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- Health Care Aide Advisory Committee
- Designated Supportive Living Working Group
- Coordinated Access Case Management Working Group
- Home Care Redesign Committee
- Home Care Collaborative Working Group

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- Continuing Care staff and leadership in Zone Operations (AHS)
- Alberta Seniors Citizen’s Housing Association (ASCHA)
- Alberta Continuing Care Association (ACCA)
- Seniors Housing Society of Alberta (SHSA)
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- AHS Contracting, Procurement and Supply Management (CPSM)
- Alberta Health
- Health Quality Council of Alberta (HQCA)
- College and Association of Registered Nurses of Alberta (CARNAb)
- College of Licensed Practical Nurses of Alberta (CLPNA)
- College of Registered Psychiatric Nurses of Alberta (CRPNA)
- Alberta College of Pharmacists (ACP)

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Note: this Manual will be reviewed and updated periodically. If you printed this document from an online source it is considered valid only on the day that it was printed. After this date, please refer back to the online document to ensure you are using the most up to date copy.
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Section 1: Introduction

The Provincial Continuing Care Medication Assistance Program (MAP) assists continuing care clients to maintain their independence and optimal level of functioning by supporting them in managing their day to day medication needs. Through MAP, competent Health Care Aides (HCAs) are assigned medication assistance tasks and activities. MAP is one of a range of available service options that support individuals to remain in their own homes and communities for as long as possible. The goals of MAP are to support safe medication management, reduce stress on client and/or family, and maintain or improve client health.

The MAP assists clients who may have:
- poor vision
- physical challenges
- memory loss / impairment
- other conditions impacting independence with medication management based on assessed unmet needs

MAP is supported by the following principles:
- Clients are treated with respect and dignity.
- Clients are supported to self-manage and be as independent as possible.
- Medication support services are based upon assessed unmet needs.
- The client’s own family and natural supports will be fostered, supported and considered as the first option for meeting medication support needs.
- Safety for both the client and the HCA must be a primary consideration when involving unregulated health care providers in medication assistance activities.

Purpose

The purpose of this document is to clearly define the parameters under which unregulated health care providers can participate in medication assistance activities as an authorized service within home living and supportive living practice settings. This document will guide managers, supervisors, administrators, educators, case managers and health care providers in understanding the evidence-informed best practices and provincially agreed upon recommendations required to meet MAP service expectations.

This manual was developed through provincial consensus providing the roadmap for a more consistent and standardized approach to MAP services across Alberta’s continuing care system while supporting AHS and contracted providers to meet all current legislative and policy requirements (refer to Appendix A). In addition to this document, local policies, processes and/or guidelines may be developed to support setting specific practices.
Person-centred Approach

Continuing care offers a range of services supporting the health and wellbeing of individuals living in a variety of community-based settings. This manual was written for different practice settings and staffing models recognizing the need for variation in services to accommodate specific populations or geographical areas. This flexibility in service delivery requires care partners to work collaboratively in the most efficient way possible to support and promote an effective person-centred approach.

Continuing care recognizes and values the role of family and natural supports in the life of the client. Within this document any reference to the ‘client’ is inclusive of family as defined by the client, and/or their natural support network.

Throughout this manual, the term ‘health care professional’ is used, and is defined as an individual who is a member or a regulated health discipline who practices within their scope and role. The Health Professions Act mandates overlapping scopes of practice to provide greater flexibility in health service provision. Health care professionals are expected to know their scope of practice which allows performance of interventions they are authorized, educated and competent to perform. When the care requirements exceed their own level of competence, are outside of their professional standards of practice, or when there are limitations through employer policy, health care professionals are obligated to consult with or refer to others on the inter-professional team whose expertise will better meet the care needs.\(^1\) Practice settings may need to further clarify roles and relationships based on who is part of the client’s care team.

\(^1\) Pg. 3-4 - AHS Health Professions Strategy & Practice (2012). Overview of the Health Professions Act
Section 2: Glossary of Terms

activity of daily living: means an activity that an individual would normally perform on their own behalf to maintain their health and well-being and includes routine and invasive self-care activities and specifically taught procedures, which generally result in predictable and stable responses. (Province of Alberta, Government Organization Act: Health Services Restricted Activities, 2013, p. 42)

assign: means to transfer responsibility for completion of a task to another health care worker e.g., case manager assigns MAP tasks to an HCA once the client has been assessed. (Alberta Continuing Care Glossary, 2013, p. 4)

care plan: is a written working document which includes the assessed unmet health needs of the client, the agreed upon health outcomes and target dates for achievement, the specific interventions/treatments that shall be provided and who provides them, and review and evaluation dates and information. (Alberta Continuing Care Glossary, 2013, p. 5). The care plan includes a description of the client medication support needs and any other important medication related information (adapted from Alberta Continuing Care Glossary definition for Medication Assistance Plan, 2013, p. 15)

care team: includes all the individuals who are providing care to a client, as well as the client and/or their family. The members of the care team are determined by the client’s assessed needs and the services outlined in their care plan. The care team works together to plan, coordinate and deliver quality care. (Alberta Continuing Care Glossary, 2013, p. 5)

