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To promote evidence-based practice in medication managment for the elderly in community- A pilot program
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Introduction

Elderly people are commonly prescribed complex medication regimens while also experiencing decline in the cognitive and physical abilities, leading to increased risk of medication non-adherence. Therefore, managing medications can be challenging. It is estimated that the true rate of adherence to medication regimens is only about 50% (McDonald et al. 2002) and ranges from 26-59% in people aged ≥60 years (Van Eijken M, et al. 2003). In addition, one half of filled prescriptions in daily clinical practice are incorrectly taken (Urquhart J,1998). By conservative estimates suggest that 10% of hospital admission was accounts for medication non-adherence, and nursing home admission was 23% (Peterson AM,2003), and lead to significant clinical and economic outcome. While, medication adherence is an importance issue among the elderly people. Hence, assessment of medication adherence for the elderly people is essential .

Objectives

1. The checklist is as an indicator of patient empowerment and also a tool to assess the competence of patient on self-medication management.
2. Staff feedback on the use of the checklist.

Methodology

The checklist consists of 15 items covering 4 areas including knowing their medication, how to take their medication, medication refill issue and how to administer medication. Staff uses the medication management deficiencies checklist to assess the elderly's ability of medication management during the first home visit, and then review accordingly.

Result

19 elderly were recruited from June to August 2016. Found that AMT below 6 is relatively with lower scoring. 12 average score were increased from 11.2 to 13.2 during 1st to 4th week, and 8 average score were increased from 11.9 to 14 during 1st to 12th week. 7 were discharged with full scoring and 100% medication compliance

rate. 5 were discharged with care-giver. 5 were not completed the program for reasons. 2 were continuing nurse visit as they could not return demonstrate self-administer the medication regimen correctly. 8 nurses participated in the use of the checklist. Overall, staff has positive feedback to the checklist application. 75% of them agreed that the checklist has reference value, because it would help their clinical decision. Besides, 50% of them were strongly agreed and 37.5% agreed that the checklist would strengthen their clinical confidence and 75% of them strongly agreed that checklist would help to facilitate the consensus of nursing care among colleagues.