

## Chapter 37

# Heartland Regional Health Authority – Medication Management in Long-Term Care

### 1.0 MAIN POINTS

Heartland Regional Health Authority is responsible for establishing and enforcing policies and procedures so that long-term care residents get the right medication, at the right dose, when required.

By August 2017, Heartland improved several of its processes for managing medication plans for long-term care residents by fully addressing 9 of our 17 recommendations we first made in 2014. It was working on the remaining recommendations.

Heartland established policies for medication management in its long-term care facilities. It communicated the policies to staff and where required, to residents or their designate. Heartland made training resources accessible to staff. Heartland also consistently obtained medication-related information from previous health care providers when residents transferred into long-term care.

In addition, Heartland modified its complaint policy, requiring only unresolved issues be brought forward to the Quality Department.

Heartland still needs to:

- Consistently document the following in medication plans: medication changes, informed consent for medication changes, and the use of multi-disciplinary teams for quarterly medication reviews
- Analyze information about medication trends and issues with medication plans across its long-term care facilities

Medication can have a serious impact on a resident's quality of life. Heartland needs to ensure that each long-term care resident has an established, up-to-date medication plan that is followed.

### 2.0 INTRODUCTION

As of March 31, 2017, Heartland had 480 long-term care beds in 14 facilities.<sup>1</sup> Ineffective processes for maintaining medication plans for long-term care residents could result in health and safety concerns including potential adverse events such as drug complication, over-medication, and fatality.

This chapter describes our follow up of management's actions on the recommendations we made in our 2014 audit of Heartland's processes to manage medication in long-term care facilities. Our *2014 Report – Volume 2*, Chapter 35 concluded that Heartland did not

<sup>1</sup> *Heartland Health Region 2016-17 Annual Report*, p.11.



have effective process to manage medication plans for residents in its long-term care facilities. We made 17 recommendations.

To conduct this audit engagement, we followed the standards for assurance engagements published in the *CPA Canada Handbook – Assurance* (including CSAE 3001). To evaluate Heartland’s progress towards meeting our recommendations, we used the relevant criteria from the original audit. Heartland’s management agreed with the criteria in the original audit.

To complete the audit we tested a sample of resident files, and reviewed both established policies and reports related to managing medications to assess if the recommendations were addressed.

## 3.0 STATUS OF RECOMMENDATIONS

This section sets out each recommendation including the date on which the Standing Committee on Public Accounts agreed to the recommendation, the status of the recommendation at August 31, 2017, and Heartland’s actions up to that date.

Heartland implemented nine recommendations but needs to do more to implement seven other recommendations. We concluded that one recommendation was no longer relevant because of a policy change.

### 3.1 Medication Management Policies Not Always Followed

As described below, Heartland staff did not consistently document quarterly multi-disciplinary medication reviews and medication activities, or obtain required written consent for medication changes as required by its policies.

Although not required by Heartland policies, some facilities have begun to review resident files to verify that files have updated care plans, quarterly medication reviews and signed consent forms. A region-wide process such as this may aid Heartland in directing training needed for staff and assessing if policies are being followed.

***We recommended that Heartland Regional Health Authority use a multi-disciplinary approach (e.g., physicians, nurses, and pharmacists) for finalizing medication plans for long-term care residents.*** (2014 Report – Volume 2; Public Accounts Committee agreement September 17, 2015)

**Status** – Partially Implemented

Only 50% of the files we examined clearly showed evidence of medication reviews by a multi-disciplinary team.

Heartland established a policy in December 2016 requiring a multi-disciplinary approach for medication plans and quarterly medication reviews. Some Heartland facilities consistently document the use of the multi-disciplinary team (i.e., pharmacist, doctor, nurse, and resident or designate) for medication reviews, while others are not consistently documenting a multi-disciplinary approach.

Medication administration for the elderly is complex and carries the risks of drug interactions, and inappropriate and/or unnecessary medications supplied to residents. Using a multi-disciplinary approach helps ensure residents get only medications they require.

***We recommended that Heartland Regional Health Authority implement a policy requiring informed written consent from long-term care residents or their designated decision makers for changes in high-risk medication.*** (2014 Report – Volume 2; Public Accounts Committee agreement September 17, 2015)

**Status** – Partially Implemented

***We recommended that Heartland Regional Health Authority follow its policy to obtain informed written consent from long-term care residents or their designated decision makers before using medication as a restraint.*** (2014 Report – Volume 2; Public Accounts Committee agreement September 17, 2015)

**Status** – Partially Implemented

***We recommended that Heartland Regional Health Authority follow its established policies and procedures for medication changes for its long-term care residents.*** (2014 Report – Volume 2; Public Accounts Committee agreement September 17, 2015)

**Status** – Partially Implemented

Heartland is not consistently documenting written consent before providing medication to residents.

Policies require written consent from the resident or their designated decision maker for medication at admission to the long-term care home, when a change in medication occurs, or when a chemical restraint (e.g., medications used to restrict a resident's mobility or behaviour) is used.

