**Case #5 – 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?
  + What did they do well? What could use improvement?

If the clinician wishes to contact the pharmacy, give the clinician the **Case #5 Outpatient Pharmacy Records \*for Clinician\*** from your packet.

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

**Notes:**

**Gold Standard Preadmission Medication List**

**Final correct list**, after multiple probing questions and clarifications:

1. Rx: Valsartan 80 mg take one tablet by mouth daily
2. Rx: Levothyroxine 37.5 mcg take one tablet by mouth daily
3. Rx: Levetiracetam ER 500 mg take one by mouth once daily

(Recently changed from levetiracetam 250mg po BID)

1. OTC: Multivitamin 1 tablet by month once daily
2. OTC: Aspirin 81 mg by mouth daily
3. OTC: Ibuprofen 200 mg 1-2 tablets by mouth TID as needed for headache or knee pain (last taken yesterday)
4. Sample Rx: Albuterol inhaler 1- 2 puffs every 6 hours as needed for coughing or wheezing (last taken 2-3 days ago).
5. Rx: Celecoxib 100 mg daily as needed for knee pain (last taken 2-3 days ago).

Note: Patient is currently taking this differently than how originally prescribed (prescription was for 100 mg po BID scheduled)

**High-Performance Behaviors Checklist**

|  |  |
| --- | --- |
| 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   * Patient will only remember multivitamin, baby aspirin, and ibuprofen if asked about OTCs * Patient will only remember Celebrex, albuterol, and ibuprofen if asked about PRNs (if not already solicited with another prompt) * Patient will only remember albuterol if asked about non-oral meds (if not already solicited with another prompt) |  |
| 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)   * In this case, patient list (and then pharmacy) |  |
| 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) | NA |
| 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)   * Needs to gather additional sources |  |
| 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.   * Gets data from the pharmacy |  |
| Uses resources like Drugs.com to identify loose medications (i.e., for a bag of medications, not in their bottles, provided by a patient) | NA |
| Gets help from other team members when needed | NA |
| Educates the patient and/or caregiver of the importance of carrying an accurate and up to date medication list with them |  |

**Case #5 – Outpatient Pharmacy Records**

**\*\*\* For Clinician \*\*\***

**If the clinician contacts the pharmacy to confirm your medications, provide this paper**

**Today is March 5.**

1. Valsartan 80 mg take one tablet by mouth daily
   * Last filled 2/15
2. Levothyroxine 37.5 mcg take one tablet by mouth daily
   * Last filled 2/15
3. Levetiracetam 250 mg by mouth every 12 hours
   * Last filled 2/15
4. Levetiracetam ER 500 mg by mouth once daily
   * Last filled 2/26
5. Celecoxib 100 mg one tablet by mouth two times per day
   * Last filled 1/29