BLUE BAG INITIATIVE

Medication Safety & Reconciliation Program
Welcome to the Blue Bag Initiative

Thank you for joining the Blue Bag Initiative - a commitment to coordinating pharmacist-driven medication reviews with patients at risk for adverse drug events (ADEs) or those taking high-risk medications.

This notebook includes everything you need to turn the familiar “brown bag” blue. This dynamic initiative can be tailored for different settings. Having a pharmacist involved in providing accurate, comprehensive medication reviews will help decrease adverse drug events (ADEs). This notebook has all of the instructions and supplies you need for a successful Blue Bag Initiative.

How to use this notebook

a. Review tabs 1 & 2 and then choose the appropriate tab for your setting
   1. Overview
   2. Contact Us
   3. Community Pharmacy/Physician Practice
   4. Assisted Living
   5. Health Fair
   6. Immunization Clinic
   7. Hospital Discharge
   8. Marketing/Forms

b. Familiarize yourself with the instructions and materials for your setting
c. Use the marketing material in tab 8 to promote your Blue Bag event
d. Complete the Data Collection Worksheet located in tab 8 (Marketing/Forms) and email monthly results to bluebag@hqi.solutions
e. Receive your quarterly summary

For more information or assistance, contact:

Cindy Warriner
Health Quality Innovators’ Pharmacist Consultant
804.720.4070
bluebag@hqi.solutions
The Blue Bag Initiative

The **Blue Bag** is a dynamic, innovative initiative that brings a new twist to the evidence-based brown bag medication review. When pharmacists are included in a team-based approach, chronic disease outcomes improve and adverse drug events (ADE) decrease. The Institute for Safe Medication Practice (ISMP) has documented the importance of providing accurate, comprehensive medication reviews to participants.

An estimated 93% of the U.S. population lives within five miles of a community pharmacy, making pharmacists one of the most accessible health care professionals available to the public. To improve medication safety, practitioners must have access to accurate medication lists for their participants. In many cases, participants are obtaining prescription medications through multiple clinicians and pharmacies. Medications used inappropriately or incorrectly are dangerous for the participant and lead to increased hospital readmissions and higher healthcare costs.
Goals of the Blue Bag Initiative

- Provide an easy to use program that can be implemented in multiple settings to improve medication safety and reconciliation
- Facilitate the creation of an accurate medication list
- Help participants take an active role in understanding their medications and how to use them safely
- Identify and address medication errors
- Provide the participant with a reusable bag to carry their medications to either the hospital, prescribers’ office or pharmacy to improve the quality of care for participants and decrease adverse drug events
- Separate discontinued/expired drugs from the “active” drugs during review

Objectives

- Adapt this initiative for use in different settings
- Collect data to measure the effectiveness of the Blue Bag Initiative in preventing adverse drug events
- Increase the efficiency and consistency of medication safety initiatives
- Provide simple steps to organize, implement, measure and analyze effective medication therapy management
- Improve participants’ understanding and health literacy through this “hands-on” activity

Supplies needed

- Blue Bags
- Discontinued/expired medication bags (white)
- Notebook containing guidelines and recommendations for organizing and conducting a successful Blue Bag event – including best practices
- Instructions for providers
- Pharmacist/Physician forms
  1. Medication Review
  2. Participant Evaluation
  3. Data Collection Worksheet
- Participant instruction sheet explaining the process and directing which medications to place in the bag (example available)
- Participant checklist
- Event/information flyers
- Appointment cards
How Does Using Comprehensive Medication Review Prevent Errors?

• By providing a reconciliation, you can help participants avoid medication errors such as omissions, duplications, dosing errors or drug interactions

• It should be done during every transition of care in which new medications are ordered or existing orders are rewritten. Transitions in care include changes in setting, service, practitioner or level of care

This process includes five steps:

1. Develop a list of current medications
2. Make clinical decisions based on the list review and participant interview
3. Verify medications are “the right drug, with the right dose, at the right time”
4. Create a list of suggested changes for the prescriber
5. Communicate suggested changes for the prescriber to appropriate caregivers and to the participant

• Accurate and complete medication reconciliation can prevent numerous prescribing and administration errors

• Failure to comprehensively review medications may be compounded by the practice of writing “blanket” orders, such as “resume pre-op medications,” which are highly error prone and are known to result in adverse drug events. Such orders are explicitly prohibited by the Joint Commission’s Medication Management standards (MM.3.20)

• Medication errors related to medication reconciliation typically occur at the “interfaces of care”—when a participant is admitted to, transferred within, or discharged from a health care facility

• Furthermore, the home care department of one hospital discovered that 77 percent of all participants were discharged with inadequate medication instructions
• Medication reconciliation systems and processes have successfully reduced medication errors in many health care organizations.

