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Patient Interview:  
Everything you wanted  
to know about the BPMH,  
but were afraid to ask...

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# Objectives

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- **Why do it:** The BPMH in Medication Reconciliation
- **Who does it:** healthcare providers obtaining the BPMH
- **How to do it:** A practical approach
- **What to do when:** Dealing with challenging situations
- **How to practice:** Honing your skills
- **Where to find info:** Reviewing resources

# The Best Possible Medication History (BPMH)

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- Sometimes viewed as a very boring task
- BUT... Allows you to:
  - establish a medication “starting point”
  - Apply your clinical knowledge
  - Approach it as a detective
  - Sort out the medications and indications



Then it gets **MUCH** more interesting

**AND**

The patient receives good  
Pharmaceutical Care



# The BPMH

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- Part of the Medication Reconciliation (Med Rec) process
- The BPMH allows you to assess home medications and then compare it with the admission medication orders or new prescriptions
- The goal: to identify and resolve medication discrepancies
- Very important 1st step in patient workup



# Definition and Purpose of Medication Reconciliation

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A formal process of obtaining the Best Possible Medication History (BPMH) and reconciling discrepancies to facilitate safe pharmaceutical care for patients at admission, transfer and discharge

# Why is it important to identify all of the patient's home medications?

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- Continue necessary home medications while in hospital.
- Identify any adverse effects of home medications that could contribute to hospital admission.
- Avoid withdrawal
- Identify if changes are needed for surgical tests or procedures (ex. blood thinners)
- Allow for seamless care at discharge:
  - communicate medication changes to patient, family doctor, community pharmacist



# Getting a list of home meds sounds pretty easy...what's so hard about it?

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- Name game: Patients frequently don't know the names of medications (ie. "I take 2 white pills in the morning"), or what the medication is for
- "As needed" medications are often not included in the medication list,
- Multiple incomplete and conflicting home medication lists
- No clear and consistent location to document the patient's home medications.



## And there's more...problems identifying the patient's home meds

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- No one person is accountable to make sure the list is complete and accurate within a specified timeframe.
- May be difficult to ascertain from the patient/family how the patient is actually taking the medication
- No robust process for communicating and correcting discrepancies





# Who does it?

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- BPMH may be completed by:
  - Pharmacist
  - Pharmacy technicians
  - Pharmacy Students
  - Nurses

# Pharmacy Technicians and the BPMH

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- Studies show technicians were able to complete the BPMH with a 95% accuracy rate (Tugwood et al. 2008)
- Pharmacy technicians completing medication reconciliation reduced the time spent by physicians, nurses, and pharmacists at the time of admission (L. Saulnier 2007).
- When working in conjunction with a pharmacist, technicians can obtain BPMH information for timely identification and reconciliation of discrepancies, and help prevent ADRs

**Best Possible Medication History by a Pharmacy Technician at a Tertiary Care Hospital** *Remtulla et al. CJHP Vol 62, No 5 (2009)*

# Why choose Pharmacy Technicians?

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- Familiar with the dosage forms, strengths, and usual dosing schedules of a wide range of medications.
- Trained about over the counter medications, which facilitates the identification of medications not included in prescription databases
- Have have many skills that allow identification of medications used on an outpatient basis.



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# The Patient Interview...



# Where does it happen: Practice environment

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- Depending where you are working, your BPMHs may take place in different places/environments
- Challenges in an outpatient setting may be different from conducting a BPMH/ Med Rec in the hospital or clinic
- However, your end goal is the same...

**\*\*Obtaining the BPMH\*\***



# Key Points to remember

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1. ALWAYS ask for permission to interview first
1. ALWAYS introduce yourself

# Best Possible Medication History Interview Guide

## Introduction

- Hello Mr./Mrs./Ms./Miss. \_\_\_\_\_ (client/ patient/ resident)
- My name is \_\_\_\_\_, (introduce self / profession)
- I would like to take some time to review the medications you take at home.
- I have a list of medications from your chart/file, and want to make sure it is accurate and up to date.
- Would it be possible to discuss your medications with you (or a family member) at this time?
  - Is this a convenient time for you? Do you have a family member who knows your medications that you think should join us? How can we contact them?

## Medication Allergies

- Do you have any medication allergies?  YES  NO If yes, what happens when you take \_\_\_\_\_?

## Information Gathering

- Do you have your medication list or pill bottles (vials) with you?
- *Show and tell technique when they have brought the medication vials with them*
  - How do you take \_\_\_\_\_ (medication name)?
  - How often or When do you take \_\_\_\_\_ (medication name)?
- Collect information about dose, route and frequency for each drug. If the patient is taking a medication differently than prescribed, record what the patient is actually taking and note the discrepancy.
- Are there any prescription medications you (or your physician) have recently stopped or changed?
- What was the reason for this change?

