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Walden University

College of Nursing

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Chinyeaka Linda Ogbonna

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the review committee have been made.

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Chief Academic Officer and Provost
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Walden University
2025

Executive Summary: Staff Education Project
Enhancing Home Health Nursing Knowledge through Targeted Education on
Polypharmacy Risk Awareness in Older Adults

by

Chinyeaka Linda Ogbonna

MS, Walden University, 2023

BS, Grand Canyon University, 2020

Executive Summary Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

Walden University

November 2025

Summary

This Doctor of Nursing Practice (DNP) staff education initiative addressed the problem of polypharmacy, a common issue in home health care that increases the risk of drug interactions, side effects, and hospitalizations. Nurses and aides often provide daily care but may not recognize high-risk medications or warning symptoms. Addressing this gap was vital to nursing practice because staff are on the front line of patient monitoring and safety. The practice-focused question asked whether structured education for home health staff would improve knowledge of polypharmacy risks by 20%, increase recognition of high-risk medications by 75%, and result in at least 75% of participants reporting confidence in home health agency practices. A 15-item pretest and posttest were used to cover polypharmacy, high-risk medications, and reporting behaviors. Normalized gains measured learning improvement. An evaluation survey collected staff feedback and confidence ratings. Findings showed strong improvement across objectives. Normalized gains were 77% for overall knowledge and 93% for recognizing high-risk medications. Participants reported being confident ($n = 3$) and very confident ($n = 1$), which exceeded the 75% confidence objective. The main product was an educational session supported by slides, a flyer, and quizzes. Recommendations include expanding training for all staff, adding refresher sessions, and providing quick-reference job aids. Broader implications include enhancing medication safety for older adults, advancing nursing practice through ongoing education, and prioritizing diversity, equity, and inclusive care for vulnerable patient populations.

Background

Polypharmacy is highly prevalent among older adults and carries well-documented risks. A systematic review found an overall polypharmacy prevalence of about 37% across adult populations, with much higher rates among the elderly and hospitalized patients (Delara et al., 2022). For example, in Europe, roughly one-third of seniors take ≥ 5 daily medications (Kurczewska-Michalak et al., 2021). This multiple-drug burden substantially increases the risk of drug–drug interactions and adverse drug reactions, contributing to falls, cognitive decline, hospitalizations, and even mortality (Delara et al., 2022; Kurczewska-Michalak et al., 2021). Indeed, use of many medications in older adults is frequently suboptimal (with overuse or inappropriate use) and leads to often preventable adverse drug events (Delara et al., 2022; Alqarni & Senitan, 2025). Homebound patients, especially the aged ones, are particularly at risk; almost every patient who has moved to the post-acute stage of home-based care has one or more high-risk medications (Ghezeljeh et al., 2025). In practice, it is recommended to use systematic methods, for instance, the explicit screening instruments, like the Beers or STOPP/START criteria, to identify potentially inappropriate drugs in older adults (Gray et al., 2024).

Despite this need, a critical gap existed, and healthcare staff lacked adequate training in the management of geriatric medications. Reviews and qualitative studies emphasized insufficient medication expertise among home care staff (Karimi et al., 2025). Homecare nurses reported knowledge gaps in deprescribing and using high-risk drugs (Sun et al., 2021). A scoping review by Karimi et al. (2025) specifically highlighted that home health workers' insufficient expertise in medications is an area for

improvement. It underscored that medication training for home care nurses has been shown to reduce medication errors and increase their awareness of polypharmacy (Karimi et al., 2025). Similarly, a meta-synthesis of nurses' experiences noted that nurses recognize their crucial role in medication safety but often feel underprepared. When provided with training, nurse-led programs significantly improved patients' medication adherence, self-efficacy, and knowledge (Cheng et al., 2023). Collectively, the evidence identified education deficits as a driver of medication safety problems in this setting. These findings justified a practice change focused on staff education.

The project question asked if a structured educational intervention for home health staff would improve polypharmacy knowledge. The purpose of the project was to close the identified gap by developing and delivering an evidence-based training intervention for home health staff. The goal was to enhance staff knowledge in areas of Beers Criteria, recognition of high-risk drug classes, and deprescribing principles so that they could better support safe medication use in older clients. This practice is consistent with the recommendations according to which the interventions aimed at maximizing polypharmacy have to incorporate staff training elements (Kurczewska-Michalak et al., 2021). Through the provision of education to the providers on geriatric pharmacotherapy, the project was expected to translate best-practice guidelines into daily care to enhance patient outcomes.