• The Institute for Safe Medication Practices (ISMP) has received numerous reports of errors found during medication reconciliation; its Medication Safety Alert newsletter (dated April 21, 2005) includes a sampling of errors that resulted from failed communication.

• Following medication errors identified in September 2004, the United States Pharmacopeia (USP) added three “Causes of Error” to its MEDMARX® reporting program to capture errors involving medication reconciliation failures. From September 2004 to July 2005, USP received 2,022 reports of errors found during medication reconciliation. Of those reports, 66 percent occurred during the participant’s transition or transfer to another level of care, 22 percent occurred during the participant’s admission to the facility, and 12 percent occurred at the time of discharge.

• Of the types of errors found during medication reconciliation reported to MEDMARX, the majority involved improper dose/quantity, followed by omission error and prescribing error. Other less frequently reported types of error included: wrong drug, wrong time, extra dose, wrong participant, mislabeling, wrong administration technique and wrong dosage form.

• The causes of errors found during medication reconciliation reported to MEDMARX included:
  1. Performance deficit (performance that falls short of expectations): nearly
  2. Transcription inaccurate/omitted: 
  3. Documentation: 
  4. Communication: 
  5. Workflow disruption: 

• USP also published several examples of reconciliation failures during participant admission, transfer and discharge.

• Medication reconciliation is a key initiative in the Institute for Healthcare Improvement’s (IHI) 100,000 Lives Campaign.
Reach Out to HQI

As the Medicare Quality Innovation Network – Quality Improvement Organization for Maryland and Virginia, HQI convenes participants, clinicians and partners to rapidly improve health quality. To learn more about opportunities for pharmacies, physician practices, hospitals, nursing home and other settings, visit qin.www.hqi.solutions.

For more information about this Blue Bag Initiative, contact:

Cindy Warriner  
HQL’s Pharmacist Consultant  
804.720.4070  
bluebag@hqi.solutions

If you need printed copies of the event flyers, handouts or other material in this toolkit, please contact:

Sarah Helen Studebaker  
804.289.5320  
bluebag@hqi.solutions

To order additional bags direct, contact:

4imprint  
1-877-446-7746  
www.4imprint.com  
blue bag - order# 12808005  
white bag - order# 12909182

Connect with Us

@HQInnovators  
facebook.com/HealthQualityInnovators  
online community - vhqc-qinqio.ning.com
Instructions for Community Pharmacy/Physician Practice

Community Pharmacy

a. Identify High-Risk Medicare participants – preferably on diabetic, anticoagulant or opioid medications

b. Contact the patients and ask if they would be willing to be participants in the Blue Bag Initiative

c. Give the Blue Bag to the participant and set up an appointment

d. Give the participant a reminder call the day before the appointment

e. Ask a pharmacy technician or student to fill out the participant information and medication list section on the Medication Review Form

f. Give the participant the Blue Bag Checklist, Participant Evaluation Form and complete the follow-up questions (ask the participant to complete and return the evaluation form before leaving)

g. Provide the participant/resident with questions/corrections/suggestions for the prescriber

h. File your Medication Review, Data Collection Worksheet and Participant Evaluation forms together for ease of follow-up

i. Email or mail the Data Collection Worksheet to HQI: bluebag@hqi.solutions or 9830 Mayland Dr., Suite J, Richmond, VA 23233

(Continued on following page)
Physician Practice

j. Contact a local pharmacy/pharmacist to explore teamwork options for referral (HQI can provide assistance if needed)

k. Identify High-Risk Medicare participants – preferably on diabetic, anticoagulant or opioid medication

l. Contact the patients and ask if they would be willing to be participants in the Blue Bag Initiative

m. Give the participant a Blue Bag and set up a return appointment for the review or give the participant a pharmacy contact list (developed locally with HQI assistance)

