

Module 3 (M3): Assessing Patient Safety

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Module 3 (M3): Assessing Patient Safety

Module 3 (M3) Overview

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Module 3: Overview

HEALTH MENTOR PROGRAM GOALS:

- Students will value the contributions of each member of the interprofessional healthcare team
- Students will understand the perspective of the patient and value patient-centered care
- Students will appreciate how a person's health conditions and impairments interact with personal and environmental factors.

Visits and Assignments must be completed and submitted by [insert time here] on [insert date here]

Goal: To show the importance of the interprofessional team in the provision of patient-centered care as it relates to patient safety.

Objectives:

Upon completion of this module, students will:

1. Identify potential home and medication safety hazards and recognize those that exist in a person's home.
2. Identify interprofessional strategies that can help to minimize risk and maximize safety for future patients.
3. Conduct a housing and medication safety assessment with their Health Mentor to develop a comprehensive plan to minimize risk and maximize safety.

Measurement:

1. Completion of team Housing Safety Checklist and Medication Assessment and development of evidence-based, interprofessional safety plan
2. Discussion of the challenges in assessing patient safety to provide care that minimizes risk and maximizes safety during the interprofessional small group session.

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M3 Visit Guide

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Module 3: Visit Guide

HEALTH MENTOR PROGRAM GOALS:

- Students will value the contributions of each member of the interprofessional healthcare team
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All assignments are due by [insert time here] on [insert date here].

PART I: Module Preparation

- 1) Pre-Reading:** Prior to meeting with your Health Mentor, please review the following 2 documents:
 - a) A Housing Safety Checklist for Older People and Medication checklist
 - b) How to Take a Complete Medication History
 - i) [insert location here]
- 2) Scheduling:**
 - i) Please arrange and complete a home visit with your mentor including ALL members of the team by [insert date here]
 - ii) NOTE: Teams with PT students should be aware that PT students are not back on campus until [insert date here] and visits should be scheduled between [insert date here] and [insert date here] to include your PT students. Please plan in advance to get a date on the calendar with your health mentor for this visit given the tight time frame.
 - b) If your Health Mentor prefers to NOT have a home visit, you may instead identify a community space (Library study room, Jefferson conference room, etc.) that is comfortable for both you and the Health Mentor. You will need to reserve a room through [insert name here] according to the Room Reservation Policy.
 - i) [insert location here]
 - c) If you are having trouble coordinating this visit, please email [insert name here] [insert email address here] ASAP so she can help your team problem-solve any issues.
- 3) Preparing for your Health Mentor Home Visit – [insert time here]**
 - a) Devote [insert time here] minutes to work with your interprofessional team members to discuss your pre-readings and to develop a plan for your upcoming home visit to your mentor's house/apartment. Use the **Housing Safety Checklist for Older People** and **Medication Assessment form** as a general guide for your visit. Your team may choose to add, modify, or delete questions from these forms based on your individual mentor and your team discussions.
 - b) As you prepare for your home visit and interview, consider the following:
 - c) How do you feel about going into your Health Mentor's home? How do you think he/she feels about having you there? How can you make this experience comfortable for all team members?
 - i. Who will open the interview?
 - ii. Who will ask which questions from the housing checklist?
 - iii. What additional questions are missing and need to be included?
 - iv. Who will close the interview?
 - v. What will you do if the interview goes "off track"?

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- vi. How you will use active listening skills and other interview techniques to facilitate the interview?
- vii. How will your Health Mentor's environment interact with his/her participation and activity now and in the future?
- d) The entire home visit should last no more than one hour, so you may also want to discuss potential strategies to stay "on track" and on time.

Materials

- a. Bring a copy of the Housing Safety Checklist
- b. Bring a copy of the Medication Assessment Form
- c. Your team may choose to bring a laptop to work on your assignment after the visit ends

PART II: Health Mentor Visit

- 1) **Assessing Patient Safety/Home Visit** –[insert time here]
 - a) First, use the **Housing Safety Checklist for Older People** as a general guide to complete a housing safety assessment with your Health. Your team may choose to add, modify, or delete questions from this checklist based on your individual mentor and your pre-meeting discussions.
 - b) Next, use the **Medication Assessment form** [insert page numbers here] to complete a thorough medication history with your Health Mentor.
 - c) After you have completed the home and medication safety assessments, ask your Health Mentor to **identify three safety changes** that he/she might like to make in the home or related to his/her medication and discuss a potential plan to reduce safety hazards and build on existing strengths.
 - a) NOTE: If your Health Mentor and your team cannot find three potential safety hazards, please identify safety *strengths* in your mentor's home/medication history instead.

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M3 Team and Individual Assignments

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All assignments are due by [insert time here] on [insert date here].

