

TITLE

MANAGEMENT OF PATIENT'S OWN MEDICATIONS**SCOPE**

Provincial: Inpatient Settings, Ambulatory Services, and Residential Addiction and Detoxification Settings

DOCUMENT

PS-98-01

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Management of Patient's Own Medications Policy (#PS-98)

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October 1, 2021

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.

If you have any questions or comments regarding the information in this document, please contact the Policy & Forms Department at policy@ahs.ca. The Policy & Forms website is the official source of current approved policies, procedures, directives, standards, protocols and guidelines.

OBJECTIVES

- To outline the procedures required for managing **patient's own medications** in Alberta Health Services (AHS) inpatient settings, ambulatory services, and residential addiction and detoxification settings.

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), working within inpatient settings, ambulatory services, and residential addiction and detoxification settings.

ELEMENTS**1. Points of Emphasis**

- 1.1 Refer to the AHS *Management of Patient's Own Medications* Policy for when this procedure applies and when it does not apply.
- 1.2 For an overview of this procedure, refer to Appendix A below for the *Patient's Own Medications Process Maps* in inpatient and residential addiction and detoxification settings, and ambulatory services.

2. Upon Initial Contact with AHS

- 2.1 A **health care provider** shall ask **patients** to provide a complete up-to-date medication list and/or all of the medications they are currently taking. This is to allow for the creation of the **best possible medication history (BPMH)** during

the medication reconciliation process (see the AHS *Medication Reconciliation Policy*).

3. When Arriving by Emergency Medical Services (EMS)

- 3.1 When transporting a patient to a health care facility, EMS health care professionals should collect the patient's own medications and/or the patient's complete up-to-date medication list, and deliver them with the patient, whenever possible.
 - a) EMS health care professionals shall collect the patient's own medications using an EMS Medication Bag, when available.
- 3.2 Collection of a patient's own medications should not compromise patient safety by delaying patient transport. If the patient's own medications cannot be located and collected in a timely manner, EMS health care professionals shall ask the patient's **family** to bring in the patient's complete up-to-date medication list and/or the patient's own medications, where appropriate.
- 3.3 With the exception of the medications cited within their scope of practice, EMS health care professionals must consult with the EMS On-Line Medical Consultation (OLMC) Physician prior to administering the patient's own medications.
- 3.4 EMS health care professionals shall document all of the information about the patient's own medications that they are aware of on the *Patient Care Record*.

4. Sending Home Patient's Own Medications Not Required During the Patient's Care

- 4.1 For inpatient settings, once the best possible medication history (BPMH) has been completed, all of the patient's own medications not required for administration while the patient is in care should be given to the patient's family for safe and secure removal from the premises, where possible.
 - a) Any patient's own medications that are to be administered while in care may be stored onsite.
- 4.2 For ambulatory care visits, the patient / patient's family should take their own medications home after the visit or completion of treatment.
- 4.3 Document in the **health record**, in a place designated by Zone/program/site process, the following:
 - a) that the patient's own medications were removed from the AHS setting;
 - b) when the patient's own medications were removed; and
 - c) to whom the patient's own medications were given.

5. Safekeeping Patient's Own Medications Not Required During the Patient's Care

- 5.1 If the patient's own medications not required during the patient's care cannot be removed from the AHS setting, the patient's own medications shall be placed in safekeeping.
- a) Any patient's own medications that are to be administered while the patient is in care shall be stored in a separate location, per section 9 below.
 - b) If the patient's own medication is to be administered immediately, section 5 and section 9 do not apply.
- 5.2 This process for safekeeping only needs to be performed once when initially safekeeping the patient's own medications.
- a) All of the patient's own medications not required during the patient's care shall be placed by the **health care professional** in a designated medication safekeeping bag, which shall be properly labelled and sealed in the presence of the patient or patient's family, or another health care provider if the patient or patient's family is unable or unavailable (refer to Appendix B: *Patient's Own Medications Safekeeping Bag* for the required information to be included and the properties of the medication safekeeping bag).
 - (i) Medications requiring refrigeration shall be placed in a separate medication safekeeping bag.
 - (ii) Narcotic and controlled medications shall be counted in front of the patient or the patient's family, or another health care provider if the patient or patient's family is unavailable, before being placed in a separate medication safekeeping bag.
 - b) If the contents of a medication container include more than one (1) type of medication, this should be documented on the bag as "1 container of mixed medications".
 - c) For each medication safekeeping bag containing the patient's own medications, the health care provider shall include the following information on the bag receipt:
 - (i) patient name (first and last);
 - (ii) patient identification number (e.g., unique lifetime identifier [ULI], personal health number, medical record number);
 - (iii) date that the medications are put into the bag;
 - (iv) bag number and total number of bags of patient's own medications for this patient (i.e., 1 of 3, 2 of 3, 3 of 3); and

