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NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVES

- To identify medication management strategies and processes in **Continuing Care** that contribute to patient safety and quality outcomes.
- To define medication supports that may be offered to Continuing Care **patients** and **family** (when involved), when medication management is a component of care and an **assessed unmet need**.

PRINCIPLES

- Within Continuing Care settings, medication management refers to the patient's use of prescribed and non-prescribed medications within an integrated medication management system, and their ability to manage this process. It involves health care team members located in different environments working together to meet the medication-related unmet needs of a patient, where medication management is a component of care.
- Sharing of patient health information is performed in accordance with the Alberta Health Services (AHS) *Collection, Use, Access and Disclosure of Information* Policy.
- Patients residing in a private residence in the community, or in a **Supportive Living** setting, are responsible for all medication-related costs (e.g., drugs, equipment, supplies, delivery, pharmacy-prepared medication delivery systems, safety-engineered devices).
- Improving safety in medication management requires commitment from the health care system, **health care providers**, patients and families.

- **Health care professionals** must have the knowledge, competence and authorization to provide medication management as determined by applicable regulatory bodies and AHS.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. Medication Supports in Continuing Care

- 1.1 Medication support activities encompass a spectrum of services to support the patient, which may include but are not limited to:
 - a) supporting patient self-administration of medication when assessed as competent and capable to do so;
 - b) **medication assistance** provided by a health care aide or other competent health care provider, as assigned by a health care professional, when the patient is unable to perform some or all components of self-administration; and
 - c) a health care professional performing **medication administration** where the activity requires assessment, clinical judgement or monitoring, in accordance with the *AHS Medication Administration Policy (Continuing Care)*.

2. Assessment

- 2.1 Patient assessments shall be completed within the established timelines using the appropriate comprehensive assessment for the client group and/or care setting.
- 2.2 When medication management is identified as a component of care, the health care professional shall use the appropriate comprehensive assessment and any secondary assessment tool (e.g., Medication Risk Assessment) appropriate for the care setting to:
 - a) determine the patient's physical and cognitive ability to competently self-administer medication;
 - b) identify the patient's medication knowledge; and
 - c) identify willful or inadvertent non-adherence to their medication regime.
- 2.3 A health care professional shall provide access to medication information to the patient and family.

- 2.4 Medication support services shall be provided to the patient, based upon their assessed unmet needs.
- a) Within a private residence in the community, or in a Supportive Living setting, medication support services:
 - (i) are authorized in accordance with the *AHS Seniors Health Provincial Home Care Service Guidelines* and the *AHS Seniors Health Provincial Home Care Service Guidelines - Pediatric Addendum*; and
 - (ii) are assigned and supervised by a health care professional to a competent health care aide or other health care provider in accordance with the *Medication Assistance Program (MAP) Manual*; or
 - (iii) administered by a health care professional.
 - b) Within **Long-Term Care (LTC)**, medication support services are provided in accordance with:
 - (i) the *AHS Medication Administration Policy (Continuing Care)*; and
 - (ii) may be assigned and supervised by a health care professional to a competent health care aide or other health care provider in accordance with role, scope and professional practice standards and, where applicable, the *Medication Assistance Program (MAP) Manual*.
- 2.5 Health care professionals shall involve the patient and family in developing a care plan to address medication support services.

3. Medication Reconciliation

- 3.1 Health care professionals shall adhere to the *AHS Medication Reconciliation Policy*, and care setting specific requirements, as applicable.
- 3.2 Health care professionals shall work together with patients and family to generate and maintain a medication list for patients for whom medication management is a component of care.

4. Medication Reviews

- 4.1 Health care professionals participate in **medication reviews**, in accordance with their scope of practice.
- 4.2 When medication management is a component of care, medication reviews are performed:

- a) annually for patients in a private residence in the community, or in a Supportive Living setting;
 - b) quarterly for patients residing in LTC;
 - c) more frequently based on the patient's health care needs; and
 - d) when there is a significant change in patient health status.
- 4.3 Medication(s) used as a pharmacological restraint shall be utilized in accordance with the AHS *Restraint as a Last Resort* Policy Suite.

