**Goals of Care Medication Review Approach in Residential Care**

(Shared Care Polypharmacy Risk Reduction Initiative)

**Shared Care Polypharmacy Risk Reduction Initiative:** <http://www.sharedcarebc.ca/resources/polypharmacy-risk-reduction>

Background

This Initiative is working towards providing a ‘solid platform’ for decision-making for appropriate medication use in support of the Residential Care Initiative. Through interactive learning sessions with physicians, which have also included pharmacists and nurse leaders, a resident-specific medication plan, using a ‘goals of care’ medication review template: “The Template” (see Appendix A), has been identified as the most promising approach to support meaningful medication reviews. At this stage of development, ‘goals of care’ for the medication review refers to the current clinical issues/symptoms that could relate to medication side-effects. This builds upon the current reviews, most often done by the nurse and pharmacist, in preparation for a med review either with a physician present or to generate suggestions to send to the Most Responsible Physicians (MRPs).

The ‘Ask”

The ‘ask’ is to test the Template to identify the possible utility of using this template, bringing in the resident-specific current status and relating the clinical issues/symptoms to possible medication side-effects, thereby providing information for decisions around medication changes (dosing, tapering/discontinuation, changing to another medication or adding a required medication). The Template would become the medication plan for ongoing monitoring and review. For the test phase, the inter-disciplinary team of nurse-pharmacist-physician should be involved with the physician physically present at the med review. Using the Medstopper tool could also be included as it provides advice on tapering (medstopper.com).

Steps in Testing the Goals of Care Med Review Approach

1. Nurse and pharmacist determine the current clinical issues/symptoms, including relevant physical exam and lab parameters, and fill in the first column of the Template
2. The pharmacist then identifies which medications may contribute to the identified clinical issues/symptoms and notes that in the second column, called agents/factors (note that factors could include drug interactions or a drug cascade)
3. The pharmacist completes a Medstopper for the resident (<http://medstopper.com>) to bring to the med review with the physician
4. Once the above preparatory steps are done, the pharmacist and nurse can review the meds with the physician and column 3 (actions) can then be completed as the med decisions are made based upon the possible medication effects on the current clinical issues/symptoms. Medstopper is an aid to tapering actions at this stage
5. Column 4 (Monitoring/Impact of Changes) is important since this Template could become the med plan. The monitoring plan would be established at the med review which could include a review method/date to determine the impact of the changes. Since the team may not want to make all the med changes at once, the team may also note in this column the possible order and timing of meds for subsequent change.

Suggested Questions to Address in the Test

If possible, it is hoped that the testing will be done through the PDSA approach which generates questions to address/answer. A PDSA, completed recently by a pharmacist who has agreed to do the testing, is attached as an example.

Questions to address from that PDSA include:

1. Plan/Predictions:
	1. Improved understanding and comfort for changing medications by setting the decision-making into the goals of care for addressing clinical issues and symptom control
	2. Increased ability to communicate the medication plan by using the Template
	3. Completing the Template fits into the workflow for med reviews
2. Do:
	1. Was there any difference from what was planned?
3. Study
	1. Do the results agree with the predictions? What new questions or issues arose? What are our updated theories?
4. Act
	1. What action are we going to take as a result of this cycle (Adopt, Adapt or Abandon)? Are we ready to implement?

Of course, you may have your own questions you want to address which would be a good part of the testing.

Support and Follow-up by Dr. Chris Rauscher

* An explanatory email with relevant documents will be distributed to those doing the testing
* A blank PDSA form plus the PDSA example will be
* Chris would be available, as requested, by email and/or telephone (email first), to help people initiate the testing and as the testing is carried out
* A post-test brief questionnaire for the teams will be distributed and Chris will analyze and send out the results
* There could be a group call for pharmacists involved in the testing (key nurses or physicians could also be involved if they are able)-we can all discuss and learn from each other
* Results of this testing will then lead to recommendations for the ongoing development and implementation of the ‘meaningful medication review’ approach.

Appendix A-The Template



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