

COMMUNITY PHARMACEUTICAL CARE

PHARMACY SERVICES

REQUIREMENTS

- 1. Standardization of packaging in a format deliverable by Community Health Workers**
- 2. Communication between healthcare providers**
- 3. Review of medications**

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Level Two – Community Pharmaceutical Care

PREFACE

As our society ages it places increasing demands on our health care system. The number of elderly in this group requiring nursing care has been steadily increasing, unfortunately the number of beds available for nursing care has not kept pace with this growing population. Home and Community Support Services (HCSS) provides valuable assistance to this group. Nursing and other supportive care through Community Health Workers (CHW) is provided, allowing the individual to remain at home with a reasonable quality of life.

The role of the CHW has become increasingly complex. Not only does the CHW provide personal health care but also in some cases there is a transfer of function for administering medications (Section 2) from Home Support Nursing staff. Clients requiring a Section 2 in the Comox Valley Area are an average of 80 years. A majority of these clients are living alone, of those assessed 78% had an average MMSE of 23/30 and 65% had a 3MS of 75/100. Dementia was the diagnosis for 65% of these clients and 21% had a mental illness.

Due to these various disabilities of clients receiving Home Support Services, Home Support in our area has lobbied to have all medications for these clients compliance blister packed. The mechanism of medication packaging for clients in the Comox Area for whom a Section 2 has been completed is now compulsory. The compliance blister packing of medications has facilitated the CHW in their task of medication administration. However, each pharmacy and sometimes pharmacist has developed their own unique way of packaging medications in a blister pack. This often led to confusion and subsequent problems in the pharmaceutical care delivered to the client.

For medication related problems the CHW is required to call the nursing supervisor for clarification and direction. The supervisor then in turn would call the pharmacy involved to solve the problem. This information would later be communicated to the CHW. However, due to limited time in a client's home the CHW may have already moved on to the next client's home before the problem would be resolved.

Some of the problems encountered are:

1. Blister cards with no labeling.
2. Medication dispensed in vials that should have been blister packed.
3. New medications appearing in the client's home of which the Home Support is unaware.
4. Medications missing from the blister pack.
5. CHW unable to find medications in the client's home.
6. Client given the wrong medications.
7. Extra medication in the blister pack.
8. Medications not taken.
9. Blister pack has been altered.
10. Medication administered from the incorrect date.
11. Client hoarding of RX and OTAC medications.
12. Liquids and creams not dispensed in a compliance monitoring method.

In an effort to improve the pharmaceutical care delivered to this group of clients, the Cumberland Health Centre Pharmacy has worked with the staff of HCSS to develop a pharmaceutical care program that works for all parties involved, including the client. This program has been modeled after the College of Pharmacists of BC (COPBC) Bylaw 7 and the Professional Practice Framework.

PHARMACY SERVICES

Dispensing:

1. All regularly scheduled medications compatible with the heat/cold seal blister pack medication distribution system are to be blister packed. 4 x 7 blister cards are to be used. (PRN medications are discouraged as many clients are clearly not accountable for regularly scheduled meds (section 2) hence can not be reliable for taking prn meds for any given indication).
 - a) Antibiotic meds are to be packaged separately from other oral meds.
 - b) Anticoagulant meds are to be packaged separately from other oral meds.
2. Regularly scheduled liquids should be dispensed in a unit-dosing format. A reminder flag then should be attached to the front of the blister card indicating to the CHW the name of the medication that is not blister packed and the location of that medication (i.e. basket, fridge, etc).
3. Regularly scheduled creams etc. should be dispensed in a unit-dosing format. A reminder flag then should be attached to the front of the blister card indicating to the CHW the name of the medication that is not blister packed and the location of that medication.
4. All other regularly scheduled medications should be dispensed with a reminder flag attached to the blister pack indicating the name of the medication and the location of the medication in the home.
5. Regularly scheduled medications given at times other than the designated meal times shall not be packaged in with the mealtime medications. (CHW's are not permitted to remove specific meds for administration at another time. More than 4 med times may be required, this can be accomplished with two compliance cards attached together and the appropriate med times indicated at the top of the card. [e.g. Domperidone administered ½ before meals. The CHW gives this first, prepares the meal and then gives the other meds with the meal.])
6. All meds that can be stored at room temperature are to be kept in the medication basket provided by the pharmacy. The Home and Community Support Binder is kept in the medication basket. Any medications requiring special storage conditions shall be adhered to and a notation made (Red Flag) on the blister pack cover as to the location of the medication. The medication basket should be stored in the same location in each client's home, on or near a refrigerator.

