



SASKATCHEWAN
COLLEGE OF
PHARMACISTS

**STANDARDS OF PRACTICE
FOR PHARMACISTS
PROVIDING SERVICES TO
RESIDENTS OF SPECIAL-CARE HOMES**

August 2007

Introduction

The purpose of the “Standards of Practice” is to protect residents of special-care homes in Saskatchewan. This is accomplished by identifying the level of pharmacy service required to ensure safety and benefit to the resident. The following “Standards” represent those pharmacy functions that are the responsibility of the pharmacist providing the service.

It is understood that at all times the pharmacist will practice in accordance with the *Model Standards of Practice for Canadian Pharmacists* and must abide by the provincial and federal laws governing the sale of drugs: the *Controlled Drugs and Substances Act* and the Narcotic Control Regulations; *Food and Drugs Act*, and the Food and Drug Regulations; and *The Pharmacy Act, 1996*, Bylaws and Regulations.

In the *Standards of Practice for Pharmacists Providing Services to Residents of Special-Care Homes*, (the Standards), each Standard forms the basis for the provision of pharmacy services. The aim of pharmacy services is to ensure the resident receives medication in a safe, reliable, and cost-effective manner. In the pharmaceutical care model, the resident, not the service provided by the pharmacist, is the primary focus. The activities of pharmaceutical care include identifying and preventing potential drug-related problems, and identifying and resolving actual drug-related problems.

Adopting the pharmaceutical care model, the pharmacist’s goal is to improve a resident’s quality of life through the responsible provision of drug therapy. The pharmacist works in conjunction with the resident, the family (or responsible representative) and the multidisciplinary care team to determine the resident’s needs and what care should be provided by the pharmacist to meet these needs.

The pharmacist shall be available to the resident and their family (or responsible representative) to discuss medication issues and provide specific information to assist them with safe and effective drug therapy.

Provision of Pharmacy Services

Pharmacy service is comprised of clinical, educational and distributive services. In this document, specific services are categorized as either *core services* or *enhanced resident care services*.

(The issue of reimbursement is beyond the scope of the regulatory body and is negotiated between the involved parties).

Core Services

Core services are the essential services pharmacists should provide to residents of special-care homes. These services include both distribution services as well as resident

care services. Providing core services will foster multidisciplinary, resident-centered care.

Such services revolve around providing medication to a resident in a manner that would ensure safety of the medication and its delivery. Services would include:

- basic pharmaceutical care
 - providing the medication in a controlled format
 - providing a Medication Administration Record for safe medication administration, and
 - a profile for review.
- *Distribution Services*
Distribution services involve the processes which must be completed to deliver medication to a resident. Professional fees are traditionally awarded for the professional services routinely provided by a pharmacist during the process of dispensing a drug.
 - *Core Resident Care Services*
Core resident care services are the clinical and professional activities fundamental to initiating resident-centered care and multidisciplinary team involvement. These services expand upon the pharmacist's drug distribution services to provide residents with more thorough and inclusive care. The pharmacist must participate in the residents' well being: this may be in the form of a care conference, or some acceptable routine pharmacy review at regular scheduled intervals.

Enhanced Resident Care Services

Enhanced resident care services provide improved, advanced, or sophisticated resident care. The addition of any or all of these functions to core resident care services produces a comprehensive model of resident care and pharmacy services. These services will require additional time to perform and may involve supplementary training, as well as in-depth data collection and analysis. These activities may include an in-depth study of a disease state with the development of a comprehensive in-service for staff. Such activities would be considered beyond the scope of the core services; therefore, the level of detail required and remuneration granted is to be negotiated between the pharmacist and the facility/health region.

A. CORE SERVICES

1. Distribution Services

a) Drug Distribution

The pharmacist shall be responsible for ensuring all medications are procured and stored appropriately, and are “in date” when transferred from the pharmacy to the facility. For standards regarding management of distribution services*, please refer to Professional Competency #4.1 in the *Model Standards of Practice for Canadian Pharmacists*.

