Optimizing Medication Safety in Maryland Assisted Living Facilities
Panel Discussion
Moderated by: Nicole Brandt, PharmD
Objectives

At the end of this knowledge based activity, the participants should be able to:

1. Identify at least three areas where medication safety concerns arise.
2. Define the role of the various members of the team (e.g. nurse, pharmacist, family, prescriber, assisted living facility (ALF) manager and owner)
3. Describe ways to minimize medication errors and optimize care in Maryland ALFs.
Panel Members

- Dr. Richard Handelman
  - President and CEO, Catered Living of Ocean Pines (ALF)

- Jennifer L. Hardesty, PharmD, FASCP
  - Clinical Services Manager, Remedi SeniorCare

- Barbara Resnick, PhD, RN, CRNP, FAAN, FAANP
  - Professor & Sonya Ziporkin Gershowitz Chair in Gerontology University of Maryland, School of Nursing

- Deborah Sheehan, RN
  - Delegating Nurse, Catered Living of Ocean Pines (ALF)

- Rodney Taylor, PharmD
  - Consultant Pharmacist, Rx Tour, LLC

Dr. Resnick also practices at the Roland Park Place.
There are several different players involved in the medication use process. The process can be divided into five parts:

1. Prescribing. Evaluate resident, determine need for medication, select appropriate medicine.
2. Documenting/Transcribing. Write order in chart to transcribe verbal order, transmit order to pharmacy, transcribe order to MAR.
3. Dispensing. Receive, review, and confirm order at pharmacy, prepare and dispense medication to facility, transport medications to facility.
4. Administering. Review MAR, critically think through administration of medication, administer the right medication, at the right dose or rate, by the right route, at the right time to the right patient, record administration in MAR.

Medication management is the key: “the five R’s” (the Right medication, at the Right dose or rate, by the Right route, at the Right time to the Right patient).
Prescriber and Nurse Practitioner Perspective

Barbara Resnick, PhD,CRNP,FAAN,FAANP
Resnick: I am coming from two perspectives: the prescriber’s and the nurse’s.

Remind the prescribers of the rules of the ALFs and to consider ALF specific issues when prescribing. It is for example important to consider who will be administering the medications, how it will be done and whether it is realistic that the medication will be administered as prescribed?

As a health care practitioner at an ALF, It is also important to keep in mind that relatives/friends/family to the resident can go across the street to buy over-the-counter (OTC) medications, which you are then responsible for.
Self-medication Safety

• SO….how do we know if a resident can self-administer medications?
  – There is no gold standard
  – Combines evaluation of functional ability as well as cognitive (remembering to take and understanding what one is taking)
  – Who can evaluate?
    • Some states it is a licensed health care provider
    • In Colorado it must be a physician
The Continuum of Self-Administration

- Complete independence: NO reminders or assistance
- TO….reminders
- To….complete assistance.
- TECHNICAL ASSISTANCE?
  - Medication event monitoring system which electronically tracks and records when the container of med is opened can mean independence for some.
Assistance: You Thought it Was Simple?

• Assistance with medications
  – 17 regulatory definitions of assistance:
    • Retrieving the drug
    • Opening the container
    • Verifying correct pill
    • Placing med in resident’s mouth
    • Handing a prefilled box to a resident
    • Opening a prefilled box for the resident
    • Placing the medication back in the box…etc

Many prescribers have no idea about these issues.
Resident Issues for Safe Administration

• Task completion
  – Finding the pill, opening it, and putting it in the right place at the right time and in the right way.
  • ??? How many of us would do this all correct

• Health literacy
  – Reading and understanding meds
  – English speaking?
With Age comes skills
It’s called MultiTasking
I CAN
LAUGH, COUGH,
SNEEZE, AND PEE ALL
AT THE SAME TIME.
Evaluation Options for Medication Administration Safety

- ASCP has a Medication Self-Administration Assessment Form
- Medication Management Test
- MedMaIDE

The forms from American Society of Consultant Pharmacists (ASCP) are great tools and I can highly recommend using them.
Nursing Competency

- All the R’s
- The who, what, where and why and what is best for the resident?

