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SASKATCHEWAN COLLEGE OF PHARMACISTS

# LONG TERM CARE FACILITIES:

# SUPPLEMENTARY STANDARDS

# FOR PHARMACISTS

# CARING FOR RESIDENTS OF LONG TERM CARE FACILITIES

September 2013

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### *Purpose*

The Saskatchewan College of Pharmacists (SCP) *Long Term Care Facilities: Supplementary Standards for Pharmacists Caring for Residents* are to protect the residents of long term care facilities, by ensuring optimal drug therapy outcomes through resident centered care. The Standards will assist the pharmacist providing services to long term care residents to understand their responsibility and accountability in the provision of care. These Supplementary Standards are an extension of the National Association of Pharmacy Regulatory Authorities (NAPRA) Model Standards of Practice for Canadian Pharmacists. [1]

It is understood the pharmacist shall practice in accordance with the NAPRA Model Standards of Practice for Canadian Pharmacists and must abide by the federal and provincial laws governing the sale of drugs including the Controlled Drugs and Substances Act (CDSA) and the Narcotic Control Regulations (NCR), the Benzodiazepine and Targeted Substances Regulations, the Food and Drugs Act, and the Food and Drug Regulations, The Pharmacy Act 1996, and SCP Bylaws and The Drug Schedule Regulations, 1997.

The aim of pharmacy services is to ensure that each resident receives safe, cost-effective, evidence based drug therapy and to ensure that service is consistent within Saskatchewan.

The pharmacist works in conjunction with the resident, the family (or responsible representative) and the multidisciplinary care team to determine the resident's needs and expected outcomes from drug therapy. Resident and family centered care ensures their involvement in decision making at a level with which they are comfortable.

The geriatric population, which accounts for the larger percentage of admissions to long term care facilities, should be recognized as individuals with unique needs. It is important to ensure that clinical decisions are made on evidence-based guidelines specific to this population and that individual needs and circumstances are taken into consideration to ensure optimal patient outcomes are attainable.

## *A. Resident Care and Drug Distribution Standards*

### 1. Resident Information - Collection and Documentation

The pharmacist providing care to the resident shall have access to the following information which shall be documented in the pharmacy patient record:

(a) Resident demographics – resident name, location in the facility (ward or bed), gender, date of birth, weight, height;
(b) Drug allergies and intolerances;
(c) Prescriber (practitioner);
(d) Current and previous medical history (with date of diagnosis-if applicable),
(e) Current medication list – prescription and non-prescription including drug name, strength, dosage, route of administration, frequency, duration of therapy and indication;
(f) Social history e.g. tobacco, alcohol, illicit drugs, caffeine, mobility (transfers, lifts and repositioning - TLR);
(g) Special considerations with medication administration e.g. swallowing issues; percutaneous endoscopic gastrostomy (PEG) tube, pumps;
(h) Recent applicable lab or test results (Calculation of creatinine clearance shall be done at least annually);
(i) Vaccination history;
(j) Other information e.g. insurance, financial, religious, cultural if applicable.

### 2. Resident Medication Assessment

Review of the patient's medication profile must be done before dispensing a medication and appropriate action should be taken with respect to:

(a) Appropriateness of the drug therapy,
(b) Drug interactions,
(c) Allergies, adverse drug reactions, and intolerances,
(d) Therapeutic duplication,
(e) Contraindicated drugs,
(f) Compliance issues,
(g) The correct dosage, dosage form, route, frequency and duration of administration, and
(h) Any other potential drug-therapy problems.