Labeling:

1. Each blister card is to have a cover. The front of the cover will indicate the name of the Pharmacy. A pharmacist must be available to answer questions regarding medications supplied from 9 a.m. – 9 p.m., 7 days/week, 365 days/year. Contact phone number(s) must be on this cover.
2. The blister card cover for anticoagulants and antibiotics must clearly identify the contents. The cover for anticoagulants is pink and is clearly designated with “Anticoagulants” on the front. The cover for antibiotics is green and is clearly designated with “Antibiotics” on the front.
3. The inside of the cover sheet must have attached to it, the labels for the medications contained in the blister pack, preferably near the top of the page. Labels for regularly scheduled medications not found in the blister pack should be placed on the lower part of the page.
4. A CHW administration record should be attached to the inside cover. The days for which the blister pack is prepared are to be highlighted on the administration record. The reverse side of the record contains areas for comment by CHW's or pharmacy staff.

This page becomes a permanent record when the blister pack has been completed. The empty blister pack is retrieved by the pharmacy and missed dosages charted on the back of the CHW medication administration record. These pages are retained by the pharmacy and then periodically sent to the HCSS office, to become part of the client's permanent record.

5. The 4 x 7 card of medications shall have on the top portion, clearly marked, the calendar dates for which the medications have been packaged (e.g. May 7-13th). The left-hand side of the card shall have the calendar dates marked for each row of medications. (To avoid confusion, a blank sticker is placed on top of the pre-stamped days of the week and a felt marker is used to designate the calendar day of each row of medications).

Charting:

1. A CHW administration record is to be attached to the inside cover of the blister pack.
2. This record will have the calendar days for which the blister pack has been packaged, highlighted.
3. Each time the CHW administers medications the worker is to sign on the record that the medications were given or (LO) left out for the client.
4. The record should indicate what types of medications are being administered by HSW i.e. oral, inhalers, eye gtt, etc.)

Delivery:

1. Medications are to be delivered to the client's home a maximum of every 2 weeks. Each medication card contains only a one week supply of medication therefore each card must be clearly marked for the period for which the medications are intended.
2. Prior to delivery a pharmacy phone call to the individual or CHW should determine the need for non-blistered medications i.e. inhalers, eye gtts, etc.
3. Blister packs for previous completed weeks are to be retrieved by pharmacy at time of delivery of new blister packs.
4. All medications should be placed in a common location at the home. This facilitates the CHW in locating the medications. The pharmacy has provided a small basket for this purpose. All meds that can be stored at room temperature and the Home and Community Support binder and are to be kept in the medication basket.

Communication:

It is imperative that all parties involved in the client's care communicate changes in the client's pharmaceutical care.

1. A notation should be made on each client's Pharmacare record that medications should be blister packed for HCS.
2. Physicians should be notified that CHW are administering medications and medications are being compliance blistered packed. Physicians should communicate change(s) in therapy directly to the pharmacy. The client cannot reliably make decisions regarding drug use, therefore "prn" medications and sampling should be discouraged.
3. The pharmacy should communicate changes in drug therapy to HCS. Intake by fax or phone.
4. HCS should notify the pharmacy of changes in the times care is being provided for the client.
5. CHW can call the pharmacist directly for medication problems. The pharmacist can provide direction or seek advice of a physician or other health care provider.
6. The client and family shall have explained to them the implications of the care provided and the procedures for the provision of pharmaceutical care. The client and family should be counseled on medication changes.

Medication Reviews:

1. Each client should receive an initial home visit by a pharmacist. The pharmacist should review the prescription medications with the client and determine any non-Rx drugs and/or herbs taken by client. These products should be reviewed for appropriateness and compatibility with prescribed medications. PRN medications should be discouraged. Non RX medication and herbal medications taken regularly should be blister packed.
2. Each client should have their Rx and non-Rx medications reviewed biannually. A Pharmaceutical Care Plan developed for the client shall be implemented. A copy of this plan should be forwarded to HCS and the client's physician.