

Goals of Care Medication Review Approach in Long-Term Care

(Shared Care Polypharmacy Risk Reduction Initiative)

Shared Care Polypharmacy Risk Reduction Initiative:

<http://www.sharedcarebc.ca/resources/polypharmacy-risk-reduction>

Background

This initiative aims to assist with decision-making for appropriate medication use, in order to reduce risk from polypharmacy in long term care, acute care, and in the community. 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. Goals of care for the medication review refers to current clinical issues/symptoms often linked to medication side effects. This approach builds upon other reviews, most often done by nurses and pharmacists, in preparation for a med review.

The Ask

The ask is to test the utility of the below Template, bringing in resident-specific details and relating 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 interdisciplinary team of nurse-pharmacist-physician requires that the physician be physically present at the med review. The [Medstopper tool](#) may also be used in conjunction with the Template as it provides advice on tapering.

Steps in Testing the Goals of Care Med Review Approach

1. Nurse and pharmacist determine the current clinical issues/symptoms, including relevant physical exams and lab parameters, and fill in the first column of the Template
2. Pharmacist identifies which medications may contribute to the identified clinical issues/symptoms and writes this info in the second column, called Agents/Factors (note that factors could include drug interactions or a drug cascade)
3. Pharmacist completes a Medstopper for the resident to bring to the med review with the physician
4. Once the above steps are complete, the pharmacist and nurse can review the meds with the physician and column 3 (Actions) can be filled in as decisions are made based on 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 is established at the med review and should include a review method/date to determine the impact of the changes. Since the team may not want to make all the 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

The testing should be done through the PDSA approach, generating 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 the PDSA include:

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

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 and PDSA example will be provided
- 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

GOCC Outcomes- Control of Clinical Issues/Symptoms

Clinical Issues/Symptoms	Agents/Factors	Actions	Monitoring/Impact of Change

Adapted from
Template of Dr.
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