- i) Issuing of prescriptions – All federal and provincial legislation must be met when a prescription is issued. A verbal order shall be signed by the prescriber within an appropriate time frame not to extend beyond seven (7) working days.
- ii) Prescription changes - All changes shall be treated as a new prescription and shall cancel the previous order.
- iii) Prescription labeling - The pharmacist shall comply with all legislated requirements with regard to prescription labeling.
- iv) Standing order criteria (for those facilities utilizing standing orders, standing order policies **shall** be reviewed annually) – The multidisciplinary committee shall pre-approve all standing orders. Prior approval by the resident’s attending physician shall be granted before dispensing any medication.
- v) Medication shall be supplied by a monitored (controlled) dosage system*
- vi) Crushed medication – This issue should be part of the staff “orientation package”. The pharmacist shall be consulted when a resident requires medication to be crushed and the pharmacist will make recommendations on a case-by-case basis.
- vii) Contingency medication – The pharmacy shall provide for emergency drug service, either by a 24-hour on-call service and/or by storing a small quantity of contingency medication at the facility.
- viii) Alternative/Complementary Medication* - Alternative/complementary medications shall be permitted only when authorized by the attending physician. The multidisciplinary committee shall establish guidelines for

*denotes term identified in Glossary

the use and distribution of alternative medications. All alternative products for use shall be documented on the resident's chart and medication profile, and any comments or concerns of the pharmacist shall be noted in the record.

- ix) On-pass meds* - There shall be a controlled system/process for ordering, packaging and documenting pass medications.
- x) Procedures for pharmacy deliveries shall ensure security for the safe delivery of medications to the facility. Medications shall be delivered to a responsible individual employed at the facility.
- xi) Procedures shall be established for resident self-medications.
- xii) In instances where the facility administers IV/Cytotoxic products, the multidisciplinary committee shall establish a protocol.

2. Core Resident Care Services

- a) Medication Reviews upon admission
 - i) Medication reviews* shall be conducted within 90 days of admission. Ideally, reviews will involve a multidisciplinary health care team as well as the resident. The pharmacist shall be a willing member of the medication review process conducted by the health care team.
- b) On-going critical analysis/review of medications
 - i) The pharmacist shall review resident charts on a consistent basis to identify issues based on the individual resident.
 - ii) Medication reviews shall be conducted at least annually (quarterly reviews for residents with more complex medications or regimens are favorable). In addition, reviews may be conducted at the reasonable request of the resident, the family (or responsible representative) or a member of the health care team. A reasonable request might include the following: a significant change in the medical status of the resident; an unbearable financial burden to the resident brought on by the cost of medication where usual avenues of resolution have been exhausted. Any requests should be documented and if the request is denied, reasons for denial should be documented.

The pharmacist shall be a willing member of the medication review process conducted by the health care team.

- c) Participation on the health care team
 - i) The pharmacist shall be a member of a multidisciplinary committee. The role of the committee is to foster the sharing of information among members of the team and advise on matters concerning the safe and effective use of drugs for residents' use.
 - ii) The pharmacist shall assist in orienting new nursing staff to the medication system.
 - iii) The pharmacist shall work collaboratively with nursing staff to ensure medication room audits* are performed and documented regularly.
- d) Review of all Adverse Drug Reaction*(ADR) medication incident* reports
 - i) The multidisciplinary committee shall establish and implement an ADR reporting program with mechanisms for reporting.
 - ii) All medication incidents shall be recorded on an incident report.
 - iii) The pharmacist shall receive a copy of all ADR and medication incident reports.
 - iv) A process shall be established for the review of reports on a regular basis which is a shared responsibility between the pharmacist and the facility/health region. Results of the review shall be communicated to all employees in the facility/health region who affect medication delivery in any capacity.
- e) Provision of drug information services for care team members including the resident and the resident's family (or responsible representative).
 - i) The pharmacist shall provide information concerning drugs and drug therapy in accordance with the needs of the resident or family (or responsible representative) and staff.
 - ii) In an attempt to assist the resident with an opportunity to maintain some level of independence, self-administration may be considered on a case-by-case basis. A process must be in place to accommodate resident self-medication including counseling, written information, special package, and documentation.
- f) Establishment of Documentation Processes
The pharmacist shall assist in establishing simple and concise documentation processes for:

