

## Chapter 27

# Saskatchewan Health Authority—Medication Management in Long-Term Care Facilities in Kindersley and Surrounding Area

### 1.0 MAIN POINTS

The Saskatchewan Health Authority is responsible for establishing and enforcing policies and procedures so long-term care residents get the right medication, at the right dosage, when required.

By December 2019, the Authority improved several processes for managing medication plans for long-term care residents in facilities located in Kindersley and surrounding area. It fully implemented five of seven recommendations we first made in 2014.

The Authority improved documentation in resident files by including quarterly medication reviews, prescription changes, and nurses' notes. This documentation decreases the risk of patients receiving incorrect medications, dosages, or frequency.

The Authority also established processes to identify trends and issues related to medication management. It summarizes medication incident reports centrally for facility managers to identify trends in medication incidents and create targeted training to correct the incidents. In addition, the Authority has initiated a process to assess the appropriateness of antipsychotic prescriptions given to residents.

The Authority still needs to document informed consent from long-term care residents or their designated decision-makers for the use of medication as a restraint or when changes to high-risk medications are made. Decision makers or residents should be aware if medication is used as a restraint or is changed, as medication can significantly impact a resident's quality of life.

### 2.0 INTRODUCTION

As of December 31, 2019, the Saskatchewan Health Authority had 477 long-term care beds in 14 long-term care facilities in Kindersley and surrounding area.

We assessed the Authority's processes related to medication management in long-term care facilities located in Kindersley and surrounding area in 2014. Our *2014 Report – Volume 2*, Chapter 35 concluded that the Authority did not have effective processes to manage medication plans for residents in those long-term care facilities.<sup>1</sup> We made 17 recommendations. By August 31, 2017, the Authority implemented nine of these 17 recommendations. In addition, we determined one recommendation was no longer relevant.<sup>2</sup>

<sup>1</sup> The original report regarding these recommendations can be found at [auditor.sk.ca/publications/public-reports](http://auditor.sk.ca/publications/public-reports). We reported the original audit work in *2014 Report – Volume 2*, Chapter 35.

<sup>2</sup> Our follow-up audit report can be found at [auditor.sk.ca/public-reports](http://auditor.sk.ca/public-reports). We reported the audit work in *2017 Report – Volume 2*, Chapter 37.



This chapter includes our second follow-up audit on the seven outstanding recommendations.

To conduct this audit engagement, we followed the standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (CSAE 3001). To evaluate the Authority's progress towards meeting the seven outstanding recommendations, we used the relevant criteria from the original audit. The Authority's management agreed with the criteria in the original audit.

To complete the audit, we visited three long-term care facilities in Kindersley—surrounding area, tested a sample of resident files, and reviewed both established policies and reports about managing medications. We also discussed processes and results with management.

## 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 December 31, 2019, and the Saskatchewan Health Authority's actions up to that date.

### 3.1 Medication Management Policies Followed

***We recommended the Saskatchewan 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, p. 245, Recommendation 6; Public Accounts Committee agreement September 17, 2015)

**Status—Implemented**

***We recommended the Saskatchewan Health Authority follow its established policies and procedures for medication changes for its long-term care residents.*** (2014 Report – Volume 2, p. 250, Recommendation 11; Public Accounts Committee agreement September 17, 2015)

**Status—Implemented**

***We recommended the Saskatchewan 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, p. 248, Recommendation 10; Public Accounts Committee agreement September 17, 2015)

**Status—Implemented**

The Saskatchewan Health Authority utilized a multi-disciplinary team approach to complete quarterly reviews of medications of residents in long-term care facilities located in Kindersley and surrounding area. The Authority also made significant improvements in documenting medication-related activities in resident files since our last follow-up audit in 2017.

The Authority expects resident files to include information on quarterly medication reviews, medication administration records, prescription changes, and notes from the nurses.

Each of the 31 resident files we tested contained quarterly medication reviews signed by the appropriate healthcare personnel. For 90 percent of those files, the Authority appropriately documented medication-related activities in the files.

Quarterly medication reviews involve the pharmacy providing a list of a resident's prescriptions, the resident's physician reviewing the list, and the physician and the nurse signing the medication review and sending it back to the pharmacy.

Medication reviews reduce the risk of potential adverse events such as drug complications and over-medicating.

### 3.2 Written Informed Consent Required

***We recommended the Saskatchewan 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, p. 251, Recommendation 13; Public Accounts Committee agreement September 17, 2015)

**Status**—Not Implemented

***We recommended the Saskatchewan 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, p. 220, Recommendation 12; Public Accounts Committee agreement September 17, 2015)

**Status**—Not Implemented

The Saskatchewan Health Authority did not consistently follow its policy to document informed consent from long-term care residents or their designated decision-makers for the use of medication as a restraint or for changes in high-risk medications.<sup>3</sup>

The Authority's policies in Kindersley and surrounding area require documented informed consent from the resident or their decision-maker when medication is used as a chemical restraint, and when a change of dosage of a high-risk medication occurs.

We found 47 percent of the 17 resident files tested where medication was used as a restraint did not have informed consent on file; while 31 percent of the 13 resident files tested with changes to high-risk medications did not have documentation to support that decisions-makers or residents were informed.

The absence of documented informed consent increases the risk that a resident or their designated decision-maker may not be aware of the effects of the medication and the impact it may have on quality of life for the resident.

<sup>3</sup> High-risk medications are defined as medications that are included on the AGS Beers Criteria, listing medications at higher risk for potential inappropriate use in older adults.



### 3.3 Completing Medication Management Trend and Issues Analysis

***We recommended the Saskatchewan 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, p. 242, Recommendation 2; Public Accounts Committee agreement September 17, 2015)

**Status**—Implemented

***We recommended the Saskatchewan Health Authority collect and analyze information to improve medication plans for long-term care residents.*** (2014 Report – Volume 2, p. 254, Recommendation 17; Public Accounts Committee agreement September 17, 2015)

**Status**—Implemented

The Saskatchewan Health Authority established processes to identify trends and issues related to medication management in long-term care facilities located in Kindersley and surrounding area, and analyze appropriateness of antipsychotic medications to improve medication plans.

Facility managers in Kindersley and surrounding area send medication incident reports to a centralized email for compiling. On a monthly basis, all facility managers receive the compilation for review and identify trends in medication incidents (e.g., errors). The facility managers determine trends and deliver targeted training to staff to reduce medication incidents.

For example, the Authority identified trends in fentanyl patch incidents where extra patches were found on residents. Based on the identified trend, it delivered training to staff. Ten fentanyl patch incidents were reported in 2017-18. After training, two incidents were reported.

The Authority also initiated a manual process in 2018 to track and evaluate the appropriateness of the use of antipsychotics on residents. Facility staff tracked and assessed which residents were on an antipsychotic, why they were on the medication, and any alternative measures to potentially eliminate the medication where there was no diagnosis (e.g., mental health disorder). In 2018-19, the Authority assessed about 70 residents on antipsychotics each quarter.

Furthermore, in 2019, the Authority introduced a new IT system in long-term care facilities. The system tracks resident's medication plans including instances where a resident is taking antipsychotics. The system will require a quarterly assessment when a resident receives an antipsychotic without a diagnosis. Management expects the assessment functionality to be in place by June 30, 2020. In the meantime, long-term care facilities in Kindersley and surrounding area continue to use quarterly medication reviews to assess the appropriateness of medication plans.