



## Important Patient Safety Initiative!

Dear Provider:

To promote patient safety, the Massachusetts Coalition for the Prevention of Medical Errors, in collaboration with the Massachusetts Medical Society, has created a patient medication list that patients and their families can carry with them to medical appointments. We're asking you to participate in this statewide campaign by encouraging your patients and their families to download this form from [www.macoalition.org/initiatives.shtml](http://www.macoalition.org/initiatives.shtml), complete it, and carry it with them to every provider visit.

This *Med List* will help promote a patient's health and safety by:

- Assisting patients in discussing their medical history with you;
- Providing more complete and accurate information to health care providers;
- Helping patients track their use of over-the-counter medications, herbs, and vitamins, and other dietary supplements; and
- Providing you with more complete and accurate information so you can provide a high level of care and avoid drug interactions.

We encourage your involvement as well as the patient's:

- Ask your patients to complete this list and bring it with them every time they seek medical care (physician office, pharmacy, outpatient care, emergency room, inpatient care, rehabilitation services, nursing home, etc.). You may need to help the patient record the dates of their last pneumonia and flu vaccines, recent hospitalizations, allergies, name of local pharmacy, and existing medical conditions.
- If patients or family members are unable to complete the list of medications, ask them to bring all their medications, including over-the-counter medications, herbs, vitamins and other dietary supplements with them next time they visit you. Remind your patients that herbs, vitamins, and other dietary supplements can act like medications, with interactions and side effects.
- As you see patients for medical appointments, review the list and decide whether to continue or discontinue medications listed. This is called "medication reconciliation". This process entails using a complete and accurate medication list and comparing it with documentation in the patient's medical record during ambulatory care visits. Informing the patient's primary care physician if you change a patient's medication will enhance patient safety. The purpose of the reconciliation process is to avoid or minimize errors of transcription, omission, duplication of therapy, drug-drug, and drug-disease interactions. Ask your patients to learn about the medications they are taking, why they are taking them, what the medication looks like, what time they should take them, potential side effects, and what to do if they experience side effects. Adequately educate your patients about their medications and about appropriate medication self-management.

Improving patient safety requires continuous learning and constant communication between caregivers and patients. We have enclosed a list of tips that you can hand out to your patients to help ensure their safety and become informed about their treatment.

The Massachusetts Coalition and the Massachusetts Medical Society are grateful to the Commonwealth's Betsy Lehman Center for Patient Safety and Medical Error Reduction for providing the support for the development and statewide dissemination of the *Med List*.

Thank you for your efforts to improve patient safety in Massachusetts!



## *Tips for Patients*

### **How to Use the Med List**

- Write down all of the medicines you are taking, including over-the-counter medications, vitamins, herb, and other treatments. Include the name of the doctor who prescribed the medication and why you are taking the medicine (e.g., high blood pressure, high blood sugar, high cholesterol). If you are not sure why you are taking the medication, please write “don't know” and have your doctor explain why and how to use the drug properly. Ask about the drug's side effects and what to do if you experience a side effect.
- Keep your *Med List* with you at all times – use it during visits to your doctor, pharmacist, and other healthcare providers - to help you and your family members remember all the medications you are taking.
- Remember to update your *Med List* when your doctor changes, stops or updates your medication.
- If you need to stay in the hospital, someone will speak with you about which medicines to take and which medicines to stop taking. It's important that you update your *Med List*. Take your updated Med List to all doctor/pharmacy visits following your hospitalization to discuss the changes.

### **Using Medications Wisely**

Now more than ever, patients are taking a more active role in their healthcare. Below are some suggestions to help you use medications wisely.

