Newfoundland and Labrador Pharmacy Board
Standards of Practice

The Provision of Pharmaceutical Care to Personal Care Homes

September 2018

(in force – January 1, 2019)

Table of Contents

1) Introduction and Purpose

Personal care homes are an integral component of our province's residential care system. Personal care homes are privately owned and operated residential homes providing care and accommodations primarily for seniors and other individuals who need assistance with daily living. These homes are licensed by the provincial regional health authorities. These homes are different from long-term care facilities which are publicly operated facilities that provide 24 hour nursing care plus varying degrees of medical, rehabilitative, and respite services.

Standards of Practice describe the minimum expectations that all registrants are expected to meet. Regardless of position or practice environment, when a registrant performs a specific role, they must perform it to the level specified in the Standards of Practice and meet all of the standards associated with that role.

These Standards are intended to promote consistency in the provision of pharmacy services to residents of personal care homes. These Standards do not apply to the provision of medications for resident self-administration as these medications, and the related pharmacy services, would be provided in accordance with the *Standards of Pharmacy Operation - Community Pharmacy*.

2) Operational Standards

Before deciding to offer service to a personal care home, the pharmacist-in-charge must ensure that the following requirements are in place:

a) *Pharmacy Layout and Design*. The pharmacy must have the appropriate physical space and equipment, including a packaging and preparation area that is free of distractions.

b) *Staff Complement*. The staffing of the pharmacy must be sufficient for the safe and effective provision of care and service to the personal care home.

c) *Staff Education*. The pharmacist-in-charge must ensure that all staff involved in the provision of service to the personal care home (including medication packaging and distribution and clinical services) have the necessary knowledge and skills to do so.

d) *Policy and Procedure Manual*. The pharmacy must have a well-organized and easily-accessible policy and procedure manual specific to the provision of service to the personal care home that is familiar to all pharmacy staff. It shall be reviewed on an ongoing basis and revised as needed.

By definition, *policies* are clear statements that guide processes, procedures, and decision-making related to personal care home services; they are often based on standards of practice, but may also include policies related to human resources, agreements with the personal care home, etc. *Procedures* describe how each policy will be put into action in the pharmacy. For example, procedures should outline:

- Who will do what
- What steps they need to take
- Which forms or documents to use
- How documentation is retained

> **NOTE:** Pharmacy staff may also be asked to assist the personal care home with the development of their own policies and procedures for the storage and administration of medications within the home.

e) *Delivery Services*. Delivery services to personal care homes must be consistent with the requirements set out in section 2.2 of the *Standards of Pharmacy Operation – Community Pharmacy* or section 2.8 of the *Standards of Pharmacy Operation – Hospital Pharmacy*, whichever is applicable. At a minimum, processes should be in place

to ensure medications are being received by a responsible staff member at the home and that a delivery log is being maintained as a documented "paper" trail.

3) Provision of On-Site Services

3.1. Medication Storage - Policy Development, Review and Audit

a) Pharmacy staff should assist personal care home staff with establishing policies and procedures related to the safe, secure, and confidential storage of medications at the home.

b) To ensure that medications are stored appropriately on an ongoing basis, **a pharmacist or pharmacy technician** from the pharmacy must visit the home to conduct an audit on the medication room or storage area **at least once every six months**. A consistent approach should be utilized when conducting these audits. To assist with this audit, a Medication Storage Audit template has been provided in Appendix I. Pharmacies may use this template as is or use it as a basis to develop their own checklist.

c) Documentation related to this audit must be retained in the pharmacy and a copy provided to the personal care home. Personal care home staff must be made aware of any medication storage issues that need to be addressed. Any unresolved safety issues must be reported to the regional health authority responsible for the home.

3.2. Medication Safety - Policy Development, Review and Education

a) Pharmacy staff should assist personal care home staff with establishing policies and procedures related to the safe and appropriate administration of medications at the home.

b) To help ensure that medications are administered safely and appropriately on an ongoing basis, **a pharmacist** from the pharmacy must visit the home to review medication safety-related issues **at least once every six months**. To assist with this review, a Medication Safety Audit template has been provided in Appendix II. Pharmacies may use this template as is or use it as a basis to develop their own checklist.

c) Documentation related to this review must be retained in the pharmacy and a copy provided to the personal care home. Personal care home staff must be made aware of any medication safety issues that need to be addressed. Any unresolved safety issues must be reported to the regional health authority responsible for the home.

d) Pharmacists from the pharmacy are also expected to provide the staff of the personal care home with information and education regarding correct medication usage, storage, administration techniques, and recording procedures. Topics can be delivered on a regularly scheduled basis (for example, at the same time as the Medication Safety Review) or can be individualized to address specific concerns at the pharmacist's discretion or at the request of the personal care home staff.

