Medication Management in I/DD: Best Practices

It can be challenging to manage medications and prevent errors in the community setting, where people may see multiple prescribers, take numerous over-the-counter products and supplements, are unable or unwilling to adhere to instructions, and lack 24/7 oversight. I/DD providers in communities across the country face these challenges, and there is a need for a robust medication management system in this setting to maintain quality care and minimize risk. The presenters at "Medication Management in I/DD Settings," a new webinar offered by PharMerica, offered some insights about establishing and maintaining practices to limit medication-related risks and ensure the best possible outcomes.

Start at the Beginning

To start, it is important to realize that there's a lot that goes into obtaining medications from the pharmacy. The process involves managing scripts and e-scripts, clarifying orders, prior authorizations, refills, and cycle fills. Terri Cannedy, RN, BSN, Director of Nursing - I/DD and Pharmacy Consultant with PharMerica, suggested some best practices to ensure that all of these issues are addressed:

- If you have a paper script, make a copy before you send it to the pharmacy.
- Request a copy of the e-script from the pharmacy.
- Always check with the pharmacy to ensure they received the script.
- If the medication is needed earlier than the regular shipping schedule, communicate this to the pharmacy.
- Review the order to ensure that it is clear and stated in simple terminology.
- Make sure order instructions are written in a way that does not require nursing judgment. For instance, call for a "pea size" amount of cream versus a "small amount."
- If changes are needed, reach out to the prescriber and request a new order.
- Remember that most pharmacies have a cut-off time for same-day deliveries unless it is an emergency.

"Having a process in place to handle scripts will help ensure consistency and continuity," said Cannedy. She added that this will enable the agency to have a copy of each script on file, whether it is a paper document or an e-script, and ensure that nothing falls through the cracks or gets lost.

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Plan for PAs, Refills

Prior authorization (PA), an insurer approval process that takes place prior to the medication being dispensed, can cause delays if not handled properly. PAs usually happens when certain medications – such as high-cost drugs that don't have a generic alternative – are flagged by the payor. A survey by the American Medical Association reported that 91% of physicians say their patients have experienced care delays due to PAs.

Cannedy said, "Many administrators may not realize that prior authorization is the responsibility of the physician." The nurse acts as a communication liaison between the pharmacy and the prescriber's office to ensure that the PA process is completed, and they need to follow up until it is resolved. It is the I/DD agency's responsibility to provide this liaison communication to ensure the physician's office completes the PA process. "If the prior authorization takes longer or if it's denied, the agency should reach out to the physician and have a discussion about what other medications may possibly be used," she said.

Refills can be tricky, particularly with psychiatric medications, said Cannedy, as many are prescribed for 90 days at a time, with an appointment often required to receive new orders. She suggested some best practices to make this process easier:

- For psych medications, plan ahead. Have three months of medications, and make sure that an appointment with the psychiatric provider is scheduled in time so the individual does not run out of medications.
- Schedule follow-up appointments for essential provider visits and/or required labs as needed prior to the last refill on the order.
- If you call in a refill early, be aware that not all pharmacies automatically fill it when it is appropriate.
- The agency should have a process in place for cycle refill, e.g., a monthly supply of medications automatically shipped.
- Nurses need to be knowledgeable about the pharmacy's process and what is included in the cycle fill. They also need to monitor medication levels to ensure all non-cycle/PRN medications are ordered when needed.

Delivery and Organization

It's important for nurses and other team members to understand delivery logistics. To start, Cannedy said, "Delivery shipment may arrive in two or even different phases. Usually, the first is the largest shipment, with your regularly scheduled medications that have 12 refills on them." The second shipment is smaller and usually includes medications that were not reimbursed at the time of the cycle fill, plus new orders that come in during the middle of the cycle.

Each shipping box should have an invoice/manifest. Medications are arranged in the same order within the shipping box as they are printed on the manifest. Cannedy advised, "Reconcile medications with the packing slip to check that you receive what the pharmacy said they sent."

Additional best practices include:

- Reconciling medications by ensuring the medication label matches the electronic medication administration record (EMAR) and that the amount on the manifest matches the blister pack.
- Checking the order that was entered against the pharmacy label, as some EMARS do not sync with the pharmacy dispensing software.

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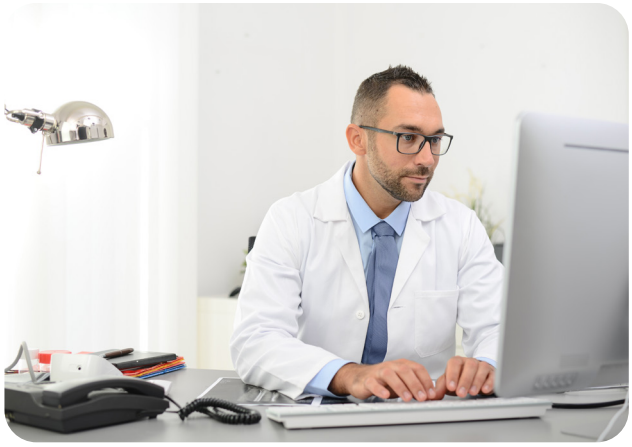
- Checking to make sure orders and labels match, even for EMARs that sync with the pharmacy dispensing software and the order is pulled over into the record automatically.
- For electronic medical records that utilize barcode scanning, realizing that they don't read the entire administration instructions, just the medication and strength.
- Paying particular attention to any special orders.



