COLLEGE OF PHARMACY
OF NEWFOUNDLAND AND LABRADOR

STANDARDS OF PRACTICE

The Provision of Pharmaceutical Care to Long-Term Care Facilities

November 2019

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1. INTRODUCTION AND PURPOSE

Long-term care facilities ("facilities"; "the facility") are publicly operated facilities that provide professional health and nursing services to residents who have high care needs and require on-site professional nursing services. These facilities are different from personal care homes, which are privately-owned and operated residential homes providing care and accommodations primarily for seniors and other individuals who need assistance with daily living.

Standards of Practice are minimum standards that all registered pharmacy professionals are expected to meet. Regardless of position or practice environment, when a pharmacy professional 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 describe the minimum expectations for pharmacy professionals involved in the provision of pharmacy services to residents of long-term care facilities.

PLEASE NOTE:

The provision of service to residents of long-term care facilities must be provided in accordance with the Standards of Pharmacy Operation – Community Pharmacy (SOPO-Community)[1] and these Standards of Practice, regardless of whether the service is being provided by a community or a hospital pharmacy.

2. OPERATIONAL STANDARDS

Before deciding to offer service to a long-term care facility, the pharmacist-in-charge must ensure that the following requirements are met:

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 facility.

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

[1] Available on the Standards of the CPNL website.

d) *Policies and Procedures*. The pharmacy must have well-organized and easily assessable policies and procedures specific to the provision of service to the facility that are familiar to all pharmacy staff. They must 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 long-term care services; they are often based on standards of practice, but may extend beyond them to include policies related to human resources, agreements with the facility, 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; and
- How documentation is retained.

PLEASE NOTE:

Pharmacy staff may also be asked to assist the facility staff with the development of their own policies and procedures for the storage and administration of medications within the facility.

e) *Delivery Services*. Delivery services to long-term care facilities must be consistent with the requirements set out in section 2.2 of the SOPO-Community. At a minimum, processes should be in place to ensure medications are being transported in a secure manner and received by a responsible staff member at the facility. Additionally, a Delivery Log must be maintained to ensure a documented "paper" trail.

3. PROVISION OF ON-SITE SERVICES

3.1. Medication Storage – Policy Development, Review, and Audit

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

b) To ensure that medications are stored appropriately on an ongoing basis, a pharmacist or pharmacy technician from the pharmacy must visit the facility to conduct an audit on the medication room or storage area at least 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 A. 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 for a minimum of two years and a copy provided to the facility. Long-term care facility staff must be made aware of any medication storage issues that need to be addressed. Any unresolved safety issues must be reported to an appropriate person at the regional health authority responsible for the long-term care facility.

3.2. Medication Safety – Policy Development, Review, and Education

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

b) To help ensure that medications are administered safely and appropriately on an ongoing basis, a pharmacist from the pharmacy must visit the facility to review medication safety-related issues at least every six months. To assist with this review, a Medication Safety Audit template has been provided in Appendix B. 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 for a minimum of two years and a copy provided to the facility. Long-term care facility 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 facility.

d) Pharmacists from the pharmacy should provide the staff of the facility with information and education regarding correct medication usage, packaging systems, storage, administration techniques, and recording procedures, when required. 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 facility staff.

4. PROVISION OF MEDICATION

4.1. General Requirements

a) *Resident Patient Profile*. When a resident is first admitted to a long-term care facility serviced by the pharmacy, facility staff are expected to gather the appropriate information and forward it to the pharmacy in a timely manner (generally within 24 hours) 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 3.2 of the SOPO-Community. 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) *Prescription Authorization*. No medication (whether "prescription" or "over-the-counter") may be dispensed to a resident unless prescribed by an authorized prescriber, including a pharmacist practicing in accordance with the Standards of Practice – Prescribing by Pharmacists[2].

c) *Preprinted Orders*. Preprinted orders that have been developed and approved by the health authority are acceptable for use. Any preprinted orders that are used must become part of the resident's record and all medication orders must be added to the resident's medication administration record.

