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MANAGING MEDS A MOUNTING ISSUE IN ASSISTED LIVING

Medication management remains a challenging issue for every senior living operator. And, yes, that most definitely includes lower-acuity providers.

"In some respects, assisted living cares for a high-risk population that rivals, and in some cases, exceeds the challenges of their counterparts in skilled nursing," said Josh Allen, RN, C-AL, vice president of quality and compliance for Senior Resource Group.

Assisted living communities today now care for a resident population that's older — aged 80 to 85, on average — and sicker than ever before. So in many ways, it's not surprising that more medication issues come into play. With that, naturally, comes greater potential for mishaps or legal entanglements.

Allen delved into it all in "Medication Risk Management in Senior Living," a recent *McKnight's Senior Living* webinar sponsored by Omnicare, a CVS Health Company. Joining Allen in the presentation was Nancy L. Losben, consultant pharmacist and chief quality officer for Omnicare.

Mounting challenges

Here's what assisted living providers are up against:

- Medication management impacts more residents than any other single activity. Approximately 80% require assistance with managing their drugs — dwarfing bathing (62%), dressing (47%) and toileting (40%).
- The sheer volume of meds assisted living residents take is daunting and growing daily, as are the myriad activities around managing them. On average, assisted living residents take more medications than their skilled nursing counterparts, Allen noted. The average resident takes nine prescribed medications each day, not including over-the-counter and short-term meds. "That means 80 residents in a 100-bed community will be taking 720 medications that community has to pass and manage at any given time."
- About 35% of those drugs are implicated in errors linked to adverse events. A University of North Carolina study found, meanwhile, that more than 70% of those errors are related to the timing of administration, which speaks to the volume issue," he added.

If there is any silver lining, only about 3% of all medication errors in assisted living have been shown to pose a moderate or significant risk. While "no medication error is ever OK," Allen praised the "amazing job" senior living operators do to ensure the right resident receives the right drug, the right dose, the right route and at the right time.

Focusing on high-risk meds

Adverse drug events are impli-

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cated as major culprits in over a third of emergency room visits by older adults. Those events involve three major high-risk drugs — digoxin, warfarin and insulin.

"Medications are a necessary part of treatment, but nevertheless put the resident at risk," Allen said. "Anyone who's spent time in a senior community knows we come across these three meds in our resident population all of the time."

Digoxin, a medication used in managing congestive heart failure, has been linked with increased risk of hospitalization and death in patients who have the heart rhythm disorder, according to published studies.

If warfarin is managed improperly or used in bad combinations, the consequences for residents can be severe.

Troublesome tales

Allen shared two anecdotes. One involved a resident on warfarin whose blood tests showed an urgent need for medication adjustment, but those results were not relayed back to the physician, which resulted in a bleeding incident. Another involved an elderly man who fell off a walker seat. The man, who bumped his head on a tile floor and had no visible signs of injury, was not assessed and was allowed to return to his residence to sleep. A day later, he was discovered unresponsive by family members and died soon after from a subdermal hematoma resulting from massive small vessel bleeding inside his brain.

Such stories lead to a number of medication management protocols, the first of which is highly attentive lab monitoring.

"In the past, I think we as providers sometimes took too much of a hands-off approach," Allen said. "We have to have a system in place to ensure appropriate lab monitoring and then appropriate adjustments of medication dosage when those lab values necessitate it."

Vigilance vital

Of course, myriad other monitoring issues, like transportation to and from the lab and ensuring results are promptly reported back to the physician or prescriber, are vital.

Allen said Senior Resource Group employs a simple one-page tracking log for lab monitoring activities. The log includes information such as test date and time, med changes and dates and frequencies of future scheduled tests.

Other considerations for communication include dietary modifications. The wrong foods can adversely affect warfarin. Consulting food service and the resident's physician on diet are critical. OTC meds also should be monitored closely. Many, including aspirin, can have lethal consequences.

Allen advised communities to engage housekeepers and maintenance to notify staff when OTC meds are spotted.

And as the walker incident demonstrates, fall response protocols should be in place.

"After any fall, we should be doing routine checks of that resident's status — generally recommended every two hours for at least 72 hours," said Allen. "Those concepts apply to any resident, in any situation, but particularly if they involve residents on blood thinners."

