Medication Management Programs: *A Safe Investment*

Nancy L. Losben, RPh, CCP, FASCP

Freedom, independence and choice. These are fundamental tenets of an assisted living philosophy. Yet they are often confounding issues for medication management services provided by a residence.[1] How does the average 85-year-old senior[2] living in an assisted living center feel free or independent when life is scheduled around all the prescriptions they use to remain healthy? How does an assisted living facility (ALF) promote independence and maintain financial viability if tied to a cumbersome medication assistance program?

Medication errors in assisted living centers are receiving great attention—from the halls of Congress to our nation's daily newspapers. For the prospective resident or their family, the level of medication safety is often one of the most important criteria when selecting an assisted living facility. Indeed, medication management may be the primary reason for seeking to live in the supportive environment of an ALF. The prevalence of need for medication management runs high in assisted living; and as many as 77% of residents living in high service centers receive some assistance with taking their medications.[3] Much of the need for help in taking medications is related to the high occurrence of cognitive impairment in assisted living residents. However, the expected declines in resident physical function and progressing disease states such as diabetes, which requires daily monitoring, raise the need for safe and effective medication management services in a geriatric population. Often, the appropriate use of medications allows a resident to remain in an ALF and stay well enough to avoid or postpone placement in a skilled nursing facility.

But medication use and administration is becoming more complex

due to many factors: freedom of choice of physicians and pharmacies by residents, differences in facility staff numbers, qualifications and licensure, polypharmacy and complex drug regimens, lack of coordination, and communication of medical and pharmaceutical care sought outside the facility, and variances in the levels of service offered by the facility.

One important source of guidance on medication management is the work reported in April 2003 by the Assisted Living Workgroup (ALW) Report to the U.S. Senate Special Committee on Aging.[4] The recommendations for a core set of principles for assisted living organizations addressed medication management among other topics. The workgroup submitted recommendations for the development of medication management policies and procedures, disclosure of those policies to residents, the roles of both licensed and unlicensed personnel, assessment and planning in medication management services, dealing with medication orders, medication storage and documentation and, finally, quality improvement. While some states already impose regulations for ALFs in support of these concepts, variation in practices, service levels, and the individual wishes of the resident still lead to a difference in medication management from center to center and resident to resident.

To seriously consider the recommendations put forth by the ALW, this article will discuss elements needed to adopt these proposals or to enhance an existing model of medication management. The focus of the workgroup, which was made up of nurses, physicians, pharmacists, operators, and members of ALF and other professional organizations, began with suggestions for clear policies and procedures centered on resident safety and ranging from medication orders to training of staff providing medication assistance and administration (see Table 1).

Table 1.
List of Recommended Policies for Medication Management

1. Medication orders, including telephone orders
2. Pharmacy services
3. Medication packaging
4. Medication ordering and receipt
5. Medication storage
6. Disposal of medications and medication-related equipment
7. Medication self-administration by the resident
8. Medication reminders
9. Medication administration
10. Medication administration—specific procedures
11. Documentation of medication administration
12. Medication error detection and reporting
13. Quality Improvement system, including medication prevention and reduction
14. Medication monitoring and reporting of adverse drug effects to the prescriber
15. Review of medications
16. Storage and accountability of controlled drugs
17. Training, qualifications, and supervision of staff involved in medication management

These suggested policies are intended to help the owner/operator provide effective medication management that is accurate and appropriate to meet the ability and need of the resident. The key to these individualized services is the ongoing evaluation of the resident's ability for proper self-administration and storage of medication to protect other residents from injury or infection. One example of such policies may be the appropriate disposal of used insulin needles or glucose testing supplies used in a resident's private apartment or room. Additionally, once the residence assumes responsibility for medication management, a system for documentation must be implemented.

As part of risk management, the center also should establish a mechanism to identify and report medication errors and the interventions taken once an error occurs. According to a 1999 GAO report, a study of ALFs in four states showed that medication errors were common.[5] Written policies for medication management founded on quality processes is the first step in reducing medication errors. Every dose administered and taken is an opportunity for error; and with the numbers of different medications used by seniors on the rise, policies and procedures that are developed in coordination with staff members—including a pharmacist—may be the first and most critical approach to medication safety.