d) *Contingency Medications*. To ensure access to medications during periods when the pharmacy is closed, the pharmacy may provide a supply of contingency medications in a "night cupboard" at the facility, provided that it:

   i) is kept locked and secure at all times;

   ii) is accessible only by authorized persons;

   iii) includes a log in which all medication withdrawals are documented;

   iv) is stocked with only a minimum supply of those medications most commonly required for urgent use;

   v) contains medications that are packaged to ensure integrity of the medication and labeled with the medication name, strength, quantity (if not unit dose), expiry date and lot number; and

   vi) only contains controlled substances (narcotics, controlled drugs, and targeted substances, including benzodiazepines) if they are provided in an automated dispensing system, wherever possible, or alternatively, a double-locked cabinet.

e) *Professional Responsibility*. Each time medication is dispensed to a resident, a pharmacist must fulfill their professional responsibilities as described in section 3.7 of the SOPO-Community.

f) *Dispensing Records*. Each time a medication is dispensed to a resident, a record must be created in accordance with section 3.4 of the SOPO-Community and the dispense must be recorded in the patient's provincial electronic health record.

PLEASE NOTE:

To facilitate the labelling requirements listed in section 4.1 k) below, the pharmacy staff may need to gather and/or record information beyond that required by the SOPO-Community.

[2] Available on the Standards page of the CPNL website.

g) *Packaging Routinely-Administered Oral Medications*. All routinely-administered oral medications, including controlled substances (narcotics, controlled drugs, and targeted substances, including benzodiazepines), must be packaged in a suitable unit-dose or multi-dose package. Additionally, a pharmacist shall ensure,

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

   ii) no clinically significant interactions are likely to occur if the medications are administered simultaneously;

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

   iv) implementation of any special packaging requirements;

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

   vi) each medication 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);

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

   x) auditable and traceable documentation is maintained including the identity of all staff members involved in the order entry, dispensing, packaging, and checking processes.

   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 and appropriately labelled as indicated in section 4.1 i), they must be stored appropriately until delivered to the facility.

h) *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 facility.

i) *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 long-term care facility;

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 medication 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 medications in the package; and

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

PLEASE NOTE:

If the package allows for the removal or separation of the individual compartments, each compartment must be individually labelled to identify each solid oral dosage form contained within.

j) 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 long-term care facility;

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 medication 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.

k) 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 should 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) where applicable;

iii) "prn" medications should 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), where applicable; and
- the minimum interval between doses; **and/or** the maximum number of daily doses to be given.

PLEASE NOTE:

It is expected that prescribers write prescriptions for long term care residents with as much detail as possible to help facilitate these labeling requirements. Pharmacists and pharmacy technicians should attempt to clarify any unclear instructions with the prescriber, or facility staff, as appropriate. The results of these discussions, the related dispensing decisions and any advice given to facility 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 long-term care facility 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 long-term care facility; and the resident's location within the facility, 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 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:

- hazardous medications;
- high alert medication; or
- controlled substances (narcotics, controlled drugs, and targeted substances, including benzodiazepines).

5. RESIDENT-CENTRED CARE

5.1. Provision of Medication-Related Information

a) *Staff Education*. As the patient's representative, staff members at the long-term care facility need to have an understanding of the medications that they are administering to the residents. As such:

i) in-service programs concerning medications and medication therapy are to be provided, as appropriate, in accordance with the needs of the residents and staff;

ii) a pharmacist shall be available during normal business hours to answer questions from facility staff (emergency contact information should be provided for after-hours support);

iii) a pharmacist shall provide medication and medication therapy information and clinical support as appropriate to facility staff and other members of the resident's health care team; and

iv) specific written information should be provided to facility staff, as required, to ensure safe and effective medication therapy for each resident.

b) *Patient Education*. At times, it may also be appropriate for a resident and/or family member or agent 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 e) above, a pharmacist must conduct a comprehensive medication review for each resident within 90 days of admission, wherever possible, and **at least annually**, thereafter.

b) Once completed, the results of the medication review, including any recommendations shall be communicated 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 chart, in accordance with section 1.6 of the SOPO-Community.

5.3 Interdisciplinary Team

a) Pharmacist staff members should be a member of the facility's interdisciplinary team and, as such, should:

i) attend interdisciplinary team meetings, when able;

ii) participate in the three-month, quarterly review, as appropriate; and

iii) provide guidance to the team on medication-related practice issues and policy development.

