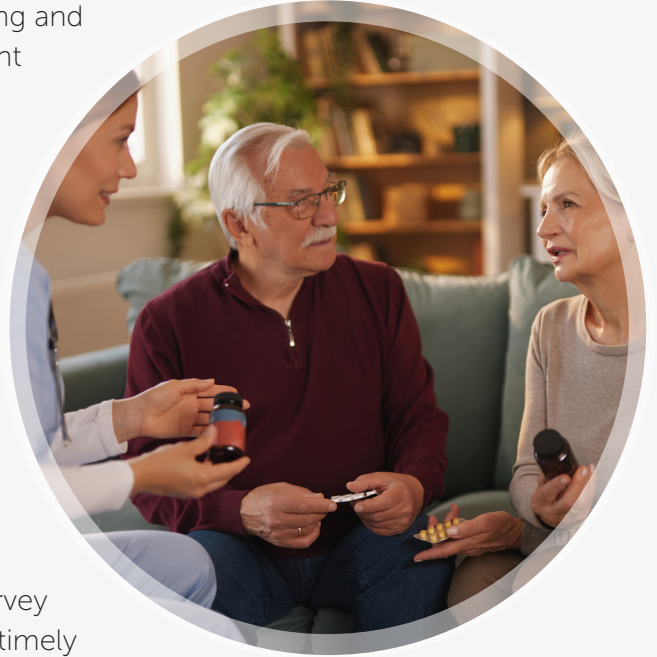


Streamlining Med Pass: Leading the Way with Best Practices

The medication pass process has become more challenging and time-consuming over the years. Staffing shortages, stringent federal and state regulatory requirements, and complex medication regimens have complicated medication administration and monitoring. A recent PharMerica webinar, Streamlining Medication Pass in Senior Living Communities, featured experts offering practical strategies to make med pass more effective and efficient.

Safety First, Last, and Everywhere In Between

"We can all agree that resident safety is the top priority and improving safety means reducing the risk of medication errors," said Charla Evans, Director of Strategic Accounts for PharMerica, adding, "Reducing medication errors helps prevent adverse reactions, hospitalizations, survey citations, lawsuits, and – in some cases – death." Ensuring timely medication delivery to each resident is key to maximizing safety.



Effectively streamlining medication pass accomplishes three important goals:

- Enhancing staff efficiency by creating a more manageable workflow that:
 - Minimizes the number of med pass times per resident per day
 - Eliminates unnecessary medications and monitoring
- Improving staff experience by optimizing workloads while decreasing stress
- Improving resident quality of life with fewer disruptions and greater comfort and satisfaction

As Evans observed, "People move into your community to live their next stage of life fully, so it's important to support their wellbeing when planning medication administration."

As people age, it's common to develop more chronic conditions and take more prescription medications. However, as Evans explained, each additional medication increases the risk of an adverse drug event by 7-10%. While it often is possible to reduce the number of prescription medications a resident takes, this requires buy-in from the resident, family, and prescribers, as well as a partnership between the community and the pharmacy.

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Medication Optimization

Evans offered some strategies for optimizing medications in key areas, starting with controlled substances. Challenges associated with managing and administering controlled substances include storage, documentation, counting requirements, and the risk of diversion. Strategies include:

- Collaboration with providers and families that involves a partnership with the consultant pharmacist
- Assurance of the appropriateness of each medication, with an understanding of risk versus benefit
- Inclusion of deprescribing as part of the conversation

It also is important to manage PRN medications, which may be overused or inconsistently used, and may also lack a clear indication and documentation. Best practices include:

- Setting clear criteria for PRNs that includes specific and objective reasons for use
- Documenting resident response to PRNs
- Regularly reviewing PRN necessity and discontinuing meds when appropriate
- Supporting staff decision-making including teaching assessment techniques, ensuring access to clear provider instructions, and establishing clear standards and policies

Another area of attention is optimizing medications for chronic disease. Strategies include establishing goals of therapy for conditions such as diabetes, hypertension, COPD, cardiovascular disease, osteoporosis, stroke, and high cholesterol. Some specific issues to discuss with your prescribers include:

- Bisphosphonates (Fosamax) treatment longer than five years is not beneficial.
- Aspirin for primary prevention after age 60 is no longer safe as the risks outweigh the benefits.
- Other blood thinners (Plavix, Warfarin, Eliquis) typically have a duration and are not needed forever.
- Docusate (Colace) is no more effective than placebo for treating constipation.
- Medications for GERD such as proton pump inhibitors (Prilosec) and H2s (Pepcid) are not normally needed for more than 4-8 weeks and cause side effects.
- Gabapentin lacks evidence for pain not related to postherpetic neuralgia.
- Statin use after the age of 75 may not provide additional benefit.