5. Pharmacy Services

- 5.1 Pharmacy services should be aligned with the *Medication Assistance Program (MAP) Manual* to meet the needs of patients when they receive medication assistance.
- 5.2 A single pharmacy provider or a limited number of pharmacy providers within Supportive Living settings should be encouraged to standardize medication dispensing and distribution systems.
 - a) Where the patient prefers an alternate pharmacy provider who is able to provide comparable services, processes shall be established in alignment with the AHS *Minimum Comparable Pharmacy Service Requirements in Supportive Living*.

6. Pass Medications

- 6.1 Patients shall be supported to maintain independence in medication self-administration while on **pass** or **supervised excursions**.
- 6.2 For patients that require assistance and are unable to self-administer medication while on pass or supervised excursions, refer to established procedures or processes within the care setting.
- 6.3 If there is no assistance available during pass or supervised excursions, and the patient has been assessed as unable to safely self-administer medication, **pass medication** shall not be provided to the patient.
 - a) Consult with the Pharmacist and/or prescriber, when clinically indicated, when a dose of medication may be missed.

7. Medication Storage

- 7.1 Medication shall be stored in accordance with manufacturer directions and appropriately secured as dictated by legislation, care setting and the assessed level of risk.

- a) Where medication carts are used, they shall be locked when not in use or unattended.
 - b) Health care professionals are responsible to provide education on safe storage recommendations for patients residing in a private residence or **Non-Designated Supportive Living (NDSL)** who self-administer medications.
 - i) It is recommended that medications in NDSL patient rooms be securely stored.
 - c) Within **Designated Supportive Living (DSL)** and LTC settings, medications in patient rooms shall be kept in a **secure storage** location ensuring only those who self-administer, administer or assist with medications have access.
- 7.2 Transportation of medication is the responsibility of the community pharmacy and/or patient/family.
- 7.3 Staff should not transport patient medication between sites unless:
- a) all other options have been exhausted;
 - b) it is safe to transport (e.g., maintaining cold-chain requirements); and
 - c) the appropriate manager/supervisor has authorized the staff member to transport medication.

8. Medication Disposal

- 8.1 Disposal of refused, contaminated or expired medication shall be performed in a timely manner that is suitable for the environment and prevents unauthorized access and risk of injury to others. Refer to Section 9 of this document for disposal requirements of narcotic and controlled substances. Refer to Section 10 for disposal of hazardous medication.
- 8.2 Where no other process exists in the care setting, patients residing in a private residence in the community or in a Supportive Living setting are responsible for coordinating or safely disposing of medication (e.g., return to pharmacy).
- 8.3 Pharmaceuticals are not recommended for disposal in household garbage, general waste or sewage systems.
- a) Expired, discontinued or unused medications should be returned to the pharmacy.
 - b) All other open and partially used medications (e.g., ampoules), contaminated solid medications (e.g., dropped tablet) and used transdermal medication patches (e.g., fentanyl) should be safely disposed of in a container designed to prevent accidental or intentional access.

Refer to established resources in the care setting (e.g., *AHS Provincial Guide: Community Based Services Waste Disposal*).

- (i) In DSL and LTC, this container shall be stored in a secure location to prevent unauthorized access.
 - (ii) In a private residence in the community, or in NDSL settings, health care professionals shall provide education on the placement and security of this container in the home to the patient.
- c) Empty containers, packages, tubes, bottles, etc., may be disposed of in household garbage once the label has been removed or rendered unreadable unless otherwise indicated by the pharmacy or organizational policies.
- d) Medical sharps used by health care providers to administer or assist with patient medication shall be disposed of in a biohazard container immediately after use (refer to the *AHS Critical and Semi-Critical Single-Use Medical Devices Policy* for further information).
- (i) Health care professionals shall educate patients who are self-administering medication on the safe disposal of medical sharps in Continuing Care settings.

9. Narcotics and Controlled Substances

- 9.1 An assessment of the risks within the care setting shall be conducted to determine the need for additional processes to reduce the risk of diversion of narcotics and controlled substances.
- 9.2 Management of narcotics and controlled substances includes delivery, storage, inventory and wastage.
- a) AHS LTC settings shall follow the *AHS Controlled Substances Policy Suite*.
 - b) Supportive Living settings should develop processes to manage individually-packaged narcotics and controlled substances for patients who receive medication assistance or administration.