- i) Consents – consent from the resident (or agent) for sharing information with a third party; for example, a family member;
- ii) Waivers – regarding medications that the pharmacy has not provided (alternative/complementary medications) but that the resident has a right to and the pharmacy has been requested to package. A process must be in place for use of alternative medications and medications supplied by residents. This must include policies, procedures and documentation. All alternative products for use shall be documented on the resident’s chart and medication profile;
- iii) Professional judgments and professional opinions – Such processes should include documentation of professional judgments and/or any concerns or discussions within the circle of care, in an area on the resident’s permanent record that is available and accessible to all members of the health care team (i.e. in some systems this area may be the “Pharmacist’s Progress Notes”);
- iv) Accountability/Responsibility – All occurrences of medication counseling of residents must be documented on the resident’s chart;
- v) Seamless Care – This refers to the transfer of resident medication information with the resident to an acute care facility AND upon return to the special care home. This would consist of a comprehensive medication reconciliation* to assist the health professionals in each location to make informed decisions.

B. Enhanced Resident Care Services

1. Drug Use Review

The pharmacist may assist in the co-ordination of a drug use review program to collect, analyze and evaluate drug use by the residents. The results of this analysis on patterns of drug use by the residents shall provide the basis for discussion with the multidisciplinary committee to make recommendations for optimum drug use. This review may include practice/prescribing recommendations to prescribers in the facility/health region during this process or during in-service programs.

2. Resident Team Conference

The pharmacist may assist in preparation for and participation in a multidisciplinary team – resident conference. This may involve a review of lab work and a comprehensive review of the resident’s medications.

3. Policy and Procedure Manual

The pharmacist may write and review, periodically, a policy and procedure manual regarding medications and pharmacy services offered to the facility.

4. In-Service Programming

The pharmacist may provide in-service programs concerning drugs and drug therapy in accordance with the needs of the staff, or recognized needs of the residents.

5. Facility/Team Committees

The pharmacist may participate in other facility/team committees such as but not limited to:

- infection control
- healthy workplace
- occupational health and safety
- palliative care
- accreditation
- behaviour management

6. Collaborative Practice Agreements (once all legal implications have been resolved)

The pharmacist may assist in developing and/or participating in collaborative practice agreements within a collaborative practice environment of a special-care home. We are proposing that such collaborative practice agreements may permit interdependent prescribing authority for the pharmacist, enabling pharmacists to maximize the use of their current competencies. In the collaborative practice, members of the health care team rely upon one another and their respective skills to achieve a common goal of optimal pharmacotherapy and health outcomes for the residents.

Interdependent prescribing does not intend to expand the pharmacist's scope of practice, but proposes that pharmacists be enabled to practice to their maximum scope within existing competencies.

These situations contemplate prescribing in collaborative environments between the resident, physician and pharmacist. The physician and resident may rely upon the pharmacist to safely extend or initiate therapy within the pharmacist's existing knowledge, skills and training.

GLOSSARY

- **Adverse Drug Reaction**

Adverse reactions as defined by The Canadian Adverse Drug Reaction Information System (CADRIS) are undesirable effects to health products. Health products include drugs, medical devices and natural health products. Drugs include both prescription and nonprescription pharmaceuticals; biologically-derived products such as vaccines, serums, and blood derived products; cells, tissues and organs; disinfectants; and radiopharmaceuticals. Reactions may occur under normal use conditions of the product. Reactions may occur within minutes or years after exposure to the product and may range from minor reactions like a skin rash to serious and life-threatening events such as blood disorders or liver damage.

- **Alternative/Complementary Medications**

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

- **Collaborative Practice Agreements**

Collaborative Practice Agreement means a written agreement between health care providers in a collaborative practice environment that outlines the competency-based functions performed by each health care provider, and acknowledges shared risk and responsibility for patient outcomes.

