**TITLE**

**DISPENSING A BRIDGE SUPPLY OF MEDICATION**

**SCOPE**
Provincial: Emergency Medical Services

**DOCUMENT #**
HCS-EMS-MIH-OP-01

**APPROVAL AUTHORITY**
Senior Medical Director, Emergency Medical Services

**INITIAL EFFECTIVE DATE**
March 26, 2020

**SPONSOR**
Director, Mobile Integrated Health Care

**REVISION EFFECTIVE DATE**
Not applicable

**PARENT DOCUMENT TITLE, TYPE, AND NUMBER**
Not applicable

**SCHEDULED REVIEW DATE**
March 27, 2023

**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 provide patients with timely access to medication.

- To outline the criteria for providing patients and/or caregivers with a bridge supply of medication.

- To outline the required procedure for Mobile Integrated Healthcare (MIH) Community Paramedics (CP) to safely dispense a bridge supply of medication to patients.

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**PRINCIPLES**

- Mobile Integrated Healthcare seeks to overcome any barriers to health care, including those preventing the timely receipt of medication, encountered by complex, vulnerable patient populations to reduce an overreliance on acute care and improve health outcomes.

- The Community Paramedic, authorized prescriber, patient (or family / alternate decision-maker) and health care professionals involved in the patient’s care are collaboratively responsible for ensuring medication is safely dispensed/bridged.

- Mobile Integrated Healthcare is committed to developing and implementing appropriate processes to ensure patient safety and continuity of care when dispensing a bridge supply of medication.
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. Prior to dispensing

1.1 Patient Eligibility Criteria

A bridge supply of medication shall only be dispensed to patients

a) Referred to the Mobile Integrated Healthcare (MIH) program via Assess, Treat, and Refer Coordination Centre (ATRCC) defined intake processes;

b) Assessed by a Community Paramedic as per the Mobile Integrated Healthcare Community Response Team (CRT) Provision of Care Policy;

c) Requiring a timely course of medication, as determined through consultation with the Physician of record (POR), or the most responsible health practitioner (including Nurse Practitioners) or a MIH On-line Medical Consultation (OLMC) Physician;

d) With a valid order or prescription for the medication provided by an authorized prescriber;

e) For a duration of no longer than 96 hours. In cases where a bridge supply is required for longer than 96 hours, instead of bridging the medication, the Community Paramedic should consider filling the entire medication order at a MIH partner pharmacy.

1.2 Medication Criteria

A Community Paramedic may dispense any of the following medication:

a) Schedule 1 drugs including, when appropriate, medication listed in the Controlled Drugs and Substances Act (1996) and associated regulations; and

b) Schedule 2 drugs as defined by the Alberta Pharmacy and Drug Act (2018).

2. Dispense the Bridge Supply of Medication

2.1 The Community Paramedic will review the medication order with the authorized prescriber as per the Mobile Integrated Healthcare (MIH) Community Response Team (CRT) Provision of Care Policy to ensure the medication, dosage, strength,
quantity, and instructions are correct and in accordance with the medical direction given by the prescriber.

2.2 The Community Paramedic will determine the amount of bridge medication the patient will need until the appropriate pharmacy can fill the remainder of the medication order.

2.3 Community Paramedics must ensure **appropriate dispensing procedures** are used as outlined by the Alberta College of Pharmacists *Standards of Practice for Pharmacists and Pharmacy Technicians* (Section 7). This includes ensuring:

a) The procedure is hygienic;

b) Medication stability is maintained;

c) Proper diluent(s) and mixing procedures are used (where applicable);

d) Prevention of cross-contamination; and

e) Compliance with any requirements to the specific medication.

2.4 Community Paramedics may obtain the medication supply from

a) MIH stock (if available in large enough quantities);

b) Site or facility stock, when applicable (**Note**: this supply must not be taken from a medication supply prescribed to another patient).