case management: is a collaborative, person-centred strategy for the provision of quality health and supportive services through the effective and efficient use of available resources in order to support the client’s achievement of goals. (Alberta Health Services, Continuing Care Case Management Framework & Guidelines, 2011, p. 4)

case manager (CM): is an AHS health professional (RN/RPN, SW, PT, or OT) that is accountable for case management services for an assigned caseload of home living and/or supportive living clients. This individual has the primary responsibility to assess client needs, determine service needs, negotiate service options, make service recommendations and referrals, monitor service delivery, manage reassessment and waitlist and discharge processes, and coordinate care transitions across care settings. (Alberta Health Services, Provincial Seniors Health, 2013)

client(s): are individual(s) receiving publicly-funded continuing care health services through community and home care programs or in long-term care facilities, and where applicable, the clients’ legal representatives. (Alberta Continuing Care Glossary, 2013, p. 7)
**collaboration:** is working to use the skills and knowledge of all team members to improve patient care. The whole is greater than the sum of its parts – working together we can provide better care. (AHS Health Professions Strategy and Practice, Collaborative Practice, 2014)

**competent/competence:** is the ability to demonstrate the requisite knowledge, skills, judgement and attitudes to perform a specific function. (CARN, CLPNA & CRPNA, Decision Making Standards for Nurses in the Supervision of Health Care Aides, 2010, p. 11)

**competency/competencies:** are the specific list of knowledge, skills and attributes required by workers to effectively and successfully fulfill the requirements of a specific job description. (adapted from Alberta Health & Wellness, Health Care Aides Competency Profile, 2001, p. 3)

**continuing care:** is an integrated range of services supporting the health and wellbeing of individuals living in their own home or in a supportive living or long-term care [facility living] setting. (AHS Coordinated Access Policy, 2010, p. 1)

**controlled dosage system:** is a pharmacy packaging method in which solid oral medications (tablets or capsules) are placed in sealed blisters or bubbles, pouches or containers. (Government of Alberta, Health Care Aide Government of Alberta Provincial Curriculum, Course 6 – Module 1: Assisting with Medication Delivery. 2013, p. 1-3)

**health care aide (HCA):** is an unregulated direct care provider working in diverse care settings spanning the continuum of care. As a member of the nursing team or interdisciplinary team in community settings, the HCA supports the overall provision of care as assigned, assisting the patients with activities of daily living, comfort and safety. The range of care provided is determined by the patient population, care settings, knowledge and skill of the individual HCA, legislation and AHS policy. (Alberta Continuing Care Glossary, 2013, p. 11)

**health care professional:** is an individual who is a member of a regulated health discipline, as defined by the Health Disciplines Act or the Health Professions Act, who practices within scope and role. (Alberta Health Services Clinical Policy, 2014)

**medication administration:** is the activity of supplying to a client a dose of a medication for the purpose of immediate ingestion, application, inhalation, insertion, instillation, or injection. The administration of medications is more than just a psychomotor task of giving a medication to a client. It is a cognitive and interactive aspect of care and involves assessing the client, making clinical decisions, and planning care based on this assessment. Medication administration requires the knowledge and skills of a competent health care professional. (adapted from Health Quality Council of Alberta, Medication Management Checklist for Supportive Living, 2012, p. 27)

**medication assistance:** is a service provided to clients to facilitate the client’s ability to self-manage their medication, and to ensure medication is taken as intended by the prescriber.
when the client is assessed as being unable to independently self-manage his or her own medication safely. This may include opening packages of medication and providing medications to the client for ingestion, application, inhalation, insertion, instillation or injection.

- Medication assistance is carried out by a competent health care professional. It may be assigned to an unregulated health care provider when a health care professional assesses that assignment of this task is safe for an individual client and documents in the client record the assessment, tasks to be assigned, and plan for reassessment such as when the client’s condition changes.
- The client recognizes the need to take medication and consents to the assistance provided. Clients unable to take their own medication because of cognitive changes may have medication assistance assigned to an unregulated health care provider when a health care professional has assessed that it is safe to do so and when the client does not refuse to take the medications.
- Health care providers record that medication assistance has been provided and any other information about the client as directed in the care plan by the health care professional. Any concerns related to the client’s medication therapy are referred to a health care professional.

(adapted from Health Quality Council of Alberta, Medication Management Checklist for Supportive Living, 2012, p. 28)

**medication administration record (MAR):** is a list of the specific medications based on current prescriber orders that serves as a legal record of the drugs administered to a client by a health care professional. The MAR is a part of a patient’s permanent record on their health record. The health care professional documents on the electronic or paper record immediately after the drug or device is administered.

