

Win the War Against Waste WITH 5 TIPS

Medication waste is no small matter. Up to \$2 billion in drugs are wasted every year, and thousands of tons of drugs get poured down the drain or dumped in landfills. In nursing homes alone, hundreds of millions of dollars every year are wasted from medications being destroyed or thrown away. By reducing medication waste, facilities can both save money and improve outcomes.

Use these 5 tips to take your medication waste levels to new lows and maximize quality care and cost-effectiveness.

TIP 1

Understand the Drivers of Waste in Your Facility

There likely are multiple reasons for medication waste in your buildings, including condition changes, adverse effects, or drug ineffectiveness. Other drivers include the resident's death or transfer home or to another care setting. By understanding where your waste is coming from, you can devise focused solutions. Then you can develop appropriate policies and procedures and implement these as part of staff training.

TIP 2

Partner with Your Pharmacy

It is important to know what your pharmacy can and can't do regarding unused medications. For instance, they may allow you to return some medications for credit. The consultant pharmacist also can help ensure your team knows the regulations. For instance, some states allow drug donations. At the same time, the consultant pharmacist may be able to identify drugs that can be eliminated, dosed with fewer pills, or administered in a more cost-effective form.

Talk to your consultant pharmacist about implementing other interventions that can help reduce waste, such as dispensing smaller volumes of eye drops or using institutional sizes of inhalers.

TIP 3

Work with Your Prescribers

They can help individualize the quantities of medication prescribed and dispensed. For instance, they can prescribe a 7- or 14-day supply of a new medication until it is determined to have efficacy. This will help ensure less waste if the medication has to be changed. Engage prescribers in your efforts to reduce medication waste and judicious efforts to maximize medication efficiency. It may be useful to create a 14-day-dispense list of medications to help reduce waste.

TIP 4

Prioritize Ongoing Education

Especially with staff turnover, constant education and dialogue about medication waste is key. Team members need to know both the 'whys' and 'hows' of preventing medication waste. Create a culture where everyone is comfortable reporting medication waste and suggesting solutions. If staff have a question about medications or med waste, they should be able to get a prompt response. Consider tools such as checklists that, for example, include information about what happens to medications when a resident is discharged.

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TIP 5

Have Processes in Place to Manage Medications when Residents are Admitted or Discharged

Most facilities have more short-term residents than ever, and this increases the risk for both medication errors and waste. Have a strong process in place to manage medications that residents enter the facility with as well as what will happen to their medications when the person is discharged. Some of this will depend on their payor. For instance, if they self-pay for their medications, they own the medications and can take them when they leave the facility. On the other hand, Medicare Part A medications will be returned to the pharmacy.



Alena Goergen, RN, Director of Nursing Miller Pointe – A Prospera Community

Addressing medication waste “requires all hands on deck,” said Alena Goergen, RN, director of nursing at Miller Pointe – A Prospera Community. “Create an open dialogue. Your practitioners and other team members have great ideas, and they don’t want to waste medications any more than we do.” She suggested, “Make yourself familiar with the invoice from the pharmacy to see what drugs are being wasted.”

The leadership plays “a huge role” in integrating medication waste prevention efforts into the workflow. “We have a responsibility to reduce waste and instill that mindset in staff. They need to know the ripple effect of waste,” said Goergen. She added, “I don’t think adding a new form or process will be well-received, especially if the facility culture doesn’t encourage transparency and teamwork with a focus on what is best for each resident.”