### 3. Prescriptions (practitioner orders)

(a) All federal and provincial legislation shall be met when a prescription is issued;
(b) A pharmacist shall only dispense a drug to a resident upon receipt of a prescription from a licensed practitioner;
(c) All alternative/complementary medication must be ordered as a prescription by the resident's practitioner;
(d) All telephone orders given shall be signed by the prescriber within 7 days with an original signature;
(e) All changes to a prescription shall be treated as a new prescription and shall cancel the previous order;

## 4. Medication Administration Records (MAR)

(a) A computer generated MAR shall be provided for each resident or the maintenance of an electronic MAR
(b) A MAR will be generated:
    (i) On admission,
    (ii) Monthly (at minimum)
    (iii) At the request of long-term care facility (nursing).
(c) Scheduled medications, as needed (prn) medications and treatments shall be generated on separate sheets whenever possible.
(d) The MAR shall contain the following information:
    (i) Resident name,
    (ii) Resident health services number (HSN) or other unique identifier such as the medical record number (MRN),
    (iii) Prescriber (practitioner) name,
    (iv) Allergies,
    (v) medication name and strength and route of administration,
    (vi) all alternative or complementary medications,
    (vii) complete directions for use (no sig codes),
    (viii) frequency and medical indication for all as needed (prn) orders e.g. as needed for pain;
    (ix) the day, month & year for which the record is to be used,
    (x) Resident location within the facility or home (if possible).
(e) There shall be a process in place to ensure the accuracy of the MARs both by the pharmacy and the long term care facility:
    (i) Pharmacy will maintain an up to date patient profile to ensure accurate MAR production,
    (ii) Long-term care staff (nursing) shall validate all MARs prior to utilization by comparing the new and old MAR together with the practitioner orders,
    (iii) Any discrepancies shall be communicated to the pharmacy for correction.

## 5. Medication Packaging and Labeling

(a) All medication shall be dispensed in a monitored dose or compliance packaging system except where the form of the drug does not permit such packaging.
(b) Controlled dosage units shall be prepared in a hygienic manner to ensure no cross contamination or exposure to medications the resident may be allergic to including but not limited to: regular hand washing and use of rubber/latex gloves, cleaning of work surfaces and dispensing equipment.
(c) All packaged medications shall be labeled according to legislated requirements and shall contain:
    (i) Pharmacy name, street address and phone number,
    (ii) Prescription number and dispensing date,
    (iii) Resident name,
    (iv) Prescriber (practitioner) name,
    (v) medication name and strength,
    (vi) directions for use,
    (vii) route of administration, if not by mouth;
    (viii) other information that may be required e.g. frequency and medical indication for “as needed” prescriptions,

(ix) lot number and expiry date (exception: medications dispensed daily in multi-drug pouches),
(x) medication description, if being packaged in multi-drug sealed units,
(xi) special storage requirements (if applicable),
(xii) auxiliary labels (if applicable),
(xiii) Packaging completed at a central fill pharmacy will contain a unique identifier to the central fill pharmacy e.g. auxiliary label with pharmacy name; label code, etc.

(d) Repackaging of medications from other facilities or those that have been dispensed in vials will only be undertaken if the integrity and safety of the product can be ensured.

## 6. Medication Storage and Delivery

Pharmacy, nursing and facility staff will work in collaboration to ensure:

(a) Storage of medications ensures the security, integrity and safety of the medication.
(b) Proper transport and storage of vaccines according to *Guidelines Regarding Vaccine Storage, Handling and Transport.*
(c) Medication storage areas shall be locked to prevent entrance of unauthorized personnel and shall not be used for any other purpose.
(d) Medication carts when not in use are to be locked for safety.
(e) Delivery of medications to the facility shall be via a secure method that ensures the integrity of the medications and the privacy and confidentiality of the resident.

## 7. Medication Room (Cart) Audits

(a) Medication room and medication cart audit shall be completed minimally every 6 months by the pharmacy staff.
(b) Inspection may include, but is not limited to:
(i) Conforming to provincial legislation,
(ii) Conforming to other applicable policies and procedures, e.g. health region,
(iii) Proper storage and labeling of medications,
(iv) Appropriate identification and removal of expired and discontinued drugs,
(v) Adequate facilities for medication storage and safety,
(c) Deficiencies will be reported to the long term care facility administration.

## 8. Narcotics, Controlled Drugs and Benzodiazepines

(a) All narcotic and controlled drug orders must meet the requirements of the CDSA and NCR, *Benzodiazepines and other Targeted Substances Regulations*.
(b) All Prescription Review Program requirements need to be met with the exception of the documentation of the health services number, date of birth and the alpha-numerical quantities.
(c) All narcotic and controlled drug orders must contain the following:
(i) Date
(ii) Resident's name
(iii) Resident's address
(iv) Medication name and strength
(v) Quantity (or duration of treatment)
(vi) Prescriber name, signature and address
(d) All narcotic and controlled drug orders must be filed separately within the narcotic and controlled drug prescription file.