3. **Packaging**

3.1 Community Paramedics must ensure the medication is packaged properly, using child-resistant containers.

Exceptions:

a) The authorized prescriber or patient directs otherwise. **Note**: The Community Paramedic must ensure the patient is their own decision-maker, is aware of the risks, and is cognitively, psychologically and emotionally capable of making this decision;

b) The Community Paramedic is satisfied that child-resistant packaging is not appropriate (i.e. the medication is being given directly to another **health care provider** for storage and administration);

c) The patient is **self-administering** medication, but lacks support and is physically unable to open the container (i.e. neurological deficits, motor deficits, arthritis, etc.);

d) Child-resistant packaging is not suitable because of the form of the medication (i.e. intravenous solutions);
e) The Community Paramedic is unable to obtain a child-resistant package for the medication because a supply of those packages is not reasonably available. In these circumstances the Community Paramedic must ensure the patient, family/alternate decision-maker, and/or health care provider is aware and understands the associated risks.

4. Labelling

4.1 Ensure the label contains the following information:

a) Patient name;

b) The phone number for the applicable ATRCC;

c) Prescriber’s name;

d) Dispenser’s name (Community Paramedic);

e) A description of the medication in English including:

   (i) Generic name;
   (ii) Strength;
   (iii) Dose;

f) Instructions for use;

g) Route of administration (write out, do not abbreviate);

h) The date dispensed;

i) The quantity dispensed;

j) The expiration date and time, when appropriate;

k) The number of refills remaining (if applicable); and

l) Auxiliary label - "KEEP OUT OF REACH OF CHILDREN."

4.2 The label should be affixed to the container. When this is not possible, or it is impractical, the Community Paramedic must ensure

a) The medication label is affixed to the outer container; and

b) Another label is attached to the medication package containing, at a minimum,

   (i) The patient’s name;
   (ii) Patient’s date of birth (DD-MMM-YYY);
The name of the medication;

The medication strength.

When it is not possible to place complete directions for use on the prescription label, the Community Paramedic must ensure that complete written directions are provided on an instruction sheet accompanying the medication.

When applicable, the Community Paramedic will ensure high-alert medication products are labeled with auxiliary or cautionary labelling, as per the Alberta Health Services (AHS) Management of High-Alert Medications Procedure (Appendix A High-Alert Medication Labels); AHS High-Alert Medications: Electrolytes Guideline; AHS High-Alert Medications: Narcotics Guideline; and AHS Standardized Medication Concentrations for Parenteral Administration Policy and Procedure.

Note: An opioid warning sticker must be applied to any container which contains an opioid listed under Part A – Opioids subject to the prescription labelling provisions of the Health Canada Opioids List.

5. Bridge Supply Verification

5.1 The Community Paramedic will perform a final check and verification each time a bridge supply of medication is dispensed.

5.2 The following information will be verified:

a) The medication dosage, form, strength and quantity dispensed are correct according to the medication order;

b) The medication label is accurate according to the prescription or order and contains the information required under the Alberta College of Pharmacy and Pharmacy Technicians Standards (Section 7) and federal and provincial legislation; and

c) Appropriate auxiliary instruction labels are affixed.

5.3 Whenever possible, an independent double-check must be performed by a second health care professional who did not select the medication from stock.

6. Education of the Patient When Dispensing a Bridge Supply of Medication

6.1 The Community Paramedic shall provide the patient and/or the patient’s family or other caregivers who are not health care providers (i.e. healthcare aids; shelter workers), with adequate information concerning the bridge supply medication and confirm they have an appropriate understanding of the labeled information and directions.
6.2 Every effort should be made to provide information in an appropriate language and format. AHS Interpretation and Translation Services may be contacted to support communication, if needed.

6.3 When applicable, the Community Paramedic shall provide the patient and/or the patient’s family or other caregivers who are not health care providers (i.e. healthcare aids; shelter workers) with information specific to the bridged medication including:

a) Indication(s) for use (or what the medication has been prescribed for);

b) Storage considerations;

c) Mixing/preparation instructions (when applicable);

d) Any potential side effects;

e) Possible adverse reactions;

f) Any medication interactions;

g) Follow-up care, including when the remaining medication will be available and how the patient will obtain it;

h) Who to contact if there are questions or concerns about the medication or further instructions are needed (i.e. ATRCC if non-emergent; EMS if emergent or if after hours).

6.4 Community Paramedics shall ensure health care professionals (i.e. Licensed Practical Nurses; Registered Nurses) who assist patients with taking their medications, such as Continuing Care or Home Care staff

a) Are informed of the dispensed bridge supply;

b) Understand the labeled information; and

c) Are aware of any special directions, instructions, or warnings associated with the medication.