10. Hazardous Medication

- 10.1 Staff shall take appropriate precautions when handling hazardous (e.g., cytotoxic) medications according to established policies or recommendations including but not limited to, use of required personal protective equipment. Refer to the established hazardous medication resources in the care setting (e.g., *AHS Hazardous Medication Personal Protective Equipment [PPE] Guide*).
- 10.2 Health care providers shall comply with established policies or recommendations regarding the disposal of hazardous (e.g., cytotoxic) medications and/or

packaging. See the AHS *Frequently Asked Questions Hazardous Medications Personal Protective Equipment and Waste for Continuing Care*.

- 10.3 Health care professionals shall educate patients who are self-administering medication on the safe disposal of hazardous medications and/or packaging in Continuing Care settings.

11. Clinical Adverse Events and Reporting

- 11.1 All **clinical adverse events**, close calls, hazards and **reportable incidents** shall be reported and reviewed regularly by the health care team, as determined by the care setting, for the purpose of supporting the development of recommendations and actions for system improvements that will make patient care safer.
- a) AHS staff report using the Reporting & Learning System (RLS) for Patient Safety.
- 11.2 AHS staff shall follow the AHS *Recognizing, Responding To, and Learning From Hazards, Close Calls, and Clinical Adverse Events Policy Suite* if a clinical adverse event meets the definition under that Policy.
- 11.3 As appropriate, complete and submit a reportable incident form to Alberta Health if the clinical adverse event meets the criteria for reporting (refer to the Alberta Health *Compliance and Monitoring Reportable Incident Process*).

12. Quality Improvement

- 12.1 Evidence of medication-related quality improvement initiatives shall be documented by the site/program in accordance with the *Continuing Care Health Service Standards* (Alberta).

13. Documentation

- 13.1 Patient assessment(s) shall be documented on the patient's **health record** and medication interventions to support the patient's assessed unmet needs shall be documented on the care plan.
- 13.2 Evidence of a completed medication review shall be documented on the patient's health record, when medication management is a component of care.
- 13.3 Documentation shall align with the AHS *Clinical Documentation Directive* and AHS *Clinical Documentation Process Directive*, and/or required best practices and pertinent AHS provincial or Zone policies for handwritten or electronic records.

DEFINITIONS

Assessed unmet need means the care requirements that remain after the strengths and resources of the patient and family and of the community have been considered in relation to the functional deficits identified on assessment. The

assessment includes the patient's ability to learn the skills necessary for self-care and the willingness, ability and availability of the family and community to participate or learn.

Clinical adverse event means an event that reasonably could or does result in an unintended injury or complications arising from health care management, with outcomes that may range from (but are not limited to) death or disability to dissatisfaction with health care management or require a change in patient care.

Continuing Care means an integrated range of services supporting the health and wellbeing of individuals living in their own home, a supportive living or long-term care setting. Continuing care clients are not defined by age, diagnosis, or the length of time they may require service, but by their need for care.

Designated Supportive Living (DSL) (levels DSL3 or DSL4) means comprehensive services such as meals, housekeeping, activities, and 24-hour monitoring provided in a congregate living setting. Residents are provided publicly-funded personal and health services based on assessed unmet needs. Designated Supportive Living 4-Dementia (DSL4D) also provides secure and safe living for those individuals living with moderate to severe dementia or cognitive impairment.

Family(-ies) means one or more individuals identified by the patient as an important support, and who the patient wishes to be included in any encounters with the health care system, including but not limited to, family members, legal guardians, friends and informal caregivers.

Health care professional means an individual who is a member of a regulated health discipline, as defined by the *Health Professions Act* (Alberta), and who practices within scope and role.

Health care provider means any person who provides goods or services to a patient, inclusive of health care professionals, staff, students, volunteers and other persons acting on behalf of or in conjunction with Alberta Health Services.

Health record means the collection of all records documenting individually identifying health information in relation to a single person.

Long-Term Care (LTC) means a continuum of medical and social services designed to support the needs of people living with chronic health problems that require the oversight of a registered nurse 24 hours a day. Long-term care services include traditional medical services, social services, and housing. Clients admitted into long-term care are required to pay accommodation fees (room and board and other costs associated) as set by government. Long-term care may be referred to as auxiliary hospitals and nursing homes.