- (v) printed name and signature of the health care provider securing the medications in the bag.
- d) The patient or patient's family, or another health care provider if the patient or patient's family is unable or unavailable, shall co-sign the medication safekeeping bag to acknowledge that both the above information is correct and the time limit (e.g., seven [7] days) for the destruction of unclaimed patient's own medications.
- e) Following the proper preparation of any medication safekeeping bags and bag receipts, the health care provider shall:
 - (i) seal the medication safekeeping bag with the tamper-evident seal;
 - (ii) give the bag receipt to the patient or patient's family;
 - (iii) document in a clearly visible and consistent place on the patient's chart that this patient's own medications are onsite and specify where they are stored per Zone/program/site processes; and
 - (iv) place the sealed medication safekeeping bag(s) containing the patient's own medications in a designated, secure, and lockable location on the patient care unit, per Zone/program/site processes.
 - Medications requiring refrigeration shall be stored in the medication refrigerator.
 - Narcotic and controlled medications shall be stored in the narcotic cupboard or other locked cupboard or drawer, separated from the wardstock supply.

6. Orders for Using Patient's Own Medications During the Patient's Care

- 6.1 An order from an **authorized prescriber** is required for patient's own medications to be administered by a health care professional during the patient's care or any outpatient visit (refer to the AHS *Medication Orders Policy and Procedures*). At a minimum, the order shall include:
- a) the medication order requirements as per the AHS *Medication Orders Procedure*; and
 - b) an indication to use the patient's own medication.
- 6.2 The health care professional shall:
- a) inform the patient or patient's family that there shall be no reimbursement for the patient's own medications administered while the patient is in care; and

- b) provide and review the *Patient's Own Medications Information Sheets: Bringing Your Medicine to the Clinic or Bringing Your Medicine to Hospital* with the patient and/or patient's family.

6.3 When there is an order to use the patient's own medication and the medication is not available (i.e., the patient did not bring in their own medication or it has already been sent home), a health care professional shall attempt to contact the patient's family to bring in the medication as soon as possible.

- a) If the medication is still unavailable when the dose is due, the health care professional shall notify the ordering authorized prescriber or an on-call Physician to request a new order.

7. Removing Patient's Own Medications from Safekeeping for Administration During the Patient's Care

7.1 If the patient's own medications that are in safekeeping are to be administered during the patient's care or any outpatient visit, the health care professional shall:

- a) open the appropriate patient's own medications safekeeping bag in the presence of the patient and/or patient's family, where possible, or in the presence of another health care provider;
- b) remove the patient's own medications to be administered;
- c) assess that a sufficient quantity of the patient's own medication to be administered is available for the patient while in care;
- d) document which medication was removed in the patient's health record in a place designated by Zone/program/site processes and on the patient's own medications safekeeping bag;
- e) verify and store the patient's own medications to be administered per sections 8 and 9 below;
- f) place the original opened medication safekeeping bag and remaining patient's own medications into a new medication safekeeping bag, label and seal the bag in the presence of the patient and/or patient's family, where possible, or in the presence of another health care provider; and
- g) return the new patient's own medications safekeeping bag to the appropriate designated, secure, and lockable storage location on the patient care unit.

8. Verifying Patient's Own Medications for Administration During the Patient's Care

8.1 If a patient's own medications are to be administered by a health care professional while the patient is in care, a Pharmacist or Pharmacy Technician,

or another health care professional if a Pharmacist or Pharmacy Technician is not available, shall:

- a) verify the patient's own medications to ensure they meet the criteria in Appendix C: *Criteria to Verify Patient's Own Medications*. If there is any concern about the verification of patient's own medications, the health care professional may seek further clarification or consultation (e.g., online *Compendium of Pharmaceuticals and Specialties [CPS]*);
- b) document in the patient's health record in a place designated by Zone/program/site processes, that verification has been performed;
- c) attach an appropriate patient-specific label if the medication does not have a patient-specific label (e.g., over-the-counter [OTC] medications) or if the authorized prescriber has changed the instructions for administering the medication; and
- d) attach an auxiliary *Patient's Own Medication* label to the patient's own medications that are ordered to be used while the patient is in care (see Appendix D: *Patient's Own Medication Label*).
 - (i) Patient's own medications that are to be administered immediately do not require an auxiliary label.