6.5 When dispensing any opioid bridge supply, Community Paramedics shall ensure patients, their caregivers, or health care providers involved in their care are provided information/teaching related to that medication as outlined in the Management of High-Alert Medications Procedure. In addition, the Community Paramedic shall

a) Provide the patient, family member, or health care professional responsible for caring for the patient with the Health Canada Opioid Medicines - Information for Patients and Families handout.
7. **Transcribe and Fax Remaining Medication Order**

7.1 The Community Paramedic shall **transcribe** the remainder of the medication order, accounting for the bridged supply, on to the *MIH Prescriber’s Orders for Community Paramedic Response Team* (19551) Form.

   a) Confirm that the quantity of medication dispensed is accurately accounted for and the medication, dosage, strength, and instructions are correct and in accordance with the order given by the authorized prescriber.

7.2 The Community Paramedic shall fax the remainder of the medication order to the appropriate community, site, or specialty pharmacy.

8. **Documentation**

8.1 Each time a medication is dispensed, the Community Paramedic shall ensure that the transaction is recorded on the MIH electronic Patient Care Record (ePCR) and include the following information:

   a) The orders given by the authorized prescriber;
   b) The name of the patient for whom the medication was dispensed;
   c) The name of the authorized prescriber of the medication;
   d) The name of the person the dispensed medication was left with;
   e) The date and time the medication was dispensed;
   f) The name, strength, and dosage form of the medication dispensed;
   g) The quantity of the medication dispensed;
   h) The route of administration and directions for use;
   i) The dosage schedule(s);
   j) If applicable, mixing or storage instructions;
   k) Verification that an independent double-check was completed.

8.2 If the dispensed medication is to be given directly to the patient, a family member, or a non-health care provider (i.e. healthcare aids; shelter workers), the Community Paramedic shall ensure the following is also included as a part of the **clinical documentation** on the ePCR:

   a) Verification that teaching was provided to the patient/family member/non-health care provider regarding their medication;
   b) Confirmation that hard copies of patient care/medication information hand outs were left with the patient;
c) A signature acknowledging they received of the medication; and

d) The Community Paramedic’s signature acknowledging the medication was dispensed.

8.3 If another health care provider, such as Supportive Living site staff or Home Care services staff, will be responsible for storing and/or administering the dispensed medication, the Community Paramedic shall also ensure the following is included as part of the clinical documentation on the MIH ePCR:

a) Confirmation that the health care provider(s) was made aware of the dispensed bridge supply;

b) Confirmation that the health care provider(s) understood the information on the medication label;

c) Confirmation that the health care provider(s) were made aware of any special directions, instructions, or warnings associated with the medication;

d) Confirmation that the health care provider(s) were able/willing to assist the patient and/or family (if required);

e) A signature acknowledging they received the medication; and

f) The Community Paramedic’s signature acknowledging the medication was dispensed.

8.4 The Community Paramedic will ensure a copy of the ePCR is available for all appropriate health providers connected to the patient’s care to review as outlined in the MIH Community Response Team Clinical Documentation Standards Procedure.

9. Follow-up Care

9.1 Follow-up care shall occur for any patient who receives a bridge supply of medication. This may occur either in person or by telephone.

9.2 The follow-up care plan for patients’ dispensed medications by Community Paramedics shall include the confirmation of:

a) The patient’s compliance with dispensed medication;

b) The receipt of the remaining medication order;

c) The effectiveness of medication that was dispensed;

d) Transfer of care, when applicable.
DEFINITIONS

Alberta Health Services setting means any environment where treatment/procedures and other health care services are delivered by, on behalf of or in conjunction with, Alberta Health Services.

Alternate decision-maker means a person who is authorized to make decisions with or on behalf of the patient. These may include, specific decision-maker, a minor’s legal representative, a guardian, a ‘nearest relative’ in accordance with the Mental Health Act (Alberta), an agent in accordance with a Personal Directive, or a person designated in accordance with the Human Tissue and Organ Donation Act (Alberta).

Appropriate dispensing procedures means dispensing procedures that are hygienic, maintain the stability of the medication, use the proper diluents and mixing procedures, prevent cross-contamination and comply with any requirements applicable to the specific medication, per Alberta College of Pharmacists Standards of Practice for Pharmacists and Pharmacy Technicians.