(e) There should be a chain of signatures by the individual taking responsibility for the narcotic and controlled drugs from the time it leaves the pharmacy to delivery to the long term care facility.

**9. Contingency Medications/Night Cupboard**

(a) In order to ensure access to medications during periods when the pharmacy is closed the pharmacy shall:
    (i) Provide a 24 hour on-call service, and/or;
    (ii) Provide a small supply of contingency/night cupboard medications at the facility.
(b) Any use of a medication from the contingency supply shall be in response to a practitioner prescription.
(c) A record of use of the contingency medications shall be kept at the facility and shall include:
    (i) The date and time the drug was removed from the contingency supply/night cupboard
    (ii) The name, strength, and quantity of drug removed from the contingency supply/night cupboard
    (iii) the name of the resident for whom the medication was accessed
    (iv) the name or initials of the responsible healthcare professional who accessed the medication
    (v) Prescriber (practitioner) name
(d) A copy of the record shall be forwarded to the pharmacy

**10. Respite Care**

If requested by the facility, the pharmacy shall provide medications for respite residents and will ensure upon admission:
(a) All medications are confirmed by the resident's practitioner and orders written,
(b) Medications are supplied in a controlled dose system and a MAR shall be supplied, and
(c) Medication reconciliation has been completed

**11. Leave of Absence (Pass) Medications**

Where pharmacists are required to prepare leave of absence (pass) medications they shall ensure:
(a) A process is in place for ordering, packaging, and documenting leave of absence (pass) medications,
(b) Leave of absence (pass) medications are labeled and packaged in a manner that ensures residents can take, or family members can administer medications in a safe manner, and
(c) Label requirements are met for leave of absence (pass) medications (see section 5).

**12. Preprinted orders**

(a) Are acceptable for use when developed and approved by the care team,
(b) Standing orders are discouraged, and
(c) All pre-printed or standing orders (if used) must become part of the resident record and all medication orders become part of the MAR.

### 13. Medication Returns

(a) Re-dispensing medications shall not occur unless the medication:
    (i) Has been returned to the pharmacy in a single drug, sealed dosage unit as originally dispensed with all blisters intact,
    (ii) Labeling is intact and includes the drug lot number and expiry date,
    (iii) The integrity of the product can be verified, and
    (iv) It is for the same resident.
(b) All discontinued medications shall be returned to the pharmacy for disposal

### 14. Medications Provided by Outside Agencies (e.g. Home IV, Chemotherapy, TB Clinic)

(a) The facility will inform the pharmacy when a resident will be receiving medications from an outside agency.
(b) The medication orders shall be included in the patient profile and appear on the MAR.

## *B. Medication Therapy Management Standards*

### 1. Medication Reconciliation

(a) Medication reconciliation shall be done upon admission and periods of transition (e.g. transfer to and from acute care).
(b) The Pharmaceutical Information Program (PIP) profile shall be accessed as part of the process and a best possible medication history (BPMH) shall be obtained.
(c) Noted discrepancies will be discussed with the resident's prescriber in a timely manner to avoid any medication errors.

### 2. Medication Review

(a) All residents shall receive a medication review within 90 days of admission.
(b) The pharmacist shall perform a medication review at least annually thereafter, or at any reasonable request of the resident, family or member of the health care team.
(c) The medication review should ideally be done as a part of the resident care conference.
(d) The pharmacist shall attend the resident care conference, when able.
(e) Should the pharmacist be unable to attend the resident care conference, then all resident centered recommendations or suggestions are to be forwarded ahead of time for consideration at the conference.
(f) The pharmacist shall review all applicable portions of the patient's chart when completing the medication review process, interview staff and meet with the patient and/or family.
(g) Requests for appropriate tests (lab, cognitive, etc.) to assess and monitor drug therapy are to be made to the prescriber/practitioner.
(h) The medication review shall identify and prioritize actual and potential drug therapy problems to determine if the resident:[2]
    (i) Requires drug therapy but is not receiving it,
    (ii) Is taking or receiving the wrong drug,
    (iii) Is taking or receiving too little of the right drug,
    (iv) Is taking or receiving too much of the right drug,
    (v) Is not taking or receiving the drug or is taking or receiving the drug inappropriately,
    (vi) Is experiencing a drug-drug, drug-food interaction,

(vii) Is experiencing an adverse reaction,
(viii) Is taking or receiving a drug for no medically valid indication or substance abuse.

