

# MAINTAINING REGULATORY COMPLIANCE IN MEDICATION MANAGEMENT DURING A PANDEMIC

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1:45 to 2:45

Presented by

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# OBJECTIVES

- I. Define regulatory compliance in medication management and know when you should have it
- II. Describe what happens to compliance during a pandemic
- III. Review compliance with Department of Community Health's Rules and Regulations for medication management; Storage, Disposal, and Documentation
- IV. Review med pass rules and regulations
- V. Learn staffing options from a nursing perspective and how to staff during a pandemic
- VI. Review training and requirements for medication staff and learn what is different during a pandemic

# MAINTAINING REGULATORY COMPLIANCE IN MEDICATION MANAGEMENT DURING A PANDEMIC... What to consider??

You should always strive to maintain regulatory compliance at all times.

- ✓ It's important to know all the Rules for Medication Management for your level of licensure
  - ❖ Personal Care Home Rules 111-8-62-.20
  - ❖ Assisted Living Rules 111-8-63-.20
- This allows you to have protocols and policies set in motion prior to a Pandemic (or other possible unpredictable circumstances)
  - ❖ This helps you to be prepared to maintain compliance with medication rules while navigating the special circumstances of any situation that might occur...even a Pandemic.

# Orders And Receiving Medications During the Pandemic

## New Orders and Refills: What to consider during a pandemic

- ▶ Make a plan to manage refills when residents are not seeing the MD
- ▶ Communicate with your pharmacy provider
  - ▶ Manufacturer Drug Shortages
  - ▶ Changes in Pharmacy Hours or Services
- ▶ Audit your medication carts at least weekly
- ▶ Communicate with your primary MD or NP
  - ▶ Seeing residents who need to be seen
  - ▶ Managing orders should something not be available

# Orders And Receiving Medications During the Pandemic

Receiving Medications to your community: What is different?

- Couriers are only coming to your doors
- Family supplied medications
- Checking in Cycle medications

# Assisted Living Facility Rules Regarding the Storage and Disposal of Medications

- ❑ Medications must be stored under lock and key at all times whether kept by a resident or kept by the assisted living community for the resident, unless the medication is required to be kept by the resident on his or her person or staff member in close attendance due to the need for physician-prescribed frequent or emergency use
- ❑ Medications must be stored securely and inventoried appropriately to prevent loss and unauthorized use.
- ❑ Duplicate keys for all medication storage containers must be available on site for appropriate use

## ***ALC RULES***

- ❑ Additionally, for controlled substances, the secure storage must be a locked cabinet or box of substantial construction and a log must be maintained and updated daily by the community to account for all inventory

# Rules Regarding the Storage and Disposal of Medications

- A. Medications must be properly labeled and handled in accordance with physician's instructions and applicable laws and regulations.
  - **ALC → MUST BE IN SEPARATE UNIT OR MULTI-UNIT DOSE PACKAGING**
- B. Medications must be kept in the original containers with labels legible and intact...No pill boxes
- C. A resident's oral solid medications should be stored together but separated from other residents' medications
- D. Internal medications should be stored separately from External medications. The same type of medications should be stored together in the cart.
- E. Loose medications, discontinued or refused medications, or medications not given for any reason should be disposed of promptly...Must follow FDA or EPA Guidelines



# Over the Counter (OTC) Medications

- ▶ If an OTC medication has been prescribed by a health care provider, it must be properly labeled
  - ❖ ALC → MUST BE UNIT DOSE OR MULTI-DOSE PACKAGING JUST LIKE ALL OTHER MEDICATIONS
- ▶ All OTC's need a physician's order specifying clear instructions for dose, route, frequency, and special instructions
  - ❖ OTC's must be documented on the MAR and administered as ordered by the MD, NP, or PA just like medications requiring a prescription (ex. Once a day, or every 4 hours, or twice daily as needed for pain, etc.)
  - ❖ All OTC medications for residents on the medication assistance program should be secured under lock and key with staff supervision unless designated as a rescue/emergency medication and the MD has determined it safe for the resident to use unsupervised.

# Over the Counter (OTC) Medications

- ▶ Because a RX (prescription) is not required for the general public, most people think that OTC drugs are harmless.
  - ❖ However, non-prescription drugs are powerful chemical entities that need to be treated just like RX drugs with respect to Indications, Uses, Precautions and Side Effects, and Drug Interactions.
  - ❖ If family or residents bring OTC's without a doctor's order, notify your supervisor and follow facility policy

# Maintaining Records on Medication Assistance and Administration

Where the community either provides assistance with, or supervision of self-administered medications or administers medications to residents, the community must maintain a daily Medication Assistance Record (MAR) for each resident receiving assistance or administration.