**medication documentation record:** is the document in which medication assistance provided to a client is recorded. The medication documentation record that HCAs use to record medication assistance activities may not include any medication-specific information if the HCA is signing that assistance was provided at medication times (not signing that specific medications were given). (adapted from Alberta Continuing Care Glossary definition for Medication Assistance/Administration Record (MA/AR), 2013, p. 15)

**medication review:** is when medications are assessed for appropriateness, effectiveness, interactions, and adverse reactions by the healthcare team and the client representative through a structured review process for the purpose of optimizing the impact of medications and minimizing the number of medication related problems. This process is coordinated by a health care professional (often pharmacist or registered nurse in conjunction with a client or clients representative, other healthcare providers including healthcare aides), and the client’s primary care physician. (adapted from Health Quality Council of Alberta, Medication Management Checklist for Supportive Living, 2012, p. 29)
medication reconciliation: is a structured process by which healthcare providers ensure complete and accurate medication information is communicated across transitions of care, ensuring that medications being added, changed or discontinued are carefully assessed and documented. Medication reconciliation in community-based settings focuses on determining the client’s medication regimen and making sure that the client has a complete and accurate list of all their medications that they are then able to share with other healthcare providers. (AHS, Medication Reconciliation for Home Care/Designated Supportive Living, 2014, p. 1)

medication support: is a spectrum of services provided to the client to ensure medications are taken by the client as intended by the prescriber. Medication support can range from none in a client who is totally independent in self-administration, to offering medication reminders, to assistance with taking some or all medications, or to administration of medications. (Alberta Continuing Care Glossary, 2013, p. 16)

natural supports: are the personal associations and relationships typically developed in the community that enhance the quality and security of life for people, including, but not limited to, family relationships; friendships reflecting the diversity of the neighbourhood and the community; association with fellow students or employees; and associations developed through participation in clubs, organizations, and other civic activities. (adapted from the California Department of Developmental Services, How to Develop Natural Supports)

non-time-critical scheduled medications: are those where early or delayed administration within a specified range of either 1 or 2 hours should not cause harm or result in substantial sub-optimal therapy or pharmacological effect. (ISMP Acute Care Guidelines for Timely Administration of Scheduled Medications)

nurse / regulated nurse: refers to a Registered Nurse (RN), Licensed Practical Nurse (LPN), or Registered Psychiatric Nurse (RPN) in Alberta. “Nurse” is protected under the Health Professions Act and may only be used by a regulated member of CARNA, CLPNA, or CRPNA (Alberta Continuing Care Glossary, 2013, p. 16)

over the counter (OTC) medication: refers to medications that can be obtained without a prescription (Schedule 2, 3 and Unscheduled drugs) from a pharmacy or a retail outlet (CARNA, Medication Guidelines, 2014, p. 17)

person / family-centred care: means working with people and families, rather than doing to or for them. This means that people are treated with respect and dignity and individuals and families build on their strengths through participation in experiences that enhance control and independence (Alberta Continuing Care Glossary, 2013, p. 17)

predictable: is the extent to which one can identify in advance a client’s response on the basis of observation, experience, or scientific reason. It involves assessment of how effectively the
health condition is managed, the changes likely to occur, and whether the type or timing of changes can be anticipated. (based on definition of “predictability” from CARNA, CLPNA & CRPNA, Decision Making Standards for Nurses in the Supervision of Health Care Aides, 2010, p. 11)

**regulated nurse:** see definition for “nurse”

**prescriber:** is a healthcare professional authorized by legislation in Alberta to perform the restricted activity of prescribing Schedule 1 drugs identified in Schedule 7.1 of the *Government Organization Act* and the *Pharmacy and Drug Act of Alberta*. Some health care professionals (e.g., pharmacists, nurse practitioners, dentists, and optometrists) have restricted prescribing privileges that are specific to each professional. Communication with the physician is an expectation of the restricted privileges of pharmacists and nurse practitioners. (adapted by AHS, Health Professions Strategy & Practice, Prescribing, Dispensing, Compounding and Administering Medication: What’s the Difference and Which Ones Are Restricted Activities? 2013, p. 4)

**service provider:** is a publicly funded AHS, contracted or non-contracted operator or continuing care health services (Home Care, Supportive Living, or Long Term Care) in the province of Alberta.
- Contracted provider is a Continuing Care Operator who has a contract with Alberta Health Services to provide publicly funded health services.
- Non-contracted provider is a Continuing Care Operator who does not have a contract with Alberta Health Services to provide publicly funded health services.
- Operator means a person responsible for the management and operation of a place at or from which publicly-funded health services are provided. (Alberta Continuing Care Glossary, 2013, p. 22)

**stable:** means not changing or fluctuating. (CARNA, CLPNA & CRPNA, Decision Making Standards for Nurses in the Supervision of Health Care Aides, 2010, p. 11)

**time critical scheduled medications:** are those where early or delayed administration of maintenance doses of greater than 30 minutes before or after the scheduled dose may cause harm or result in substantial sub-optimal therapy or pharmacological effect. (ISMP Acute Care Guidelines for Timely Administration of Scheduled Medications)

**unregulated health care providers:** are neither licensed nor registered by a provincial regulatory body and must work under the direct or indirect supervision of a regulated health care professional. (adapted from Alberta Continuing Care Glossary, 2013, p. 25)
Section 3: Medication Support in Continuing Care

Medication support is described as a spectrum of services provided to the client to ensure medications are taken by the client as intended by the prescriber. Different levels of support may be provided by different team members working in collaboration according to scope of practice and role function.