If review is completed in the office:

1. Nurse or designated personnel fills out the participant information and medication list sections on the Medication Review Form

2. Physician, NP or PA discusses medications with the participant and completes the Medication Review Form

3. Participant receives the Blue Bag Checklist, Participant Evaluation Form and completes the follow-up questions (ask the participant to return the evaluation form before leaving)

4. Prescriber makes adjustments or corrections on the participant’s medications if necessary

5. Participant Medication Review Form is filed in the patient’s chart or record for ease of follow-up

6. Email or mail the Data Collection Worksheet to HQI: bluebag@hqi.solutions or 9830 Mayland Dr., Suite J, Richmond, VA 23233

(Continued on following page)
If review is completed by local pharmacist:

7. Give the participant a reminder call the day before the appointment
8. Ask a pharmacy technician or student to fill out the patient information and medication list sections on Medication Review Form
9. Pharmacist will discuss the medications with the participant and complete the Medication Review Form
10. Give the participant the Blue Bag Checklist, Participant Evaluation Form and complete the follow-up questions (ask the participant to return the evaluation form before leaving)
11. Scan and send securely or fax a copy of the Medication Review Form and suggestions to the physician office
12. Pharmacist then files the Medication Review, Data Collection Worksheet and Participant Evaluation forms together for ease of follow-up
13. Email or mail the Data Collection Worksheet to HQI: bluebag@hqi.solutions or 9830 Mayland Dr., Suite J, Richmond, VA 23233
Marketing/Forms

The flyers and forms found in Tab 8 can be reproduced for your individual needs. You may also find the digital version of these forms on the USB drive that came with your notebook. Here are some suggestions for how they should be used:

a. *Stay Healthy and Get a Blue Bag Checkup* flyer can be copied and displayed in your pharmacy or facility to stimulate questions, discussions and participation
b. *Schedule Your Free Blue Bag Checkup or Medication Review Day* flyer can be copied and displayed to schedule specific Blue Bag community events
c. *Blue Bag Checklist* should be copied, cut in half and given to each participant — ask the participant to “teach back” what they have learned
d. *Keep It in the Blue Bag* should be copied, cut in half and placed inside of each bag as a reminder of how to use
e. *Participant Sign-up Sheet for Medication Review* can be posted as a sign up sheet to gage staff needs based on participation numbers
f. *Data Collection Worksheet* is used to submit data to HQI on a monthly basis — this is required to continue participation in the Blue Bag Initiative
g. *Medication Review Form* is 2 pages and the participant information and medication list should be filled out by a pharmacy technician or student (questions, event section and comments are to be completed by a pharmacist, MD, PA, NP or RN)
h. *Participant Evaluation Form* is to be completed by the participant and returned to the evaluator before the participant leaves the pharmacy or facility
i. *Follow Up Questions* sheet can be used in specific instances when more information is required (to be completed by a pharmacist, MD, PA, NP or RN)
Instructions for 55+ Communities/Assisted Living

55+ Communities
a. Identify High-Risk participants/residents – preferably on diabetic, anticoagulant or opioid medications
b. Provide a Blue Bag to residents and encourage them to visit their pharmacist or schedule a pharmacist on site monthly for medication reviews
c. Ask a pharmacist to discuss the medications with the participant and complete the Medication Review Form
d. Ask the participant to fill out the Participant Evaluation Form before leaving
e. Pharmacist then files the Medication Review, Data Collection Worksheet and Participant Evaluation forms together for ease of follow-up
f. Email or mail the Data Collection Worksheet to HQI: bluebag@hqi.solutions or 9830 Mayland Dr., Suite J, Richmond, VA 23233

