The Role of the Clinical Pharmacist in AL Facilities

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Clinical pharmacists can and should be valuable team members in the assisted living (AL) setting where younger elders (those under 85 years of age) are residing and using intermediary levels of care. Most people understand the role that AL facilities play in the continuum of care, but far fewer realize the role clinical pharmacists can play in this setting to increase safety, provide education to residents and staff, facilitate medication administration, and assist in meeting regulations.

In truth, the need for clinical pharmacy services in AL facilities is real. Long-term care (LTC) facility residents—including those in AL facilities—take an average 3 to 9 medications daily[1,2] and are vulnerable to drug-related problems. However, while drug regimen reviews (DRRs) are mandated in nursing facilities, they are not necessarily required in AL—despite the fact that this activity can greatly benefit AL residents. Fortunately, some states see the value of the pharmacist-conducted DRRs and are looking to make this role mandatory for all AL residents.

DRRs are only one component of the medication-related services a clinical pharmacist can provide to AL facilities. Other activities include reviewing medications to identify residents who are at risk for falls or other problems, conducting various clinical assessments, and looking at opportunities for cost-effective therapeutic substitutions.

Stepping Out from Behind the Counter

Clearly, the clinical pharmacist's role involves more than dispensing in today's LTC arena. This profession increasingly is involved in providing a variety of services to help promote optimal drug therapy while reducing drug-related problems.

Clinical pharmacy input at the prescribing stage can result in optimal and personalized medication regimens for each individual resident, comprehensive disease state management, more complete drug monitoring, and overall improved outcomes. This input involves:

- Conducting comprehensive medication histories to obtain information regarding medication allergies and the use of over-the-counter (OTC) drugs and herbal products
- Providing medication reconciliation when a patient leaves or returns to the facility from a change in level of care (eg, hospitalization)
- Evaluating which patients may need help with administering their medications and which patients may be able to take their medications without assistance
- Reviewing the indication, effectiveness, adverse effect profile, and cost of each medication—along with appraising the resident's current medications and allergy profile
- Providing pharmacokinetic dosing and monitoring
- Screening for drug–drug and drug–disease interactions to reduce the number of drug-related problems and adverse drug events

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Clinical pharmacists who are involved in the dispensing phase can help reduce medication errors and provide a more efficient dispensing process. Their involvement at any point enhances resident care and reduces drug-related problems.

Pharmacists as Trusted Teachers

Traditionally, the public has viewed pharmacists as trusted, easily accessible healthcare professionals, so individual resident education is only a natural evolution of the clinical pharmacist's role in AL. The pharmacist can work with residents to improve adherence to complex medication regimens and to reduce the incidence of medication-related problems that result in hospitalizations or complications that adversely affect independence and functioning.

Specifically, pharmacists can observe residents directly and help assess their ability to correctly use inhalers, eye drops, insulin, complicated medication delivery systems, and glucometers. These practitioners also can promote adherence to medication regimens through education about using pillboxes and medication calendars and by providing patient drug information and drug labels in large fonts. They can also determine when a resident needs assistance with medication administration or recommend simplified or altered therapy regimens to best suit a resident's needs, lifestyle, and schedule.

Medication and disease state management programs allow clinical pharmacists to actively assess a resident's

condition. Through medication management programs, the pharmacist can assist in minimizing drug-related problems such as polypharmacy, underuse of medications, and use of inappropriate medications in older individuals. The pharmacist also can provide recommendations to enhance drug therapy and monitoring. Increasingly, pharmacists offer disease state management programs addressing issues such as hypertension, diabetes mellitus, congestive heart failure, dyslipidemia, smoking cessation, and anticoagulation that can result in improved patient outcomes. Physical assessment skills such as diabetic foot screenings and blood pressure monitoring may be provided periodically by clinical pharmacists to help ensure patients are on track with their individual therapies.

Another educational opportunity for clinical pharmacists in the AL facility is aiding patients in selecting a Medicare part D plan that is most appropriate for their medication and financial needs. Because of the many medication changes that occur over time, having a clinical pharmacist continually assess prescription plans is beneficial for residents. The clinical pharmacist can also assist AL residents with obtaining medications through prescription assistance programs.

Education: Not Just for Residents

Clinical pharmacists in AL settings play a valuable role in educating staff as well as residents. They are perfectly positioned to provide continuing education presentations on medication-related topics such as recent advances in therapies, common medication errors, and inappropriate medications for the elderly population.