Medication Assistance vs. Medication Administration

While the terms ‘medication assistance’ and ‘medication administration’ are sometimes used interchangeably, it is important to differentiate between these terms in order to appreciate the different level of responsibility and accountability between HCAs and health care professionals when it comes to medication support activities.

Medication assistance is a service provided to clients to ensure medication is taken as intended by the prescriber when the client is assessed by a health care professional as being unable to independently take his or her own medications safely. Medication assistance includes a range of activities from verbal reminders to full hands-on assistance and observation to ensure the medications have been taken as prescribed.

Medication assistance may be assigned to an unregulated health care provider by a health care professional when it is safe and appropriate to do so as part of the client’s routine daily activities. Clients requiring medication assistance recognize the need to take medications and consent to the assistance provided. Clients unable to take their own medications because of cognitive changes may have medication assistance assigned to an unregulated health care provider when a health care professional has assessed it is safe to do so as indicated in the established care plan, and when the client does not refuse to take the medications.

Medication administration is more than just the psychomotor task of giving a medication to a client. It is a cognitive and interactive aspect of care and involves assessing the client, making clinical decisions and planning care based on this assessment as well as monitoring and evaluating the care provided. Medication administration requires the knowledge and skills of a health care professional, and is beyond the role of the HCA. The health care professional is also responsible for communicating with other care team members, including the physician/prescriber and/or the pharmacist.

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Medication Assistance Activities

The MAP program focuses on medication assistance activities assigned to HCAs. A companion document to this manual called the Health Care Aide Role in Medication Assistance was developed for the purpose of supporting continuing care service providers in interpreting the suite of governance documents and practice guidelines that define the full range of medication assistance activities that the HCA is potentially able to participate in. Please refer to this document for details on the contextual circumstances required to support these activities in practice. A brief description of the expectations around basic skills, restricted activities and pro re nata (PRN or 'as needed') medication for the MAP program is provided below.

Basic Skills
Service providers are expected to prepare HCAs to assist with all core medication competencies as identified in the Health Care Aides Competency Profile and the Government of Alberta Provincial Health Care Aide Curriculum. These foundational skills are considered basic to HCA practice and include assistance with the following:

- oral medications (capsules, tablets, liquids or powder medication)
- transdermal patches (skin patches)
- topical medications (lotions, creams, ointment and powder)
- ophthalmic medications (eye drops and ointment)
- otic medication (ear drops)
- inhaled medications (MDIs, powder inhalers and nebulized medications)
- bringing the pre-filled insulin to the client and assisting to prepare the site for the injection - the client must be able to self-inject, and when using an insulin pen must be able to dial the correct dosage - the HCA is able to read back to the client the dose that the client has dialed in

Restricted Activities
Restricted activities include invasive procedures that involve a significant degree of risk to the public, therefore, may only be performed by health care professionals as determined by the Government Organization Act (Schedule 7.1). Under certain circumstances, a restricted activity may qualify as an activity of daily living for an individual client, if appropriate, given the context and specific situation. It is the health care professional’s responsibility to safely assign these activities, and provide the necessary training and supervision to unregulated health care providers. A decision tree has been developed by CARNA, CLPNA and CRPNA (2010) to provide regulated nurses with guidance in following the specific criteria required in order to determine if a restricted activity is an activity of daily living.4

Involving HCAs in providing activities of daily living that are a restricted activities is done on an individual basis in stable situations where the outcomes are predictable, and is used to support

independence, quality of life and aging in place. The case manager and HCA employer must follow current legislative requirements and appropriate practice guidelines and standards when assigning these activities (refer to Appendix A).

CARNA, CLPNA, and CRPNA (2010) have identified that restricted activities for the purpose of fecal evacuation or insertion of vaginal medication are common in certain practice settings. Therefore, once the HCA is competent to perform these tasks, they may provide this assistance to other stable clients within the care setting under supervision without additional client-specific training. Service providers are expected to prepare HCAs to assist with these restricted activities when they are common to the practice setting.

Other examples of restricted activities that have been assigned to HCAs include subcutaneous insulin injection and instilling medications into G or J tubes. Blood glucose monitoring (BGM), while not a restricted activity, is an advanced skill that requires the same diligence in assessment and monitoring of the client by the health care professional, and training and supervision of the HCA.

**PRN Medications**
Assignment of PRN medication assistance must only be done in certain circumstances on an individual basis in stable situations where the outcomes are predictable. Providing PRN medication assistance requires appropriate education, training and supervision of HCAs. Case managers, health care professionals and employers also need to understand their roles and responsibilities in supporting this activity and have the necessary structures in place (e.g., education, policy, appropriate equipment/supplies, documentation protocols, etc.) to ensure quality and safety.

