Medication Information: A **Community Working Together to Improve** Communication Melinda Muller, MD **Medical Director, Legacy Clinics** Medical Director of Quality for Primary Care Legacy Health System Portland, Oregon

Support

 This work was funded by an Agency for Healthcare Research and Quality Patient Safety Grant 5 U18 HS015904-01

Project Summary

- Development of a standardized patient medication list to be used in all hospitals across the metropolitan area
- Two forms
 - Full size list that can be used for pre-op, reference in the chart, given at discharge
 - Wallet size for patient to carry with him/her

An Idea Was Born

- Providence had developed a form to use in their preadmission process
- Networking between Legacy, OHSU and Providence pharmacists generated a desire to coordinate efforts
- Interdisciplinary team developed: nurses, pharmacists, physicians, quality specialists, marketing consultants (ad hoc) with representatives from systems across the area

Membership

- Kaiser Permanente
- Legacy Health System
- Oregon Health & Sciences University
- Providence Health System
- Southwest Washington Medical Center
- Tuality Medical Center

- Willamette Valley Medical Center
- Oregon Association of Hospitals and Health Systems
- Oregon Medical Association
- Oregon Medical Professional Review Organization
- Oregon Patient Safety
 Commission

Process

- Utilized Providence's form as baseline
- Added immunizations
- Added medications completed recently or held by request
- Expanded allergy section
- Review by gerontologist for appropriateness changed font, color of sheet, adjusted wording
- Area for each system to personalize with their logo

Full Page Form

Hospital Logo Barcode, etc

Personal Medication Form

Name:

Date of birth: Date form last updated:

Your complete medication history is important to your physicians and to the hospital. Please fill out this form and bring it with you anytime you go to the doctor's office or to the hospital. If you are scheduled for a Pre-Surgical Services appointment, make a trip to the Emergency Room, or are coming directly to the hospital – Remember to bring this completed form!!

If for some reason you are unable to fill out this form, please bring in a bag of all of the medications (in their original containers) that you are currently taking.

Allergies: Are you allergic to medications, iodine, food, tape, or latex?

Allergy	Reaction	Allergy	Reactio
rgy	Reaction	Allergy	Reactic

Vaccines: Check one box for each vaccine.

Tetanus	Pneumonia	Influenza (Flu)	Pediatric (for child)	
Within past 10 years	Within past 5 years	Within the past year	Up-to-date	

Medications: Please list <u>all</u> prescription and non-prescription medications, herbals, eve drops, nutritional supplements, inhalers, etc that you use.

Name of medicine	Dose (mg, units, puffs)	Route (by mouth, eye drops)	Directions	Purpose Why do you take it?

List additional meds AND any medications that you have recently stopped - on the back

Personal Medication Form continued

Name of medicine	Dose (mg, units, puffs)	Route (by mouth, eye drops)	Directions	Purpose Why do you take it?
edications completed v	vithin the la	ast week:		
(List any medications be	ing held prior to	a scheduled surge	ry, and any that you recen	tly completed).

Contact Information:

Doctor's name:	Dr Phone: ()
Pharmacy name:	Pharmacy phone: ()
Emergency contact: Name:	Phone: ()

Wallet Card

Medications Please list all prescription and non-prescription medications, herbals, nutritional supplements, eye drops, inhalers, etc that you use. (Cross out medicine name if no longer taking)

Date Started	Name of Medicine	Dose (mg, unit, puffs, drops)	Route (by mouth, eye drops)	Directions	Purpose Why do you take it?
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Allergies

Are you allergic to medications, iodine, food, tape, or latex?

Substance	Reaction

Vaccine History

Check one box for each vaccine below:

Tetanus
Within past 10 years
Unknown
 Pneumonia
Within past 5 years
Unknown
Influenza (Flu)
Within past year

Unknown
Pediatric (for child)
Up-to-date

PERSONAL MEDICATIO	N FORM
Name	
Date of birth:	
Phone ()	
Doctor's Name	<u></u>
Dr Phone ()	
Emergency Contact	
Name	
Phone ()	



(____)_

Pharmacy Phone Number

Date form last updated:

Benefits

- Similar information available to systems throughout the area
- Aid in medication reconciliation
- Scannable into EMR
- Competing systems worked together
- Has launched cooperation of medication reconciliation across the systems for group learning

Challenges

- Coordination of large group scheduling
- Advertising the form both internally and externally
- Momentum of the group has waned recently after this project was accomplished

Next Steps

- Working with marketing at various institutions to "get the word out" internally and externally about the system
- Interest by the QIO and Oregon hospital association to expand the idea statewide based on the success of the current process

Contact Information

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