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Show Back: Evaluation of Scoresheet for Identifying Self-Management Medication Problems of Older Adults

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Purpose
The study purpose was to test the feasibility of a scoresheet to screen for problems older adults may have managing medications after discharge from a hospital or nursing home facility.

Background
Adverse drug events (ADE) prevention is an important patient safety priority, with ADEs accounting for an estimated one-third of hospital adverse events and approximately 280,000 hospital admissions annually. Home healthcare nurses work with older adults to avoid ADEs and promote self-management of medications. Few, if any, studies have described older adults' cognitive and psychomotor abilities to manage their medications after being discharged home.

Methods
We enrolled patients if they were aged 65 and older, recently discharged from a hospital, rehabilitation center, or nursing facility, and were prescribed at least one antidiabetic, anticoagulant, or opioid medication. A physician and homecare nurse observed and scored patients' proficiency managing across five domains: identification, explanation of purpose, organization, administration, and timing. Based on the experiences in the first 20 visits, we created a protocol and a detailed manual for determining proficiency in each domain. Through the subsequent home visits, we determined inter-rater reliability using Cohen’s Kappa (κ).

Results
Thirty older adults participated. During the ten visits completed after we developed the protocol and scoring guide, we scored a total of 90 medications with an average of 8 (SD±2.04) medications per patient. The physician and nurse scored the explanation domain most reliably, with an inter-rater reliability Kappa of 0.872 (p<0.0001), followed by timing (κ=0.707, p<0.0001), organization (κ=0.624, p<0.0001), and identification (0.376, p<0.0001). The physician and nurse scorers were least reliable in scoring the administration domain (κ=0.133, p=0.4454).

Conclusions & Implication: The Show Back scoresheet shows promise to identify domain-specific problems faced by older adults’ managing their medications at home. We plan to hone our protocol and recalculate agreement in subsequent cohort of patients.

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