HCAs can only assist a client with a PRN medication if:
- assistance with PRNs by HCAs is identified within employer policy and procedure
- the client has been assessed by a health care professional as capable and responsible for directing their personal use of PRN medications
- the task has been assigned and is described on the careplan
- the medication is packaged separately with appropriate labeling
- the PRN medication is given for the condition for which it was prescribed as indicated on the careplan

When assistance with PRN medications has been identified as a need for the population within a practice setting to support independence, quality of life, and aging in place, care team members are encouraged to work collaboratively to establish this practice. The case manager or designate and the HCA employer must follow current legislative requirements and appropriate practice guidelines and standards when assigning PRN medication assistance.

References found in Health Care Aide Role in Medication Assistance document
Section 4: MAP Team Responsibilities

MAP requires a collaborative team approach crossing geographical, organizational, and program boundaries. Members of the care team will vary, depending upon the care setting and each client’s unique circumstance. Each team member has a role in meeting the client’s assessed unmet needs and is expected to:

- acknowledge and agree to their role
- understand the roles of all other team members
- clearly communicate with other team members
- follow all related, current or relevant policy and procedures

The Continuous Care Health Service Standards requires team members to know their roles and responsibilities and work together to support one another in delivering the best possible care. AHS and contracted service providers may develop more specific roles and responsibilities based on local processes and resources. The following identifies the general expectations of the various members of the care team.

The **Client and/or Family** is expected to:

- Participate with the case manager in the assessment of unmet medication assistance needs and development of the care plan
- Agree to participate in MAP and acknowledge their roles and responsibilities
- Choose a single pharmacy to provide all medications (note: it is recommended that supportive living sites designate a single pharmacy provider to ensure standardization of processes)\(^6\)
- Arrange for payment of any medication-related expenses, including purchasing of equipment/supplies that are required for the safety of health care providers
- Support the care team in following all protocols according to practice setting and policy
- Maintain an accurate up-to-date medication list in collaboration with their community pharmacist, and other healthcare providers as applicable (note: in congregate living settings the medication list may be maintained by the site)
- Support the care team to ensure all medications are securely stored as per pharmacy directions
- Ensure all medication changes are directed to the pharmacy for appropriate processing
- Be responsible, whenever possible, for managing all medications while away from the home/supportive living environment
- Be responsible, whenever possible, for managing PRN medication(s) and/or directing the use of PRN medications when assessed as safe and appropriate
- Participate in regular medication reviews

\(^6\) Pg. 12 – Health Quality Council of Alberta (2012). Medication Management Checklist for Supportive Living
The client’s **Physician/Prescriber** is expected to:

- Prescribe all medications which are then communicated to the client’s pharmacy
- Review and approve the use of over the counter or OTC medication as requested by the care team
- Ensure prescriptions (scheduled and PRN) contain all relevant information, such as indications for use, areas of application, etc.
- Communicate as soon as reasonably possible to any regulated health care professionals whose care of the client may be affected by any prescribing decision.
- Collaborate with the care team in optimizing the client’s medication management support needs through participation in medication reconciliation, regular medication reviews, etc.

The **Pharmacist** is expected to:

- Fill prescriptions and label all medications with drug name, strength, dose, route, frequency, and include any special instructions
- Package all regular oral medications including OTCs, whenever possible, in a controlled dosage system (note: some manufacture-packaged unit dose medications may be left in original packaging as per pharmacist discretion)
- Package short term medications (e.g., antibiotics), medications requiring frequent changes (e.g., warfarin), and PRN medications in a separate controlled dosage system
- Ensure controlled dosage system modifications are appropriately stamped/labeled to allow HCAs to assist from the altered packaging
- Provide the client and/or site with a current pharmacy generated list of all medications including prescription, non-prescription, and natural health products in collaboration with the healthcare team
- Provide an appropriate medication documentation record for designated supportive living sites according to the service agreement
- Accommodate medication changes or other medication requests (e.g., prescription change or, spilled/missing medications) within a timely manner, depending on the medication required (i.e., by the next business day, next scheduled medication delivery or sooner depending on need), and communicate this to appropriate team members
- Provide a sharps container, when appropriate and advise client and/or family of drop-off locations for clients receiving injectable medications
- Provide safety engineered devices when health care workers are assisting with injections
- Develop a process, along with client/family and service provider, to reclaim and/or dispose of expired, discontinued, and wasted medications
- Collaborate with the care team in completing medication reviews, and in optimizing the client’s medication management support needs
- Identify medication related issues and make recommendations to the care team
The **Service Provider/Employer** of HCAs, whether it is AHS or a contracted partner is expected to:

- Orient new HCAs to site/program specific medication assistance processes
- Ensure that a health care professional is available to:
  - verify HCA competence to provide medication assistance as assigned
  - ensure the appropriate level of supervision to HCAs is provided according to professional practice guidelines
  - ensure additional training of assigned restricted activities is provided to HCAs as required. **Note:** when the employer does not have a health care professional on staff they must collaborate with other sites and/or with the home/supportive living program to address this need.
- Instruct the client or family to contact the case manager regarding MAP related questions or if client medication management concerns are noted
- Ensure a communication process is implemented for staff regarding any changes to a client’s medications regimen or status
- Enforce reporting of all medication adverse events according to policy, and ensure adverse events are communicated according to established processes
- Regularly review adverse events to identify contributing systems factors that can be addressed through safety improvement initiatives