Assisted Living
g. Use flyers and participant/resident sign-up sheets in tab 8 (Marketing/Forms) to identify the number of expected participants
h. Estimate number of staff needed to support the event
i. Contact participants the day before the event as a reminder and ask them to bring ALL their medications (using the four checklist items on the bag to remind them what to bring)
j. Distribute bags to participant and ask student/pharmacist to fill out the Medication Review Form
k. Ask a pharmacist to discuss the medications with the participant and complete the Medication Review Form
l. Give the participant the Blue Bag Checklist, Participant Evaluation Form and complete the Follow-up Questions sheet (ask the participant to return the evaluation form before leaving)
m. Provide the participant/resident with questions/corrections/suggestions for the prescriber
n. Pharmacist then files the Medication Review, Data Collection Worksheet and Participant Evaluation forms together for ease of follow-up
o. Email or mail the Data Collection Worksheet to HQI: bluebag@hqi.solutions or 9830 Mayland Dr., Suite J, Richmond, VA 23233
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c. *Blue Bag Checklist* should be copied, cut in half and given to each participant — ask the participant to “teach back” what they have learned

d. *Keep It in the Blue Bag* should be copied, cut in half and placed inside of each bag as a reminder of how to use

e. *Participant Sign-up Sheet for Medication Review* can be posted as a sign up sheet to gage staff needs based on participation numbers

f. *Data Collection Worksheet* is used to submit data to HQI on a monthly basis — this is required to continue participation in the Blue Bag Initiative

g. *Medication Review Form* is 2 pages and the participant information and medication list should be filled out by a pharmacy technician or student (questions, event section and comments are to be completed by a pharmacist, MD, PA, NP or RN)

h. *Participant Evaluation Form* is to be completed by the participant and returned to the evaluator before the participant leaves the pharmacy or facility

i. *Follow Up Questions* sheet can be used in specific instances when more information is required (to be completed by a pharmacist, MD, PA, NP or RN)
Instructions for Health Fair

a. Use flyers and participant/resident sign-up sheets in tab 8 (Marketing/Forms) to identify the number of expected participants.
b. Estimate number of staff needed to support the event.
c. Contact participants the day before the event as a reminder and ask them to bring ALL their medications (using the four checklist items on the bag to remind them what to bring).
d. Distribute bags to participant and ask student/pharmacist to fill out the Medication Review form.
e. Pharmacist will discuss the medications with the participant and complete the Medication Review Form.
f. Give the participant the Blue Bag Checklist, Participant Evaluation Form and complete the Follow-up Questions sheet (ask the participant to return the evaluation form before leaving).
g. Provide the participant/resident with questions/corrections/suggestions for the prescriber.
h. Pharmacist then files the Medication Review, Data Collection Worksheet and Participant Evaluation forms together for ease of follow-up.
i. Email or mail the Data Collection Worksheet to HQI: bluebag@hqi.solutions or 9830 Mayland Dr., Suite J, Richmond, VA 23233.
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c. *Blue Bag Checklist* should be copied, cut in half and given to each participant — ask the participant to “teach back” what they have learned
d. *Keep It in the Blue Bag* should be copied, cut in half and placed inside of each bag as a reminder of how to use
e. *Participant Sign-up Sheet for Medication Review* can be posted as a sign up sheet to gage staff needs based on participation numbers
f. *Data Collection Worksheet* is used to submit data to HQI on a monthly basis — this is required to continue participation in the Blue Bag Initiative
g. *Medication Review Form* is 2 pages and the participant information and medication list should be filled out by a pharmacy technician or student (questions, event section and comments are to be completed by a pharmacist, MD, PA, NP or RN)
h. *Participant Evaluation Form* is to be completed by the participant and returned to the evaluator before the participant leaves the pharmacy or facility
i. *Follow Up Questions* sheet can be used in specific instances when more information is required (to be completed by a pharmacist, MD, PA, NP or RN)
Instructions for Immunization Clinic

a. Use marketing and participant/resident sign-up sheets to identify the number of expected participants
b. Estimate number of staff needed to support the event
c. Contact participants the day before the event as a reminder and ask them to bring ALL their medications (using the four checklist items on the bag to remind them of what to bring)
d. Distribute bags to participants and ask student/pharmacist to fill out the Medication Review Form
e. Pharmacist will discuss the medications with the participant and complete the Medication Review Form
f. Give the participant the Blue Bag Checklist, Participant Evaluation Form and complete the Follow-up Questions sheet (ask the participant to return the evaluation form before leaving)
g. Provide the participant/resident with questions/corrections/suggestions for the prescriber
h. Pharmacist then files the Medication Review, Data Collection Worksheet and Participant Evaluation forms together for ease of follow-up
i. Email or mail the Data Collection Worksheet to HQI: bluebag@hqi.solutions or 9830 Mayland Dr., Suite J, Richmond, VA 23233
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c. *Blue Bag Checklist* should be copied, cut in half and given to each participant — ask the participant to “teach back” what they have learned

