**Case #1 – Observer**

* Listen carefully to the exchange between patient and clinician
* Complete the “High Performance Behaviors Checklist”
* 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 calls forany of the following: pharmacy medication list, Primary care physician’s medication list, or neurologist’s medications list, you should given them a copy of these materials which are contained in your packet.

If PCP is asked about the blood clot 30 years ago, say it was after surgery, clear precipitant, on anticoagulation for 6 months, then stopped it, has not had a problem since.

**Notes:**

**“Gold Standard” Preadmission Medication List**

**(Do Not Share with Clinician)**

* ASA 81mg (1 tablet) by mouth daily “for heart”
* Amlodipine 10mg by mouth daily “for blood pressure”
* MVI 1 tablet by mouth daily “for general health”
* Acetaminophen 500mg (1 tablet) by mouth bid PRN for pain or headaches (takes several days per week)
* Albuterol Inhaler: 1-2 puffs inhaled q6h PRN for shortness of breath, currently using it 1 puff a day
* Patient does not take vitamin B complex which was self discontinued

**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 describe MVI and Albuterol inhaler if prompted |  |
| Uses other probes to elicit additional medications: common reasons for PRNs, meds for problems in the problem list, meds prescribed by specialists   * Patient will only mention Tylenol if prompted by headaches or neurologist |  |
| Asks about adherence   * Patient will mention non-adherence with vitamin B complex if asked |  |
| 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’s memory, patient’s bag of medications in the purse are some of the possible sources |  |
| 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.   * Other sources available in this case include PCP and neurologist medication lists |  |
| 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   * Clinician should clarify medications including those from patient’s bag, and dose of amlodipine |  |
| Gets help from other team members when needed |  |
| Educates the patient and/or caregiver of the importance of carrying an accurate and up to date medication list with them |  |

**Case #1 – Outpatient Pharmacy Records**

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

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

* Amlodipine 10mg (two 5mg tablets) by mouth daily, 30 day supply dispensed 12 days ago
* Albuterol inhaler 1-2 puffs q6h prn shortness of breath, 1 inhaler dispensed 1 month ago
* Vitamin B Complex 1 tablet daily, 30 day supply dispensed 1 year ago

**Case #1 – Primary Care Physician’s Medication List**

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

**The patient’s clinician is able to provide you with the following information**

Amlodipine 5mg tablets, take 2 by mouth daily “for blood pressure”

Vitamin B complex 1 tablet daily

**Case #1 – Neurologist’s Medication List**

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

Amlodipine 10mg (two 5mg tablets) by mouth daily “for blood pressure”

Acetaminophen 500mg (1 tablet) by mouth bid PRN for pain or headaches

Vitamin B complex 1 tablet daily