The **Case Manager** is a regulated health care professional and is expected to:

- Ensure medication reconciliation is completed for all clients on MAP
- Assess the client’s unmet medication assistance needs while first considering all independent support and self-management options
- Develop a care plan in collaboration with team members, which promotes the client’s independence, quality of life and personal dignity
- Involve the client/family in decision-making regarding MAP and confirm acceptance of their responsibilities as a collaborative team member
- Collaborate with client’s physician or other prescriber and pharmacist to review medication and if possible minimize the number of medication event times per day
- Support the client to obtain services from an appropriate pharmacy and assist the client to have all the necessary equipment and/or supplies available (e.g., properly labeled/packaged medications, assistive and/or safety devices)
- Provide ongoing client assessment and monitoring, update the care plan and follow up with any concerns
- Respond to medication adverse events involving MAP and takes action according to established processes in collaboration with other care team members
- Consult with care team members to explore viable alternative options if medication needs cannot be safely met in current living environment
The **Health Care Aide** is expected to:

- Demonstrate initial and on-going competence in medication assistance activities
- Provide medication assistance referring to the care plan and the medication documentation record for any specific instructions at each medication assistance time
- Communicate regularly with immediate supervisor and/or case manager (or designate) regarding MAP questions or concerns when unsure of procedures or a client’s status, or when not feeling competent to perform a MAP task
- Observe the client and report:
  - any concerns or unusual changes in the client prior to or after assisting with any medication
  - medication adverse events, including errors, near misses, and omissions
  - if the client refuses their medication
- Document each medication assistance task as per employer policy
- Follow employer protocols when a medication requires refilling (e.g., creams, PRNs, etc.)

The **Housing/Accommodation Provider** including all congregate and/or supportive living sites is expected to:

- Collaborate with the client, pharmacist, and case manager to provide an appropriate and safe medication management system
- Ensure safe storage of medication - this may include a place within the client’s living setting or a central location which is accessible to continuing care staff
- Designated supportive living sites should have a clear, transparent process in place to select the pharmacy provider(s) best able to meet the needs of the site and its clients. Sites are encouraged to:
  - obtain services of a single pharmacy to provide MAP medication
  - work with their pharmacy providers to negotiate a service agreement that addresses both dispensing, distribution processes and clinical services

### Collaborative Practice in Action

Community-based care involves a dedicated team of care and service providers working collaboratively with the client and their family, and with each other, in order to achieve client-related goals. It is recognized that various roles may be filled by different health care providers depending upon the service and staffing model within the practice setting. Appendix B provides additional insight around which team member may fulfill various primary roles. The care team may need to further clarify roles and relationships within each practice setting.

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7Pg. 12 – Health Quality Council of Alberta (2012). Medication Management Checklist for Supportive Living
Education, supervision, assignment of tasks and verification of competence are the responsibility of the HCA employer and their regulated nursing staff. In sites where there is no regulated health care professional on staff (e.g., SL3), collaboration and/or contract with other service providers (e.g., other sites within an organization or other organizations) may be required to support this need. AHS program staff may be requested to participate in supporting this team need.

With multiple team members and differing roles depending upon the practice setting, identifying ways to improve communication is everyone’s responsibility. Clear communication of expectations by clients, families and service providers need be addressed prior to initiating MAP services. The case manager takes the lead in identifying and addressing expectations.

Despite our best efforts, it is recognized that lapses in communication may occur. It is important for the first team member who recognizes a lapse in communication to initiate an appropriate resolution to ensure all team members have the required information to carry out their responsibilities. Of particular importance is ensuring all medication changes are communicated to the case manager. Communication processes must be established by the care team to ensure timely and accurate sharing of information.

**Privacy of Client Information**

All health care providers are required to comply with the provisions of the *Freedom of Information and Protection of Privacy Act* and the *Health Information Act* (links provided in Appendix A). Access to a client’s personal and health information is required in the delivery of services and is important for ensuring continuity of care between health care providers. Collection and sharing of information must be limited to that which is necessary and relates directly to the care being provided. The client’s personal/health information is confidential and should only be available for those who are directly involved in providing care and services for that particular client.

The case manager will work with clients, families, housing and contracted service providers and all other health care professionals to ensure processes are in place to address the privacy and security of the client’s personal/health information. HCAs must receive an orientation to the processes used in the setting where they will be performing medication assistance, in order to comply with the requirements.
Section 5: Case Manager Role

Medication assistance is a personal care service available to Albertans based on assessed, unmet need. The AHS case manager follows the Coordinated Access process to coordinate and integrate care. When a client need has been identified it is the case manager’s responsibility to partner with the client to identify their strengths and goals, assess the client’s unmet need in relation to the whole person and their natural support system, promote independence and self-care, negotiate and coordinate care and services, and collaborate with the care team to support achievement of client goals.