Assess Treat and Refer Coordination Centre (ATRCC) means a location that coordinates referrals for Assess, Treat, and Refer services within the MIH portfolio. The desk is staffed by Community Paramedics who have received additional training and are referred to as Patient Coordinators.

Authorized prescriber means a health care professional who is permitted by federal and provincial legislation, their regulatory college, Alberta Health Services, and practice setting (where applicable) to prescribe medications.

Bridge supply of medication means a minimum supply of medication dispensed to a discharged patient, to ensure availability until the discharged patient can access the medication from a usual source (community or specialty pharmacy). This is not the same as pass medications or medications dispensed by specialized clinics where the costs are covered through special funding by Alberta Health.

Clinical documentation means the process by which health information is captured in the health record, to reflect patient care and to facilitate communication between providers. Clinical documentation also fulfills regulatory, legal and Alberta Health Services requirements, in electronic or written format, regarding status, care, and services provided to patients.

Community Paramedic means an advanced care paramedic who is registered and entitled under the Alberta Health Professions Act and the Paramedic Professions Regulation (Alberta) to practice as an Advanced Care Paramedic in that province, who has received additional education and training specific to community health care, and is working in a role within the EMS Mobile Integrated Healthcare portfolio.

Continuing Care means a system that provides Albertans with the health, personal care and accommodation services they need to support their independence and quality of life. There are 3 setting in which continuing care services provide clients, with different needs, with a broad range of health and personal care, accommodation and hospitality services and includes: home living, supportive living, and Facility living.
**Controlled substances** means a drug identified in the *Controlled Drugs and Substances Act* and associated regulations as controlled or a scheduled drug. The activity and distribution is tightly controlled because its abuse potential or risk. AHS EMS controlled drugs list in accordance with the AHS EMS Medical Control Protocols are: FentaNYL, Ketamine, LORazepam, Midazolam, and Morphine.

**Dispense(-ing)** means to provide a medication pursuant to a prescription for a person but does not include the administration of a medication to a person. Dispensing is a restricted activity under law (*Government Organization Act [Alberta]*).

**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.

**High-alert medications (HAM)** means medications that bear a heightened risk of causing significant patient harm when used in error (Institute for Safe Medication Practices [ISMP], 2012).

**Home Care** is publicly funded personal and healthcare services for clients of all ages living in a private residence or other residential setting, such as suites in a retirement residence. Home Care helps people remain well, safe and independent in their home for as long as possible. Home Care philosophy promotes client independence, and supplements care and supports provided by families and community services.

**Independent double-check** means a verification process whereby a second health care professional conducts a verification of another health care professional’s completed task. The most critical aspect is to maximize the independence of the double-check by ensuring that the first health care professional does not communicate what he or she expects the second health care professional to see, which would create bias and reduce the visibility of an error.

**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** means any substance or mixture of substances manufactured, sold, or represented for use in the diagnosis, treatment, mitigation, or prevention of a disease, disorder, or abnormal physical state, or its symptoms in human beings, and restoring, correcting, or modifying organic functions in human beings.
Medication reconciliation means a structured process in which health care professionals partner with the patient, family, and caregiver for an accurate and complete transfer of medication information at transitions of care. The information is used to verify/validate the patient’s admission, transfer, referral, or discharge medication orders to reduce medication errors and adverse medication events at all points of care.

MIH On-line Medical Consultation (OLMC) means a physician providing consultation and medical control over a radio, by phone or through some other form or instant communication, to a Community Paramedic working in the MIH program.

Most responsible health practitioner means the health practitioner who has responsibility and accountability for the specific treatment/procedure(s) provided to a patient and who is authorized by AHS to perform the duties required to fulfill the delivery of such a treatment/procedure(s) within the scope of their practice.

Order means a direction given by a regulated health care professional to carry out specific activity (-ies) as part of the diagnostic and/or therapeutic care and treatment to the benefit of a patient/client. An Order may be written (including handwritten and or electronic), verbal, by telephone or facsimile.

Patient means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients and outpatients.

Patient's own medications means the medications that a patient has with them at presentation or admission to a health care facility, program or service, or that are brought in from an external source at a later time.

Physician of record means the one who has primary responsibility and authority for the medical care of a patient. In community settings, this will likely mean the family physician or general practitioner; in acute care settings, this may mean the admitting and/or following physician, or a hospitalist. As a patient flows through the continuum of care, the physician of record may change with the type of service provided.

