. Would you be agreeable to this or do you have any recommendations?"
5. If needed, indicate reference to Beers Criteria	5. "Mrs. Green has been taking Tranxene. This medication is referenced on the Beers Criteria as having a high severity rating."
6. Follow-up	6. "We'll be following Mrs. Green and her medication regime very closely. We'll let you know if her condition does not improve or worsens."

This form represents suggested methods for improvement in the management of oral medications in the personal care home or assisted living facilities. These suggestions are not guaranteed to invoke improvement. Patients should be individually assessed and treated per the physician directed plan of care.

Standardized Fax Statement Related to Medication Simplification

Patient Name: _____ Medical Record #: _____

Contact Date: _____ Date of Assessment: _____

Statement of Problem:

Reference to Medication Simplification Protocol/Beers Criteria:

(See attached – items circled)

Requested Action(s):

Signature of Nurse/Therapist: _____ **Date:** _____

Physician Orders:

**** Reminder: Prescriptions need to be called to the pharmacy by the physician.*

Pharmacy: _____ **Pharmacy Phone:** (____) _____

- New prescription phoned to pharmacy
- Per physician: Please contact my office for additional clarification
- May add 1 prn skilled nursing visit to assess patient and/or educate on changes

Signature of Physician: _____ **Date:** _____

This form represents suggested methods for improvement in the management of oral medications in the personal care home or assisted living facilities. These suggestions are not guaranteed to invoke improvement. Patients should be individually assessed and treated per the physician directed plan of care.

Q-MAP

Case Conference/ Care Planning Form

Directions for Use

The purpose of this form is to serve as a guide for care planning and case conferences.

Directions for Completion of the Case Conference/Care Planning Form

This form should be completed at the Case Conference/Care Planning Meeting. Each section should be completed in order.

Section I: Patient Selection Criteria

- 1. Patients scoring 2 or 1 on M0780 at Start of Care or Resumption of Care AND having a good prognosis to improve*
OR
- 2. Patients that have had a physician contact related to the Medication Simplification Protocol*
OR
- 3. Patients identified by staff as being at risk for issues related to safe and reliable medication administration.*

Section II: Barrier/Problem/Intervention

*Each barrier and problem is reviewed individually. An appropriate intervention may then be selected. **Note: Interventions are only suggestions. Care planning may result in interventions not included here. This information should be documented in Section IV: Care Planning Notes.***

Section III: Participants

Document names and credentials of case conference/care planning participants.

Section IV: Care Planning Notes

Document any additional information here related to barriers, problems, or interventions that is not adequately addressed in Section II: Barrier/Problem/Intervention.

Section V: Additional Actions Needed

*Document all follow-up actions that will take place **AFTER** this meeting.*



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Case Conference Care Planning Form

Patient Name: _____ **Medical Record #:** _____

Case Conference/Care Planning Date: _____

I. Patient Selection Criteria (*check all that apply*):

- M0780 scored "2" or "1" at SOC/ROC with good prognosis
- Physician Contact for Medication Simplification Protocol
- Risk for safe/reliable medication administration
- Other (*specify*): _____

II. Barrier/Problem/Intervention (*check all that apply*):

Barrier	Problem	Intervention (suggested recommendations)
Physiological	<input type="checkbox"/> Pain	<input type="checkbox"/> Referral for RN/PT/OT for pain management interventions <input type="checkbox"/> Other(<i>specify</i>) _____
Cognitive	<input type="checkbox"/> Cognitive Impairment(s)	<input type="checkbox"/> Referral OT/ST: <ul style="list-style-type: none"> o Task analysis & simplification o Compensatory memory strategies o Sequencing strategies o Environmental modifications o Evaluation for medication compliance aids o Establish medication schedule around daily routines
	<input type="checkbox"/> Depression affecting motivation	<input type="checkbox"/> Referral to Psych Nursing/OT <ul style="list-style-type: none"> o Interventions to improve depression/effects
	<input type="checkbox"/> Knowledge Deficit	<input type="checkbox"/> Referral to SN: <ul style="list-style-type: none"> o Medication teaching o Implement compliance aid o Simplify drug regime
Physical	<input type="checkbox"/> Motor Impairment	<input type="checkbox"/> Referral to PT/OT: <ul style="list-style-type: none"> o Motor task simplification o Evaluation for medication compliance aids o Environmental modifications o Fine motor training o Strength training o Coordinate with dispensing pharmacy for packaging redesign
	<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Environmental Modifications (<i>specify</i>): _____
	<input type="checkbox"/> Dysphagia	<input type="checkbox"/> Referral to SLP for dysphagia therapy
	<input type="checkbox"/> Environmental Barriers	<input type="checkbox"/> Environmental modifications (<i>specify</i>): _____