Pharmacists also can provide education on proper spacing, storing, crushing of medications, and medication administration techniques to facility staff responsible for medication administration. Products such as inhalers, spacers, insulin, certain tablets and capsules, and parenteral medications require specific administration techniques that, if altered, affect response to the drug. Here again, the pharmacy professional can help ensure that staff are familiar with how to use these products correctly.

AL facilities focus on providing care to help residents remain independent, and this requires contributions from many healthcare disciplines including medicine, pharmacy, nursing, dentistry, chaplaincy, physical therapy, occupation therapy, psychology, and social work.

Tips for Pharmacists

Start by targeting facilities where you know key players or have a relationship with staff or leadership.

- Start by identifying residents who are at greatest risk for medication-related problems such as falls.
- Involve residents in their care. For example, ask them to check their blood pressure and record results or keep a diabetes journal. For residents who are impaired in some way, involve family members.
- Communicate. Make sure that residents' physicians, family members, and other stakeholders know that you are part of the care team and what your specific role is. Seek their input about how you can help them care for residents.
- Focus on services that promote wellness, prevention, and independence.
- Take time to explain the value of your services. Listen to facility leadership and caregivers about what they want to accomplish. Listen to residents about their health goals.
- Don't assume that administrators and other facility decision makers know what you can do. Be prepared to demonstrate the value of your services.
- Consider using newsletters or Web sites to communicate with caregivers and others.
- If you are not employed by the facility's dispensing pharmacy, consider a partnership that will enable one-stop shopping.
- Use the language of assisted living. Know how this setting is unique.
- Put the facility's agenda first.

Tips for Facility Leaders

- Communicate your needs and concerns to pharmacists. Let them know how they can help.
- Make sure that staff, residents, and family members know what pharmacy services are available and how these can maximize quality of care and quality of life.
- Work with pharmacists to set specific goals and objectives for their services.
- Seek input from staff about how clinical pharmacist services can help improve resident care and comfort.
- Be creative about payment for pharmacist services. Consider offering gift certificates to residents or family members that they can purchase for pharmacist services.

Complicated patient issues requiring collaboration among disciplines exemplify interdisciplinary teamwork and present ideal learning opportunities for professionals in all of these disciplines. These individuals can gain insight into the function of other disciplines and learn skills that will enable them to participate in interdisciplinary teams in the future. And the pharmacist can be a valuable teacher and trainer in this setting.

Giving Immunization Programs a Shot in the Arm

A strong immunization program is essential to any communal living situation, and AL settings are no exception. The clinical pharmacist can play an important role in establishing and overseeing such programs. There are numerous immunization programs (eg, American Pharmacists Association) that certify and educate pharmacists on vaccine administration, and many states (eg, Virginia and Pennsylvania) have recognized pharmacists as providers capable of administering immunizations.

The pharmacist also can assist AL facility staff in administering influenza, pneumococcal, and tetanus vaccines and help ensure that each patient is vaccinated on an appropriate schedule.

Enforcing Regulations

Although most state regulations regarding medications in AL facilities are not as strict as nursing home regulations, clinical pharmacists can nevertheless assist in keeping facilities compliant with state and federal requirements for licensure and accreditation. For instance, facilities that provide medication administration assistance to residents are required to follow proper regulations for medication storage and handling. Clinical pharmacists can implement policies for medication cart review, outdated medication screening, and facility storage inspections. They can identify medication-related problems, propose solutions to these problems, and assist in implementing the solution. They also can ensure that accurate medication administration documentation is kept to record all medications given to residents, thereby reducing medication errors and ensuring that each resident receives proper therapy.

The clinical pharmacist abides by regulations that hold facilities accountable for controlled substances such as opioids, benzodiazepines, and sedative–hypnotics that often are used to control symptoms of chronic disease. They monitor the use and ensure appropriate documentation of controlled substances. Clinical pharmacists can perform periodic DRRs to help screen for potential problems with these drugs and limit the use of antipsychotics, benzodiazepines, sedative–hypnotic agents, or other inappropriate medications.

Increasingly, pharmacists offer disease state management programs addressing issues such as hypertension, diabetes mellitus, congestive heart failure, dyslipidemia, smoking cessation, and anticoagulation.

Partners for Optimal Medication Therapy

The role of the clinical pharmacist in AL has transitioned from that of dispenser of medications to consultant. Today, the clinical pharmacist provides a specialized service to the facility that other disciplines are unable to offer, including working with facility leadership, staff, and residents to optimize therapy, reduce drug-related problems, and enhance medication use.

With these services, as well as growing participation in education and disease management, the pharmacist has evolved from a distant vendor to a key partner in AL health care. ALC

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THOUGHTS ON AGING

"The first half of our lives is ruined by our parents, and the second half by our children."

– Clarence Darrow