8.2 The health care professional shall contact the authorized prescriber if there are any issues with the patient's own medications ordered for use, and document this in the patient's health record in a place designated by Zone/program/site processes.

8.3 If there is any doubt (e.g., concerns with medication verification, concerns with medication order) that the medication is safe to administer, the health care professional may refuse to administer it and consult with the pharmacy and authorized prescriber.

9. Storage of Patient's Own Medications for Administration During the Patient's Care

9.1 Patient's own medications that are to be administered during the patient's care shall be stored in a separate location from the patient's own medications placed in safekeeping, as outlined in section 5 above.

9.2 If a patient's own medications are to be administered by a health care professional during the patient's care, the health care professional shall:

- a) store the medication in the patient-specific medication storage bin assigned to that patient; and
- b) store refrigerated medication in a patient-specific medication storage bin assigned to that patient or in a general patient's own medications storage bin in the refrigerator.

- 9.3 If a patient's own narcotic or controlled medications are to be administered by a health care professional during the patient's care, the health care professional shall:
- a) count the medication in front of the patient or patient's family, or another health care provider if the patient or patient's family is unavailable;
 - (i) This step would only occur once when treatment with the patient's own narcotic or controlled medication is initiated.
 - b) store the medication in the narcotic cupboard or other locked cupboard or drawer, separated from the wardstock supply; and
 - c) record the medication on a unit or patient-specific narcotic sheet and include with shift-counts of narcotic or controlled medication per Zone/program/site process.

10. Patient Transfer to Another Care Setting

- 10.1 Upon patient transfer to another care setting, the health care professional shall:
- a) determine if the patient brought in any of their own medications by checking:
 - (i) the patient's health record;
 - (ii) the medication administration record (MAR); and
 - (iii) by asking the patient and/or patient's family;
 - b) collect all of the patient's own medications and ensure they are transferred with the patient; and
 - c) document in the patient's health record, in a place designated by Zone/program/site processes, that the patient's own medications were transferred with the patient, the number of bags/medications transferred, and the date and time when the patient was transferred.
- 10.2 If the patient is transferred without their own medications:
- a) the health care provider who discovers this omission shall contact the sending or receiving care setting to notify them of the oversight; and
 - b) the sending care setting shall:
 - (i) make arrangements for the patient's own medications to be transferred to the receiving care setting, and
 - (ii) document in the patient's health record, in a place designated by Zone/program/site processes, that the patient's own medications

were transferred after the patient, the number of bags/medications transferred and how they were transported, and when the patient was transferred.

11. Discharge from Inpatient Settings or Conclusion of Ambulatory Visits

11.1 Patient's own medications are the legal property of the patient and shall be returned, unless safety concerns are identified by the authorized prescriber.

- a) If there are significant concerns that returning the patient's own medications may cause a safety issue, the health care professional shall offer to safely dispose of the medications of concern.
- b) If the patient does not want their medications disposed of, the health care professional shall educate the patient about the possible risks of keeping those medications.
- c) If the patient still would like to keep those medications, then they shall be returned to the patient.
- d) The patient's final decision and the conversations held with the patient about potential safety risks shall be documented in the patient's health record.

11.2 Upon the patient's discharge, the health care professional shall:

- a) determine if the patient brought in any of their own medications by checking:
 - (i) the patient's health record;
 - (ii) the MAR; and
 - (iii) by asking the patient and/or patient's family. The patient or patient's family should produce the patient's own medication safekeeping bag receipt. If the safekeeping bag receipt is not available, two (2) client identifiers (e.g., unique lifetime identifier [ULI], personal health number, medical record number) can be used instead;
- b) ask the patient or patient's family, or another health care provider if the patient or patient's family is unable or unavailable, to sign for the returned medications in the patient's health record, in a place designated by Zone/program/site processes;
- c) indicate to the patient or patient's family which of the patient's own medications, if any, the authorized prescriber has indicated should not be continued; and