Prescription means a type of order that meets the requirements of the Pharmacy and Drug Act (Alberta).

Self-administration means medications are to be administered to the patient by the patient themselves, or by family, or an unregulated health care provider.

Supportive living is an independent living model that provides services such as meals, housekeeping, activities and 24-hour monitoring. Publicly funded personal care and health services are provided to designated supportive living residents based on assessed unmet needs.

Transcribing orders (to transcribe) means to make a written copy of medical direction received from a physician (must be within the practitioner’s scope of practice).
REFERENCES

- Appendix A: MIH Dispensing/Bridging Process Chart
- Alberta Health Services Governance Documents:
  - Adult Standardized Medication Concentrations for Parenteral Administration Procedure (#PS-45-01)
  - Dispensing of Medications to Patients with a Discharge Medication Order Guideline (#HCS-226-01)
  - EMS: Controlled Drugs and Substances Policy (#EMS-EMS-05)
  - EMS: Managing Medications, Solutions, and Medical Supplies Policy (#PS-EMS-05-01)
  - High-alert Medications: Electrolytes Guideline (#PS-46-02)
  - High-alert Medications: Heparins Guideline (#PS-46-03)
  - Independent Double-check Guideline (#PS-60-01)
  - Labelling Medications Guideline (#HCS-185-01)
  - Management of High-Alert Medications Policy (#PS-46)
  - Management of High-Alert Medications Procedure (#PS-46-01)
  - Management of Patient’s Own Medications Policy (#PS-98)
  - Management of Patient’s Own Medications Procedure (#PS-98-01)
  - Medication Reconciliation Policy (#PS-05)
  - Medication Supply: Bridging Discharged Patients to Community Policy (#HCS-02)
  - Medication Supply: Bridging Discharged Patients to Community Procedure (#HCS-02-01)
  - Mobile Integrated Healthcare Documentation Standard
  - Mobile Integrated Healthcare Provision of Care Policy
  - Standardized Medication Concentrations for Parenteral Administration Policy (#PS-45)
- Alberta Health Services Resources:
  - Provincial High-Alert Medication List
  - Medication Supply: Bridging Discharged Patients to Community
- Non-Alberta Health Services Documents:
  - Accreditation Canada QMentum Program, Medication Management Standards (For Surveys Starting After: January 1, 2014)
  - Application for Emergency Prescription(s)/Drugs [EMP3854] (Alberta)
  - College & Association of Registered Nurses of Alberta (CARNA) Medication Guidelines
  - Food and Drug Regulations (Alberta) [C.R.C., c. 870] (2019)
  - Government Organization Act (Alberta)
  - Health Professionals Act (Alberta)
  - Narcotic Control Regulations (Alberta) [C.R.C., c. 1041] (2019)
  - Opioid Medicines (Health Canada)- Information for Patients and Families
  - Opioids List - (Part A - Opioids Subject to the Prescription Labelling Provisions) (Health Canada)
  - Pharmacy and Drug Act (Alberta)
  - Prescription Regulations Summary Chart (Alberta College of Pharmacists and Pharmacy Technicians)
  - Requirements for Dispensing Opioids (Health Canada)
- Self-Administration of Medications (SAM) Pre-Implementation Toolkit for the Operational Interdisciplinary Team, 2017 (Covenant Health)
- Standards of Practice for Pharmacists and Pharmacy Technicians (Alberta College of Pharmacists and Pharmacy Technicians)
- Understanding Alberta’s Drug Schedules (Alberta College of Pharmacists and Pharmacy Technicians)
APPENDIX A

MIH Dispensing/Bridging Process Chart

Dispensing a Bridge Supply of Medication Procedure Flow Chart

**Patient Eligibility Requirements**
- ATN status
- CP assessment completed
- PC/DM/VM/MC consultation
- Immediate medication start needed
- Valid order/Prescription
- < 96 hrs.

**Contraindication**
- Drug
- Dosage
- Strength
- Quantity
- Instructions

- Must not be taken from a medication supply provided to another patient.

**Package**
- Child-resistant Container
- Exception?
- Prescription/Order/Prescription
- Medication unable to fill in container

**Labels**
- All Medication: "KEEP OUT OF REACH OF CHILDREN"

**Ensure complete written instructions are provided on an instruction sheet if unable to fit on medication label.**

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