**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)
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| **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.
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| **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.
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| **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
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