

Session #W02
*Basic Medication
Services for Assisted
Living*

Barbara Peterson, RN, MPH
*Sr. Risk Management Consultant
Risk Management Solutions
barbara.peterson@rmsol.com
877-699-3988
www.rmsol.com*

- Objectives**
- *Develop a clear understanding of the value of following the center's policies and procedures for administering medications*
 - *Identify the difference in the caregiver's role when the resident needs assistance with self-medication, needs their medication administered to them, or needs it ordered for them*
 - *Increase knowledge of the physician, nurse, and pharmacist's support role to the staff person managing the medication services process at the center*
 - *Define steps in recovering from a medication error or adverse reaction to a medication*
 - *List the purpose and procedure when storing medication is done by the assisted living facility staff*

Service Overview

- Policy and procedures for administering medication
- Procedures for preventing, responding to, and reporting medication errors
- Procedures for responding to adverse reaction and noting untoward side effects

Required Medication Procedures

- Manager's responsibility
 - Medication regimen and method of administration is reviewed by a medical practitioner to ensure it meets the needs
 - Include a process of validating that the person who is administering the medication is trained and capable

Additional Procedures

- Documentation
 - Self-administration by the resident
 - Staff participation in self-administration
 - Variances from practitioner's orders (i.e., refusals, missed, or omitted doses)
 - Reports and communication of changes



Needed Procedures

- Monitoring a resident who self-administers
- Assistance provided in procuring medication
- Providing or assisting in self-administration of medication off premises
- Receiving and acting upon verbal orders from medical practitioners

Verbal Orders Process

- Community manager or care partner:
 - Receives order
 - Documents order in medical record
 - Performs read-back procedure to verify with practitioner
 - Written order obtained from practitioner within 14 days from verbal order and stored in medical record



Administration

- Medication storage is appropriate
- Approved policies and procedures by physician or designee, RN, or pharmacist
- Trained individual who administers or assists in self-administration is approved in documentation by practitioner
- Administered only as prescribed
- Policies for variances like refusals

Three Parts of Procedure

- Administered **only** by the individual under the direction of a medical practitioner
- Administered in **compliance** with the written order
- Documented in the medical record

Self-Administration Assistance

- Provisions
 - Medication stored safely by the center
 - Time reminders
 - Opening containers or organizers
 - Observing the resident opening the container or organizer
 - Verification of medication in the container
 - Right person
 - Right dose
 - Right time
 - Right route
 - Right medication
 - Verification of the medication in the organizer
 - Taking medication according to the physician's ordered schedule
 - Observation of ingestion

References and Resources

- Manager will provide personnel with the following:
 - Current drug reference guide
 - Current toxicology reference guide
 - Resident Rights Policy



Organizer Rules

- Medication organizers are filled only by the following:
 - Resident
 - Resident's representative
 - Resident's family member
 - Trained staff member of a home health or hospice vendor
 - Designated manager or caregiver, under the direction of a medical practitioner
 - Pharmacy

Storage Rules

- Separate locked room, drawer, or cabinet with no access by anyone not authorized
- If stored in resident's bedroom or residential unit, it must be according to the service plan and inaccessible to others
- Stored according to manufacturer's recommendations
- Policies and procedures for receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication

Policies

- Discarding or returning prepackaged and sample medication to the manufacturer if they request the organization discard or return it to them
- Medication recall and resident notification
- Storing, inventorying, and dispensing controlled substances



Common Types of Errors

- Omission
- Wrong resident
- Wrong medication
- Wrong dose
- Wrong time
- Wrong route



Cause of Errors

- Lack of communication
- Incorrect ordering
- Dispensing by pharmacy
- Wrong resident
- Administration rules not followed
- Staff factors; interruptions
- High volume of medications in a short timeframe
- System failure

Strategies to Limit Errors

- Licensed nurse involvement
- MAR audits
- Observation of resident
- Limit distraction; focus
- Monitoring and supervise
- Train and educate employees quarterly and at the time of hire; perform random skill competency
- Clear and consistent orders

**Medication Error or
Unexpected Drug Reaction**

- Report to manager
- Report to ordering physician and follow directions
- Resident at baseline
- Notify responsible party and/or resident
- Investigate and identify cause
- Isolate cause
- Eliminate cause
- Monitor the results



Thank you for coming!