- 1) **M3 Team Assignment: Team Safety Plan**– After completing the housing safety checklist and medication assessment with your Health Mentor, your team will write a 3 paragraph Team Safety Plan on your team Wiki site. Each member of your team should contribute to this assignment. You may choose to work and modify your team material directly on the Wiki or you may find online tools, such as Google Docs, etc. Submission [insert location here].
 - a) **Team Safety Plan Format:**
 - i. Paragraph One: Describe the **three safety hazards** that were identified in the home. If your mentor and team were not able to identify three potential safety hazards in your mentor’s home, discuss one or more of the safety *strengths* in your mentor’s home instead.
 - ii. Paragraph Two: Describe in detail at least **three safety changes** that your mentor would like to make and your team’s strategy for accomplishing each of these changes. If your team identified a safety strength instead of a hazard in the first paragraph, please describe how this safety strength was accomplished in this paragraph (i.e. who put it into place, cost, location, etc)
 - iii. Paragraph Three: **Identify one article from the literature** and pick one example of evidence-based practice to maximize patient safety and prevent medical errors that relates to your visit with your Health Mentor. Describe how various health professions, along with your Health Mentor and his/her family members, might implement this best practice. Include a formal citation for your EBM article at the end of your three paragraph summary.
- 2) **M3 Individual Assignment: Peer/Self Evaluations** - Please complete the online Peer and Self Evaluations forms. Fill out the online form for each member of your team as well as for yourself.
 - a) [insert location here]
- 3) **IPE Small Group Sessions: [insert date here]**
 - a) **Preparation:** After you have completed both your team and individual assignments, please look at the Student Instructions to help you to prepare for your small group sessions on **[insert date here]**.
 - i) [insert location here]
 - b) **Online Teams:**
 - i) For teams who have been selected for the Online Small Group Discussion group, you will receive separate instructions via e-mail.
- 4) **Grading**
 - a) Course faculty will review each of your team assignments according to a set of guidelines and provide your team with a grade as well as comments for each assignment.
 - i) Grading Guidelines: Team Assignments
 - a. [insert location here]

M3 Medication Assessment Form

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Medication Assessment: *This form is a detailed medication assessment which should build on and update your brief medication history from last year. Try to identify your mentor's adherence to his/her medication regimen as well as any potential barriers to adherence (such as difficulty with opening the pill bottle or cost of medication). Also, try to gain a sense of adverse effects of current medications and reasons for discontinuing previous medication.*

Team #: _____ Health Mentor Initials: _____

Age: _____ Gender: _____

Height: _____ Weight: _____

Communication Barriers:

History of drug allergies? If yes, please list drug and reaction.

Do you (Health Mentor):

- Smoke Tobacco
 - Current (packs per day x years= pack years): _____
 - Former – Year quit: _____
- Smoke Marijuana
 - Current user
 - Former – Year quit: _____
- Drink alcohol (drinks/week; type): _____
- Drink caffeine (days/week; type; amount): _____

Medications: Please include all prescription medications, herbals, or OTC supplements

(1) Name of Medication/Herbal/OTC (generic and trade): _____

Strength (mg, mcg, etc.): _____

Dosage form (tablet, liquid, injection): _____

Directions (daily, BID, on empty stomach, etc.): _____

Duration of treatment (start date/end date vs. lifetime): _____

Indication(s): _____

Adverse effects (please describe): _____

Effective (Y/N)? If no, why not?: _____

Adherence (Y/N) (Ask how the patient takes this medication?) If non-adherent, why not?

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(2) Name of Medication/Herbal/OTC (generic and trade): _____

Strength: (mg, mcg, etc.): _____

Dosage form: _____

Directions: _____

Duration of treatment: _____

Indication(s): _____

Adverse effects (please describe): _____

Effective (Y/N)? If no, why not?: _____

Adherence (Y/N) (Ask how the patient takes this medication?) If non-adherent, why not?

(3) Name of Medication/Herbal/OTC (generic and trade): _____

Strength: _____

Dosage form: _____

Directions: _____

Duration of treatment: _____

Indication(s): _____

Adverse effects (please describe): _____

Effective (Y/N)? If no, why not?: _____

Adherence (Y/N) (Ask how the patient takes this medication?) If non-adherent, why not?

(4) Name of Medication/Herbal/OTC (generic and trade): _____

Strength: _____

Dosage form: _____

Directions: _____

Duration of treatment: _____

Indication(s): _____

Adverse effects (please describe): _____

Effective (Y/N)? If no, why not?: _____

Adherence (Y/N) (Ask how the patient takes this medication?) If non-adherent, why not?

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(5) Name of Medication/Herbal/OTC (generic and trade): _____

Strength: _____

Dosage form: _____

Directions: _____

Duration of treatment: _____

Indication(s): _____

Adverse effects (please describe): _____

Effective (Y/N)? If no, why not?: _____

Adherence (Y/N) (Ask how the patient takes this medication?) If non-adherent, why not?

(6) Name of Medication/Herbal/OTC (generic and trade): _____

Strength: _____

Dosage form: _____

Directions: _____

Duration of treatment: _____

Indication(s): _____

Adverse effects (please describe): _____

Effective (Y/N)? If no, why not?: _____

Adherence (Y/N) (Ask how the patient takes this medication?) If non-adherent, why not?

(Note: If more than 6 meds, please use another sheet)

Do you see more than one prescriber? If yes, who and why?

Do all of your providers have an updated list of all of the medications, herbals and OTC supplements that you are taking?
If no, please explain.

Do you use more than one pharmacy? If yes, what is the reason? Please identify the pharmacies that you use.

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Are you able to read prescription labels? If no, please explain. [Example: Health Mentor may have low vision due to vision impairment]

Are you able to open childproof caps? If no, please explain. [Example: Health Mentor may have neuropathy affecting fine motor skills]

Do you receive or need any assistance with taking medications [Example: family member/partner]? Please describe any assistive techniques used or needed. [Example: pill dispenser, pill cutter, etc.]

Previous Medication History:

Please record any medications that your Health Mentor was on but has since discontinued in the last year and the reason for discontinuation.

Medication	Reason For Discontinuation
1.	
2.	
3.	
4.	

Adverse Effects:

Please record any adverse/side effects related to past drug therapy. Include medication involved, description of reaction, and how it was resolved.

Medication	Reaction	How it was resolved
1.		
2.		
3.		