Several streams of peer-reviewed evidence supported this intervention. First, high-level studies have shown that intervention programs can safely reduce inappropriate polypharmacy. For instance, Persaud et al. (2025) conducted a systematic review and meta-analysis of 118 randomized trials targeting potentially inappropriate prescribing in

older adults. They found that intervention arms (which included medication reviews, educational sessions, and decision support) had significantly fewer total medications prescribed compared to controls (Persaud et al., 2025). This evidence validated that structured programs could cut the polypharmacy burden. Another systematic review (meta-analysis) similarly concluded that deprescribing interventions in community-dwelling elders were associated with reductions in the number of medications and PIMs (Kurczewska-Michalak et al., 2021). These studies indicate that programs often involving the education of providers and patients are effective in improving the appropriate regimen.

More importantly, some of these studies have tested staff education interventions. Sun et al. (2021) tested a deprescribing education intervention among home health nurses and aides. Post-intervention surveys demonstrated that the curriculum was extremely acceptable, and it was able to address the knowledge gaps in the nurses with respect to polypharmacy and high-risk medications (Sun et al., 2021). Cheng et al. (2023) found that medication management programs initiated by nurses have their benefits. One of the mentioned RCTs indicated that patients aged over 65 years who had nurses trained in the program demonstrated an improved level of medication adherence, self-efficacy, and knowledge in comparison with the control group (Cheng et al., 2023). In addition, Karimi et al. (2025) highlighted that home health nurse medication training has been reported to decrease the rate of medication errors and make them more aware of polypharmacy. In another qualitative study, Ghezeljeh et al. (2025) recognized the existence of many safety risks in home care, which they linked to the presence of provider factors; their results emphasized the fact that older adults in home health with complex chronic illnesses are at

extreme risk of medication errors when there are no specific provider interventions (Ghezeljeh et al., 2025). The overall evidence was strong, with multiple systematic reviews and trials supporting education as an effective strategy.

Staff Education Project Development

The project began with a needs assessment and planning phase. The practice problem was clearly defined; home health staff had variable knowledge about polypharmacy and how to spot medication side effects in older clients. This gap was documented through informal interviews with team members, which revealed uncertainty about which drugs are high-risk for elders and what symptoms to report. Specific objectives were identified to address the practice gap, which were (a) to increase staff knowledge by a minimum of 20%, (b) to improve recognition of high-risk medications in a minimum of 75% of participants, and (c) to ensure that at least 75% of participants reported increased confidence in identifying and reporting medication concerns.

The organization showed readiness for change. The organization's readiness was validated through direct staff feedback, leadership support, and observed engagement. Informal interviews confirmed interest in training. The director approved scheduling adjustments. Nurses expressed willingness to participate despite the workload. Staff members attended planning, discussions, and asked questions, demonstrating their motivation. These behaviors confirmed practical readiness for change. The team was small but willing to learn, and the leadership supported education despite limited resources. A stakeholder analysis identified the director, registered nurse lead, and quality assurance staff as key roles with moderate to high influence. A strengths, weaknesses, opportunities, and threats (SWOT) analysis was completed. Strengths included strong

patient relationships and personalized training. Weaknesses included a small staff and a lack of technology tools. Opportunities involved free training resources and peer support. Threats included time constraints and some resistance to change.

Materials were prepared in multiple formats to support different learning styles. A concise PowerPoint slide covered the main lessons with graphics and bullet points (see Appendix A). A one-page flyer reinforced the key messages with large font and visual icons, which was distributed at the conclusion of all educational sessions to prevent participant data contamination (see Appendix B). Hands-on, one-on-one instruction was planned, and I met with staff members during the morning care preparatory meeting to minimize disruptions to patient care. I then conducted a 30- to 40-minute interactive instructional session. Adult learning theory suggests that immediate relevance and active participation improve retention, so the session included questions to engage staff during the presentation.

Before the educational session, each participant took a 15-question pretest (see Appendix C). Questions were multiple-choice and covered both factual content and application. The test was developed using items from published sources and the project's learning objectives. Questions were specifically identified to address objectives. Questions 1, 3, 4, 9, 10, 12, 13, 14, and 15 addressed education related to increased staff scores, while questions 2, 5, 6, 7, 8, and 11 were used to measure increased recognition of high-risk medication. Following the instruction, a posttest (see Appendix D), which consisted of the same items as the pretest, was administered to measure the objectives. The evaluation plan also included a post-educational questionnaire (see Appendix E), which asked participants to rate the clarity and usefulness of the training. The objective

regarding confidence was addressed using item six from the post-educational questionnaire. The pretest and posttest questionnaire scores were anonymized. Participants developed their own six-digit identification number for confidentiality and anonymity. The paired scores were entered into an Excel spreadsheet for statistical analysis. The post-presentation questionnaires were also reviewed qualitatively for themes.