## Community Pharmacy

- What is the name of the pharmacy that you normally go to? (Name/Location: anticipate more than one)
  - May we call your pharmacy to clarify your medications if needed?

## Over the Counter (OTCs) Medications

- Are there any medications that you are taking that you do not need a prescription for? (Do you take anything that you would buy without a doctor's prescription?) Give example, e.g. Aspirin. If yes, how do you take \_\_\_\_\_?

## Vitamins/Minerals/Supplements

- Do you take any vitamins (e.g. multivitamin)? If yes, how do you take \_\_\_\_\_?
- Do you take any minerals (e.g. calcium, iron)? If yes, how do you take \_\_\_\_\_?
- Do you use any supplements (e.g. potassium, glucosamine, St. John's Wort)? If yes, how do you take \_\_\_?

## Eye/Ear/Nose Drops

- Do you use any eye drops? If yes, what are the names and how many drops do you use and how often? In which eye?
- Do you use any ear or nose drops/nose sprays? If yes, how do you use them?

## Inhalers /Patches/Creams/Ointments/Injectables/Samples

- Do you use any inhalers? any medicated patches? medicated creams or ointments? any injectable medications (e.g. insulin)? For each If yes, how do you take \_\_\_\_\_? (name, strength, how often)
- Did your doctor give you any medication samples to try in the last few months?

## Antibiotics

- Have you used any antibiotics in the past 3 months? If so, what are they?

## Closing

- This concludes our interview. Thank you for your time. Do you have any questions?
- If you remember anything after our discussion please contact me to update the information?

*Exit room, and wash hands. Proceed to document interaction in chart/file.*

*Note: Medical and Social History, if not specifically described in the chart/file, may need to be clarified with patient*

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# The “How to”...Practical points

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- Prep for the interview when you can
- Ask if patient has a medlist or medications with them (to save time)
- How to answer clinical questions
- Remember lab: use both open-ended and close-ended questions
- Use visual descriptions of medications
- If in doubt, write it down to check later





# How to approach difficult patients

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- In the pharmacy (outpatient setting)
  - The uninformed patient
  - The angry patient
  - The large family gathering
  - Language difficulties
  - The defensive patient
  - The “pleaser” (aka the “yes” man)



# How to approach difficult patients

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In hospital doing BPMH:

- The agitated patient
- The sleeping/ medicated patient
- Language barriers
- The palliative patient
- The very sick patient
- Many family members in room

# Other Issues..

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- **Protecting yourself:**
  - Positioning in the room- always give yourself an exit
  - Communicable Illness: gloving/ masking/ gowning/ “sharps”
- How to cope with Interruptions
- Drug indications: if in doubt, write down what the patient says- can always be discussed later/ followed up

# BPMH done...what next?

## Communication to a Pharmacist or Nurse, or Physician

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Issues raised by the patient during the interview that must be communicated to the Pharmacist or Nurse for their assessment are those that are not in the scope of practice of a Pharmacy Technician. These include:

- Clinical questions
- Questions requiring interpretation
- Compliance/Adherence Issues
- Refer communication difficulties

# Closing the deal...

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- It's OK to:
  - Not know an answer
  - To take time before answering
  - Ask for help when you need it.

## **It's a team effort**

- Documentation: ALWAYS document
- Follow up issues: prioritize issues and
- Communicate issues to the appropriate healthcare providers

# Practice, practice, practice...

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- If BPMH'ing makes you really nervous, practice at home. Family, roommates, childhood stuffed animals, or the mirror are all good subjects.
- Use the BPMH guide as start, and can help you remember to ask all the important questions.
- Use resources available to avoid going into most interviews “blind”



# Where to get more info

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- Training programs & certification programs
  - Safer Health Now!
- Additional training may be required at your institution
- Online resources for your practice setting
  - Safer Healthcare Now!
- Hospital specific resources

# Other Resources available



## Hospital

- Lexi-Comp
- Safer Healthcare Now! V4 (Acute Care)
  - Med Rec Communities of Practice
- Hospital online resources
- Patient databases
- Patient chart
- Patient medlist
- Patient and/or family
- Community pharmacy
- Other healthcare providers

## Community

- Lexi-Comp
- Safer Healthcare Now: community resources
- [www.medscheck.ca](http://www.medscheck.ca)
- e-CPS
- Patient profile
- Patient and/or family
- Hospital pharmacy
- Community online and print resources
- Other healthcare provider





questions  
anyone?

