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## MEDICATION MANAGEMENT AND RECONCILIATION

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Medication reconciliation is the process of ensuring that the patient is taking the right medication, at the right dosage, at the right time via the right route throughout the home health episode. Studies have shown that up to 50% of medication errors occur due to poor communication between health care settings. This includes patients who return to home from an inpatient or community setting. Agencies are in a unique position to ensure medication reconciliation occurs during the transition to home and educate the patient on medication management.

Medication reconciliation occurs at the start-of-care visit and at every visit during the episode. At the start of care, the clinician should ask the patient to collect all prescribed and over-the-counter medications in the home. The clinician then needs to make a list of all medications including over-the-counter medications and herbal supplements — including dosage and frequency of use. The agency should request an updated medication list from the referral source at the time of referral.

The clinician then should use the referral medication list as a comparison to the medications identified by the patient as being part of the medication regimen. Any medication that is not on the referral source medication list or any medication on the referral source list and not in the home will require verification with the certifying physician. The clinician should leave an updated medication list with the patient and document the medications in the electronic medical record. The nurse should identify any medications that the agency will administer to the patient — injectable medications, for example.

Once medications are verified with the certifying physician, the clinician should identify any medications no longer being taken by the patient. The clinician should encourage the patient to destroy these medications. Removing medications that are no longer being taken by the patient will reduce the risk of medication errors by the patient or caregivers. This is also a good time to educate the patient on medication safety, including storing medication in a dry, secure area. The bathroom is not a good place to store medications due to the humidity in the bathroom caused from showers.

Each visit the clinician should review the medication list with the patient. Inquire if any changes have occurred since the last visit. If the patient identifies that there is a medication change, the clinician should verify the change with the physician, if needed write a verbal order and update the medication list in the home and in the electronic medical record (EMR). If the patient requires an acute hospitalization and returns to the home, the clinician should complete a medication reconciliation similar to the one done at the start of care.

## Medication Management

Medication management should be a part of every patient's individualized home health plan of care. Medication management starts with medication reconciliation and includes identification of potential medication interactions, medication education and ineffective drug therapy.

Potential medication interactions should be completed at the start of care and each time a new medication is added. This often is completed using the EMR system. If the agency's EMR system doesn't have this capability, the clinician must review each medication and identify if there are any potential interactions. Interactions can be between two medications or between food and medication.

Agencies should have a written policy on how to respond to medication interactions. The policy should include physician notification of potential interactions. Clinicians should contact physicians and request a response within 24 hours. Identify any allergies the patient may have to medications. Ensure there are no medications on the list that have a known allergy.

Provide medication education to patients and caregivers. The education should start with the medication list including medication name, dosage, frequency and route. Education should include the following:

- Explain there needs to be a reason for taking the medication and explain the need to take medication as prescribed. Medications should be taken regardless if symptoms resolve unless directed otherwise by MD.
- Offer examples of contraindications while taking medications, such as:
  - Statins (cholesterol lowering medications) should never be taken with grapefruit juice.
  - Warfarin (blood thinner) must avoid foods high in Vitamin K.
  - Herbal supplements such as Black Cohosh can lead to liver toxicity if taken with Tylenol.
- Provide details about side effects of medication.
  - Educate on potential side effects and anything the patient can do to reduce the side effect. If constipation is a side effect, encourage patients to increase fluids and fiber in diet.
  - Inform physicians of medication side effects the patient is experiencing.
- Warn staff about the importance of identifying if refills will be needed for the medication. Inquire with the pharmacy if auto refills are available and assist the patient in setting up an auto refill program.
- Explain the need to identify medications that require ongoing lab work or monitoring.

Medication management also includes identification of compliance with medications and identification of ineffective drug therapy. This can be accomplished by discussing with patients their medication regimen, observing whether medications remain in pill sorters and checking to see if medication is refilled on schedule. Any discrepancies should be discussed with the patient and physician.

Ineffective drug therapy can be determined if the patient has a low therapeutic level of medication during lab testing. The patient also should be assessed to see if the medication is controlling the symptom or issue. Patients on blood pressure medications should have therapeutic blood pressure readings. Patients on blood thinners such as Warfarin should have blood tests to monitor bleeding times (prothrombin time).

### **Aides' Role In Medication Management**

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Home health aides often spend more time with a patient than other care providers. Although aides do not have the level of knowledge of medications, they can still play a role in medication management. Each state has different regulations for how the home health aide can participate in medication management. The following is related to home health aide medication management and comes from the CMS' final interpretive guidelines for the revised Home Health Conditions of Participation (CoPs).

The aide may take a passive role in medication management by providing assistance to the patient. Assistance may include the following:

- Bring medication to the patient either in a pill organizer or in the medication containers as requested by the patient or caregiver.
- Provide fluids to take the medications.
- Remind the patient to take the medication.
- Apply topical over-the-counter products to intact skin provided the home health aide has received instructions on how to apply.

Aides also can observe if there are any medications remaining in a pill sorter or if any medications are found lying around the house. The aide should notify the nurse immediately if any of these items are observed.