What is best for the patients in terms of drug administration?
PRO Rational

- There are three main reasons to support the use of an attention control group in behavioral research:
  - (1) to maintain blindness on the part of the participants;
  - (2) to assure efficacy of the intervention; and
  - (3) for ethical reasons.
How can the pharmacy help with the dispensing of medications in assisted living facilities?
Prescribing

• Evaluate resident
• Determine need for medication
• Select appropriate medicine

Consultant RPh may suggest prescribing or discontinuing medications:
– Untreated indication
– Medication used without indication
– Dose too high
– Dose too low
– Adverse effects present
– Cost-effective alternatives

Some medications that were added while the resident was in hospital, may not be needed after discharge.
Documenting/Transcribing

- Write order in chart to transcribe verbal order
- Transmit order to pharmacy
- Transcribe order to MAR

Pharmacy can assist by:
- Providing printed medical records (Each month)
  - MAR, TAR, Physician Order Sheets
- Consultant RPh can review orders and transcriptions in resident chart
Dispensing

- Receive, review, and confirm order at pharmacy
- Prepare and dispense medication to facility
- Transport medications to facility

Pharmacy can assist by:
- Screen for drug interactions, duplication of therapy, proper dosing, other irregularities requiring clarification
- Provide medications in special packaging
- Delivery directly to facility (on a routine basis)
- STAT deliveries (i.e., pain meds or antibiotics)
Storage and Labeling

- Resident’s medications are properly stored/maintained.
  
  L. Safe Storage of Medication. The assisted living manager, or designee, shall ensure that:
  1. Medications are stored in the original dispensed container;
  2. Medications are stored in a secure location, at the proper temperature

- Control Drug Accountability.
  1. Staff shall count and record controlled drugs, such as narcotics, before the close of every shift.
  2. The daily record shall account for all controlled drugs documented as administered on MAR
  3. All Schedule II and III narcotics shall be maintained under a double lock system

Pharmacy can assist by:
- Providing consistent packaging for a facility medication-use system
- Provide controlled substance policies and documentation/forms.
- Consultant Pharmacist can assist in developing facility procedures and perform storage audits.

Some of the COMAR regulations pertain to storage and labeling. Institutional pharmacists can provide special packaging, such as unit dose packaging.
Special packaging facilitates control counts. It also helps to control infections (not a lot of hands going into the vials all of the time).
Administration

- Review MAR
- Critically think through administration of med
- Administer the right medication, at the right dose or rate, by the right route, at the right time to the right patient
- Record administration in MAR

Consultant Pharmacist can assist by:
- Suggesting if administration need to be modified to address drug interactions or meal times, or both
- Providing in-service education on medication administration techniques
- Checking for ‘holes’ in documentation
Monitoring

- Assess patient’s response to medicine

**Consultant Pharmacist can assist by:**
- Assuring that periodic diagnostic monitoring required by certain medications have been performed
- Based on available information, the desired effectiveness of each medication is achieved
- Any undesired side effects, potential and actual adverse drug reactions, and medication errors are identified and reported
- Periodic Quality Assurance Review to identify trends

The consultant pharmacist controls whether the labs have been drawn, assess whether the results are with normal range and checks that appropriate actions are being taken.
### Challenges

- Increasing medically complex patients
- Communications between facility, family, physician, and pharmacy
- Seen by multiple providers
- Potentially problematic medications such as:
  - Drugs with low therapeutic ratios
  - Drugs where timing is important (i.e. insulin, levadopa/carbidopa)
  - Eye drops or breathing treatments, because their administration requires special skill, training, and care
- Balance between “social” and “medical” model
  - Medication administration
  - Regulations

We are seeing increasing medically complex patients: the ALFs today are like the nursing homes of a few years ago. Patients discharged from hospitals often go straight into the ALFs.
I work as a delegating nurse in ALF. I have a total of 32 residents in my practice site and there are two registered nurses (RN) on duty.
Catered Living of Ocean Pines is a different model of assisted living for a small facility, as there is a nurse on the premises for some part of the day, six days a week. That “day” could mean day, evening or night or any combination. The time the nurse is not there is covered by “on call”. Call is for any questions or concerns from the Resident Assistant or Medication Technician about care, medications, incidents or issues about the residents.

The role of the delegating nurse is an important and complex role in ALF. This role has become more difficult and complex as the trend toward increasing resident acuity has occurred. I am responsible for overseeing the nursing/medical/personal care for the residents. This includes:

- Coordinating all aspects of the residents’ medical care.
- Communicating with the doctor’s office to obtain needed treatments, medications, lab work, schedule appointments and arrange transportation if necessary.
- Maintaining proper paper work requirements required by State regulations (HCPPA, 45 day reviews of both resident and medication technician, licensing etc.)
- Assessing potential residents for appropriateness.
- Communicating with family members as appropriate and needed.
- Overseeing the training and care provided by resident assistants.
- Teaching medication administration to qualified and responsible staff to become medication technicians.
- Enforcing the disciplinary process.
Delegating Nurse’s Roles

• **Role of Delegating Nurse:**
  – Responsible for overseeing nursing/medical/personal care for ALL residents
  – Maintain Proper Paperwork (e.g. HCPPA, 45 day reviews of both resident and medication technician, licensing)
  – Assess potential residents for appropriateness.
  – Oversee the training and care provided by resident assistants (ie med tech).
Delegating Nurse’s Roles

• **Role of Delegating Nurse:**
  – Teach medication administration to qualified and responsible staff to become Medication Technicians.
  – Enforce the disciplinary process.
  – Communicate with pharmacists as needed with questions on medications, training needs, medical equipment, MARs and pharmacy reviews.
  – Marketing tours
  – Lead and attend meetings for QA, administration, staff/team building.