- d) ask the patient or patient's family if they would prefer to have the discontinued or expired medications sent for disposal.
 - (i) The patient or patient's family, or another health care provider if the patient or patient's family is unable or unavailable, shall sign in a place designated by Zone/program/site processes, to acknowledge agreement with the disposal of the patient's own medication(s).
 - (ii) See section 13 below for the disposal process.
- 11.3 If the patient is discharged without their own medications, the health care provider shall:
- a) notify the patient or patient's family that the patient's own medications can be reclaimed and they can make arrangements to do so;
 - b) advise the patient or patient's family that after seven (7) days (or a longer time period based on specific patient scenario), the medications shall be destroyed if unclaimed;
 - c) document the date/time that the patient or patient's family was notified in the patient's health record per Zone/program/site processes;
 - d) keep the patient's own medications in a locked drawer/cupboard in the patient care area until they are claimed by the patient or patient's family, or seven (7) days (or a longer time period based on specific patient scenario) have passed since the patient's family was notified; and
 - e) after seven (7) days (or a longer time period based on specific patient scenario) from the date of discharge and notification, dispose of the patient's own medications per section 13 below.

12. Patient Deceased

- 12.1 When a patient dies, their prescriptions are considered null and void, according to the Alberta College of Pharmacists. All patient's own medications should be disposed of per section 13 below.
- 12.2 The patient's family may claim any non-prescription medications. If non-prescription medications are to be disposed, refer to section 13 below.

13. Disposal of Patient's Own Medications

- 13.1 When patient's own medications are to be disposed, the health care professional shall:
- a) document in the patient's health record, in a place designated by Zone/program/site processes, which medications were sent for disposal and when they were sent; and

- b) mark the medications as "Patient's Own Medications for DISPOSAL" and dispose per Zone/program/site processes.

14. Documentation

- 14.1 Patient's own medications that have been ordered to be administered by health care professionals while in care, shall be entered into the patient's health record and include a note stating "Use Patient's Own Medications" as per Zone/program/site processes.
- 14.2 The storage location of the patient's own medications (e.g., patient-specific bin/drawer, refrigerator, or locked narcotics storage area) shall be noted on the MAR and/or patient's health record by the health care provider.
- 14.3 The MAR shall include, if possible, the wording "Use Patient's Own Medications". The placement of this wording shall be determined by Zone/program/site processes.
- 14.4 Health care providers shall not document "not available" on a MAR for a patient's own medication unless they have first checked with the patient/family and contacted the Pharmacy and the authorized prescriber to ensure that this is correct and to request a new order.

DEFINITIONS

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.

Best possible medication history (BPMH) means a complete and up-to-date list of the patient's current medications at the time of admission including:

- a) name of the medication (all prescribed, over-the-counter, herbal, vitamin, homeopathic, health remedies and substances of abuse),
- b) dosage,
- c) route of administration,
- d) frequency of administration, and
- e) time of last dose (as appropriate).

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 practises 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.

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.

REFERENCES

- Appendix A: *Patient's Own Medications Process Maps*
- Appendix B: *Patient's Own Medications Safekeeping Bag*
- Appendix C: *Criteria to Verify Patient's Own Medications*
- Appendix D: *Patient's Own Medication Label*
- Alberta Health Services Governance Documents:
 - *Management of Patient's Own Medications Policy (PS-98)*
 - *Medication Orders Policy and Procedures ((#PS-93)*
 - *Medication Reconciliation Policy (#PS-05)*
- Non-Alberta Health Services Documents:
 - *EMRs, EMTs and EMT-Ps Scopes of Practice (Alberta College of Paramedics)*

