Create a Safe Medicine List Together

AHRQ

Guide to Improving Patient Safety in Primary Care Settings by Engaging Patients and Families
What is it?
Why is it important?

2/3 of primary care visits involve medicines

3.2 billion ordered or prescribed

160 million of those result in error

For patients on 5+ medicines, 57% are not needed, are contraindicated, or are not taken as prescribed
How can it help me?

• Results in a **complete and accurate** medicine list
• Reduces **medicine errors**
• Offers the opportunity to **reduce the number** of prescribed medicines
• Improves the clinician and patient **relationship**
When should I use it?

- List the target patient populations here.

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How do I use it?

- Requesting patients bring in medicines
- Reminding patients to bring in medicines
- Creating a safe medicine list together
- Documenting the list in the EHR
- Reviewing and reconciling the list
- Updating the EHR

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What tools are available?
Scenario 1

- Mr. Thomas – 78-year-old male with uncontrolled hypertension and knee pain
- Lifts weights, walks often, rides stationary bike
- Visiting for knee pain that is keeping him from exercising

- EHR lists:
  - Hydrochlorothiazide 50 mg – 1 tablet PO QD.
  - Atorvastatin 20 mg – 1 tablet PO QD.
  - Low-dose adult aspirin 81 mg – 1 tablet PO QD.
Scenario 2

- Mrs. Martin – 63-year-old female following up after reconstructive surgery for fractured skull from a fall
- Struggling with depression after loss of father and sister
- EHR lists:
  - Citalopram 20 mg PO QD.
  - Vitamin D 1,000 mg PO QD.
Scenario 3

- Ms. Santiago – 46-year-old female following up after MI and placement of drug-eluting stent in RCA through angioplasty
- Discharged from hospital 4 days ago
- Unremarkable medical history prior to MI
- EHR lists:
  - Vitamin D 1,000 mg – 1 tablet PO QD.
How will we evaluate it?

- Adverse drug events
- Unsafe medicine issues
- Medicine adherence
- Satisfaction
- Reported use
  - Bring in medicines.
  - Create safe medicine list together.

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