- **Learn about your medications.** Whenever you get a new medication, ask your doctor these questions:
  - What is the name of the drug and what is it supposed to do?
  - How and when do I take it - and for how long? What do I do if I skip/miss a dose?
  - What precautions should I take if I go out in the sun for prolonged periods or travel to a warm climate?
  - What foods, drinks, other medicines or activities should I avoid while taking this drug?
  - Are there any side effects, and what do I do if they occur?
  - Is there any written educational information available about the drug in the community and at reliable internet sites?
- **Read the label each time you take the medicine.** Read the label to ensure you are taking the right drug in the right way. When you fill a prescription, check the patient name on the label and let the pharmacist know if there is a change in the color, size, or shape of your medication.
- **Never take anyone else's prescription medication.** Also, never give or share your medication to others.
- **Treat medications just like dangerous chemicals.** Medications should be kept out of reach of children and pets.
- **Don't chew, break, or crush capsules or tablets unless instructed by your physician.** Some long-acting medications are designed to be taken in a specific way and can be dangerous if taken incorrectly.
- **Use only the cup or other measuring device supplied with the drug when administering liquid medications.** Other measuring devices - such as household measuring spoons - may not give accurate measurements.
- **Choose a pharmacy wisely.** Your pharmacist should maintain a computerized list of your medications and allergies. You can review this information with the pharmacist for additional safety. Make sure the name of the drug (brand or generic) and the directions for use received at the pharmacy are the same as that written down by the prescriber. Ask the pharmacist to explain how to take the drug properly, the side effects of the drug, and what to do if you experience side effects (just as you can with your physician). Make sure you receive written information about the medication.
- **Inform your physician and pharmacist if you take any herbal or natural remedies or other dietary supplements.** These supplements may interact or duplicate your medications, or cause allergic reactions.
- **Call your physician's office or pharmacy with questions.** If you have questions or concerns about your medication or if your symptoms worsen, talk to your doctor or your pharmacist.
- **During hospital stays, ask about the medications you are receiving.** Ask the doctor or nurse what drugs you are being given at the hospital. Do not take a drug without knowing its purpose. You have the right to have a surrogate present whenever you are receiving medication and are unable to monitor the medication-use process yourself.
  - **Before surgery,** ask whether there are medications, especially prescription antibiotics, that you should take or any that you should stop taking preoperatively.
  - **Prior leaving the hospital,** ask for a list of the medications that you should be taking at home, have a provider review them with you, and be sure you understand how these medications should be taken.



## Improving Medication Safety - Actions for Prescribers

Action	Inpatient Providers**	Outpatient Providers	Nursing Home/ Assisted Living**
Reconcile medications at transition points (e.g., admission, discharge, transfer).	√	√	√
Make routine the reconciliation of medication changes with the pharmacy record		√	√
Avoid verbal orders except in urgent situations, emergencies	√		
Be aware of other medications a patient is taken when prescribing			√
Keep an accurate medication list (including over-the-counter and complementary and alternative medications)		√	
Ask patients to bring in their medications periodically		√	
Ask about allergies when prescribing a new medication		√	
Inform the patient about indications for all medications		√	
Ask regularly whether patients are taking their medications, including as-needed medications. Non-adherence may signal issues other than knowledge deficits, practical barriers, or attitudinal factors		√	
Ask the primary pharmacy about the patient's refill history		√	
Consider that new complaints may represent side effects of medications			√
Explain common or significant side effects when prescribing		√	
Ask regularly about side effects or adverse drug events	√	√	√
Prescribe electronically whenever possible	√	√	√
Use readback with verbal orders when feasible	√	√	√
Avoid abbreviations	√	√	√
Include patient age and weight, when applicable	√	√	√
Work as a team with pharmacists, consultant pharmacists, and primary pharmacists and nurses	√	√	√
Adhere to Class I clinical indications and guidelines	√	√	√
Use special caution with high risk medications, especially warfarin	√	√	√
Exercise particular caution in high-risk situations – when stressed, sleep-deprived, angry, or supervising inexperienced personnel	√	√	√
Consult electronic or print reference sources when you have questions	√	√	√
Report errors and adverse drug events	√	√	√
Include medications when transferring patients between providers	√		
Standardize and improve transfers between covering physicians and other providers			√
Standardize communications about prescriptions within practice; standardize and improve handoffs to primary physicians		√	
Actively monitor the patient for response to medication therapy and use validated instruments when possible		√	
Minimize the use of free samples; when dispensing free samples, apply standards similar to those a pharmacy would use.		√	

\*Source: Identifying and Preventing Medication Errors Committee, Institute of Medicine, July 2006.

\*\* Activities not checked may be the responsibility of the organization or health system.

*Sponsored by the Commonwealth of Massachusetts Betsy Lehman Center for Patient Safety and Error Reduction*