Monitoring – such as frequent checks of vital signs and blood glucose checks – not only takes up nurses' time but can be disruptive and create discomfort for residents. There are some key ways to reduce the need for monitoring, such as using continuous glucose monitors (CGMs) to eliminate the need for scheduled blood glucose checks. These devices also provide a more complete picture of blood glucose levels throughout the day and enable data to be more easily shared with providers, caregivers, and family.

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Ultimately, it is important to identify monitoring that doesn't impact the treatment plan. Evans suggested partnering with providers to seek clarification and determine if discontinuation is appropriate. This calls for answering a few questions, such as: *Has the resident been taking the medication long-term and is stable?* and *Is this information being used to make decisions or adjustments?*

Implementing Best Practices for a Streamlined Medication Pass

A more streamlined, efficient medication pass process starts with workflow improvements:

- Organizing carts, rooms, and supplies, with everything kept clean, neat, and orderly
- Conducting routine outdate audits
- Implementing and maintaining routines for restocking and cleaning
- Creating an environment where the person passing meds isn't prone to disruptions such as phone calls and questions from other staff

Establish and use effective communication strategies by:

- Holding regular team huddles, e.g., at shift changes and when there is a significant event
- Employing various methods of communication (written and verbal)
- Making information accessible to all staff as appropriate

Another key best practice involves ongoing staff training and competency building. These efforts should include:

- Refreshers on documentation expectations with the use of robust systems and routines, audits for completion, and assessments to determine necessary adjustments
- Techniques for efficient administrations (e.g., use of strip-packs and blister cards)
- Leveraging technology, including eMAR optimization and use of alerts, reminders, and reporting tools

Matthew Palmer, Senior Director of Clinical Operations at PharMerica, noted that pharmacists see commonly see opportunities for deprescribing and for streamlining the medication pass. He noted, "When we do this, we're going to make our residents feel much better and keep them out of the hospital." He mentioned "low-hanging fruit" such as eliminating daily aspirin use after age 60 and discontinuing bisphosphonates after five years of use. He stressed that the literature backs up these efforts.

Streamlining the med pass takes ongoing diligence; but, as Palmer observed, these efforts can have a significant and lasting impact. For instance, he offered the case of a resident taking 14 medications and undergoing blood glucose checks four times daily. A review of her regimen resulted in significantly reducing her number of daily meds as well as eliminating some of **the glucose** checks.

Streamlining Med Pass: Leading the Way with Best Practices, Cont.

Getting Started

Nurses are not alone in their efforts to streamline medication pass and ensure safe and appropriate medication management. These efforts are team tasks that require the skills, expertise, and experience of the entire care team.

Caroline Garvey, Director of Clinical Operations at PharMerica, offered some tips and tricks to get on the med pass optimization path and stay there:

- Work with the pharmacy provider and electronic health record (EHR) system to identify opportunities for optimization, including incidents of polypharmacy
- Partner with your pharmacy provider to identify opportunities for optimization, including improvements to how meds are supplied and stored, as well as the inventory and destruction of controlled substances
- Develop a system for engaging the consultant pharmacist and providers in medication optimization
- Understand the current process used to request a pharmacist review

Ultimately, noted Garvey, "Streamlining the med pass reduces complexity and risk across medication administration, and it improves staff efficiencies. The result is more timely and accurate medication delivery, greater staff satisfaction, and the best possible wellbeing and comfort for residents." She stressed that sustainable improvements require ongoing collaboration with providers, families, and pharmacy partners, as well as organization-wide communication, training, and technology that supports the team and their efforts.



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