Results

Four staff members completed both the pretest and posttest assessments, as well as the post-implementation questionnaire. Data analysis showed consistent gains across all objectives. Staff were expected to improve their test scores by a minimum of 20%. Scores demonstrated improvement, with a pretest mean of 63.33% (min = 53.33; max = 73.33), while participants achieved a posttest mean of 91.67% (min = 86.67; max = 93.33). All four participants achieved the expected outcome, with normalized gains ranging from 71% to 84% and an average gain of 77.44%.

Recognition of high-risk medications, measured through a subset of six questions addressing drug safety concerns. Scores increased for all four participants. Scores demonstrated improvement, with a pretest mean of 58.33% (min = 33.33; max = 83.33), while participants achieved a posttest mean of 95.83% (min = 83.33; max = 100). Normalized gains ranged from 75% to 100%, with a group average of 94%. These findings demonstrated that participants developed a strong ability to identify high-risk medications after the training.

Seventy-five percent of staff were expected to report confidence in identifying and reporting concerns. The item that reported confidence was number six on the post

educational evaluation form, which asked each participant to identify how confident they were about identifying and managing polypharmacy risks after completing the training. Findings identified that three participants identified that they were confident, with one identifying that they were very confident. All participants (100%) reported being confident, which exceeded the 75% project confidence objective. Qualitative review of the post-presentation questionnaires revealed three main themes: clarity, relevance, and practicality. Participants described the session as clear and easy to follow. They emphasized that the content was directly relevant to their daily patient care responsibilities. Several staff members highlighted that real-world examples were especially helpful in understanding the risks associated with polypharmacy.

Additional evaluation survey results provided further insights. Participants rated the training highly across most areas. The ease of understanding averaged 4.25 out of 5, while program quality received an average rating of 4.75 out of 5. All respondents indicated that they were likely to apply the knowledge gained in their daily work.

The impact on the organization was positive. Staff demonstrated better recognition of high-risk medications and greater readiness to report concerns. This can translate into fewer medication errors and improved patient safety. Staff also described the program as useful and directly relevant to their work. The main limitation was the small sample size. Only four staff participants were included, which reduced generalizability. Another limitation related to the questionnaire is that there was no even distribution of questions for the analysis of results in relation to the stated objectives. The project also measured only short-term knowledge gains. Despite these limitations, the project has significance beyond the local setting. Medication safety represents a pervasive

and critical concern across healthcare systems. The educational model employed in this focused intervention demonstrates a framework that can be adapted and implemented in other healthcare organizations to promote safer medication practices.

Conclusions

This project confirmed that brief, focused staff education could improve knowledge. All staff who participated in the project reported being confident or very confident following their participation, with all objectives not only met but also exceeded. The educational intervention was well-received and feasible within the home care setting. One-on-one training allowed for flexibility and ensured that all participants could engage fully without compromising patient care. For nursing practice, these results underscore the value of continuing education on geriatric pharmacotherapy. Nurses and aides, armed with enhanced awareness of high-risk medications and red-flag symptoms (for example, confusion, falls, bleeding), can more effectively monitor their clients and prompt timely medication reviews. This contributes to quality improvement by potentially reducing preventable harm. The project model, which utilizes a combination of slides, handouts, and quizzes, is replicable and can be scaled to accommodate additional staff or other agencies.

It is further recommended that the program be expanded to include all home health personnel, and the involvement of additional agencies should be considered. The curriculum should be integrated into routine professional development and new-hire orientation to reinforce knowledge gains across the organization. Periodic refresher sessions should be offered to ensure that staff competency is maintained over time. Additionally, concise job aids, such as laminated cards or visual guides that list high-risk

medications and common warning signs, should be developed. A quick-reference Beers Criteria sheet, which was specifically suggested by staff feedback, should be provided so that learning is sustained at the point of care.

Empowering healthcare workers through this initiative promotes more equitable care for vulnerable older adults. By training nurses and aides together using clear, accessible language and visual aids, the project ensured that all staff, regardless of background or experience, shared a common understanding of medication safety. This means every patient benefits from a consistently informed care team, helping to close gaps that might arise due to differences in health literacy or social support.