We are reviewing MARs every month to make sure that everything is properly documented and carried out.

We are also communicating with the pharmacist about, for example, labs that have to be done at a certain time.
Delegating Nurse

- Balancing Multiple Roles which may lead to breakdowns in the system.
- What can be done to avoid medication safety issues when there are so many tasks to do?

Balancing multiple roles can be very difficult; nurses need to be not only competent but also caring. An important part of the delegating nurse’s job is to do “family hand-holding”.
My experience is at the smaller homes (30 beds or less). Many of the patients have a high number of medications and are so called medically complex.
• The AL manager shall arrange for a licensed pharmacist to conduct an on-site review of physician prescriptions, physician orders and resident records at least every 6 months for any resident receiving 9 or more medications, including over the counter and as needed medications.

“Medications” include ointment, creams, inhalers, patches… (i.e. not only pills).
The pharmacist has to be on site, if you ask me. Proper medication reviews cannot be done remotely.
Our Experience in ALFs

• Physical Space usually limited, single family homes, single or shared bedrooms, usually no office space, minimal storage

Most ALFs are actually homes. Single family homes running from 2 bedrooms to 6-8 rooms.

They usually have neither enough office rooms nor enough medication storage rooms. Physical space for storage can be very challenging.
Record keeping can be challenging due to limited space. Some ALFs did not even have charts before the new regulations. Electronic records in the home setting of ALFs are preferred.

A universal physician ordering form. However, due to constant changing in medications and lack of time filing the new orders, the chart is sometimes not properly updated. The MARs may therefore not be up-to-date at times. We (the pharmacists) need to make sure that all the records are the latest and matches up with the medications the residents are currently supposed to be taking.
As consulting pharmacists, we need to make sure that we educate staff as well as residents.

The first thing I do when I walk in the door of an ALF is to get an impression of whether all the residents are relatively happy and well treated by the staff. Before you jump into the technical aspects, keep in mind that we are also looking into the quality of care delivered in the ALFs.
Our Experience in ALFs

• Medication Storage

A medication storage place could be a file cabinet, closet, medication cart or locked boxes.

One of the pharmacist’s responsibility is to make sure that medication storage is set up as required by the law. The pharmacists have to educate the facilities to establish proper storage.
Medication Management Challenges

• Expired medications
• Medication disposal
• ER/Hospitalizations
• Family providing OTC’s

It is a huge problem how to properly discard expired medications.

The majority of errors are happening when the patient goes to the emergency room or are hospitalized. A reconciliation of the medication list is needed when the patients go back to the ALF from the hospital. Also, we should aim to reduce unnecessary medications.

Family-provided OTC is another major issue in the smaller ALFs. Commercials make certain OTCs look attractive to family members, who will buy them and bring them to the resident without telling the ALF or the pharmacist.
Medication Management Challenges

• Medication Errors

• Facility concerns:
  – Difficulty reaching physician or nurse practitioner to obtain or verify a prescription
  – Timely delivery of medications
  – Appropriately trained staff
  – Adequate staffing

Drug-drug interactions are usually checked at the point of dispensing but there are other concerns that need to be addressed. For example, medications that do not have an indication needs to be put off.

Building a relationship between physicians, pharmacists and other health care professionals that come in to the ALF is necessary. You are most likely to get a quicker response once a good relationship is established.
Questions / comments from the floor:

1. I am a nursing advocate, but I have problems with the providers/physicians. How can I handle these problems without being offensive to the providers.

   Rodney (R): Always use the patient’s voice or the family’s voice. Bring up the safety issues to the providers.

2. What can a pharmacist take as an order for medications from the prescriber? Can verbal order be ok or do you need a written prescription?

   R: It is per each facility’s policy. Written orders is preferred for documentation issues. The ALFs need a copy of verbal order from the providers to make sure that all parties involved in the care are on the same page.

   Comments from the floor:
   - You can also have the prescriber call both the pharmacist and the facility to tell the order of the medication.
   - The nurse will need a written order from the provider in order to administer the drug.
   - Sometimes there are no registered nurse on site to follow up with the verbal order, so the ALF always prefers written orders.

3. What is the checklist for the pharmacists?

   R: Pharmacists should bring the checklist to the ALF when they are doing onsite reviews.
Take Home Points

- Multiple issues as well as steps in this process that can break down!
- It is your job to:
  - Care
  - Communicate &
  - Coordinate