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 healthcare 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.

- Families are involved to the extent the patient permits; sharing of patient health information is performed in accordance with the Alberta Health Services (AHS) Guidelines for Disclosure of Health Information.

- 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. Interventions may include, but not be 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 (Continuing Care) Policy.

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 Home Living and Supportive Living, medication support services:

(i) are authorized in accordance with the AHS Seniors Health Provincial Home Care Service Guidelines and the 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 Alberta Provincial Continuing Care Medication Assistance Program (MAP) Manual; or

(iii) administered by a health care professional.

b) Within Facility Living/Long-term Care, medication support services are provided in accordance with:

(i) AHS Medication Administration (Continuing Care) Policy; 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 the College & Association of Registered Nurses of Alberta, College of Licensed Practical Nurses of Alberta, College of Registered Psychiatric Nurses of Alberta Decision Making Standards for Nurses in the Supervision of Health Care Aides.

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 Home Living and Supportive Living patients;
b) quarterly for patients residing in Facility Living/Long-term Care;

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 reviewed by the authorized prescriber and the interdisciplinary team to ensure the appropriateness and ongoing need of the medication(s) prescribed in accordance with the AHS Restraint as a Last Resort Policy Suite.

5. **Pharmacy Services in Home and Supportive Living Settings**

5.1 Patients in Home and Supportive Living settings are responsible for all their medication related costs (e.g., drugs, equipment, supplies, delivery, pharmacy prepared medication delivery systems, safety-engineered devices, etc.).

5.2 Pharmacy services should be aligned with the *Alberta Provincial Medication Assistance Program (MAP) Manual* to meet the needs of patients within Home and Supportive Living settings who receive medication assistance.

5.3 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 to ensure standardization of dispensing and distribution.

6. **Outings/Absences**

6.1 Patients shall be supported to maintain independence in medication self-administration while on outings/absences.

6.2 For patients that require assistance and are unable to self-administer medication while on outings/absences refer to established procedures or processes within the care setting.

6.3 If there is no assistance available during outings/absences and patient has been assessed as unable to safely self-administer medication, medication shall not be provided to the patient.

   a) Consult with the pharmacist and/or prescriber, as required, 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 in Home Living for patients who self-administer medications.

c) Within congregate or Supportive Living and Facility Living/Long-term Care 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 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 10 of this document for disposal requirements of narcotic and controlled drugs.

8.2 Disposal of medications purchased by the patient from a community pharmacy in Home Living and Supportive Living settings is the responsibility of the patient, inclusive of obtaining appropriate containers for disposal and transporting of medications for disposal back to their community pharmacy, unless performed by a 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 pharmacy.

b) All other open and partially used medications (e.g., ampoules), contaminated solid medication (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:

   (i) in Supportive Living settings and Facility Living/Long-term
Care this container shall be stored in a secure location to prevent unauthorized access.

(ii) in Home Living settings health care professionals shall provide education on the placement and security of this container in the home with the patient and/or alternate decision maker(s).

c) Empty containers, packages, tubes, bottles etc. may be disposed of in household garbage once 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 safe disposal of medical sharps in Continuing Care settings.

e) Health care providers shall comply with established policies or recommendations regarding the disposal of hazardous (e.g., cytotoxic) medications and/or packaging.

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

9. Narcotics and Controlled Substances

9.1 Where required by legislation or policy, the disposal of narcotic and controlled substance wastage shall be witnessed by two (2) health care professionals; both sign that the wastage was witnessed.

**Exception:** In settings where there is only one (1) health care professional working, wastage may be co-witnessed by a health care aide, and both sign that the wastage was witnessed.

9.2 To reduce the risk of diversion of narcotics and controlled substances, an assessment of the risks within the care setting shall be conducted to determine the need for additional processes, in accordance with established practice in each Continuing Care setting.

9.3 Supportive Living settings should develop processes to account for individually packaged narcotics and controlled substances for patients who receive medication assistance or administration.
9.4 Processes shall be established to account for ward stock of narcotics and controlled substances in Facility Living/Long-term Care.

10. Hazardous Medication

10.1 Staff shall take appropriate precautions when handling hazardous (e.g., cytotoxic) drugs according to established policies or recommendations including but not limited to use of required personal protective equipment.

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 care team, as determined by 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 and Responding to Hazards, Close Calls and Clinical Adverse Events Policy and Procedures 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 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 (see: Continuing Care Health Service Standards).

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 legislated or other required best practices, and pertinent AHS Provincial or Zone Policy, for handwritten or electronic records.

DEFINITIONS

Assessed unmet needs 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 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, or require a change in care.

**Congregate** means settings where patients live in a communal environment with other patients exclusive of Supportive Living and Facility Living/Long-term care (e.g. Lodge, Group Homes).

**Continuing care** means Home Living, Supportive Living, Facility Living/Long-Term Care, hospice, and adult day program spaces.

**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 Disciplines Act* (Alberta) or 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 Alberta Health Services legal record of the patient’s diagnostic, treatment and care information.

**Medication administration** means, for the purposes of this document only, the activity of supplying to a patient 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, for the purpose of this document only, 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, for the purposes of this document only, 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.

**Patient** means all persons who receive or have requested health care or services from Alberta Health Services and its health care providers and 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, for the purposes of this document only, incidents that result in death or serious harm to a patient related to 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.

**REFERENCES**

- Alberta Health Services Governance Documents:
  - Critical and Semi-Critical Single-Use Medical Devices Policy (#PS-07)
  - Medication Administration in Continuing Care Policy (#HCS-219)
  - Medication Reconciliation Policy (#PS-05)
  - Recognizing and Responding to Hazards, Close Calls and Clinical Adverse Events Policy Suite (#PS-11-01)
  - Restraint As A Last Resort Policy (#HCS-176)
  - Restraint (Interim) Procedure (#HCS-176-01)

- Alberta Health Services Resources:
  - Alberta Provincial Continuing Care Medication Assistance Program (MAP) Manual: Home and Supportive Living
  - Guidelines for Disclosure of Health Information (Information and Privacy, May 2017)
  - 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 Decision Process(Alberta Health)
  - Medication Guidelines (College & Association of Registered Nurses of Alberta)
  - Decision-Making Standards for Nurses in the Supervision of Health Care Aides (College & Association of Registered Nurses of Alberta, College of Licensed Practical Nurses of Alberta, College of Registered Psychiatric Nurses of Alberta)
  - Reportable Incident Form (#HCE0001) (Alberta Health)