Access to MAP Services

For home living clients, MAP services are generally provided in conjunction with other personal care services, however, in circumstances where all other options have been exhausted, and the client is identified to be at risk without this support, it may be authorized as a stand-alone service. It is also a service that is offered in all designated supportive living and many other congregate living settings.

MAP Request or Referral

Existing home and supportive living clients can request an assessment by their case manager. Individuals within the community (or anyone on their behalf) can request an assessment by making a referral to the AHS Home Care Program. Contact information is available on the AHS external web site at http://www.albertahealthservices.ca/4482.asp.

When the case manager is an allied health professional (OT, PT or SW) they are responsible for recognizing when the knowledge, skill and/or ability to assess and assign medication assistance exceeds their scope of practice, and are obligated to consult with other health care professionals with relevant competence to address the identified need. Consultation with a regulated nurse and/or pharmacist may be required for a medication review, assessment for high risk medications, ongoing monitoring of therapeutic response, teaching/counseling, etc.

Assessment

All clients receiving MAP services will have medication reconciliation completed by a health care professional resulting in an accurate list of medications that is to be updated ongoing according to current policy and practice guidelines. The case manager is responsible, in collaboration with the care team, for identifying and updating the client’s health record regarding any known allergies or reactions to medications.

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8 Pg. 4 - AHS Health Professions Strategy & Practice (2012). Overview of the Health Professions Act
The case manager identifies any medication safety risks and assesses the client’s medication unmet needs in order to determine the most appropriate action. The RAI-HC and the AHS Comprehensive Assessments, as well as appropriate secondary assessments, help to identify physical, cognitive, and functional abilities and challenges, as well as strengths, health goals, and preferences of the individual and family. RAI outcome scales and measures, when available, validate and support appropriate clinical judgment. The client is assessed with the family present whenever possible, to help inform a complete history and understand the natural supports available to the client.

Adherence is defined by the World Health Organization (2003) as “the extent to which a person’s behaviour – taking medications, following a diet and/or executing lifestyle changes – corresponds with agreed upon recommendations from a health care provider”. Non-adherence to a medication regimen may be intentional (a conscious decision not to take medication), or non-intentional (inability to take medication for reasons beyond control).² It is important to identify the primary reason why the client is not adhering to their prescribed medication regimen. Reasons are individualized and may include:

**Intentional non-adherence:**
- not understanding the importance of drug treatment in managing disease
- anticipation or experience of side effects
- attitudes and beliefs about the prescribed medications and/or use of assistive devices
- burden of cost related to medication and/or assistive devices

**Un-intentional non-adherence:**
- complexity of medication regimen and/or polypharmacy
- not knowing how to take medication
- inability to access medications (e.g., opening medication bottles)
- inability to self-manage medications (e.g., instill own eye drops)
- impaired vision or hearing
- swallowing difficulties¹⁰ ¹¹ ¹²

**Service Needs Determination**

Supporting independence in medication management is the first option to consider. Potential options to support independence are client-specific and may include:
- discussing with the client/family what their perceived solution is to remaining or becoming independent with medications
- involving family and natural supports in management of medication

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⁹ Nunney, Raymor, Knapp & Close (2011)
¹⁰ Nunney, Raymor, Knapp & Close (2011)
¹¹ Kairuz et al. (2008)
¹² Corlett (1996)
• linking medication self-management to other daily routines as a reminder (e.g., keeping night time dose on bedside table)
• drug diaries, calendars, or medication charts
• switching ‘child resistant’ caps to ordinary bottle tops
• larger/bolder print medication labels or use of magnifiers for easier readability
• consults to community-based supports such as the CNIB
• specialized equipment (e.g., multi-compartment compliance aids or blister packs, devices to support independence with inhalers or eye drops, etc.)
• education on appropriate use of equipment/aids
• education about disease and treatment
• counseling by a pharmacist
• medication review to simplify medication regimen (e.g., amount of medication, number of times medication needs to be taken through the day, etc.)
• technology aids (e.g., electronic reminders, telecare monitoring, etc.)
• explore financial assistance options\textsuperscript{13, 14, 15}

Other options may be appropriate based on individualized assessment. All potential options to support self-management should be explored and trialed when appropriate to do so.

**Negotiation of Individual Service Options / Service Recommendation and Referral**

When independence is not possible and family and natural supports are not available, medication assistance through MAP may be authorized by the case manager according to current service guidelines and vendor contracts. Current HCA curriculum and *HCA Competency Profile*, legislation, and professional guidelines and standards (refer to Appendix A for complete listing) provide guidance in determining appropriate assignments of care to HCAs. It is expected that HCAs will be trained, supervised and competence verified by a health care professional employed by the service provider. For employers where there are no health care professionals on staff (i.e., SL3), collaboration with other service providers and/or with AHS may be required to support a medication assistance program.

