

Medication Reconciliation

Myth #2: It's Not My Job




Video Script, 2.8




Purpose: De-mystify the cycle of Medication Reconciliation (MR). Demonstrate that it is more than documentation; it is a process that can and should be handled as a team. Everyone ultimately plays a part in MR.

Audience: Providers, Pharmacists, Nurses, Allied Care Team

Distribution: Internet, DVD

Running Time: Approximately 3 to 4 minutes

	Video	Audio
	FADE IN	Fade in main music
1	MOTION GRAPHIC Video Title with VA Seal	
2	<p>CM5 00;00;41;03 <i>Begin drawing general roles</i></p>  <p>CM5 00;09;31;23 <i>End drawing general roles</i></p> 	<p>TODAY WE'RE GOING TO TALK ABOUT MEDICATION RECONCILIATION.</p> <p>WE'LL ATTEMPT TO EXPLAIN EXACTLY WHAT IT IS...</p> <p>...AND DETERMINE THE IDEAL PERSON FOR THE JOB.</p>
3	<p><i>Begin drawing Med Rec Cycle</i></p>  <p>CM7 00;04;26;21 <i>End drawing Med Rec Cycle</i></p>	<p>IT ALL STARTS WITH A PATIENT...</p> <p>ONE MAY BE ILL...ANOTHER MAY JUST BE IN FOR A YEARLY CHECK-UP...</p> <p>...BUT A DISCUSSION ABOUT MEDICATIONS SHOULD ALWAYS BE A PART OF THE VISIT.</p>

	 <p>CM7 00:04:26;21</p>	
4	<p>CM6 00:04:30;05 <i>Begin to draw Med Recon</i></p>  <p>CM6 00:05:18;15</p> <p>CM6 00:07:42;28 <i>End drawing Med Recon</i></p>  <p>CM6 00:07:42;28</p>	<p>MEDICATION RECONCILIATION IS A PROCESS WHERE SOMEONE INTERVIEWS THE PATIENT...</p> <p>...COMPARES THIS INFORMATION TO WHAT'S ON FILE...</p> <p>...REVISES IT IF NECESSARY</p> <p>...AND COMMUNICATES IT TO OTHERS.</p>
5	<p>CM5 00:09:36;00 <i>Transition to arrows</i></p>	<p>IT SOUNDS SIMPLE ENOUGH...</p>



CM5 00:11:58:26

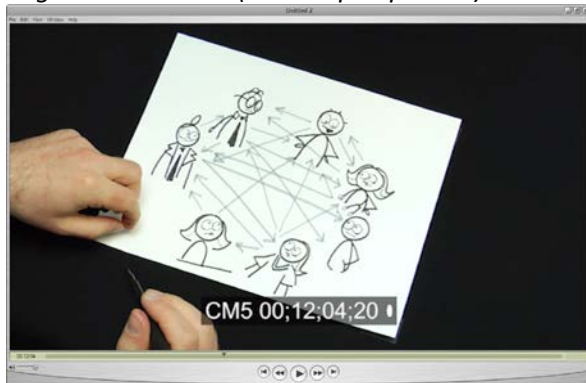
End arrows



6

CM5 00:12:04:00

Begin black arrows (Patient perspective)



CM5 00:12:32:14

End Black arrows

...UNTIL IT'S TIME TO DETERMINE WHO THAT SOMEONE ACTUALLY IS...



CM5 00;12;35;24

Crumple up the paper



7

CM5 00;12;43;15

Begin drawing PCP







CM5 00;17;43;14



Finish drawing PCP




...PERHAPS IT'S THE PRIMARY CARE PROVIDER...




AFTER ALL, THE PRIMARY CARE PROVIDER IS SUPPOSED TO MEET WITH THE PATIENT ON A REGULAR BASIS, AND KNOW ALL THE MEDICATIONS INVOLVED...





...BUT IS THE PRIMARY CARE PROVIDER REALLY THE MEDICATION EXPERT?