Patient Name: _____ Medical Record #: _____

Case Conference/Care Planning Date: _____

III. Participants (list names):

IV. Care Planning Notes (optional):

V. Additional Actions Needed:

Obtain Physician Orders for: _____

Schedule Coordination of Care Meeting with:

- PT
- OT
- SN
- ST
- MSW
- HHA

Schedule Case Conference in:

- 1 week
- 2 weeks
- 1 month

Other(specify):

Signature of Nurse/Therapist: _____ **Date:** _____

Q-MAP

New Hire Orientation Checklist

Directions for Use

The purpose of this form is to serve as a checklist to orient new clinical staff members to Q-MAP.

New clinical staff members will be oriented to the Quality Medication Administration Project (Q-MAP) during their orientation to the agency.

Orientation Item - Mandatory	Form	Estimated Time	Date	Initials Trainer	Initials Trainee
Q-MAP Introduction: <ul style="list-style-type: none"> ▪ Project Overview ▪ Timeframe ▪ Goals 	<ul style="list-style-type: none"> ▪ Introductory letter to agency staff from QIP 	10 minutes			
Q-MAP Data Collection – M0780	<ul style="list-style-type: none"> ▪ M0780 CD 	15 minutes			
Q-MAP Best Practice Tools (staff education)	<ul style="list-style-type: none"> ▪ Med Teaching Strategies ▪ Medication Assessment Protocol ▪ Medication Simplification Protocol including Beers Criteria ▪ Medication Non-Adherence Staff Education Tool ▪ Oral Medications – Care Planning Tool 	30 minutes			
Q-MAP Target Rate	<ul style="list-style-type: none"> ▪ Letter from QIP identifying agency target rate 	10 minutes			

Signature Trainer: _____ Initials: _____

Signature Trainee/New Hire: _____ Initials: _____

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Orientation Item – <i>Optional</i> (optional items based upon items used by HHA)	Form	Estimated Time	Date	Initials Trainer	Initials Trainee
Q-MAP Best Practice Tools (patient self-management)	<ul style="list-style-type: none"> ▪ Managing Your Medicines 	10 minutes			
Q-MAP Administrative Letter	<ul style="list-style-type: none"> ▪ Q-MAP Making it Personal letter 	5 minutes			
Q-MAP for Personal Care Home/Assisted Living Patients	<ul style="list-style-type: none"> ▪ Q-MAP HHA Staff Reminders for Personal Care Home/Assisted Living Patients 	5 minutes			
Therapy Education	<ul style="list-style-type: none"> ▪ Q-MAP Staff Education for Therapy 	5 minutes			
Home Health Aide Education	<ul style="list-style-type: none"> ▪ Q-MAP Staff Education for Home Health Aides 	5 minutes			
Patient Education	<ul style="list-style-type: none"> ▪ You and the administration of your medications are important to us 	5 minutes			
Physician Education and Physician Contacts	<ul style="list-style-type: none"> ▪ Q-MAP Introductory Letter for Physicians ▪ Script for contacts related to medication simplification 	10 minutes			
Coordination of Care	Q-MAP Care Planning/Case Conference Form				

Signature Trainer: _____ Initials: _____
Signature Trainee/New Hire: _____ Initials: _____