While consent was evident upon admission into long-term care for all files we examined, Heartland is not consistently documenting consent when a change in medication occurs or when a chemical restraint is being used; 55% of those files we examined that required written consent did not have it.

Residents or decision makers should be aware of changes in medication, especially if it is new. Decision makers should also be aware if medication is being used as a restraint because medication can have a significant impact on a resident's quality of life.

***We recommended that Heartland Regional Health Authority follow its policy for documenting, in the long-term care residents' medical records, all of the medication-related activities.*** (2014 Report – Volume 2; Public Accounts Committee agreement September 17, 2015)

**Status** – Partially Implemented



Though files we examined contained most medication-related activities, staff are not consistently documenting changes to medication in resident files.

Medication-related activities include daily medication administration, reconciliations, and medication changes. Heartland indicated that some medication information may be in the nurses' communications rather than resident files. However, a review of the nurses' communication book at one facility also showed gaps in documentation of medication-related activities.

Documenting all medication-related activities in a central location (e.g., resident files) helps clients get the right medication, at the right time, and in the form required.

## 3.2 Only Unresolved Complaints to Be Reported

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***We recommended that Heartland Regional Health Authority follow its policy to have staff report moderate to serious complaints relating to long-term care to the Quality Improvement and Safety Department.*** (2014

Report – Volume 2; Public Accounts Committee agreement September 17, 2015)

**Status** – No Longer Relevant

In our 2014 audit, Heartland's policy required staff to report concerns that had a moderate to high level of severity. In October 2015, Heartland modified its approach to complaints. Heartland's new approach aims to address complaints at each facility. The Client Concern Handling policy requires staff to report resident or family member complaints to the Quality Improvement and Safety Department if the complaint is not resolved to the client's satisfaction at the facility level.

We found that the Department had no medication-related complaints reported to it in the past three years.

## 3.3 Regular Medication Management Trend and Issues Analysis Required

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***We recommended that Heartland Regional Health Authority establish a process to identify trends, needs, and issues related to medication management in its long-term care facilities.*** (2014 Report – Volume 2; Public

Accounts Committee agreement September 17, 2015)

**Status** – Partially Implemented

Heartland did undertake certain initiatives to track and analyze data to improve medication management in its facilities, but requires a thorough, ongoing assessment process.

For example, Heartland assessed all long-term resident files in 2015 and found:

- 13% of files had signed multi-disciplinary medication reviews
- 29% of files had documented behaviour assessments

- 27% of files had signed family consents

Heartland concluded, while the assessment provided useful information, the time required to collect the data was excessive; it decided not to continue the process.

In fall 2016, Heartland began an audit to assess completion of quarterly medication reviews by facility. As of July 2017, the audit was 70% complete. Its audit results show completion of quarterly medication reviews ranged from 0-100% in various facilities.

We did not find further analysis done on the 2015 assessment or 2016 audit by Heartland to determine ways to improve results.

Each quarter, Heartland reports to facility managers residents on 13 or more medications. Our review of reported data found the number of residents on 13 or more medications is increasing. For example, 96 residents were on 13 or more medications at the beginning of 2016-17 compared to 118 residents at the beginning of 2017-18. We found that Heartland had not analyzed these trends.

In addition, Heartland uses the quarterly minimum data set (MDS) reporting supplied to the Ministry of Health to identify concerns with medication management. When MDS results fall outside of the expected range, improvement plans are developed in the relevant Heartland long-term care facilities. We found management does not review and analyze improvement plans developed by the facilities.

As shown in **Figure 1**, MDS measures are not directly tied to medication management and therefore, may not be the best indicators of medication management issues. For example, resident falls may be caused by over-medication or environment factors, such as a wet floor.

**Figure 1 – Relevant Information in Ministry of Health’s Minimum Data Set**

MDS reporting summarizes residents:

- In physical restraints
- On anti-psychotics without a diagnosis
- Whose pain worsened
- Who fell

Source: *Ministry of Health Annual Report for 2016-17*, p.27.

Having measures and regular assessments directly linked to medication management would help ensure medication regimes used in long-term care facilities for their residents are appropriate.

***We recommended that Heartland Regional Health Authority collect and analyze information to improve medication plans for long-term care residents.*** (2014 Report – Volume 2; Public Accounts Committee agreement September 17, 2015)

**Status** – Not Implemented

Heartland does not repetitively collect and analyze information to improve medication plans.



We noted that facilities we visited had begun establishing a file review process to assess whether resident files showed staff complied with established policies (e.g., confirm written consents obtained).

Heartland could centrally collect and analyze the results of these reviews, once available, to identify where and which facilities require additional training or support.

### 3.4 Medication Prevalence and Errors Tracked

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***We recommended that Heartland Regional Health Authority track for analysis and reporting all information on the prevalence of medication use and medication errors in its long-term care facilities.*** (2014 Report – Volume 2; Public Accounts Committee agreement September 17, 2015)

**Status** – Implemented

Heartland tracks medication errors and the number of individuals on 13 or more medications in long-term care facilities across the region. Heartland expects facility management to address findings in monthly medication incident reports and in quarterly reports listing residents on 13 or more medications by facility.