This project has several implications for nursing practice and positive social change. Nurses gained stronger skills in recognizing high-risk medications, which can reduce preventable harm among older adults. Improved knowledge means staff can act earlier, improving patient safety and quality of care. From a social change perspective, education helps create safer systems in home health, where many vulnerable patients receive care. Focusing on diversity, equity, and inclusion ensures all staff, regardless of background, share the same knowledge and confidence. This reduces gaps in care quality, supports fair treatment, and promotes equitable health outcomes across different patient populations.

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Appendix A: Educational PowerPoint

Enhancing Home Health Nursing Knowledge Through Targeted Education on Polypharmacy in Older Adults

Enhancing Home Health Nursing Knowledge through Targeted Education on Polypharmacy Risk Awareness in Older Adults

Quick Learning Session for Home Health Staff

Presented by: Chinyeaka Ogbonna

Date: 08/01/2025

Objectives

- ✓ Understand why polypharmacy increases risk in older adults.
- ✓ Identify common signs of medication-related problems.
- ✓ Identify high-risk medications using Beers Criteria.
- ✓ Apply simple steps to review, ask, and report safely.
- ✓ Develop more confidence in addressing medication concerns.



Why Medication Overload Is a Problem

- ✓ Taking 5+ medications increases risk
- ✓ Older adults are more sensitive to side effects
- ✓ Confusion, dizziness, and falls are often preventable
- ✓ 1 in 3 older adults is harmed by medications yearly (Glans et al., 2020)

Signs That Medications Might Be Causing Harm

- ✓ New confusion or memory issues
- ✓ Unsteady walking or repeated falls
- ✓ Excessive sleepiness or fatigue
- ✓ Overuse of OTC meds like Tylenol PM



Ask: *What changed since the last visit? Is something new causing this?*

Examples

Example 1:

- ✓ Patient was taking Warfarin (blood thinner) and Ibuprofen (OTC pain reliever).
- ✓ → **Result:** Internal bleeding, hospital admission.

Example 2:

- ✓ Patient was started on Amitriptyline for sleep. She became confused and fell twice in one week.
- ✓ → **Nurse flagged this:** Amitriptyline is a high-risk drug per Beers Criteria.

Example 3:

- ✓ Patient using Tylenol PM daily, also on Lisinopril and Metformin.
- ✓ → Reported extreme fatigue. OTC sedative was contributing to drowsiness.

3 Simple Actions That Protect Patients

1. Review medications during visits

Ask: "Are you still taking this one?"

Look for duplicates or expired meds.



2. Ask clear questions

"Have you started anything new?"

"Do you feel dizzy, confused, or different?"



3. Report your concerns clearly

Document what you see or hear.

Alert the RN or provider right away.

Medications to Watch (Beers Criteria)

- ✓ Diphenhydramine (Benadryl), Zolpidem (Ambien)
- ✓ Antipsychotics, Muscle relaxants
- ✓ OTC sleep aids, duplicate painkillers



American Geriatrics Society Beers Criteria® Update
Expert Panel. (2023) lists high-risk drugs for people 65+.



Before You Leave the Home...

- ✓ Ask about ALL medications (including OTC and supplements)
- ✓ Look for expired, duplicated, or unnecessary meds
- ✓ Observe for red flags (falls, confusion, sleepiness)
- ✓ Report anything unusual — even small changes



- *Safety starts with YOU. Speak up when something seems off.*

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Appendix B: Educational Flyer

ENHANCING HOME HEALTH NURSING KNOWLEDGE THROUGH TARGETED EDUCATION ON POLYPHARMACY IN OLDER ADULTS



WHY THIS MATTERS

Older adults receiving care at home often take five or more medications. This puts them at risk for falls, confusion, and hospital visits. Many of these issues can be prevented by recognizing the warning signs and knowing what to look for.

- ★ Polypharmacy = taking 5 or more medications regularly
- ★ Risks = falls, dizziness, drug interactions, hospitalizations
- ★ You play a key role in preventing harm

WHAT YOU CAN DO ON EVERY VISIT

- ✓ **Review:** Ask about all medications—prescriptions, over-the-counter, and supplements.
- ✓ **Check:** Look for duplicate meds, expired bottles, or confusion about when to take them.
- ✓ **Ask:** “Have you felt more tired, dizzy, or forgetful lately?”
- ✓ **Report:** Any concerns to the RN or provider immediately.