Medication administration means the activity of supplying a dose of a medication for the purpose of immediate ingestion, application, inhalation, insertion, instillation, or injection. The administration of medications is more than just a psychomotor task of giving a medication to a patient. It also includes a cognitive and interactive aspect of

care involving assessing the patient, making clinical decisions, and planning care based on this assessment. Medication administration requires the knowledge and skills of a competent health care professional.

Medication assistance means a service provided to a patient to facilitate the patient's ability to self-administer medication for as long as possible and to ensure medication is taken as intended by the prescriber. Medication assistance includes medication reminders, some/partial assistance, or full assistance.

Medication review means a critical examination by the interdisciplinary team of a patient's medications for appropriateness, effectiveness, interactions, and adverse reactions for the purposes of optimizing the impact of medications and minimizing the number of medication-related problems.

Non-Designated Supportive Living (NDSL) means a congregate setting that includes a variety of communal living options that provide housing and hospitality services such as lodges, group homes, and retirement communities. Health and personal support services may or may not be available from the accommodation provider. Publicly-funded health and support services may be provided to meet the client's assessed unmet needs.

Pass means that the patient is allowed to leave the premises or facility grounds for a specified period of time, either accompanied or not.

Pass medications means medications that are dispensed to a patient, either accompanied or not, who is allowed to leave the premises or facility for a specified period of time and is expected to return, and will need to take medications while they are away.

Patient means all persons, inclusive of residents and clients, who receive or have requested health care or services from Alberta Health Services and its health care providers. Patient also means, where applicable:

- a) a co-decision-maker with the person; or
- b) an alternate decision-maker on behalf of the person.

Reportable incidents means incidents that result in death or serious harm to a patient related to the *Accommodation Standards* and/or *Continuing Care Health Service Standards* (CCHSS) as specified by Alberta Health.

Secure storage means, for the purposes of this document only, medications stored in a locked location or are inaccessible to patients or visitors.

Supervised excursions means when a patient temporarily leaves an AHS facility for recreational purposes with an AHS employee, who will provide supervision and the patient's medication (if required) during the time that the patient is away from the AHS facility.

Supportive Living means a congregate living setting that provides housing and a

range of hospitality and support services. This term encapsulates all levels of non-designated supportive living and designated supportive living; services vary in each level.

REFERENCES

- Alberta Health Services Governance Documents:
 - *Clinical Documentation Directive (#1173)*
 - *Clinical Documentation Process Directive (#1173-01)*
 - *Collection, Access, Use and Disclosure of Information Policy (#1112)*
 - *Controlled Substances Policy Suite (#HCS-277)*
 - *Critical and Semi-Critical Single-Use Medical Devices Policy (#PS-07)*
 - *Medication Administration Policy (Continuing Care) (#HCS-219)*
 - *Medication Reconciliation Policy (#PS-05)*
 - *Recognizing, Responding To, and Learning From Hazards, Close Calls, and Clinical Adverse Events Policy Suite (#PS-95)*
 - *Restraint as a Last Resort Policy Suite (#HCS-176)*
 - *Waste Management Policy Suite (#ESM-01)*
- Alberta Health Services Resources:
 - *Medication Assistance Program (MAP) Manual*
 - *Frequently Asked Questions Hazardous Medications Personal Protective Equipment and Waste for Continuing Care (April 2019)*
 - *Hazardous Medication Personal Protective Equipment (PPE) Guide*
 - *Minimum Comparable Pharmacy Service Requirements in Supportive Living*
 - *Provincial Guide: Community Based Services Waste Disposal*
 - *Seniors Health Provincial Home Care Service Guidelines*
 - *Seniors Health Provincial Home Care Service Guidelines - Pediatric Addendum*
- Non-Alberta Health Services Documents:
 - *Compliance and Monitoring Reportable Incident Process (Alberta Health)*
 - *Continuing Care Health Service Standards (Alberta Health)*
 - *Decision-Making Standards for Nurses in the Supervision of Health Care Aides (College of Registered Nurses of Alberta, College of Licensed Practical Nurses of Alberta, College of Registered Psychiatric Nurses of Alberta)*
 - *Medication Management Standards (College of Registered Nurses of Alberta)*

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