(i) All recommendations from the medication review shall be documented in the chart by the pharmacist in the form of a therapeutic plan including monitoring and follow-up. If there are no recommended changes this shall be documented, as well.

### 3. Documentation in Resident Medical Record

(a) The pharmacist shall document relevant information in the resident's medical record.
(b) Pharmacist recommendations shall be documented in the appropriate section of the resident's medical record or on the medication review document.
(c) A record of any medication, counseling or discussion with the resident or family shall be documented in the resident's medical record.

### 4. Prescriptive Authority

All SCP bylaws governing prescriptive authority (Level I including minor ailments and Level II) shall be followed.

### 5. Special Considerations with Medication Administration

(a) The pharmacist shall be informed when a resident cannot take their medications for any reason.
(b) The pharmacist shall be consulted when a resident:
  (i) Requires medications to be crushed,
  (ii) Has swallowing difficulties,
  (iii) Requires medication to be given by PEG tube;
  (iv) Has alternate dosage form requirements.
(c) The pharmacist shall evaluate the needs of the resident and the properties of the medication, in order to advise the caregiver of the appropriate method to administer the medication (e.g. one medication at a time via PEG tube).

### 6. Immunizations

The pharmacist will provide information regarding recommended immunizations for residents in long-term care facilities (influenza, pneumococcal, childhood vaccines) when requested to do so by the facility staff and provide immunizations as ordered in a timely fashion.

### 7. Outbreak in Long-Term Care Facilities

The pharmacist will ensure Population and Public Health directives regarding outbreaks will be supported:
(a) Calculation of creatinine clearance on an annual basis,
(b) Stocking of appropriate levels of antiviral agents, and
(c) Appropriate dosing of antivirals for prophylaxis and treatment.

For a list of Regional Health Authority, Public Health offices: Public Health Offices - Health - Government of Saskatchewan

**8. Special Considerations with Populations (may include but are not limited to)**

(a) Geriatrics
The pharmacist shall:
(i) Apply basic geriatric principles when providing drug therapy and recommendations for residents.
(ii) Consult evidence based guidelines and tools (Screening Tool of Older Persons' Potentially Inappropriate Prescriptions (STOPP), BEERS Criteria, and Essentials of Clinical Geriatrics etc.)
(iii) Consider chronic disease management along with quality of life and realistic outcomes.
(iv) Evaluate falls risk assessment and treatment
(v) Be aware of behavioral and psychological symptoms of dementia

(b) Respiratory care (e.g. ventilator, tracheostomy patients)
(i) The pharmacist shall apply basic chronic disease principles to respiratory care patients (e.g. dosing, route of administration, frequency)

(c) Palliative care
(i) The pharmacist will use best practices for end of life care.

(d) Pediatrics
(i) The pharmacist will assess all pediatric orders for weight-based dosing and confirm within safe range of dosing utilizing recommended standard Pediatric dosing references (Lexi-Comp Pediatric Dosage Handbook, Winnipeg Pediatric Dosage Handbook, Toronto Sick Kids Formulary, Neofax). The pharmacist will document mg/kg/dose or mg/kg/day calculation performed.

***C. Drug Information Standards***

**1. Resident / Caregiver Education**

(a) The pharmacist shall be available to the resident and their family (or responsible representative) to discuss medication issues and provide specific information to assist them with safe and effective drug therapy decisions.
(b) The pharmacist shall provide drug information and clinical support as appropriate to all members of the health care team.
(c) Specific written drug and drug therapy information shall be provided to members of the health care team when required to ensure safe and effective drug therapy for each resident.

