

MEDICATION DISCREPANCY TOOL (MDT)

The MDT is designed to facilitate reconciliation of medication regimens across settings and prescribers.

 **Medication Discrepancy Event Description:** *Place a number (1...2...etc.) next to each event*

✓ **Causes and Contributing Factors :: Place the event number on the line to the left of each factor that applies. :: *Italicized text suggests patient's perspective and/or intended meaning***

Patient Level

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

System Level

- | | |
|---|--|
| I. <input type="checkbox"/> Prescribed with known allergies/intolerances | M. <input type="checkbox"/> Duplication. <i>Taking multiple drugs with the same action without any rationale.</i> |
| J. <input type="checkbox"/> Conflicting information from different informational sources <i>For example, discharge instructions indicate one thing and pill bottle says another.</i> | N. <input type="checkbox"/> Incorrect dosage |
| K. <input type="checkbox"/> Confusion between brand & generic names | O. <input type="checkbox"/> Incorrect quantity |
| L. <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> | P. <input type="checkbox"/> Incorrect label |
| | Q. <input type="checkbox"/> Cognitive impairment not recognized |
| | R. <input type="checkbox"/> No caregiver/need for assistance not recognized |
| | S. <input type="checkbox"/> Sight/dexterity limitations not recognize |

✓ **Resolution :: Place the event number on the line to the left of each resolution that applies.**

- ☐ 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 _____