d. *Keep It in the Blue Bag* should be copied, cut in half and placed inside of each bag as a reminder of how to use

e. *Participant Sign-up Sheet for Medication Review* can be posted as a sign up sheet to gage staff needs based on participation numbers

f. *Data Collection Worksheet* is used to submit data to HQI on a monthly basis — this is required to continue participation in the Blue Bag Initiative

g. *Medication Review Form* is 2 pages and the participant information and medication list should be filled out by a pharmacy technician or student (questions, event section and comments are to be completed by a pharmacist, MD, PA, NP or RN)

h. *Participant Evaluation Form* is to be completed by the participant and returned to the evaluator before the participant leaves the pharmacy or facility

i. *Follow Up Questions* sheet can be used in specific instances when more information is required (to be completed by a pharmacist, MD, PA, NP or RN)
Instructions for Hospital Discharge

a. Contact a local pharmacy/pharmacist to explore possible teamwork options for referral (HQI can provide assistance if needed)
b. Identify High-Risk Medicare patients – preferably on diabetic, anticoagulant or opioid medication
c. Ask if patients are willing to become participants in the Blue Bag Initiative
d. Give the participant a Blue Bag and give the participant a pharmacy contact list (developed locally with HQI assistance)
e. Follow-up to ensure appointment for Blue Bag review is scheduled

If review is completed by local pharmacist:

1. Give the participant a reminder call the day before the appointment
2. Ask a pharmacist or student to fill out the Medication Review Form
3. Pharmacist will discuss the medications with the participant and complete the Medication Review Form
4. Give the participant the Blue Bag Checklist, Participant Evaluation Form and complete the follow-up questions (ask the participant to return the evaluation form before leaving)
5. Scan and send securely or fax a copy of the Medication Review Form and suggestions to the hospital contact (prearranged)
6. Pharmacist then files the Medication Review, Data Collection Worksheet and Participant Evaluation forms together for ease of follow-up
7. Email or mail the Data Collection Worksheet to HQI: bluebag@hqi.solutions or 9830 Mayland Dr., Suite J, Richmond, VA 23233
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f. *Data Collection Worksheet* is used to submit data to HQI on a monthly basis — this is required to continue participation in the Blue Bag Initiative

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i. *Follow Up Questions* sheet can be used in specific instances when more information is required (to be completed by a pharmacist, MD, PA, NP or RN)
Stay Healthy and Get a Blue Bag Checkup

If you or someone you are responsible for is taking more than three medications, you need to schedule a Blue Bag Checkup. This is a simple step that helps participants stay healthy and avoid adverse drug events.

A physician assistant or pharmacist will review your medications with you to help organize and list your medications and remove any that have expired. Your pharmacist or doctor can provide more details, adjust medications as needed and answer your questions.

Here’s how it works:

1. Gather ALL of your medications & supplements
2. Place them in your Blue Bag
3. Meet with a clinician for a free consultation

For more information, call your local pharmacy or visit www.hqi.solutions
Attend a Free Blue Bag Checkup

If you can answer yes to more than one of these questions, then have your pharmacist or healthcare professional complete a Blue Bag checkup:

Do you take 3+ medications?
Do you have questions about your medications?
Do you see more than one doctor?
Do you worry about drug interactions?

Follow these steps before your appointment:

1. Gather ALL of your medications & supplements
2. Place them in your Blue Bag
3. Meet with a clinician for a free consultation

Date: ________________ Time: ________________ a.m. / p.m.

Location: ________________________________
Medication Review Day

A pharmacist or physician assistant will review your medications with you to help organize and list your medications and remove any that have expired. Your pharmacist or doctor can provide more details, adjust medications as needed and answer your questions.