**2. Library References**

All SCP reference library requirements shall be met within the pharmacy including supportive reference for the particular practice area e.g. geriatric reference; journal.

***D. Collaboration Standards***

**1. Inter-disciplinary Team**

(a) The pharmacist shall be a member of the inter-disciplinary team.
(b) The pharmacist shall attend inter-disciplinary team meetings when able.
(c) The pharmacist shall provide guidance to the team on medication related practice issues.

### 2. Staff Education and Training

(a) New pharmacy staff shall be oriented to policies and procedures of the pharmacy services provided to the long term care facility pertinent to their roles and responsibilities.
(b) The pharmacy staff should assist in orienting any facility staff involved with medication administration to the medication system.

## *E. Safety and Quality Standards*

### 1. Quality Assurance and Medication Incidents

(a) A system/process shall be in place for the reporting and documenting of drug incidents and discrepancies and their follow-up;
(b) The pharmacist shall receive a copy of all medication related incident forms generated at the long term care facility;
(c) The pharmacist shall participate in the reporting and follow-up of any medication incidents, near-misses or discrepancies;
(d) A process shall be established with the facility for the review of the reports on a regular basis and any results of the review shall be shared with all staff involved with the medication system; and
(e) The pharmacist will follow the facilities procedure regarding informing the resident or family of any medication occurrences.

### 2. Adverse Drug Reactions

(a) A system/process shall be in place for the reporting and documenting of adverse drug reactions experienced by the residents of the facility.
(b) The pharmacist shall receive a copy of all adverse drug reactions reporting forms generated at the facility.
(c) The pharmacist shall participate in the reporting and follow up of any adverse drug reactions experienced by the residents.
(d) The pharmacist should participate in reporting any adverse drug reactions to the Health Canada's Vigilance Program.
(e) The pharmacist will follow the facilities procedure regarding informing the resident or resident's family of any adverse drug reactions.

## *F. Professional and Ethical Standards*

### 1. Privacy and Confidentiality

(a) All applicable privacy legislation will be adhered to.
(b) All pharmacy services shall be provided in a manner that ensures the privacy of the resident's medical and medication information.
(c) All pharmacy services and conversations relating to a resident shall be done in a manner that protects the confidentiality and privacy of the resident.
(d) Consent shall be obtained from the resident (or responsible representative) when appropriate for sharing information with a third party, e.g. family members.

(e) Delivery of medications shall be in a manner that protects the resident's privacy and confidentiality.

**2. Interference in Professional Responsibility**

No contracts shall be entered into that interferes with or limits the pharmacist's ability to provide pharmacy services according to the federal, and provincial legislation governing pharmacy, SCP bylaws, the NAPRA Model Standards of Practice and these Standards of Practice for Provision of Service to Residents of Long-term Care Facilities.

### *G. Definitions*

**Adverse Drug Reaction –** Are undesirable and unintended effects to health products. Health products include drugs, medical devices and natural health products. Drugs include both prescription and nonprescription medications; biologically-derived products such as vaccines, serums, and blood derived products; cells, tissues and organs; disinfectants; and radio pharmaceuticals. Reactions may occur under normal use conditions of the product. Reactions may occur within minutes or years after exposure to the product and may range from minor reactions like a skin rash to serious and life-threatening events such as blood disorders or liver damage.[3]

**Alternative/Complementary Medications –** Alternative/complementary medications are products other than those used in conventional western medicine such as herbs, health foods, natural health products, and homeopathic medications.

**Best Possible Medication History (BPMH) –** A current medication history obtained by a pharmacist, their designate or healthcare professional which includes a thorough history of all regular medication use (prescribed and non-prescribed), using some or all of the following sources of information: patient or caregiver interview; inspection of vials and other medication containers; review of a personal medication list; review of PIP: follow up with a community pharmacy or review of a current medication list printed by the community pharmacy.[4]

**Drug Distribution Services –** Distribution services involve the processes which must be completed to deliver medication to a resident.