Speaking of EMARs

Medication errors can be reduced by 87% when an EMAR is implemented. Cannedy noted the benefits, which include:

- The medication order is pulled directly from pharmacy software to the EMAR, and the EMAR is generated from those orders.
- It saves nurses time.
- There is less chance of a transcription error.
- Medication changes are added to the MAR in real time.
- It allows for remote monitoring of the medication pass.
- It holds staff more accountable than paper MARs.

Cannedy suggested that each agency create a process that works for them. For example:

- Having containers for each group home for staff to transport.
- Signing medications out with printed name, signed name, and time.
- Keeping controlled substances locked up, even during transport.
- Have staff transport medications directly to the group home from the office.
- Have nursing staff ensure that all medications have been picked up in a timely manner.

EMARs can generate reports, keep track of medication inventory, and alert to missed doses or wrong-time administrations, noted Cannedy. Many facilities reported improved medication safety when bar code scanning is used. Many EMARs have the capacity to run multiple reports, and these are helpful in determining things like orders that are expiring, antibiotic use, medication administration compliance, controlled substance prescribing, and PRN use.

Teamwork and Communication

There are many players – from agency nurses to the pharmacist and the prescriber – who have a role in making the medication process in I/DD work efficiently and accurately. As Elizabeth Vinsant, RN, BSN, CDDN, Director of Nursing - I/DD and Pharmacy Consultant at PharMerica, said, "We are a team and have to work together." Part of this teamwork, she stressed, is communication. She offered some best practices for effective communication:

- Ensure agency staff know the preferred communication style of the pharmacy.
- Make sure staff have the ability and willingness to ask questions for clarity.

- Ensure strong follow-up on the part of clinical agency staff.
- If you call a refill in too soon, do not assume it will be automatically filled at the correct time.
- State your needs when communicating with the pharmacy.
- If the pharmacy is assisting with refills, ensure that they are aware of any changes in prescribers.

Vinsant advised, "If the refill request is made through the EMAR and the medication has not been received, take further action. If your pharmacy communicates by email, make sure to open and read all messages from them." At the same time, she noted, it is important to keep the pharmacy updated with the names and contact information for current staff.

Be Storage Savvy

All prescription medications must remain in their original pharmacy or manufacturers' containers. Vinsant suggested some best practices in storage:

- Maintain proper environmental conditions, including adequate ventilation, lighting, temperature, sanitation, etc.
- Keep medications separate from food and chemicals, and away from unauthorized access.
- Comply with Centers for Medicare & Medicaid Services (CMS) regulations on controlled substances. (Controlled substances must have written documentation of the amount of medication on hand. At least every 30 days, visit the home and do a controlled medication count, check that staff are documenting administration on the count sheets.)
- Provide education and retraining as needed.

Destruction goes hand in hand with storage, so the agency should have a process on medication destruction that includes timeframes and method of destruction:

- Every 30 days, left over medications/discontinued medications should be pulled from the home.
- Medications left over from former residents should be returned to nursing for destruction.
- Perform routine inventory audits to ensure residents have the medications they need in home, review PRN medication levels, and remove excess and/or leftover medications to be destroyed.
- Maintain detailed disposal logs as per agency protocols such as signed by two staff members.
- Employ approved disposal methods.
- Be proactive and schedule destruction days on a regular basis.

Supporting and Teaching Unlicensed Staff

Some states allow for unlicensed assistive personnel (UAP) and/or direct support professionals (DSP) to delegate medications. If your state allows for delegation, provide continuous education with all consumer changes and verify proficiency of task performance. Also:

- If you feel that a staff member is not proficient in a task, do not allow for delegation until they are.
- Speak up to administration if there are issues.
- If you feel that a task should not be delegated, advocate as to why.

- Practice, practice, practice. Make it hands-on (e.g., blister packs with candy), and use the equipment in the group home/work setting. Training, education, and instructions should be in plain, down-to-earth language.
- Highlight using thick-it for water when administering medications for people who have altered textured diets.
- Teach staff to use a small amount of pudding, applesauce, etc., when individuals have orders to take medication in food.
- Have an experienced staff shadow when a new staff member is giving medications for the first time.

Some states require approval from a nurse to administer a PRN medication, while others do not. Either way, orders need to be clear and concise. Shauen Howard, DHA, MSN, RN, COS-C, Vice President of Clinical Services and Innovation for BrightSpring Health Services, added, "Remind staff that when they are administering a PRN medication, they need to go back and check the effectiveness of the medication within 30 minutes. If it isn't effective, call nursing services."

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Shauen Howard, DHA, MSN, RN, COS-C
VP of Clinical Services and Innovation, BrightSpring Health Services

Tackling Med Errors

Addressing medication errors is crucial, said Howard, as these cause anywhere from 7,000 to 9,000 deaths annually. She added that estimates suggest deaths linked to these errors may be as high as 98,000 per year.

The most common types of errors, Howard said, include incorrect dosages, administering medications to the wrong patient, using the incorrect route, or failing to identify dangerous drug-drug interactions. However, she stressed that addressing med errors isn't one-and-done or cookie cutter. It is important to address the root cause, such as staff shortages or poor communication. At the same time, it is vital to identify individuals at higher risk of medication errors, such as those taking five or more medications. Like all aspects of health care, medication management needs to be person-centered.

"Health care delivery occurs in a dynamic environment with multiple variables, requiring quick, critical decision-making. Hence, reducing medical errors, particularly medication errors, necessitates a multifaceted approach at various health care levels," said Howard.

She stressed that everyone must be encouraged and empowered to report medication errors, including adverse events and close calls. This must be instilled in the organization's culture, as fear of consequences is the most common barrier to reporting. Howard suggested, "Embrace a safety culture that empowers clinicians to identify medical errors that could harm patients, as this has proven effective in overcoming the fear of consequences."

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