Follow these steps before your appointment:

1. Gather ALL of your medications & supplements
2. Place them in your Blue Bag
3. Meet with a clinician for a free consultation

Date:__________ Time:__________a.m. / p.m.
Location:__________________________________________
Schedule Your Free Blue Bag Checkup

If you can answer yes to more than one of these questions, then have your pharmacist or healthcare professional complete a Blue Bag checkup:

- Do you take 3+ medications?
- Do you have questions about your medications?
- Do you see more than one doctor?
- Do you worry about drug interactions?

Follow these steps before your appointment:

1. Gather ALL of your medications & supplements
2. Place them in your Blue Bag
3. Meet with a clinician for a free consultation
Appointment Cards

As you are scheduling appointments with participants or caregivers, don’t forget to provide a take-home reminder of the date and time. We have developed an appointment card template (available in pdf or Word format), that you can customize with phone and address and print for your participants.

Visit the link below to access the appointment card template:

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Blue Bag Appointment Reminder

Pharmacy name: ____________________________________________
Address: _________________________________________________
_________________________________________________________________
Phone: _____________________________________________________
Email: _____________________________________________________

Your appointment is scheduled for:

Date: __________________ Time: __________ a.m./p.m.

Cancellation notice must be at least 24 hours in advance. Thanks.
Pharmacy name:______________________________
Address:_____________________________________

Phone:________________________________________
Email:________________________________________

Your appointment is scheduled for:

Date: ____________________
Time: a.m./p.m.

Cancellation notice must be at least 24 hours in advance. Thanks.

Date: ____________________
Time: a.m./p.m.

Cancellation notice must be at least 24 hours in advance. Thanks.
Always keep your medications/lists in your Blue Bag and take it to EVERY appointment. This will make it easier for the...

- **Doctor or primary care physician**
  to review and update your medical record

- **Pharmacy/Pharmacist**
  to check medications in your profile for duplications, side effects or drug interactions

- **Hospital**
  to document your medication list accurately

For more information contact:
Cindy Warriner
804.720.4070 | bluebag@hqi.solutions
1. You identified:
- Your medications
- Why you need to take them
- How to take them

2. The pharmacist discussed:
- Importance of taking the medications correctly
- Not sharing your medications with others
- Monitoring the effects of your medications and potential side effects
- All expired medications you should NOT be taking were separated into another bag

3. Before you leave:
- Ask plenty of questions
- Understand what you were told
- Repeat the information back to the pharmacist

4. Next steps:
- Take the evaluation for follow-up with your doctor or primary care provider
- Return periodically so that your medication can be reviewed again

For more information contact:

Cindy Warriner
HQI’s Pharmacist Consultant
804.720.4070
bluebag@hqi.solutions
Stay Healthy and Get a Blue Bag Checkup

**STEP 1**
Gather ALL your prescription medications, over-the-counter medications, herbal supplements or natural products, vitamins or minerals and any lists of medications and vaccinations you have.

**STEP 2**
Place all the items and information in a bag and take them to your healthcare professional, your pharmacist or to a Blue Bag Checkup event in your area.

**STEP 3**
A pharmacist or physician assistant will help you complete an updated medication list to take with you. They will ask how and when you take each medication and record that on the medication list.

**STEP 4**
Always have your list and medications with you for your visits to your doctor, pharmacist, hospital or ANY healthcare professional.

References:  http://www.healthywomen.org/content/article/get-brown-bag-checkup
ISMP Request a Brown-Bag Check-up https://www.ismp.org/newsletters/consumer/alerts/brownbag.asp
# Participant Signup Sheet
for Medication Review

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</tr>
<tr>
<td>19.</td>
<td></td>
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<tr>
<td>20.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Thank you for participating in today’s Blue Bag Checkup. Your opinion is important to us. Please complete this evaluation form and give to staff before leaving today. This will help us improve similar programs in the future and learn if today’s Blue Bag Checkup was helpful to you.