For those communities using warfarin monitoring forms, Losben advised a target "INR" (blood clotting attributes) be included

RISKY BUSINESS

Medications play a central role in health preservation. But they also can lead to adverse results, particularly when their volume increases with the elderly.

Photo: John Merkle @ Sedgebrook

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The original webcast is available at
www.McKnightsSeniorLiving.com/May11webinar

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CHECK AND THEN DOUBLE-CHECK

Operators need to have good systems in place to ensure appropriate medication management.

"so you can address that with the recent lab value that was returned with the prescriber.

"All INRs should be applied as critical labs in your community and discussed with the physician or prescriber the same day," she said, adding alternative anticoagulants be considered with non- or poorly compliant residents on warfarin.

Diabetes watch

Because of the prevalence of diabetes, insulin management has become mission critical.

Allen strongly discourages the use of sliding scale insulin because it is not recommended by AMDA - The Society for Post-Acute and Long-Term Care Medicine.

"The reality is the risk-benefit profile just doesn't support it," he said. "We know someone on sliding scale is more subject to blood sugar fluctuations, likely to be under more prolonged hyperglycemia, at a greater risk of hypoglycemia if they don't manage it appropriately, increased discomfort and non-compliance with self-monitoring with blood glucose."

Another key challenge is deciding if the resident is capable and competent enough to self-administer insulin.

Simple and regular assessments around their ability should be performed and documented. Allen also urged facilities to obtain physician authorization on self-administration. Finally, pen-administered insulin is highly recommended over "old-fashioned" syringe and vial methods. And again, proper diet and exercise can go far in managing diabetes, which in turn, make both vital medication management tools.

Implementing best practices

"Having good systems in place is absolutely critical to handle that volume of medication delivery that our staff faces every day," Allen noted. "You cannot leave medication management for staff to figure out. If you're managing multiple communities, I would encourage you make your medication management system universal and consistent."

A key part of an effective system is managing and monitoring medication orders — including prescriptions and OTC meds. "This not only protects the resident, but facilities themselves," he added. Senior Resource Group employs a physician orders form for the task. The key to success is having "clean orders" the day the resident arrives as a resident.

"I literally had a resident move in once with a paper grocery bag full with bottles of medications and I dug through them," he recalled. "Some of the bottles were so old the labels were peeling off. We opened a few and it was like a bag of Skittles®. An absolute mess." Allen utilizes an admission orders form to document specific drug orders, as well as physician reminders around things like flu shots.

The task also includes staying on top of new orders and refills — something Allen has learned painfully as a frequent expert witness in legal matters involving assisted living standards of care. Once again, an "old school" form tracks key information such as date ordered, name of resident, when pharmacy and family are notified, and date received. Finally, constant communication is essential.

"On every shift, we can keep track of any issues that have come up," he said. "This is not narrative charting — just staff communications from one shift to the next."

Narcotics affairs

It all comes down to equal parts compliance, awareness, knowledge, vigilance and common sense.

Allen acknowledged the "serious" issues around diversion, and even recounts stories of communities being robbed at gunpoint while being forced to hand over their supplies of narcotics.

A paper trail is essential.

"At times, it's not just medications that have already been dispensed, but we also have to be very cautious about controlling the written prescription for controlled substances until it is brought to the pharmacy or submitted to the pharmacy to be filled," said Losben. "You don't need one of your employees to take a written prescription for a controlled substance to a local drug store, have it filled on behalf of the patient and end up taking the medication home."

Keeping track

Chain of custody is paramount. This means keeping narcotics under a second lock and the keys with the nurse, medication aide or technician, Allen said. "And any time those keys change hands, it should be documented," he added.

A narcotic shift book is employed at Allen's facilities to trace every handoff. In addition to shift counts, each individual in possession of the keys must sign, date and time each handoff that occurs. Allen also advises weekly audits of shift counts and count sheets.

It's all a challenge to employ but it's necessary to address one of the most vexing challenges providers face. ■

Editor's note

This McKnight's Senior Living *Webinar Plus supplement is based on a webinar presented on May 11. The event was sponsored by Omnicare. The full presentation is available at* www.McKnightsSeniorLiving.com/May11webinar.