Other recommendations made by the ALW included disclosure of residence policies to the resident, including the scope and cost of the medication management service. In instances where the resident wishes to remain independent and self-medicate, it is suggested the resident be assessed annually for the ability to continue self-administration. The resident may change status and require medication reminders, assistance, or complete medication administration services. An updated list of all self-administered medications should be provided to the residence by the resident, including discontinued drugs with subsequent removal of those medications from

Table 2.
Learning and Performance for Medication Assistive Personnel

1. Demonstrate the six rights of medication management
2. Measure pulse, temperature, blood pressure, respirations
3. Measure pain using appropriate scales
4. Describe purpose of the various routes of medication administration
5. Demonstrate appropriate storage of medications
6. Follow appropriate infection control measures
7. Understand anatomy as it relates to medication administration
8. Administer medications via various routes
9. Understand and utilize documentation associated with the administration of medications
10. Identify and report common medications and their side effects
11. Use resources/references related to medications
12. Understand any regulatory requirements related to medications

storage to prevent an error.

For the protection of the facility and the resident, the workgroup recommended that for centers electing to administer medications, an authorized prescriber should order all the medications, including over-the-counter drugs, for the resident.

A primary care physician will provide coordination of care. However, this alone is not a foolproof pharmaceutical care practice. If the resident should exercise freedom of choice in the selection of a pharmacy—perhaps based on price or the convenience of free delivery—and therefore uses multiple pharmacies, a complete review of the resident's medication profile may be impossible. It also leaves open the risk of drug interactions and duplication of therapy. If possible, residents should be encouraged to use a single pharmacy to promote full clinical review of the current drug regimen.

As expected, the ALW also recommended adequate and ongoing training of medication assistants with proven competency and sketched a suggested curriculum for the trainee. The duties of the medication assistant should be outlined in a job description and the activities related to medication administration defined (see Table 2). The proposed defined activities were developed to provide a more consistent definition of "medication administration" services within the industry. Recommendations also were made for a consistent prescription delivery system or packaging allowing easy identification of medications in an effort to reduce administration errors. However, specialized packaging (such as unit dose or bingo cards) may add cost to the prescription or not be available from a community pharmacy, so the panel suggested subsidy of such packaging if the pharmacy benefit is publicly funded. It has yet to be seen if such recommendations are accepted once the Medicare Modernization Act goes into effect January 1, 2006.

As many as 77% of residents living in high service centers receive some assistance with taking their medications.

While many states begin or continue to regulate the assisted living industry, these ALW recommendations are sound. They should be examined by providers to assist in the safe and accurate administration or oversight of medication management services.

While owner/operators struggle with the cost of such a management program, staff shortages, and the push-pull of independence and structured medication services, there is great benefit from a quality medication administration program. For the resident, there is the comfort of knowing there is a safety net for them as they struggle with new and more medications. They will enter the center knowing that their changing needs will be accommodated, giving them every opportunity to age in place. For the owner/operator, a structured medication management program minimizes risk, markets well to the community, promotes wellness, and serves as a buttress for the tenets of freedom, independence, and choice. ALC

References

1. Crutchfield D. Managing Medication and Independence in Assisted Living. *Nursing Homes*, March 2000.
2. Hawes C, Rose M, Phillips CD. A national study of assisted living for frail elderly: results of a national survey of facilities. U.S. Dept. of Health & Human Services, 1999.
3. Wright B. An overview of assisted living: 2004. AARP Public Policy Institute, October, 2004. http://www.aarp.org.ppi, accessed November 1, 2004.
4. Assisted Living Workgroup Report to the U.S. Senate Special Committee on Aging: Medication Management. April, 2003;169-224.
5. Assisted living: quality-of-care and consumer protection issues in four states. Washington, DC: U.S. GAO 1999.