Each month, Heartland creates medication incident reports, and distributes them to management of facilities. The reports summarize the medication incidents by facility and severity (e.g., level three or four are more serious incidents). It requires facility management to follow up on each medication incident with a written action plan.

At a regional level, management reviews level-three or -four medication incidents to determine whether further investigation is required. If investigation identifies the need for a revised regional approach to address a particular type of incident, it adjusts policies or procedures accordingly.

Similarly, each quarter, Heartland provides results for all residents on 13 or more medications by facility to the facility managers for review. Facility managers can look further into specific residents if needed. In practice, facilities are to consider the appropriateness of residents being on 13 or more medications in the resident's next medication review.

As noted in **Section 3.1**, Heartland expects a multi-disciplinary team to complete medication reviews of each resident each quarter. We found these reviews are not consistently occurring.

### 3.5 Medication Training Taking Place

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***We recommended that Heartland Regional Health Authority implement an educational program for staff who develop and deliver medication plans in its long-term care facilities.*** (2014 Report – Volume 2; Public Accounts Committee agreement September 17, 2015)

**Status** – Implemented

Heartland has clinical nurse educators visit facilities and provide advice, and makes medication resources available online for staff.

At August 2017, regional clinical orientation for long-term care nurses included training on medication reconciliations and intravenous therapy. Nurses requiring additional training with new medications or when a change to current practice occurs have access to online resources. Heartland also has access to licensed pharmacists and clinical nurse educators to support medication-related decisions.

### 3.6 Medication Management Policies Established and Communicated

***We recommended that Heartland Regional Health Authority have comprehensive policies for medication management for its long-term care facilities that are aligned with the Ministry of Health's guidelines for its long-term care facilities.*** (2014 Report – Volume 2; Public Accounts Committee agreement September 17, 2015)

**Status** – Implemented

***We recommended that Heartland Regional Health Authority develop a regional approach for the use of medication in its long-term care facilities.*** (2014 Report – Volume 2; Public Accounts Committee agreement September 17, 2015)

**Status** – Implemented

***We recommended that Heartland Regional Health Authority clearly communicate its approach for medication use to long-term care residents and their families, staff, and healthcare providers.*** (2014 Report – Volume 2; Public Accounts Committee agreement September 17, 2015)

**Status** – Implemented

***We recommended that Heartland Regional Health Authority establish standardized documentation requirements for medication plans of its long-term care residents.*** (2014 Report – Volume 2; Public Accounts Committee agreement September 17, 2015)

**Status** – Implemented

***We recommended that Heartland Regional Health Authority develop a policy for enhanced planning for long-term care residents with complex medication needs, including the use of appropriate assessment tools.*** (2014 Report – Volume 2; Public Accounts Committee agreement September 17, 2015)

**Status** – Implemented



***We recommended that Heartland Regional Health Authority require that all appropriate approvals and informed consent are received by long-term care residents or designated decision makers for residents' medication plans.*** (2014 Report – Volume 2; Public Accounts Committee agreement September 17, 2015)

**Status** – Implemented

Heartland aligned its policies with Ministry guidelines, established a regional approach to medication management, and communicated its established policies to residents, their families and staff.

With revisions to its medication administration policy in October 2015, Heartland formalized a regional approach for the use of medications in its long-term care facilities. The policy outlines medication procedures for both client admission and ongoing medication administration, supported by standard forms.

Heartland made residents and families aware of their new policy and required approach through annual letters and publication in the client and family handbook. Staff were made aware of the policies through emails and Heartland's internal website.

Policies are now aligned with the Ministry of Health's program guidelines. For example, policies require quarterly multi-disciplinary medication reviews, and require written consent by residents or designated decision makers for medication at admission and when a medication change occurs.

Heartland also provided resources (e.g., the Beers list)<sup>2</sup> to staff. The use of the multi-disciplinary approach and available resources supports enhanced planning for residents with complex medication needs (e.g., at risk of having adverse reactions, on psychotropic medications).<sup>3</sup>

### 3.7 Transfer Information Obtained

***We recommended that Heartland Regional Health Authority consistently collect and document transfer information for residents transferred to its long-term care facilities.*** (2014 Report – Volume 2; Public Accounts Committee agreement September 17, 2015)

**Status** – Implemented

By August 2017, Heartland had a policy in place to obtain and provide medication information when residents transfer in and out of long-term care. All files we examined showed that staff are following the policy by obtaining medication information when residents transfer into Heartland long-term care facilities.

<sup>2</sup> AGS Beers Criteria for Potentially Inappropriate Medication Use in Older Adults 2012.

<sup>3</sup> Any drug capable of affecting the mind, emotions, and behaviour.

[www.medicinenet.com/script/main/art.asp?articlekey=30807](http://www.medicinenet.com/script/main/art.asp?articlekey=30807) (26 September 2017).