

MEDICATION DISCREPANCY TOOL (MDT)

MDT is designed to facilitate reconciliation of medication regimen across settings and prescribers



Medication Discrepancy Event Description: *Complete one form for each discrepancy*

✓ Causes and Contributing Factors :: Check all that apply

:: *Italicized text suggests patient's perspective and/or intended meaning*

Patient Level _____

- | | |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Adverse Drug Reaction or side effects | <input type="checkbox"/> Intentional non-adherence
<i>"I was told to take this but I choose not to."</i> |
| <input type="checkbox"/> Intolerance | <input type="checkbox"/> Non-intentional non-adherence (ie: Knowledge deficit)
<i>"I don't understand how to take this medication."</i> |
| <input type="checkbox"/> Didn't fill prescription | <input type="checkbox"/> Performance deficit
<i>"Maybe someone showed me, but I can't demonstrate to you that I can."</i> |
| <input type="checkbox"/> Didn't need prescription | |
| <input type="checkbox"/> Money/financial barriers | |

System Level _____

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Prescribed with known allergies/intolerances | <input type="checkbox"/> Duplication.
<i>Taking multiple drugs with the same action without any rationale.</i> |
| <input type="checkbox"/> Conflicting information from different informational sources.
<i>For example, discharge instructions indicate one thing and pill bottle says another.</i> | <input type="checkbox"/> Incorrect dosage |
| <input type="checkbox"/> Confusion between brand & generic names | <input type="checkbox"/> Incorrect quantity |
| <input type="checkbox"/> Discharge instructions incomplete/inaccurate/illegible.
<i>Either the patient cannot make out the hand-writing or the information is not written in lay terms.</i> | <input type="checkbox"/> Incorrect label |
| | <input type="checkbox"/> Cognitive impairment not recognized |
| | <input type="checkbox"/> No caregiver/need for assistance not recognized |
| | <input type="checkbox"/> Sight/dexterity limitations not recognized |

✓ Resolution :: check all that apply

- Advised to stop taking/start taking/change administration of medications
- Discussed potential benefits and harm that may result from non-adherence
- Encouraged patient to call PCP/specialist about problem
- Encouraged patient to schedule an appointment with PCP/specialist to discuss problem at next visit
- Encouraged patient to talk to pharmacist about problem
- Addressed performance/knowledge deficit
- Provided resource information to facilitate adherence
- Other _____