4) Provision of Medication

4.1 General Requirements

a) *Resident Patient Profile*. When a resident is first admitted to a personal care home serviced by the pharmacy, personal care home staff are expected to gather the appropriate information and forward it to the pharmacy in a timely manner to facilitate continuity of care for the resident (The pharmacy may provide a form to help with this information-transfer). This facilitates the creation of a patient profile for that resident in accordance with section 3.4 b) of the *Standards of Pharmacy Operation – Community Pharmacy*. A pharmacist must review this information, in conjunction with the patient's medication profile in the electronic health record, contacting the resident's former pharmacy, as required.

b) *Medication Authorization*. No medication (whether "prescription" or "over-the-counter") may be provided for a resident unless prescribed by an authorized prescriber, including a pharmacist practicing in accordance with the *NLPB Standards of Practice – Prescribing by Pharmacists*.

c) *Professional Responsibility*. Before any medication is dispensed to a resident, a pharmacist must fulfill their professional responsibilities as described in section 3.1 a) of the *Standards of Pharmacy Operation – Community Pharmacy*.

d) *Dispensing Records*. Each time a medication is dispensed to a resident, a record must be created in accordance with section 3.5 of the *Standards of Pharmacy Operation – Community Pharmacy* and the dispense must be recorded in the patient's provincial electronic health record.

> **NOTE:** In order to facilitate the labelling requirements listed in section 4.1 h) & i) below, the pharmacy staff may need to gather and/or record information beyond that required by the *Standards of Pharmacy Operation – Community Pharmacy*.

e) *Packaging Routinely-Administered Oral Medications*. All routinely-administered oral medications must be packaged in a suitable unit-dose or multi-dose package. Additionally, the pharmacist shall ensure,

i) the drugs in each compartment are physically and chemically compatible;

ii) no drug interactions are likely to occur if the drugs are administered simultaneously;

iii) adequate steps are taken to protect the integrity of the dosage form by considering physical and chemical characteristics of the drug (e.g. heat or light sensitivity);

iv) awareness and implementation of any special packaging requirements;

v) proper hygiene is used while packages are prepared (hand washing, use of disposable gloves, etc.);

vi) each drug can be visually identified without removing it from the package;

vii) each package is tamper-evident;

viii) there are sufficient checks implemented throughout the process to prevent errors or deficiencies (e.g. stock bottle check, label checks, DIN checks); and

ix) that a final check of the package contents is performed including a visual verification of the contents of each compartment.

Medications should be packaged as soon as possible after being removed from the stock bottle to minimize atmospheric exposure and protect the integrity of the medication. If the packages are not going to be prepared right away, medications can be counted into prescription vials with all necessary DIN checks being performed. This allows for the stock bottles to be removed if needed to fill other prescriptions.

Once packages have been prepared, they must be stored appropriately until delivered to the home.

f) *Packaging Records*. A record of each prepared package must be maintained and include, at a minimum:

i) all prescription information for each medication in the package;

ii) lot number and expiry date of each medication in the package;

iii) the date prepared;

iv) special instructions, if any;

v) dosage adjustments, if any;

vi) a printed grid, illustration, or image that clearly depicts how medications are to be organized in each package to serve as a visual aid when preparing the packages and performing the final check; and

vii) the names of all pharmacy staff involved in the dispensing, preparation and final check of the package.

g) *Packaging "prn" Medications*. While the packaging system used for "prn" medications may be different from that used for routinely administered medications, it must be consistent for all residents within the home.

h) *Unit-Dose and Multi-Dose Package Labels*. All unit-dose or multi-dose packages must be labelled as follows:

i) pharmacy name, phone number and address;

ii) name of the personal care home;

iii) resident's first and last name, and unique identifier (e.g. middle name, provincial health card number, date of birth), if required to positively identify the resident;

iv) prescriber's full name, or first initial and last name;

v) for single-entity products, the generic name and strength of the drug and either:

- the brand name;
- the manufacturer; or
- the Drug Identification Number;

vi) for multiple-entity products, the brand name and strength (if applicable), or all active ingredients and their strengths, and either:

- the manufacturer; or
- the Drug Identification Number;

vii) quantity of medication dispensed;

viii) local prescription number for each medication contained therein;

ix) date of dispense;

x) identifying features of all drugs in the package; and

xi) appropriate handling labels (e.g. "do not crush"; "hazardous"), as indicated.