**Participant Evaluation Form**

Date: ___________________________
Participant #: _____________________
Location: _________________________

Thank you for participating in today’s Blue Bag Checkup. Your opinion is important to us. Please complete this evaluation form and give to staff before leaving today. This will help us improve similar programs in the future and learn if today’s Blue Bag Checkup was helpful to you.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>I don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Was the Blue Bag Checkup helpful to you?</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>2.</td>
<td>Was the information clear?</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>3.</td>
<td>Did you learn anything from today’s session?</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>4.</td>
<td>Will you change the way you take your medications based on today’s check-up?</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>5.</td>
<td>When you completed the Blue Bag Checkup, did you understand the reason for taking each of your medications?</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
1. How many medications (prescription, over the counter, vitamins/minerals/nutraceitics) were brought by the participant? _______

2. Did the participant say they brought in all their prescription medication containers?
   □ Yes □ No

3. Did the participant say they brought in all their over the counter medications and supplements?
   □ Yes □ No

4. Has anyone asked about the participants medications in the last 6 months, not including today’s discussion?
   □ Yes □ No

5. Could the participant state what each medication was for? □ Yes □ No
6. Could the participant state how and when they should take each medication? □ Yes  □ No

7. What information did you share with the participant? Please check all that apply.

□ Expired medications were identified by label
□ Compliance or adherence
□ Alternate over-the-counter medications were being used by the participant without a prescription or communication with the primary care provider.
□ Cost of the medications, possible generics available
□ Other: Please specify __________________________________________________________________

A number of conditions may be identified regarding medication regimens. Please check all that apply.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a.</strong></td>
<td>Duplicate medications</td>
</tr>
<tr>
<td><strong>b.</strong></td>
<td>Expired medications</td>
</tr>
<tr>
<td><strong>c.</strong></td>
<td>Participant had contraindication for one or more medications</td>
</tr>
<tr>
<td><strong>d.</strong></td>
<td>Drug-drug interactions could be possible</td>
</tr>
<tr>
<td><strong>e.</strong></td>
<td>Medication was correct, but dose was not</td>
</tr>
<tr>
<td><strong>f.</strong></td>
<td>Participant stopped taking prescription medications without telling a clinician</td>
</tr>
<tr>
<td><strong>g.</strong></td>
<td>Participant stopped taking an over-the-counter medication or supplement without telling a clinician</td>
</tr>
<tr>
<td><strong>h.</strong></td>
<td>Participant taking a new prescription medication (prescribed by another doctor) without telling a clinician</td>
</tr>
<tr>
<td><strong>i.</strong></td>
<td>Participant taking a new over-the-counter medication or supplement without telling a clinician</td>
</tr>
<tr>
<td><strong>j.</strong></td>
<td>Pill bottles brought in by participant did not match the medication list in the participant’s record</td>
</tr>
<tr>
<td><strong>k.</strong></td>
<td>Participant not taking medication as prescribed</td>
</tr>
<tr>
<td><strong>l.</strong></td>
<td>Participant failed to get medication(s) refilled</td>
</tr>
<tr>
<td><strong>m.</strong></td>
<td>Participant changed to cheaper medication</td>
</tr>
<tr>
<td><strong>n.</strong></td>
<td>A possible risk to participant safety</td>
</tr>
</tbody>
</table>

Comments: ____________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Follow-up Questions

Date: _____________________  Participant #: ______________________________

Location: ____________________________________________________________

Script: Thank you for bringing your medications in today so we could review them with you. Taking medications correctly can be very challenging. We want to do everything we can to give you all the information you need to assist with that and keep you safe. Based on today’s review, could you help me understand why you take your medications the way you do? Is there something we can do to help you take them the way they are supposed to be taken? Or is there a reason you may not be taking them as prescribed? We want to understand what some of the problems are so we can help doctors/hospitals and pharmacists understand how they can do better in explaining to participants how to take their medication correctly. Our goal is to ensure you stay safe and healthy.

Participant Comments: (This form is to be completed by a pharmacist, physician or student)
## Data Collection Worksheet

<table>
<thead>
<tr>
<th>Month/Year:</th>
<th>Pharmacy Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location:</td>
<td></td>
</tr>
</tbody>
</table>

- Number of Blue Bags given to participants
- Number of participants screened
- Number of participants screened with events identified
- Number of adverse drug events identified
- Number of expired medications or medications/OTC participants should NOT be taking

### Comments:

Please email monthly results to: bluebag@hqi.solutions

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**Data Collection Worksheet**

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### Comments:

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