

ATTACHMENT U: INSTRUCTIONS TO STAFF



Complete and Accurate Medication List Project Instructions Walworth County AMG Clinics

1. Your clinic is the recipient of the AHRQ Patient Safety Grant.
2. Physicians for this project are defined as: INTERNIST, FAMILY PRACTITIONER, OBSTETRICIAN/GYNECOLOGIST (other medical specialists and healthcare providers are excluded from this data collection).
3. **Only patients 55 years old and older** should be included in the data collection.
4. You are receiving 60 data collection tools for each Internist, Family Practitioner and Obstetrician/Gynecologist practicing at your clinic.
5. Select EVERY OTHER PATIENT who is **55 y/o and older** and scheduled for an appointment in March for each physician (as defined in #2 above) until you reach a total of 60 patients per physician. If a physician does not have 60 patients 55 y/o and older scheduled for an appointment in March, collect data on all the patients 55 y/o and older scheduled for an appointment with the physician. **Do not collect any data in April.** The data collection should end March 31st or when 60 patients per physician is reached.
6. Call the patients 1 -2 days prior to their scheduled appointment. Tell them the following:

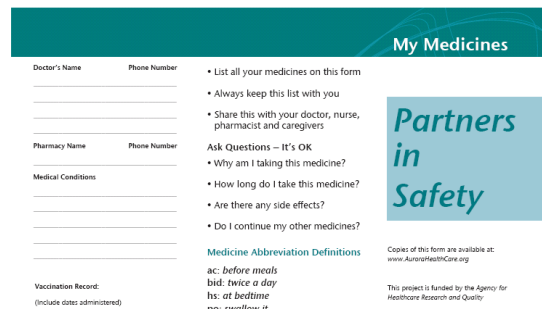
“You are scheduled to see Dr. _____ on _____. Dr. _____ wants to be sure our medication list is completely accurate. Please bring to your appointment all your medications that require a prescription and are prescribed by a healthcare provider (be sure to keep the medications in their original containers). OR you may bring a written list of all your prescription medications to your appointment. We will be spending about 5 minutes reviewing your medications with you. Thank you for taking the time to do this”.
7. Select 5 minutes during the patient’s appointment (prior to the physician seeing the patient) to review the prescription medications or list they brought with them compared to the medication list(s) in the clinic chart. If the patient forgot to bring their prescription medications or medication list with them to their appointment, **DO NOT STOP THE DATA COLLECTION.** Ask the patient to recall the prescription medications they are taking.



8. Explain the purpose is to check the accuracy of their medication list on the clinic chart.
9. Complete the Data Collection Tool after you review the medication list with the patient.

NOTE: Question #7 - We are capturing the utilization of the project materials – the Partners in Safety Medication Bag and the Partners in Safety Medication List

The picture of the medication bag
That is in the module should go here
It needs to be reduced in SIZE in both
The module (page 21, where there is a widow, BTW)
and here. Right now the image
Clocks in close to 5MB.



The image shows a form titled "My Medicines" with a teal header. The form includes several sections: "Doctor's Name" and "Phone Number" with three lines for input; "Pharmacy Name" and "Phone Number" with two lines; "Medical Conditions" with three lines; and "Vaccination Record:" with a note "(include dates administered)". To the right of these sections are instructions: "List all your medicines on this form", "Always keep this list with you", "Share this with your doctor, nurse, pharmacist and caregivers", "Ask Questions – It's OK", "Why am I taking this medicine?", "How long do I take this medicine?", "Are there any side effects?", and "Do I continue my other medicines?". Below these are "Medicine Abbreviation Definitions" for "ac: before meals", "bid: twice a day", "hs: at bedtime", and "po: swallow it". On the right side of the form is a logo for "Partners in Safety" and text stating "Copies of this form are available at: www.AuroraHealthCare.org" and "This project is funded by the Agency for Healthcare Research and Quality".

Partners in Safety Medication Bag

Partners in Safety Medication List

Data collection tools must be mailed as they are scannable forms and CANNOT be faxed.