**The MAR must contain the following information:**

- ❑ name of the specific resident,
- ❑ any known allergies or a notation of no allergies,
- ❑ the name and telephone number of the resident's health care provider,
- ❑ the name, strength and specific directions including key side effects and adverse reactions for use of each medication
- ❑ a chart for staff who provide assistance or administration to record initials, time and date when medications are taken, refused or a medication error is identified (e.g. missed dosage)

# Compliance with MARs and Medication Assistance and Administration

- ▶ The staff providing the assistance or administration of medications must update the MAR each time the medication is offered or taken
- ▶ The home must make medication information concerning the descriptions of medication, dosing, side effects, adverse reactions and contraindications for each medication being administered to the residents immediately available for reference by staff providing medication assistance or administration.
- ▶ Staff providing assistance with or administration of medications must document in the resident's record any unusual reactions to the medications and provide such information to the resident, the resident's representative and the health care provider as appropriate.

# MARs and Medication Assistance and Administration

- ▶ Refills of prescribed medications must be obtained timely so that there is no interruption in the routine dosing.
- ▶ Prescriptions for new medications should be obtained within 48 hours unless the prescriber indicates the medication should be obtained sooner or STAT
- ▶ Where the home is provided with a new medication for the resident, the MAR must be updated to reflect the addition of the new medication within 48 hours or sooner if the prescribing physician, advance practice nurse, or PA indicates that the medication change must be made immediately

## NOTE:

All medication orders and prescriptions must be kept in the resident's file. If the prescription is faxed, E-scribed (prescribed electronically) or called into the pharmacy, you should have documentation of those orders in the file as well.

# Medication Administration...What is standard of care?? What is a surveyor watching to see your staff do??

- ❑ Use the MAR to gather medications by following the 6 Rights of Medication Administration and the Three Check Method
  - ❖ Is staff adhering to the rule re: Full Med Pass i.e. no pre-pulling, no pre or post documentation
- ❑ Always follow Standard Precautions to ensure effective Infection Control Measures are followed
- ❑ Always advocate Resident Rights

# Medication Administration

1. Take the gathered medications to the resident
2. Explain to the resident what you are going to do.
3. Administer medications to the Resident using current standard of care protocols for administration and infection control
  - Always remain with the Resident until all the medications are taken
  - Never leave medications at table, bedside, apartment etc.
4. Offer liquids and encourage resident to drink...water is always best
5. Cleanse/sanitize hands before and after each medication administration
6. Correctly document all medications taken and any medications that are refused or not administered and follow facility policy for notification and disposal.

# Staffing for Medication Compliance: Things to Consider

## Staffing Considerations during a Pandemic:

When making your medication staff assignments...Plan for medication administration to be more time consuming and take longer than pre-pandemic due to:

- ❖ Extra infection control measures and PPE requirements;
- ❖ Administering medications to residents who are quarantined and now have all medications delivered to their rooms...most likely different than your previous routine for medication assistance/administration
- ❖ Working with residents who are isolated and now rely on staff for most or all of their socialization etc.



# Staffing for Medication Compliance: Things to Consider

## Staffing Considerations during a Pandemic:

Do you have infection control supplies readily accessible in your medication rooms/carts for medication staff to use??? For example:

- Gloves (size variety),
- Hand sanitizer,
- Alcohol swabs,
- Masks,
- Face Shields,

# General Considerations for Planning Staffing Regardless of Pandemic

1. On night shift...Attempt to always schedule at least 2 fully trained/qualified staff for medication administration in case one of your staff is not able to work or must leave mid-shift
2. On weekends...try to schedule for smaller assignments in case one of your staff is not able to work or must leave mid-shift
  - This will minimize regular staffing emergencies with medication staff which ultimately causes increased stress on your RSD/HWD managers as well as other staff and your residents!
  - Remember...being proactive is much easier than being reactive. Take the extra time to work out the schedule so you have back up on each shift
  - Try to train/cross train extra qualified staff in anticipation that you may need to schedule them for coverage from time to time so you have options.

## REMEMBER:

When necessary due to unforeseen circumstances, the RSD/HWD and all trained/qualified staff must jump in and help get the medications administered correctly and timely.

# Staffing for Medication Compliance During a Pandemic: Things to Consider

Do you know your Rules regarding Basic Medication Training that is allowed in your communities:

- ❑ What are non-CMAs and non-Proxy trained staff allowed to do with medications???
- ❑ Who can train non-CMAs and non-Proxy Caregivers to assist/supervise with medications???
- ❑ What documentation is required???