*You are the eyes and ears between visits.
Trust your observations.*

HIGH-RISK MEDICATIONS TO WATCH FOR

These medications are often risky for older adults (per Beers Criteria):

- ✓ Diphenhydramine
- ✓ (Benadryl) Lorazepam
- ✓ (Ativan) Amitriptyline
- ✓ Ibuprofen (chronic use)
- ✓ Sleeping pills/sedatives

If you see these, ask, observe, and report changes in alertness, balance, or behavior.

QUICK SIGNS OF MEDICATION-RELATED PROBLEMS

- ▶ Falls or near-falls
- ▶ Sudden confusion
- ▶ Unusual sleepiness
- ▶ Slurred speech
- ▶ Skipped meals or forgotten doses

IF SOMETHING FEELS OFF, REPORT IT.

SPEAK UP. YOUR VOICE PROTECTS PATIENTS

Developed by: Chinyeaka Ogbonna R.N., July 2025

Appendix C: Pretest

Enhancing Home Health Nursing Knowledge Through Targeted Education on Polypharmacy in Older Adults

PRETEST

Date: _____

Instructions:

Purpose: This questionnaire aims to assess your current knowledge level.

Confidentiality: Please do not include your name or email address. Use your assigned participant code to maintain anonymity.

- Assigned Code _____

Time: This quiz should take less than 5 minutes to complete.

Directions: Please select the correct response to each of the following items by circling your selection. There is only one correct response for each item.

1. What is the most common risk of polypharmacy in older adults?

- A. Improved overall health
- B. Increased risk of drug interactions and side effects
- C. Reduced effectiveness of medications
- D. Faster recovery from illnesses

2. Which of the following medications is considered high-risk for older adults, according to the Beers Criteria?

- A. Ibuprofen for pain relief
- B. A multivitamin
- C. Calcium supplements
- D. Metformin for diabetes

3. Which of these signs may indicate a medication-related problem in a patient?

- A. Increased appetite
- B. New confusion or dizziness
- C. Improved mobility
- D. Clear skin

4. If an older adult is taking multiple medications, what should be your first step when you notice side effects or changes in their condition?

- A. Immediately call their doctor
- B. Change the medications yourself
- C. Document the symptoms and report them to the RN or doctor
- D. Wait for the symptoms to improve

5. Which type of medication should be used with caution in older adults due to its sedative effect?

- A. Aspirin
- B. Diphenhydramine (Benadryl)
- C. Vitamin D
- D. Insulin

6. What is an example of an over-the-counter medication that could interact negatively with prescribed blood thinners?

- A. Acetaminophen (Tylenol)
- B. Ibuprofen (Advil, Motrin)
- C. Antihistamines
- D. Multivitamins

7. Why should the Beers Criteria be used in the management of medications for older adults?

- A. It helps to determine the most cost-effective medications
- B. It identifies medications that should be avoided due to their high risk of harm
- C. It recommends vitamins and supplements for elderly patients
- D. It lists all medications covered by insurance

8. What is one common side effect of anticholinergic medications in older adults?

- A. Increased blood pressure
- B. Drowsiness and confusion
- C. Improved vision
- D. Decreased appetite

9. How can medication errors be minimized during home health visits?

- A. By ensuring that all medications are prescribed by one doctor
- B. By conducting regular medication reviews and updating lists
- C. By relying only on over-the-counter medications
- D. By reducing the number of visits to patients

10. Which of the following should be monitored regularly in patients on blood thinners?

- A. Blood sugar levels
- B. Weight changes
- C. Blood pressure and bleeding risks
- D. Kidney function

11. What is an example of an over-the-counter medication that should be avoided in older adults due to potential adverse effects?

- A. Ibuprofen (Advil, Motrin)
- B. Calcium supplements
- C. Aspirin for mild headaches
- D. Vitamin C

12. What is the role of a home health nurse when noticing a patient is taking too many medications or shows signs of confusion?

- A. Adjust the medication doses without consultation
- B. Report the concern to the physician or pharmacist
- C. Ignore the signs if they seem minor
- D. Tell the patient to stop all medications

13. What type of medication review is recommended for older adults in home health care?

- A. One-time review during the initial visit
- B. Annual review only
- C. Ongoing medication reconciliation at each visit
- D. No review needed if the patient is stable

14. Which of these is NOT typically a cause for concern with polypharmacy in elderly patients?

- A. Duplicated medications
- B. Medications causing sedation
- C. Potential for drug interactions
- D. Shorter recovery periods from minor illnesses

15. When is the best time to discuss medication concerns with patients in home health care?

- A. Only when they ask about their medications
- B. During regular visits or medication reviews
- C. At the hospital during a visit
- D. After a medication error occurs

Appendix D: Posttest

Enhancing Home Health Nursing Knowledge Through Targeted Education on Polypharmacy in Older Adults

POSTEST

Date: _____

Instructions:

Purpose: This questionnaire aims to assess your current knowledge level.