i) Other *Medication Labels*. Medications that are not packaged in a unit-dose or multi-dose package (e.g. topical preparations, eye drops, etc.) must be labelled as follows:

i) pharmacy name, phone number and address;

ii) name of the personal care home;

iii) resident's first and last name, and unique identifier (e.g. middle name, provincial health card number, date of birth), if required to positively identify the resident;

iv) prescriber's full name, or first initial and last name;

v) for single-entity products, the generic name and strength of the drug and either:

- the brand name;
- the manufacturer; or
- the Drug Identification Number;

vi) for multiple-entity products, the brand name and strength (if applicable), or all active ingredients and their strengths, and either:

- the manufacturer; or
- the Drug Identification Number;

vii) quantity of medication dispensed;

viii) full directions for use including frequency, route of administration, and interval and/or maximum daily dose, as applicable;

ix) local prescription number for each medication contained therein;

x) date of dispense; and;

xi) appropriate auxiliary labels, as indicated.

j) In addition to the information specified above,

i) compounded preparations must also be labelled with

- all active ingredients and relative strengths;

ii) topical, ophthalmic and otic preparations must also be labelled with:

- the specific location the preparation is to be applied (e.g. to the face; to the left eye; to the groin);

iii) "prn" medications must also be labelled with:

- "do not use after" date (specific beyond use date for the medication after opening, or manufacturer-assigned expiry date of the medication, whichever is sooner);
- the specific indication for which the medication is to be given (e.g. for sleep; for back pain; for headache); and
- the minimum interval between doses; **and/or** the maximum number of daily doses to be given.

> **NOTE:** Personal Care Home Medication Administration Standards only permit personal care home staff to administer medications where the route of administration is documented on the Resident's MAR sheet and the site of application is clear, where applicable. It is expected that prescribers write prescriptions for personal care home residents with as much detail as possible to help facilitate this. Pharmacists and pharmacy technicians are expected to attempt to clarify any unclear instructions with the prescriber, resident, or home staff, as appropriate. The results of these discussions, the related dispensing decisions and any advice given to personal care home staff should be documented on the prescription or in the patient record.

4.2 Medication Administration Records (MARs)

a) *Record Contents*. The pharmacy must provide the personal care home with an accurate and current medication administration record (MAR) for each resident monthly, that includes:

i) pharmacy name, phone number and address;

ii) name of the personal care home; and the resident's location within the home, where available;

iii) resident's first and last name;

iv) the full name, or first initial and last name of the patient's primary healthcare provider, where available;

v) notable allergies, intolerances or adverse drug reactions;

vi) notable medical conditions / diagnoses;

vii) the time period for which the record is to be used;

viii) the names and strengths of all medications to be administered, including those to be administered on a "prn" basis;

ix) full directions for use including time of day that administration should occur, route of administration, location of application, and interval and/or maximum daily dose, as applicable;

x) the indication for use for all "prn" medications; and

xi) special note of any medications that are:

- narcotics, controlled drugs or benzodiazepines; or
- hazardous medications.

b) *MAR Delivery*. The MARs for the next cycle must be sent to the personal care home each month **at least four days (96 hours) before the end of the current cycle** to ensure personal care home staff have sufficient time to review the records and communicate any necessary revisions back to the pharmacy. If revisions are necessary, a new replacement MAR must be sent to the home as soon as possible. Staff at the home must not be instructed to make handwritten changes to the MAR.

> **NOTE:** The Personal Care Home Medication Administration Standards require personal care home staff to review the MARs and provide the pharmacy with any necessary revisions no less than 24 hours before the beginning of the next cycle.

4.3 Medication Changes

a) Changes to a resident's medication regimen, including additions and discontinuations, may only be made by an authorized prescriber.

b) Change orders can be:

i) verbally communicated by the prescriber to a pharmacist or pharmacy technician at the pharmacy;

ii) faxed directly from the prescriber's office to the pharmacy; or

iii) faxed from the personal care home to the pharmacy (in the case of a written prescription left at the home).

c) If a medication change is to take place before the start of the next cycle and:

i) a replacement medication or package is required, every effort must be made by the pharmacy to supply the replacement medication or package as soon as possible, ideally within 24 hours.

ii) a replacement medication is **NOT** required, a pharmacist or pharmacy technician must visit the home to re-label the medication as soon as possible, ideally within 24 hours. Personal care home staff may not re-label medications.

d) When medication changes occur, personal care home staff must be provided with either a new MAR or a label containing the change information to apply to the MAR as soon as possible.

e) When medication changes occur, personal care home staff are expected to return unusable medications or packages to the pharmacy as soon as possible, as described in section 6.1 below.

f) Medications in a unit-dose or multi-dose package that have been returned to the pharmacy as a result of a medication change may be repackaged for use by the same patient.