	 <p>CM5 00;17;43;14</p>	
8	<p>CM5 00;17;47;19 <i>Begin drawing Pharmacist</i></p>  <p>CM5 00;20;28;16</p> <p>CM5 00;24;21;05 <i>End drawing of pharmacist</i></p>  <p>CM5 00;24;21;05</p>	<p>MAYBE THE PHARMACIST IS A BETTER FIT.</p> <p>...IF THE PHARMACIST TAKES ON THE MEDICATION PART...</p>
9	<p><i>Cut to PCP</i></p>  <p>CM5 00;17;43;14</p>	<p>...THEN THE PRIMARY CARE PROVIDER CAN WORRY ABOUT ALL THE OTHER STUFF GOING ON DURING THE VISIT...</p>

10	<p><i>Cut to Pharmacist</i></p>  <p>CM5 00;24;21;05</p>	<p>...BUT DOES THE PHARMACIST ACTUALLY PRESCRIBE THE MEDICATIONS?</p>
11	<p><i>Cut to black. Just the narrator speaking.</i></p> <p><i>White text sans serif:</i></p> <p>“...all the other stuff...”</p> <p><i>Replaced by more white text sans serif:</i></p> <p>“...doesn’t actually prescribe the medications...”</p>	<p>(PAUSE)</p> <p>HMMMM...</p> <p>THERE’S GOT TO BE A WAY TO MAKE THIS WORK...</p> <p>...IF ONE PERSON IS BUSY DOING...</p> <p>“ALL THE OTHER STUFF,”</p> <p>AND THE OTHER PERSON...</p> <p>“DOESN’T ACTUALLY PRESCRIBE THE MEDS,”</p> <p>WHY DOESN’T SOMEONE <u>ELSE</u> DO IT?</p>
12	<p>CM5 00;24;24;24</p> <p><i>Begin drawing nurse.</i></p>  <p>CM5 00;26;39;14</p> <p>CM5 00;29;17;03</p> <p><i>End drawing nurse.</i></p>	<p>HOW ABOUT THE NURSE?</p> <p>THE NURSE ALREADY DOES A TON OF PREP WORK BEFORE THE PATIENT SEES THE PRIMARY CARE PROVIDER...</p> <p>IT SEEMS LIKE A SLAM DUNK...</p> <p>...BUT CAN THE NURSE MAKE CHANGES TO THE PLAN OF CARE?</p>

		
13	<p>CM6 00;00;02;26 <i>Begin drawing the allied care team</i></p>  <p>CM6 00;04;34;12 <i>End drawing allied care team</i></p> 	<p>THE SAME GOES FOR THE ALLIED CARE TEAM.</p> <p>THEY ALSO HELP WITH THE PREP WORK, THEY SEE THE PATIENT BEFOREHAND...</p> <p>...BUT CAN THEY MAKE CLINICAL DECISIONS ABOUT MEDS?</p>
14	<p><i>Cut to black.</i></p> <p><i>Cricket sounds.</i></p>	<p>CLEARLY, <u>SOMETHING'S</u> GOT TO GIVE...</p> <p>...IS THERE ANYONE OUT THERE WHO CAN DO THE JOB?</p> <p>(crickets)</p>
15	CM9 00;00;12;17	THE PATIENT INTERACTS WITH MULTIPLE

	<p><i>Begin drawing ideal scenario</i></p>  <p>CM9 00:10:40:00 <i>End drawing ideal scenario</i></p> 	<p>TEAM MEMBERS DURING THE VISIT...</p> <p>...AND THESE INTERACTIONS REPRESENT OPPORTUNITIES ...</p> <p>...BECAUSE...MAYBE MEDICATION RECONCILIATION IS NOT THE RESPONSIBILITY OF <u>JUST ONE PERSON</u>, MAYBE IT'S THE RESPONSIBILITY OF US <u>ALL</u>...</p>
16	<p><i>Cut to Allied Care Team</i></p> 	<p>THE ALLIED CARE TEAM ROOMS THE PATIENT...</p> <p>...THEY COULD REVIEW THE LIST OF MEDICATIONS WITH THE PATIENT...</p> <p>...AND MAKE SURE THE UPDATED LIST MATCHES WHAT'S IN THE CHART.</p>
17	<p><i>Cut to PCP</i></p>	<p>PRIMARY CARE PROVIDERS EVALUATE THE REASON FOR THE VISIT.</p> <p>WHEN IT'S TIME TO THINK ABOUT HOW CERTAIN MEDICATIONS AFFECT THE BODY...</p> <p>...THEY COULD COORDINATE WITH OTHER CLINICIANS...</p>

