A workshop for people who are

• new (n=10) in the field
  (learning how to use existing tools
• had some experiences (n=8)
  From research and/or practice
• experienced people (n=4)
  willing to optimize the tools and to develop guidelines
**WS 1: Overview**

*Phase 1*
- What can be achieved with MR
- Decision on specific focus for the 4 groups

*Wednesday*

*Phase 2*
- Screening strategies for DRP (key elements)
- Input Implicit/explicit criteria
- Possible interventions
- Basic elements of a specific guideline

*Thursday*

*Phase 3*
- Structure of the guideline with comments on its use

*Friday*

*Phase 4*
- Research questions and measurable outcome measures

**We used** [www.bitrix24.com](http://www.bitrix24.com) **as a management tool**
4 Groups ➔ 4 Situations/settings

1. Medication review for elderly patients with hip/knee replacement

2. Medication review for polymedicated (≥5) elderly (≥75) who are discharged from the hospital

3. Medication review type 2A Parkinson/5 and + drugs

4. Risky patient > 75 year old, polymedicated: ≥ 5 meds, change of/in medication
Medication review for polymedicated (≥5) elderly (≥75) who are discharged from the hospital

1. Select and invite the patient
   - Patient signs informed consent
   - Patient brings the “brown bag” and all the documentation
   - Set a date for the interview

2. Interview (with family, nurse, carers in the pharmacy or at home)
   - Medication reconciliation
   - Therapeutic plan (during interview) (in computer)
   - Solve/check main problems
   - Education patient

3. Without/with patient: optimize therapeutic plan
   - BEERS list
   - DRP identify and solving: according to PCNE classification (validated)
   - Interactions

4. Information step
   - Letter for doctor: the problems that we found + recommendations
   - Oral + written information (education) for the patient or family, carer

5. Follow up interview after 1 month
   - DRP’s improved, compliance is good, recommendations followed by doctor?
   - Evaluation: does the patient needs further education? (back to step 2)
   - Still some/new problems: back to the review of the therapeutic plan (step 2)
MR guideline for elderly (>75), polymedicated (≥ 5) with change of/in medication

START

1. Collect medication history & clinical data (diseases)

2. Match medicines with diseases

<table>
<thead>
<tr>
<th>Health problem</th>
<th>Medication</th>
<th>Action</th>
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3. Discover drug related problems with the help of a validated list

To add | To remove | To change | Ask doctor/patient |
|-------|----------|-----------|-------------------|

4. Recommend the interventions to the physician

5. Documentation

6. Follow-up after 6 months - after 1 year
Structure(s) of a guideline

**Medication review for elderly patients with hip/knee replacement**

- Partnership with GP
- Select P at high risk
- Data collection
- Data analysis
  - Explicit/implicit tools
- GP contact
  - Proposal intervention(s)
- Shared decision
- Intervention
- Follow-up

**Medication review for polymedicated (≥5) elderly (≥75) who are discharged from the hospital**

1. Select and invite the patient
2. Interview (with family, nurse, carers in the pharmacy or at home)
3. Without/with patient: optimize therapeutic plan
4. Information step: GP / Patient
5. Follow up interview after 1 month

**Medication review type 2A Parkinson/5 and + drugs**

- Name
- Goals
- Patient assessment
- Implicit material
- Explicit material
- Who and where
- Procedure by steps
- Frequency
- Patient satisfaction questionnaire

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PCNE guideline(s) for medication review

- Common/Basic structure of MR guideline

- Need for specific guidelines for
  - Risky patients
  - Risky drugs
  - Risky situations

- We just started...

- Go to: www.pcne.org