**Solution Description**

**Proposed solution**

The average lifespan of an individual today can be approximated to be between 78 and 81 years, a significant increase from what was being experienced in the years back (Copeland, 2014). The quality of life we now lead has greatly improved greatly influenced by the development of new treatment methods and effective vaccines. The probability of contracting at least one chronic diseases increases as time passes and it is a phenomenon mostly experienced by the elderly (Farrell, Szeto, &Shamji, 2011). Adding to the improved life expectancy polypharmacy is not only becoming a significant issue to the healthcare practice (Fulton & Allen, 2005) but also causing a major concern to the current healthcare system but also an expensive practice to undertake. Furthermore, to the elderly, consumption of different drugs at a go can be catastrophic thus need to adopt an alternative approach (Sönnichsen et al., 2016).

The alternative to this problem is keeping it simple in terms of the number of prescribed medicines. To avoid an adverse drug effect to the elderly, physicians should consider optimizing the drug treatment as a strategy can be factored in when prescribing drugs in offering an effective review of patients’ medical history as a way for championing safe medication use (Rochon & Gurwitz, 1997; Duerden & Payne, 2015). Furthermore, medicine optimization is a realistic approach for it is in the heart of every practitioner that the welfare of their patients comes first hence its widely support.

**Organization Culture**

The management of polypharmacy as well as ensuring patients appropriately take their prescribed medicines without posing danger to their health is a responsibility taken very serious by every physician. Similarly, the fundamentals of medicine optimization complement the culture of every health institution in that medicines have and should always be a safety priority. This implies that health institutions continuously create a culture in which medicine can be regarded as a safety measure and a business ventured into by everyone in the profession as well as raising awareness of the associated risks of unmonitored consumption of drugs (Hajjar, Cafiero, & Hanlon, 2007).

**Expected Outcomes**

According to Gedinning and Campbell (2014), the medicine optimization strategy is meant to enhance the outcomes of the patient treatment. As described by Schardt et al. (2007) and Goodheart et al. (2006) the approach in line with PICOT will ensure a complete transformation of the handling of patient affairs which include:

* Reduce effects from medicine (admissions and readmissions) and at the same time enhancing the use and governance of prescribed medicines.
* Health practitioners acknowledging their responsibilities in medicine optimization.
* Ensuring the outcomes are optimal and the value for money is delivered.
* Promoting joint decision-making approaches and ensuring that patients and their caregivers acquire the necessary information on medicines.
* Providing a personalized an integrated care to the patient.
* Offering assistance to patients throughout the treatment phases.

**Method to achieve outcome**

According to the Royal Pharmaceutical Society (2013) medicine optimization approach is a strategy that “will require a multi-disciplinary teamwork to realize an individualized care, monitoring of the results, frequent review of the medicines and offering patient support when needed”.

* In achieving the outcome, the practitioners should strictly review any medication related issues. For instance, acting as reminders to patients on their next sessions and carrying with them the medications they are on especially for those on multiple medications.
* Primary caregivers should ask to be kept in the loop on whether they were or recently prescribed any medication by a specialist.
* Constant review of the medication regime in ensuring there is no drug interaction or side effects.
* Trying to limit the dosage given to patients and inquiring on the symptoms if any (Bushard et al., 2008).
* Ensuring patients derive therapeutic benefits from the prescribed medicines and the benefits outweigh the expected side effects.
* Though expected, but the caregivers should strive to keep the side effects in check and tolerable.
* Expected to be the best alternative, it should be noted that this approach to be effective several issues should be addressed:
* Proving worth- defining roles of the established team to avoid friction
* Resource restraints- time budgetary restraints. Physical presence of the Multi-Disciplinary team
* Arm’s length- communication and cohesion (Harris & Harling, n.d)

**Outcome impact**

Based on the presented information, medicine optimization seeks to involve patients throughout the treatment process. This application will avoid the prescription of a new drug to treat another drug related reaction- a situation referred to as prescribing cascade (Kalisch et al., 2011). Similarly, the approach is meant to incorporate the pharmaceutical industry to enhance the optimization process. Not only does the implementation of this approach aim at reducing the number of prescribed medicines given to patient but also attempts to individuals each treatment based on the patient seeking it. In pursuit of a better solution to polypharmacy, medicine optimization improves the quality of care offered hence influencing the patient outcomes and at the same time boosting their experience.  Additionally, medicine optimization takes into account outcome focused approach in support for the safe use of medicine greatly prioritizing patient’s feelings and wellbeing rather than the conventional reliance on laboratory procedures (Oboh, 2015).

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