6. SPECIAL SITUATIONS

6.1. Returned Medications

a) When a long-term care facility is in possession of unusable medications (e.g. when medication changes occur, a medication expires, or a resident dies), the facility staff are expected to return the medications to the pharmacy as soon as possible. Such returns should be transported in a secure manner and accompanied by a Return Log (see Medication Return template in Appendix C).

b) When medication returns are received by the pharmacy, a pharmacy staff member is expected to reconcile the returned medications with the Return Log noted in a) and provide a signature confirming receipt to the facility.

c) *Return to Stock*. Previously-dispensed medication may be returned to inventory for re-dispensing only if it is in a pharmacist's professional judgment that it is appropriate to do so, AND where the following conditions are met:

i) the medication has been returned to the pharmacy in a sealed single-unit or unit-dose package or container as originally dispensed;

ii) the labeling is intact and includes a legible lot number and expiry date; and

iii) the integrity of the medication can be verified.

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 long-term care facility staff, the prescriber, and any other members of the patient's care team deemed necessary;

iii) long-term care facility 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) Long Term Care Facility Incidents. Long-term care facility staff should be advised to make the pharmacy staff aware of any medication incidents that occur at the facility 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.

7. ACKNOWLEDGEMENTS

The Long-Term Care 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 long term care facility residents. CPNL acknowledges the work of the task force members indicated below and others who were involved in the consultation process.

- Brad Elliott
- Darlene Mansfield
- Kaitlin Mitchelmore
- Lance Quirke
- Chelsea Rowe
- Jason Ryan
- Regina Staples

APPENDIX A

Medication Storage Audit Template

Long-Term Care Facility: _____

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 locks in good working order?			
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?			
Are medication-related devices (e.g. aerochambers, pill crushers) clean and in good working order?			
Are look-alike, sound-alike medications stored separately within the stock medication area and labelled appropriately?			
Are medications for internal and external use stored separately?			
Are labels pharmacy-generated (i.e. no handwritten changes)?			
Are labels clean and legible?			
Are hazardous medications properly labelled?			
Do any medications show evidence of tampering?			
Are bottles of liquids clean and free from spills?			
Is there any evidence of pre-pouring medications?			
Do all multi-dose vials/containers (i.e. insulin, eye drops, ear drops, etc.) have labels attached?			
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?			
Are wasted medications safely stored until they can be destroyed / returned to the pharmacy?			
Are discontinued and expired medications removed from the medication storage area and safely and securely stored until they can be 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 expired medications removed from the refrigerator and safely and securely stored until they can be returned to the pharmacy?			
Is the refrigerator temperature correct (2 to 8 degrees Celsius)?			
Is the refrigerator temperature checked and recorded daily, at a minimum?			
Storage of Controlled Substances	**Yes**	**No**	**Notes**
Are controlled substances (narcotics, controlled drugs, and targeted substances, including benzodiazepines) stored in a separate double-locked area?			
Are all locks in good working order?			
Are the keys to this storage area only assigned to / accessible by authorized staff?			
Are controlled substances that require refrigeration stored in a locked box within the refrigerator or in a separate locked refrigerator?			
Are expired controlled substances removed from the controlled substances storage area and safely stored in another secure location until they can be returned to the pharmacy?			
Contingency Medications	**Yes**	**No**	**Notes**
Are contingency medications stored in a separate, locked area?			
Are all locks in good working order?			
Are the keys in the possession of authorized staff?			

Is the list of contingency medications posted in a location readily available to nursing staff?			
Are contingency medications labelled as such, and correspond to the posted list?			
Is there a log in which all contingency medication withdrawals are documented?			
Are expired contingency medications removed from the storage area and safely and securely stored until they can be returned to the pharmacy?			
Other Notes:			

APPENDIX B

Medication Safety Audit Template

Long-Term Care Facility: _____

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 new orders transcribed with all required information included? (i.e. drug name, strength, route, frequency, dosing times and directions for use where applicable)			
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?			
Do all doses administered from the contingency medication supply have a valid prescription on file?			
Are all doses administered from the contingency medication supply accounted for on the record sheet?			
Are look-alike, sound-alike medications stored separately and labelled appropriately?			
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, are the resident's medications and detailed instructions sent with the resident?			
Other than as described above, were any patient safety-related issues identified during this audit?			
If yes, please describe below:			
Other Notes:			
Please describe any staff education / training that was provided during this visit:			

APPENDIX C

Medication Return Template

Long-Term Care Facility:

Return Prepared by: *(name of LTCF 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)* _____