**Inter-disciplinary Team –** A group of health care workers who are members of different disciplines, each providing specific services to the patient. [5]

**Leave of Absence (Pass) Medication –** is the provision of medications for a resident who has a planned departure from and a return date to the long term care facility

**Long term Care Facility –** A facility that provides living accommodation for people who require on-site delivery of 24-hour, 7 days a week supervised care, including professional health services, high levels of personal care and services. They accommodate varying health needs with on-site supervision for personal safety.

**Medication Discrepancy –** A drug-related event which does not involve the actual administration (or lack thereof) a drug to a patient, but where an error in the medication process (e.g. ordering or transcription) has been detected and corrected before reaching the patient. [vi]

**Medication Error / Incident –** Any preventable event (occurrence) that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the healthcare professional, patient or consumer. Medication incidents may be related to professional practice, drug products, procedures and systems and include prescribing, order communication, product labeling, packaging, nomenclature, compounding, dispensing, distribution, administration, education, monitoring and use. [vii]

**Medication Reconciliation –** A formal process of obtaining a complete and accurate list of each patient's current home medications – including name, dosage, frequency and route – and comparing the physician's admission, transfer and/or discharge orders to that list. Discrepancies are brought to the attention of the prescriber and, if appropriate, changes are made to the orders. Any resulting changes in order are documented." - Institute for Healthcare Improvement

**Medication Reconciliation in Long-Term Care** – Is the identifying and resolving of discrepancies in drug regimens at transitions of care to prevent errors and to provide prescribers with the information needed to make appropriate prescribing decisions for the resident. [viii]

**Medication Review –** Clinical medication review is the process where a health professional team reviews the patient, the illness and the drug treatment during a consultation;

- evaluates the therapeutic efficacy of each drug and the progress of the conditions being treated;
- when appropriate considers compliance, actual and potential adverse effects, interactions and the patient's understanding of the condition; and
- decides (based on the outcome of the review) about the continuation (or otherwise) of the treatment. [ix]

**Monitored (Controlled) Dosage System –** Is the preferred system to package medication for dispensing and administration to residents. Such a system refers to a medication packaging system for tablets and capsules that are sealed and which provides for each package, the identification of the individual resident's dose, up to the point of the resident receiving the medication; for each dosage form, a method to identify whether an individual dose has been removed from the package.

**Pharmaceutical Care –** Is a patient-centered practice in which the practitioner assumes responsibility for a patient's drug-related needs and is held accountable for this commitment.[2]

**Resident –** A person who lives in and receives care in a personal care facility, private care home or long-term care facility.

**Respite Care –** Is the temporary care that is provided to a resident at a long term care facility. The length of stay is variable and maybe for a few days to a month.

**Resident Care Conference –** A meeting which includes all team members including the resident &/or family member where the needs and goals of the resident are discussed.

**Vigilance Program –** The Canada Vigilance Program is Health Canada's post-market surveillance program that collects and assesses reports of suspected adverse reactions to health products marketed in Canada. [x]

## H. References


[1] National Association of Pharmacy Regulatory Authorities. Model Standards of Practice for Canadian Pharmacists. (March 2009) http://napra.ca/Content_Files/Files/Model_Standards_of_Prac_for_Cdn_Pharm_March09_Final_b.pdf

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[5] Mosby's Medical Dictionary, 8th edition. © 2009, Elsevier.

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[7] ISMP Medication Safety Self-Assessment for Long Term Care-Canadian Version, 2007

[8] **www.ismp-canada.org/download/MedicationReconciliationGettingStartedKit**

[9] **-** From BMJ 2001:323:1340 (8 December)

[10] **www.hc-sc.gc.ca/dhp-mps/pubs/medeff/_fs-if/2011-ar-ei-guide-prof/index-eng.php**


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3. Accreditation Canada Standards - Long term Care Services
4. British Columbia College of Pharmacists, Residential Care Facilities and Homes Standards of Practice.
5. Ontario College of Pharmacists, Standards for Pharmacists Providing Pharmacy Services to Licensed Long Term Care Facilities.
6. Newfoundland and Labrador Pharmacy Board, Standards of Pharmacy Practice, The Provision of Pharmaceutical Care to Personal Care Homes and Community Care Homes