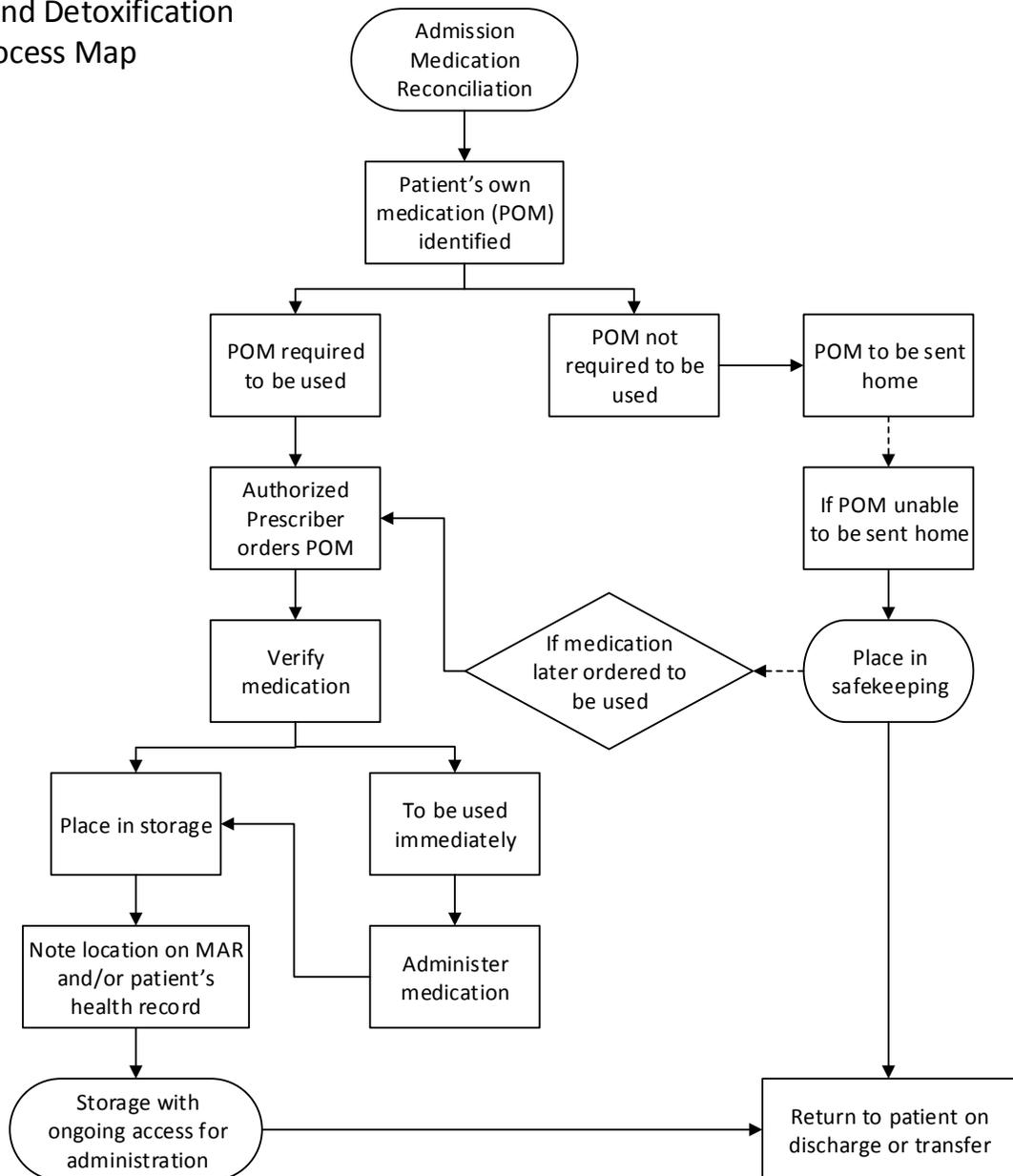
VERSION HISTORY

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APPENDIX A

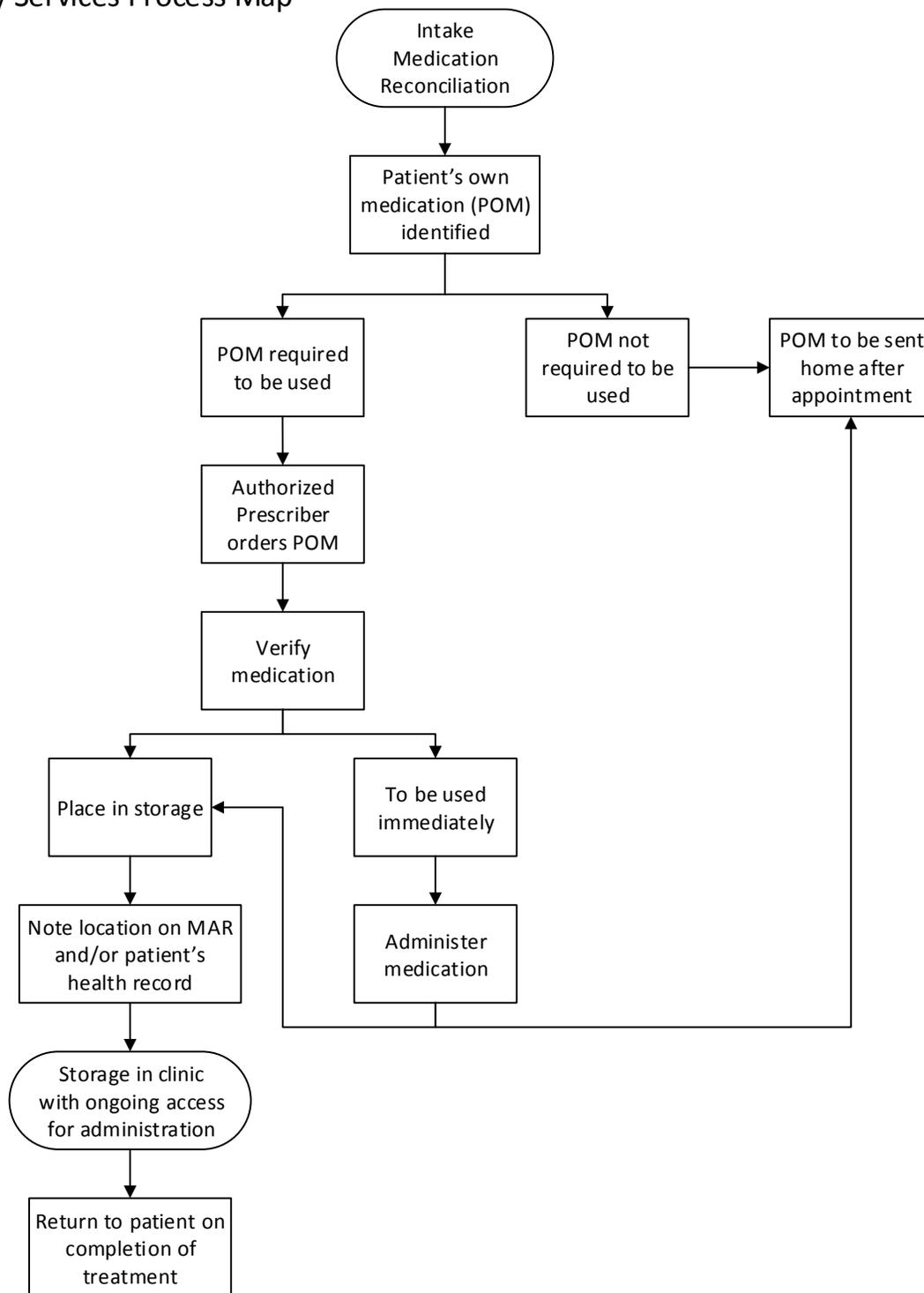
Patient's Own Medications Process Maps

Patient's Own Medications (POM)
Inpatient and Residential
Addiction and Detoxification
Settings Process Map



APPENDIX A continued

Patient's Own Medications (POM)
Ambulatory Services Process Map



APPENDIX B

Patient's Own Medications Safekeeping Bag**Required Properties:**

1. Preprinted format on the outside of the bag or on a form that is firmly attached to the bag or can viewed through the bag, shall include the following information:
 - a. patient name (first and last);
 - b. patient identification number (e.g., unique lifetime identifier [ULI], personal health number, medical record number);
 - c. date that the medications were put in the bag;
 - d. names and strength of each medication placed in the bag;
 - e. quantity of each narcotic and controlled medication put into the bag;
 - f. bag number and total number of bags of patient's own medications (e.g., 1 of 3, 2 of 3, 3 of 3);
 - g. a notation indicating if additional bags of medication are stored in the medication refrigerator or narcotic drawer/cupboard;
 - h. printed name and signature of the health care provider securing the medications in the bag;
 - i. a notice that unclaimed medications shall be destroyed seven (7) days after the patient has been discharged or terminated services at the facility; and
 - j. signature of the patient or patient's family or second health care provider when the bag is sealed.
2. Includes a receipt that can be returned to the patient to be used for reclaiming the patient's own medications on discharge (matching numbering system on receipts and bags).
3. Has a tamper-evident seal.