5) Resident-Centred Care

5.1 Provision of Medication-Related Information

a) *Staff Education*. As the patient's representative, staff members at the personal care home need to have an understanding of the medications that they are administering to the residents. As such, the pharmacy must ensure:

i) appropriate printed information is provided to the home each time a new medication is dispensed to a resident. This information should include, at a minimum:
   - the identity and strength of the medication;
   - the purpose and/or intended results of the medication;
   - storage requirements;
   - common adverse effects, potential drug or food interactions, and contraindications that may be encountered, including their avoidance and/or action required if they occur;
   - monitoring parameters including expected outcomes, and when to follow up with the pharmacist or prescriber, and
   - any other information relevant to the particular medication and/or patient;

ii) a pharmacist is available during normal business hours to answer questions from personal care home staff regarding a resident's medication profile; and

iii) in-service programs concerning medications and medication therapy are provided, as appropriate, in accordance with the needs of the residents and staff.

b) *Patient Education*. At times, it may also be appropriate for a resident to be provided with medication-related information directly. As such, the pharmacy must ensure a pharmacist is available to provide counselling to and/or answer questions from residents regarding their medication profile.

5.2 Resident Medication Review

a) In addition to the usual expectations outlined in section 4.1 c) above, a pharmacist must conduct a comprehensive medication review for each resident **at least annually**.

b) Once completed, the results of the medication review, including any recommendations shall be discussed with or sent to the resident's primary care provider.

c) Documentation of completed medication reviews, including any recommendations made and responses received from residents' primary care providers must be retained as part of the resident's profile, in accordance with section 1.5 of the *Standards of Pharmacy Operation – Community Pharmacy*.

5.3 Self-Administration of Medication

a) Personal care homes are expected to allow residents who have capacity to self-administer their medications to do so. In these cases, the resident selects a pharmacy of their choosing, which may or may not be the pharmacy that provides service to the personal care home. These Standards do not apply to the provision of medications for self-administration as these medications, and the related pharmacy services, would be provided in accordance with the *Standards of Pharmacy Operation - Community Pharmacy*. Residents who elect to self-administer are responsible to contact their pharmacy for assistance with medication information that may be required by the personal care home.

6) Special Situations

6.1 Returned Medications

a) When a personal care home is in possession of unusable medications (e.g. when medication changes occur, a medication expires, or a resident dies), the staff are expected to return the medications to the pharmacy as soon as possible. Such returns should be accompanied by a Return Log (see Medication Return template in Appendix III)

b) When medication returns are received by the pharmacy, a pharmacy staff member reconciles the returned medications with the Return Log noted in a) and provides a signature confirming receipt to the personal care home.

c) As described in section 4.3 f) above, medications in a unit-dose or multi-dose package that have been returned to the pharmacy as a result of a medication change may be repackaged for use by the same patient.

6.2 Medication Incident Reporting

a) *Pharmacy Service Incidents.* The pharmacy must have a formal system in place that identifies and resolves issues related to medication errors, near misses, and unsafe practices. Such a system should ensure:

i) all pharmacy staff identify, document, and report all medication errors, near misses, and unsafe practices;

ii) all medication incidents detected by the pharmacy are promptly disclosed to the personal care home staff, the prescriber, and any other members of the patient's care team deemed necessary;

iii) personal care home staff are advised to promptly consult with the pharmacy if it is suspected that the pharmacy may have made an error with a resident's medication; and

iv) all medication incident and near miss reports are reviewed by the pharmacy staff to identify trends in root-cause and opportunities for quality improvement.

b) *Personal Care Home Incidents.* Personal care home staff should be advised to make the pharmacy staff aware of any medication incidents that occur at the personal care home so that pharmacy staff can:

i) assist with the determination of the cause of the incident and any factors contributing to the incident; and

ii) assist with the implementation of any necessary changes in workflow and procedure to help prevent similar incidents in the future;

iii) provide any necessary follow-up care to the resident; and

iv) consult with other members of the care team, as necessary.

6.3 Narcotics, Controlled Drugs and Benzodiazepines

a) Each time a narcotic, controlled drug, or benzodiazepine is dispensed to a resident, the personal care home shall be provided with a Narcotic, Controlled Drug and Benzodiazepine Record for inventory control purposes (see template in Appendix IV).

