



Managing What The Doctor Ordered

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One of the foremost reasons an individual chooses to reside in an assisted living facility is that he or she needs help with medication management. On average, a typical assisted living resident takes 12 different medications, including prescription and over-the-counter medications. The regulations affecting medication management and distribution vary from state to state. In addition, most assisted living facilities have specific policies and procedures regarding medications.

While the purpose of this article is to explore the challenges assisted living facilities face distributing medication, state regulations and policies should be considered when seeking possible solutions.

DISTRIBUTING MEDICATIONS

Storage Assisted living facilities can choose to keep medications stored securely in the resident's room or in a central medication storage area. The specifics regarding storage of controlled medications might be affected by facility policy and/or state regulation. It is common for extra security to be associated with certain controlled medications such as Valium and codeine. Refrigeration of some medications, such as insulin, must also be considered.

For safety and sanitary reasons, it is important that medications for each resident be stored separately, with internals (pills) and externals (creams) kept separate. While not a major focus, the packaging of medications is another consideration. Storage areas need to accommodate any specific packaging. For example, blister cards might require more space than vials. A facility is often faced with the difficulty of storing a variety of medication packaging and must identify a storage area or system to accommodate the various packages.

Frequently, even if facility staff choose to store all medications in a central storage area, a resident will want to keep some medications in his or her room. The facility should have an established policy on this matter. As long as residents are mentally able to manage certain bedside medications, they tend to want items such as nitroglycerin sublingual tablets for chest pain and inhalers for asthma at their immediate disposal.

Proper storage must be available, such as a drawer or cabinet that can be locked in the resident's room. The privacy of the resident should always be respected; however, the facility should have permission from the resident, family or responsible party to routinely review or search for medications stored in the

room. Problems to watch for include expiration dates and large amounts of seemingly "innocent" over-the-counter medications. The elderly commonly overuse laxatives, diet pills, diuretics and acetaminophen. If any questionable medications are found, the family or responsible party should be notified of potential hazards.

Ordering and Acquiring Medications

Assisted living facilities need to predetermine how new medication orders and changes in current medications are to be communicated among the physician, pharmacy and facility. Depending on regulations and/or policy, this communication may be handled in different ways.

If licensed nursing staff is employed, communication between the physician and pharmacy can be coordinated. However, in many cases, licensed staff is not employed, and lines of communication must be open between the physician and the pharmacy, with the knowledge of facility staff.

For example, Mrs. Jones might visit her physician and return to the facility with a change in current medication. The physician might either call the pharmacy with the change or send a handwritten prescription with Mrs. Jones. A "best practice" is for the facility to inquire of Mrs. Jones if any medication changes have been ordered and if the information has been communicated to her pharmacy. The facility can then follow up on the change and ensure that the pharmacy has been properly contacted.

The choice of pharmacy, while the right of the resident, should be considered by the facility. While in many cases insurance payment will determine pharmacy choice, there are many issues to consider regarding the resident's pharmacy choice.

A dispensing pharmacy for an assisted living facility resident should be service-oriented and familiar with assisted living facility needs. The pharmacy should offer routine delivery service, as well as 24-hour emergency accessibility. In addition, the pharmacy should meet Omnibus Budget Reconciliation Act (OBRA) counseling requirements. This can be achieved with written drug information, as well as having a pharmacist available to answer questions via telephone.

The pharmacy should have access to an up-to-date medication information reference and needs to be open to special packaging requirements, such as blister packaging or "time pass" medication distribution. In the interest of efficiency in coordinating pharmacy services for the facility, it is recommended that relationships be built with a small number of area pharmacies equipped to properly handle an assisted living account. These pharmacies can then be recommended to residents as preferred pharmacies.

A structured method of acknowledging receipt of medications is important to assisted living facilities. Pharmacies that

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deliver medications should have an invoice system that allows for follow-up. A delivery invoice system ensures accountability and helps to avoid difficult situations with medication availability.

Assisted living facilities face numerous problems with medication acquisition. A pharmacy might not offer a delivery option and family members might not be available to pick up the medication. A physician might refuse to refill a medication until the resident is examined. A billing situation between the resident and pharmacy, where the resident is in arrears, might be problematic. In all of these cases, it is imperative that the facility contact the family or responsible party immediately to resolve the situation. From the time of move-in, the facility should prearrange with the resident, family or responsible party who will ultimately be held responsible for medication availability in the facility.

Distribution Assisted living facilities probably vary the most in how they distribute medications to residents. For example, there is a difference between medication supervision and medication administration. Supervision implies that the resident has full knowledge and control of medications taken. Administration allows for appropriate personnel at the facility to manage medications. Some facilities employ licensed nursing personnel who administer medications to residents (if facility policy allows). This scenario is best for residents no longer able to manage their own medications, but some residents might resent this loss of control.

Facilities without licensed personnel for medication management use trained personnel who supervise, but do not administer, medications. For example, the medication supervisor might keep track of what medications are taken and when. The supervisor will then offer the appropriate medications to the resident, who then self-administers the medications. This method allows for supervision of medications, while giving the resident a sense of control over medications taken.

Some facilities allow all residents to self-store and self-administer medications. This method is only recommended for residents with the mental capability to manage medications. The facility acts as a “counselor” to the residents on a weekly or monthly basis — reviewing availability, expiration dates and accurate dosing of medications. Again, any discrepancies noted should be immediately brought to the attention of the resident, family or responsible party.

Regardless of how medications are distributed, the facility staff and resident both should feel comfortable with the method used. As noted above, many residents do not want to relinquish control of medication administration. While the resident’s views should be acknowledged, for health and safety reasons, facilities must evaluate a resident’s ability to manage medications or to what extent assistance is needed.

Documentation The documentation of medication taken by a resident can vary according to the method of distribution. It is common for assisted living facilities to incorporate a medication administration record that accounts for each medication dose. This record helps the facility maintain accurate medication records for each resident. It also can serve as proof that medications were managed according to physician orders.

A medication administration record lists the resident’s medications and directions for use and provides accountability for each dose administered or supervised. This record is also useful as a communication tool with physicians. A copy of the record can be given to the physician to inform him or her of all current medications in use. It is a handy, quick reference tool to help answer medication inquiries.

For other methods of medication distribution, medication documentation can vary. For example, sometimes a facility will provide services to residents who require little medication management. In this instance,

medication documentation might simply include documentation of a monthly review of expiration dates and usage.

On the other end of the spectrum, some facilities might allow for medication self-storage and self-administration but provide a weekly service of medication “set-up” and review. This method accommodates a more structured medication documentation system, with medication preparation and usage documented weekly.

Assisted living facilities have various resources available to help arrange medication documentation. Health forms companies can provide prepared or specially created forms. Pharmacies are another health forms resource. Pharmacies geared toward long-term care and assisted living care will have a medical records system in place. They will also have prepared forms or be willing to create needed forms.

CONCLUSION

Since medication management is the main reason many residents choose the assisted living scene, medication use is a key issue for facility owners and operators. A variety of federal and state regulations, as well as individual facility policies and procedures, affect medication distribution in assisted living facilities. Resources, such as pharmacies competent in the field of assisted living, are invaluable to facilities as they attempt to decipher regulations, create policy and procedure and gather medication-related forms. Assisted living facilities should utilize the knowledge of pharmacists to ensure the health and safety of residents.

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