	 <p>A hand-drawn diagram on a piece of paper. On the left is a stick figure of a person in a suit, labeled 'PRIMARY CARE PROVIDER'. To the right is a cluster of icons representing a medical facility, including a house, a car, a person, and a building. The text 'PRIMARY CARE PROVIDER' is written below the stick figure.</p> <p>CM5 00:17:43:14</p>	
18	<p><i>Cut to Pharmacist</i></p>  <p>A hand-drawn diagram on a piece of paper. On the left is a stick figure of a person in a lab coat, labeled 'THE PHARMACIST'. To the right is a cluster of icons representing a pharmacy, including a mortar and pestle, a bottle, and a person. The text 'THE PHARMACIST' is written below the stick figure.</p> <p>CM5 00:24:21:05</p>	<p>PHARMACISTS HAVE A UNIQUE UNDERSTANDING OF HOW MEDICATIONS WORK, THEY REVIEW DRUG-DRUG INTERACTIONS AND RISKS...</p> <p>...AND THEY COULD COUNSEL PRIMARY CARE PROVIDERS ON WHICH MEDICATIONS MAKE THE MOST SENSE FOR THE PATIENT...</p>
19	<p><i>Cut to Nurse</i></p>  <p>A hand-drawn diagram on a piece of paper. On the left is a stick figure of a person in a nurse's uniform, labeled 'THE NURSE'. To the right is a cluster of icons representing a hospital, including a bed, a person, and a building. The text 'THE NURSE' is written below the stick figure.</p> <p>CM5 00:29:17:03</p>	<p>DURING THEIR FOLLOW-UP, NURSES CAN REVIEW ANY MEDICATION CHANGES IN THE PLAN OF CARE...</p> <p>...AND TAKE THE OPPORTUNITY TO ANSWER QUESTIONS ABOUT MEDS THAT THE PATIENT MAY HAVE...</p>
20	<p>CM7 00:00:03:02</p> <p><i>Begin drawing Med Rec Cycle</i></p>  <p>A hand-drawn diagram on a piece of paper. On the left is a stick figure of a person in a suit, labeled 'PRIMARY CARE PROVIDER'. On the right is a stick figure of a person in a lab coat, labeled 'THE PHARMACIST'. A line connects the two figures, representing the medication reconciliation cycle.</p> <p>CM7 00:02:54:10</p>	<p>EVERYONE HAS A ROLE TO PLAY WHEN IT COMES TO MEDICATION RECONCILIATION...</p> <p>IF WE LEAVE IT TO JUST ONE PERSON, IT'LL NEVER GET DONE...</p> <p>...AND THE PATIENT DESERVES BETTER THAN THAT.</p>

	<p>CM7 00;04;26;21 <i>End drawing Med Rec Cycle</i></p> 	
21	<p>CM9 00;00;12;17 <i>Begin drawing ideal scenario</i></p>  <p>CM9 00;10;40;00 <i>End drawing ideal scenario</i></p> 	<p>MEDICATION RECONCILIATION IS <u>EVERYONE'S</u> JOB...</p> <p>...AND THE MORE WE WORK <u>TOGETHER</u>...</p> <p>...THE MORE IT WORKS FOR <u>EVERYONE</u>...</p>
22	<p>MOTION GRAPHIC:</p> <p>VHA Logo & Mission Statement.</p> <p>“Honor America’s Veterans by providing exceptional health care that improves their health and well-being.”</p>	

--	--	--