# Options to Maintain Medication Compliance

These options are in the ALC Rules under the following sections:  
111-8-63-.20

- ▶ 111-8-63-.20(2)(a) (1-6)
- ▶ 111-8-63-.20(2)(b)
- ▶ 111-8-63-.20(7)(a-i)
- ▶ 111-8-63-.20(8)

These options are in the PCH Rules under the following sections:  
111-8-62.20

- 111-8-62-.20(2)(a)(1-7)
- 111-8-62-.20(b)
- 111-8-62-.20(3)(a-i)
- 111-8-62-.20(4)

# ALC Rules Re: Basic Medication Training...What can be done?

(2) **Assistance with Self-Administration.** An assisted living community must provide assistance with or supervision of self-administered medications to those residents who have the cognitive capacity to engage in the self-administration of medications, but require or request staff assistance with or supervision of the self-administration of medications for safety or convenience.

(2)(a) Such staff assistance with or supervision of self-administered medications may only be provided for unit or multi-dose packaged medications prescribed for the particular resident and may include only the following tasks:

1. taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing the medication to the resident;
2. reading the label, opening the container, removing a prescribed amount of medication from the container, and closing the container, in the presence of the resident;
3. placing an oral dosage in the resident's hand or placing the dosage in another container where the resident requests assistance;
4. applying topical medications;
5. returning the medication container to proper secured storage; and
6. assisting the resident's use of an EPI pen where the resident has known severe allergies for which an EPI pen has been prescribed on condition that there is an established written protocol detailing how it is to be used and when. The protocol must include immediately calling Emergency Services, 911, after any use of the EPI pen.

# PCH Rules Re: Basic Medication Training...What can be done?

(2) Assistance with Self-Administration. A resident who is not capable of independent self-administration of medication may be assisted and supervised in self-administration by staff to the following extent;

(2)(a) Staff providing such assistance or supervision may perform the following:

1. Take the medication, in its previously dispensed, properly labeled container, from where it is stored, and bring the medication to the resident.
2. Read the label, open the container, remove a prescribed amount of medication from the container, and close the container, in the presence of the resident.
3. Place an oral dosage in the resident's hand or in another container where the resident requests assistance.
4. Apply topical medications.
5. Assist with self-administration of drops, inhalers, nasal sprays and patches.
6. Return the medication container to proper secured storage.
7. Assist the resident's use of an EPI pen where the resident has known severe allergies for which an EPI pen has been prescribed on condition that there is an established written protocol detailing how it is to be used and when. The protocol must include immediately calling Emergency Services, 911, after any use of the EPI pen.

# ALC and PCH Rules Re: Basic Medication Training

(2)(b) Staff assisting with or supervising self-administration of medications must be proficient in English and able to read, write and follow written instructions in English.

## ALC

(7) **Basic Medication Training for Staff Assisting with Self-Administration.** The assisted living community must provide and document medication training for the unlicensed staff who are not certified medication aides but who are providing assistance with or supervision of self-administration of medications to capable residents. The medication training must be conducted with an appropriate curriculum for providing medication assistance and include at least the following topics:

## PCH

(3) **Basic Medication Training for Staff Assisting with Self-Administration.** The home must provide and document medication training for the unlicensed staff that are providing assistance with or supervision of self-administration of medications to capable residents. The medication training must be conducted with an appropriate curriculum for providing medication assistance and include at least the following topics:

# PCH and ALC Rules Re: Basic Medication Training

- (a) the home/assisted living community's medication policy and procedures, including actions to take if concerns regarding resident's capacity to self-administer medications are identified;
- (b) how to read prescription labels including common abbreviations;
- (c) providing the right medication to the right resident at the right time in the right amount and the right way including how to measure various medication
- (d) actions to take when concerns regarding medications are identified;
- (e) infection control procedures relative to providing assistance with medications;
- (f) proper medication storage and disposal;
- (g) recognition of side effects and adverse reactions for the specific medications;
- (h) understanding the common classifications of medications, typical side effects and adverse reactions and medications for which unlicensed staff may never provide assistance with or supervision of self-administration; and
- (i) proper documentation and record keeping using the Medication Assistance Record.



# ALC and PCH Rules for Basic Medication Training: Requirements for training/skills checks and documentation.

## ALC

(8) **Medication Skills Competency Determinations.** Unlicensed staff who are not certified as medication aides providing assistance with or supervision of self-administered medications must demonstrate when hired and at least, annually thereafter, the necessary skills to perform the medication tasks assigned competently by completing skills competency checklists before appropriately trained community staff.

## PCH

(4) **Medication Skills Competency Determinations.** Unlicensed staff in homes providing assistance with or supervision of self-administered medications must demonstrate to a qualified supervisor when hired and at least, annually thereafter, the necessary skills to perform the medication tasks assigned competently.

# In Conclusion...

- ▶ Pandemic or no pandemic, medication management compliance must be maintained
- ▶ Plan, Plan, Plan
- ▶ Be ready with other options when all those plans are “thrown out the window”
- ▶ Remember to maintain thorough documentation of any variance from any rule, regulation or community policy that may have resulted due to pandemic in community's best efforts to assure quality resident care

# Questions?

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