Confidentiality: Please do not include your name or email address. Use your assigned participant code to maintain anonymity.

- Assigned Code _____

Time: This quiz should take less than 5 minutes to complete.

Directions: Please select the correct response to each of the following items by circling your selection. There is only one correct response for each item.

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- C. Improved mobility
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 - B. Ibuprofen (Advil, Motrin)
 - C. Antihistamines
 - D. Multivitamins
- 7. Why should the Beers Criteria be used in the management of medications for older adults?**
- A. It helps to determine the most cost-effective medications
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 - C. It recommends vitamins and supplements for elderly patients
 - D. It lists all medications covered by insurance
- 8. What is one common side effect of anticholinergic medications in older adults?**
- A. Increased blood pressure
 - B. Drowsiness and confusion
 - C. Improved vision
 - D. Decreased appetite
- 9. How can medication errors be minimized during home health visits?**
- A. By ensuring that all medications are prescribed by one doctor
 - B. By conducting regular medication reviews and updating lists
 - C. By relying only on over-the-counter medications
 - D. By reducing the number of visits to patients
- 10. Which of the following should be monitored regularly in patients on blood thinners?**
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 - B. Weight changes
 - C. Blood pressure and bleeding risks
 - D. Kidney function
- 11. What is an example of an over-the-counter medication that should be avoided in older adults due to potential adverse effects?**
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 - C. Aspirin for mild headaches
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- A. Adjust the medication doses without consultation
 - B. Report the concern to the physician or pharmacist
 - C. Ignore the signs if they seem minor
 - D. Tell the patient to stop all medications

13. What type of medication review is recommended for older adults in home health care?

- A. One-time review during the initial visit
- B. Annual review only
- C. Ongoing medication reconciliation at each visit
- D. No review needed if the patient is stable

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- A. Duplicated medications
- B. Medications causing sedation
- C. Potential for drug interactions
- D. Shorter recovery periods from minor illnesses

15. When is the best time to discuss medication concerns with patients in home health care?

- A. Only when they ask about their medications
- B. During regular visits or medication reviews
- C. At the hospital during a visit
- D. After a medication error occurs

Appendix E: Educational Evaluation Form

Educational Evaluation Form

Your input is appreciated and will help improve future training.

Instructions: Please take a moment to complete this form. Place an X in the box next to your choice. Your responses are **anonymous**. This evaluation will be used to improve the training and ensure it is beneficial to you and your colleagues.

1. Were the learning objectives clearly met in this training?

Yes, completely Yes, mostly Somewhat No

2. How easy was it to understand the content presented in the lessons?

Very Easy Easy Neutral Difficult Very Difficult

3. Did the lessons provide sufficient information to understand polypharmacy risks and management?

Yes, fully Yes, mostly Somewhat No, insufficient

4. How helpful were the examples provided (e.g., medication interactions, patient scenarios) in understanding the material?

Very Helpful Mostly Helpful Somewhat helpful Not Helpful

5. Was the amount of content delivered in each lesson appropriate? Do you have more than one lesson?

Too much Just right Too little

6. How confident do you feel about identifying and managing polypharmacy risks after completing the training?

Very Confident Confident Neutral Unconfident Very Unconfident

7. How likely are you to apply the knowledge gained from this training in your daily work?

- Very Likely Likely Neutral Unlikely Very Unlikely
-

8. Were the quizzes and assessments helpful in measuring your understanding of the material?

- Very Helpful Mostly Helpful Somewhat helpful Not Helpful
-

9. Do you feel that the training addressed the real-world challenges of polypharmacy in older adults?

- Yes, fully Yes, mostly Neutral No, partially No, not at all
-

10. How would you rate the overall quality of this educational program?

- Excellent Good Neutral Fair Poor
-

11. What was the most useful aspect of this training? (Please provide a brief response.)

12. What improvements would you suggest for future training sessions? (Please provide any suggestions for improvement.)

13. Additional Comments or Feedback: (Feel free to share any other thoughts or suggestions.)

Submission Instructions:

Please submit your completed form by **Friday, August 23, 2025**, to ensure your feedback is collected.

Thank you for your valuable feedback!