**Supplementary V** List of practical strategies for the implementation of automated home medication dispensers in home care.

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| **Regarding home care professionals** | * Cognitions (including attitudes):   + Discuss the urgency to organize home care more efficiently   + Discuss the vision on e-health     - Fear of it taking over their job: it is supposed to be an addition, not a replacement. There is work enough in the next decades     - Risk of coming across as too complex and technical: demonstrate the simplicity of the dispenser   + Enhance confidence:     - Ensure hands-on practice     - Share past experiences (e.g., by key users)     - Start with a maximum chance of positive experience: select an obviously suitable patient (high level of learnability and motivation)   + Share experiences (both positive and negative) with colleagues, in- and outside your team, to learn from each other * Knowledge   + Training methods     - Group meetings, teams mixed     - Use a dummy device for hands-on practice     - Coaching each other on the job (e.g., by key users)     - Simple instruction videos that are accessible at any time (e.g., on YouTube)     - Instructive e-learning modules (mandatory or not)     - Frequently Asked Questions (FAQ)     - Take-home products       * Step-by-step instruction pocket cards including important telephone numbers       * Detailed protocol       * For seconded employees: instructions on paper or accessible through a digital link on smartphone; e.g., in digital care plan   + How to prevent alarms and/or malfunctioning     - Correct placement of sachets     - Adjust distribution times to the patient’s daily life routine (consult physician/pharmacy)     - Instruct the patient about the possibility to withdraw medication before the device’s signal     - If needed, pause the dispenser   + In case of alarms     - Discuss any frustrations with colleagues. Put into perspective: the absolute number of home care visits still outweighs the number of visits needed without the dispenser     - In case of frequent alarms: re-evaluate the eligibility of the patient     - Stay calm: losing confidence or patience might cause more frequent alarms * Keep sustained attention   + Periodic repetition of training and sharing experiences (power of repetition)   + Promote the awareness and use of dispensers using internal publicity, discussing them, making home care professionals curious about them * Collaboration   + Internal     - Support each other in case of unplanned visits   + External: stay in contact and discuss the dispenser (e.g., assign a contact person)     - Pharmacies (raise awareness, and adjusted medication sachets are required)     - Physicians (raise awareness about the dispenser; they can help introduce the dispenser at an earlier stage in the patient’s disease course) |
| **Regarding patients, relatives and informal caregivers** | * Carefully assess eligibility of patients (a job for the whole team: every member has a signaling/advising role)   + Use screening tool for eligibility   + Assess the following points extra carefully:     - Learnability and cognitive impairment: is the patient able to learn new things? Will he/she (learn to) understand the use of the dispenser? Will the device help to keep their daily structure?     - Non-adherence on purpose: if a patient does not want to take medication, the dispenser will not help     - History of medication abuse: using the dispenser might be a risk to the patient; consult physician     - Often being away from home: the dispenser might not be a useful solution   + Re-evaluate periodically and in case of frequent alarms * How to motivate eligible patients:   + Relationship of trust between patient and home care professional   + Emphasize the advantages and importance     - More freedom: not having to wait for home care     - Increased quality of treatment: taking medication at exact time of prescription     - Device pre-opens sachet (suitable for patients who cannot open packages)     - Safety net: home care organization is alerted when medication is not being withdrawn     - Increased self-sustainability     - No more loose medication sachets lying around the house     - No financial costs for the patient: fully funded by health insurance     - Emphasize the possibility to try it without obligations: there is a way back if needed   + Share past (in particular positive) experiences with patient     - Talk about your own experiences     - Share other patients’ experiences (e.g., YouTube videos)   + Be enthusiastic yourself (it is contagious) * Instructions for patients:   + Invite relatives and informal caregivers to join the instruction. Keep them involved before and during the use of AHMD   + Easy, simple and straightforward instructions     - Written simple manual, including photos (avoid thick textual manuals)     - Step-by-step tutorial (e.g., pocket cards and/or YouTube videos)     - Verbal instructions     - Hands-on practice   + Enhance confidence by reassuring them: show and tell the patient that you trust them and the device     - Patients might think the device is too technical for them. Discuss these (and other) concerns. Avoid difficult words and technical talk   + About medication withdrawal * Monitoring and guidance: keep evaluating and guiding the patient, phase out guidance depending on level of success * In case of (unplanned) visits after alarms:   + Reassure the patient, since the situation can cause distress. The patient might lose confidence and might want to stop using AHMD. |
| **Regarding both** home care professionals and patients, relatives and informal caregivers | * Be patient! Do not expect positive results immediately after the start of using the dispenser. It takes time and practice to succeed. |
| **Regarding the home care organization** | * Avoid an overload of innovations and projects: keep other projects in mind when planning the implementation process * Appoint a group of key users who feel ownership and who can answer questions and share experiences * Collaboration   + Involve the internal department that receives the alarms in the process of (re)implementation   + Involve local general practitioners and pharmacies * Managers/key users: give direction towards using AHMD more often * Provide clarity: where to ask which questions? * Make administrative processes as simple as possible * Keep paying attention to sustainability; e.g., evaluation, inquiry, repeated training (the power of repetition) * Stay in contact with the supplier: evaluate processes regularly |