7) Acknowledgements

The NLPB Personal Care Home Standards Task Force assisted with the development of this Standard of Practice by way of a collaborative and consultative process with input and feedback gathered from a volunteer group of registrants, from varying practice environments, involved in the provision of care to personal care home residents. The NLPB acknowledges the work of the task force members:

Brad Elliott
Carla Grimes
Parag Jani
Darlene Mansfield
Lance Quirke
Jason Ryan
Heather Seeley
Graham Tweedie

Appendix I
Medication Storage Audit Template

Personal Care Home: _____

Audit Completed by: *(name of RPh/RPt)* _____

Signature: _____ **Date of Audit:** _____

Medication Security	Yes	No	Notes
Is medication room locked when not in use by authorized staff?			
Is medication cart locked when not in use by authorized staff?			
Are keys carried by an authorized staff member?			
Are there any areas of the facility/unit that have unsecured medications?			
Medication Storage	**Yes**	**No**	**Notes**
Is the medication room well lit, organized and clean?			
Are medication carts clean and organized (i.e. free from spills, drawers free of dust and debris)?			
All medications administered by staff are labelled by the pharmacy?			
All medications are in their original pharmacy-labelled containers, packages?			
Are all labels pharmacy-generated (i.e. no handwritten changes)?			
Are all labels clean and legible?			
Do any medications show evidence of tampering?			
Are bottles of liquids clean and free from spills?			
Is there any evidence of pre-pouring medications?			
Are medications for oral and topical/other use stored separately?			
Are all hazardous medications labelled?			
Are multi-dose vials/containers (i.e. insulin, eye drops, ear drops, etc.) dated and initialed when first opened?			
Are multi-dose vials/containers (i.e. insulin, eye drops, ear drops, etc.) replaced once they have been opened for the applicable length of time?			
Have all discontinued and expired medications been removed and properly stored for return to pharmacy?			
Are all wasted medications safely stored until they can be destroyed / returned to the pharmacy?			

Refrigerator	Yes	No	Notes
Are medications requiring refrigeration properly stored?			
Is the refrigerator locked or stored in a secured/locked area?			
Is the refrigerator clean and organized?			
Is the refrigerator free of any non-medication items (i.e. food and lab specimens)?			
Are all expired medications removed from the refrigerator?			
Is the refrigerator temperature correct (2 to 8 degrees Celsius)?			
Is the refrigerator temperature checked and recorded daily, at a minimum?			
Narcotic Storage	**Yes**	**No**	**Notes**
Are all narcotics, controlled drugs and benzodiazepines stored in a separate double-locked area?			
Are all locks in good working order?			
Are the narcotic keys in the possession of authorized staff?			
Are all expired medications removed from the narcotic storage area?			
Are narcotics, controlled drugs and benzodiazepines that require refrigeration stored in a locked box within the refrigerator or in a separate locked refrigerator?			
Other Notes:			

Appendix II
Medication Safety Audit Template

Personal Care Home: _____

Audit Completed by: *(name of RPh):* _____

Signature: _____ **Date of Audit:** _____

	Yes	No	Notes
Is a complete medication history performed when a resident is first admitted?			
Is a medication administration record (MAR) available for each resident and utilized according to policy?			
Is proper documentation made when the MAR is reviewed upon receipt from the pharmacy?			
Are MARs current and reflect all recent additions and discontinuations?			
Are discontinued medications properly documented?			
Are missed/refused/skipped doses properly documented?			
Is the exact amount of the medication administered recorded when a dose range is ordered?			
Are administration codes located on the MAR and used appropriately (i.e. refused, right side)?			
Is the staff member who administered the medication properly documented on the MAR?			
Are procedures for receiving deliveries being followed? (are the shipping reports checked at the facility upon receipt of order and kept on file)			
Upon transfer or discharge, are the resident's medications and detailed instructions sent with the resident?			
Are Narcotic, Controlled Drug and Benzodiazepine Records being properly utilized for each narcotic, controlled drug and benzodiazepine prescription?			
Other than as described above, were any patient safety-related issues identified during this audit?			
If yes, please describe below:			
Please describe any staff education / training that was provided during this visit:			

Appendix III
Medication Return Template

Personal Care Home: _____

Return Prepared by: *(name of PCH staff member)* _____

Date Returned: _____

Resident	Medication	Reason for Return	Quantity Returned

Return Accepted by: *(name of pharmacy staff member)* _____

Return Verified by: *(name of pharmacy staff member)* _____

Appendix IV
Narcotic, Controlled Drug and Benzodiazepine Record Template

Starting Date _____ **Starting Quantity Received from Pharmacy** _____

Documented by *(name of PCH staff member)* _____

Copy of Prescription Label

Administration Record				
Date	**Quantity Administered**	**Quantity Discarded**	**Balance Remaining**	**PCH Staff Initials**

Change of Shift Count	
Balance Count	**PCH Staff Initials** *(2 staff members)*