Collaborative Practice Agreements must abide by the regulations and prescriptive authority for pharmacists.

- **Collaborative Practice Environment**

The concept of a collaborative practice environment should be implemented as much as is feasible. This occurs when a cooperative practice relationship exists between two or more health professionals, who bring their unique skills and knowledge to assist residents and families with their health decisions. Members of a collaborative practice share the risk and responsibility for resident outcomes. Characteristics of a collaborative practice may include, but are not limited to: autonomy in scope of practice, consultations, cooperation, flexibility, shared documentation, competency-based roles, quality of worklife, mutual respect, mutual trust and communication between team members.

- **Competencies**

Significant job-related knowledge, skills, abilities, attitudes and/or judgments required for competent performance by members of the profession.

- **Core Resident Care Services**

Core resident care services are the clinical and professional activities fundamental to initiating resident-centered care and multidisciplinary team involvement. These services expand upon the pharmacist's drug distribution services to provide residents with more thorough and inclusive care.

- **Core Services**

Core services are the essential services pharmacists should provide to residents of special-care homes. These services include both distributive services as well as core resident care services. Providing core services will foster multidisciplinary, resident-centered care. These distribution and professional activities are intended to ensure the goal of: the right drug, right dose, for the right reason for all nursing home residents.

- **Distribution Services**

Distribution services involve the processes which must be completed to deliver medication to a resident. Professional fees are traditionally awarded for the professional services routinely provided by a pharmacist during the process of dispensing a drug.

- **Enhanced Resident Care Services**

Enhanced resident care services provide improved, advanced, or sophisticated resident care. The addition of any or all of these functions to core resident care services produces a comprehensive model of resident care and pharmacy services. These services will require additional time to perform and may involve supplementary training, as well as in-depth data collection and analysis. Such activities would be considered beyond the scope of the core services, therefore the level of detail required and remuneration granted is to be negotiated between the pharmacist and the facility/health region.

- **Interdependent Prescribing**

Members of the health care team in collaborative practice environments rely upon one another and their respective skills to provide optimal medication management for residents and achieve a common goal.

- **Medication Incidents**

Medication incidents are defined by the Canadian Medication Incident Reporting and Prevention System (CMIRPS) as follows: "Medication incidents involve situations

where the wrong drug or medication is prescribed or given, the medication is improperly administered, or an incorrect dosage or protocol is used. They are caused by a variety of factors such as problems with drug labeling and packaging, insufficient training and/or confusing documentation.”

Medication incident is used to describe a range of drug-related errors that have two things in common: they harm patients, potentially to the point of being fatal; and they are preventable. (Profiles in Progress: The Health Products and Food Branch at Work, Health Canada Winter 2005).

- **Medication Error**

Medication error is defined by the National Coordinating Council for Medication Error and Prevention as “...any preventable event that may cause or lead to inappropriate medication use or patient harm, while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to professional practice, health care products, procedures, and systems including: prescribing; order communication; product administration; education; monitoring; and use”.

- **Medication Reconciliation**

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

- **Medication Review**

From BMJ 2001;323:1340 (8 December)

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

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

- **Medication Room Audits**

An inspection of a medication room to ensure compliance with criteria which may include, but is not limited to: conformation with legislation, policies, and procedures within the facility/health region; proper storage and labeling of medications; suitable

documentation; appropriate identification and removal of expired and discontinued medications; and adequate facilities.

- **Monitored Dosage System**

The monitored (controlled) dosage system is the preferred system to package medication for dispensing and administration to residents. Such a system refers to a medications packaging system for tablets and capsules that are sealed and which provides:

- for each package, the identification of the individual resident's dose, up to the point of the resident receiving the medication;
- for each dosage form, a method to identify whether an individual dose has been removed from the package.

- **On-Pass Medication**

On-Pass medication is the provision of medications for a resident who has planned a temporary departure from the facility.