Preferred Properties

1. Durable (preferably plastic).
2. Translucent.
3. Large enough to hold a number of medication bottles (prescription-size or OTC-size) (suggest 9 inches by 12 inches).
4. Clearly marked with wording to indicate "Patient's Medications" or "Patient's Own Medications" (so that the medication storage bag will not be confused with bags that contain patient's personal property/valuables).
5. Preprinted format on the outside of the bag indicating places for all of the required information to be entered.

APPENDIX B continued

Example:



8988820	
INSTRUCTIONS: 1. Use ballpoint pen. Work on a smooth, flat surface. 2. Complete required information in all white areas of the bag and receipt. 3. Inventory contents. 4. Tear-off perforated receipt. Remove adhesive backing and fold at line indicated to create tamper evident seal.	
Patient's Medicine Inventory	
Patients Name: _____ ID#: _____ Unit/ Clinic: _____ Date: _____ Prepared by: _____ Bag ____ of ____	
Inventory	
1. _____	4. _____
2. _____	5. _____
3. _____	6. _____
These medications will be destroyed ____ days after patient is discharged from facility. _____ (acknowledged: patient or representative)	

- PharmaSystems product #10447 – Patient's Medicine Inventory Bag 9x12" Clear 250/Pkg
- Disposable, clear 3 mil 9x12" bag
- Tracks medication using dual series numbers and tear-off receipt
- Provides tractability and chain-of-custody reporting
- Tamper-evident tape – when bag is opened, the colour changes and the words "ALERT VOID" appear
- Large write-on area offers complete accountability with space for patient medication inventory and designated signatures
- Bags have a puncture-resistant outer shell, and high-strength inner sealing surface
- 250 bags per package
- Price quoted \$185/ pkg of 250 bags (74 cents per bag) (price quoted February 2017)

APPENDIX C

Criteria to Verify Patient's Own Medications

If a patient's own medications are to be administered by the facility during the patient's care or outpatient visit, a Pharmacist or Pharmacy Technician, or in the event that neither are available, another health care professional, shall verify the patient's own medications to ensure they meet the following requirements:

1. Medication is the same dosage form and strength as ordered.
 - a) Confirm with patient or patient's family that medication is in original container or packaging.
2. Container for prescription medications is clearly labelled.
 - a) Label includes patient name, medication name and strength, date of dispensing, directions for use, name and address of community pharmacy.
 - b) Date dispensed is within the last three (3) months (may consider longer time period based on specific patient scenario).
 - c) Label is typed and clear.
 - d) Directions on label are the same as the authorized prescriber's order.
 - If the instructions have changed, then the medication should be relabelled by Pharmacy.
3. Container for non-prescription medications:
 - a) includes medication name and strength, directions for use, expiry date.

Note: A patient identification label must be added to the container/package.
4. Medication information and appearance is determined to be acceptable.
 - a) Medication is visually inspected and there are no chips or discolouration.
 - b) Ear and eye products opened for less than 30 days.
 - c) Container is intact and clean.
 - d) Product expiry date not exceeded.
 - e) The amount of medication in the container is consistent with the date of issue and expected usage up to the date of review (if the number of tablets/capsules is clearly more than suggested on the label, indicating that the patient may have mixed several supplies, engage the patient in discussion before determining if the medication should not be administered in the facility).

- f) Medication was dispensed/purchased in Canada. (If the medication was dispensed/purchased outside of Canada, the AHS Pharmacy and authorized prescriber must be contacted to determine an alternative therapy. If the authorized prescriber decides that alternative therapy is not suitable and the foreign medication is the best choice, then if the medication is legal or authorized for use in Canada, and can be verified, the authorized prescriber can document on the patient care orders that the patient's own foreign medications shall be administered).
5. Medication can be identified.
- a) Multi-dose medication has original manufacturer's label.
 - b) Bottle/vial contains only one (1) medication type.
6. Medication has been stored properly:
- a) according to manufacturer's recommendations;
 - b) cold chain (e.g., temperature-controlled supply chain) is maintained, if applicable; and
 - c) the patient or patient's family confirms that it was stored properly.
7. Sufficient quantity of medication is available for the patient while in care.

APPENDIX D

Patient's Own Medication Label



**Patient's Own
Medication**

Can order label from PharmaSystems (Order Number AHSPTO42)

Labels measure 1-9/16" x 3/8"

Packaged in rolls of 500, 2 rolls per box - \$33.00/Box (price quoted February 2017)