\textsuperscript{13} Nunney et al. (2011)
\textsuperscript{14} Kairuz et al. (2008)
\textsuperscript{15} Corlett (1996)
MAP Levels

The following levels will be used by the case manager to identify amount of assistance and support required when authorizing MAP services:

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1</strong> Reminder</td>
<td>Client needs to be verbally reminded to take medications, and is independent otherwise. Client manages own PRN medications. Client does not need to be supervised.</td>
</tr>
<tr>
<td><strong>Level 2</strong> Some/partial assistance</td>
<td>Client is able to self-manage own medications with minimal assistance, Client needs assistance in opening containers, stand-by or hands on assistance, including use of PRN medications. Client does not need to be supervised to take medications.</td>
</tr>
<tr>
<td><strong>Level 3</strong> Full assistance</td>
<td>HCA takes medications out of container and assists client to take medications including PRN medications as appropriate. Client is supervised to ensure medications are taken.</td>
</tr>
</tbody>
</table>

Different MAP levels may be required for different medications depending upon the client’s assessed level of independence. For clients with multiple levels, the highest level may be indicated on the service authorization, with any specific instructions provided in the care plan. The goal of all care providers is to promote independence as much as possible. Reassessment of levels of support required is conducted by the case manager to ensure independence is being supported, and to identify any changes in care needs.

Plan of Care

The case manager authorizes MAP services according to current service guidelines and protocols. The case manager takes primary responsibility for developing the care plan with client/family and team input promoting the client’s independence, quality of life and personal dignity based on assessed unmet needs. The care plan must identify levels of medication assistance required and any individualized instructions around assisting, observing or reporting (e.g., in relation to high alert or time critical medications). Any known allergies/adverse reactions must be identified and this information made available for health care providers at the point of care.

The case manager notifies appropriate team members of the client’s participation in MAP (e.g., physician/prescriber, pharmacist, etc.).

Service Delivery Monitoring and Reassessment

The case manager in collaboration with the care team provides ongoing evaluation of the client’s need for MAP including when a significant change occurs, or when new medications or treatments are ordered by the client’s prescriber. Any changes made to the care plan are clearly communicated to appropriate members of the team.
When authorizing PRN medications, they should be reassessed by a health care professional on a regular basis and reduced to the most appropriate amount required to achieve anticipated outcomes. In addition, ongoing monitoring should be conducted to determine appropriateness of adding it as a regular medication to the controlled dosage system, or discontinuing.

Monitoring and reassessment of the client in relation to their medication regimen is a collaborative decision between the case manager and the client. Frequency of scheduled visits will depend upon the client’s medical condition, health status and environmental context. Between scheduled visits the case manager must be responsive to changes in the client’s condition, or to identified concerns by care team members.

Should the client no longer require medication assistance due to a change in status, change in living situation, or the client has decided to decline services, the case manager shall:

- assess/assist client to ensure they can meet their medication support needs
- ensure all MAP documentation is appropriately completed and filed/archived
- ensure all unused medications are returned to the client, family and/or the pharmacy
- ensure all the team members are informed when the client is no longer involved in MAP
Section 6: Service Provider/Employer Role

HCA competencies are established by Alberta Health, and further directed by employer policies, procedures, and job description. Employers are responsible for the assignment of work ensuring HCAs are individually competent to perform the work, regardless of their educational background or work experience.\[^{16}\]

**Employer Conditions**

Alberta Health has identified the following conditions necessary for HCAs to assist with medication delivery.\[^{17}\]

1. HCA job description
2. Employer policies and procedures
3. Appropriate HCA education and training
4. Ongoing supervision

**HCA Job Description**

AHS supports all care providers working to their full roles and responsibilities which, for HCAs, includes assistance with basic medication skills, PRN medications, and restricted activities according to current governance documents, standards and practice guidelines. Job descriptions must state that medication assistance is included in the HCA roles and responsibilities. In settings where there are health care professionals and HCAs on site, job descriptions should differentiate responsibilities between team members considering the complexity of care needs, predictability of response, and risks of negative outcomes for the population of clients within that practice setting.

**Employer Policies and Procedures**

Policy and procedure must specifically describe how medication related tasks are to be done safely including the type of medication system used and the types of medications with which HCAs can assist, including use of PRNs. They should indicate approved abbreviations (note: use of abbreviations is strongly discouraged due to high risk of errors) and medical terms, types of forms and documentation, and how supervision will be carried out.

Service providers offering medication support to clients in home or supportive living are required to have policies that incorporate best practices in medication management, meet all legislated requirements in the province of Alberta and uphold the standards and guidelines from Alberta nursing regulatory bodies.

\[^{16}\] AHS Seniors Health (May 2014). Memo to Seniors Health and Contracted Continuing Care Operators: Competency Requirements for Health Care Aides to meet current Continuing Care Health Service Standards.

\[^{17}\] Pg. 11 - Assisting with Medication Delivery (May 2013), 2010 HCA Government of Alberta Provincial Curriculum (July 2013)
HCA Education and Training
Regardless of how initial competence was demonstrated (certified, substantially equivalent, or Competency Assessment Profile (CAP) tool), it is imperative that HCAs receive site/program specific training for medication assistance upon hire.

Training should include orientation to:
- applicable policies and procedures
- knowledge, skills and attitudes required to safely assist with medications
- roles and responsibilities of all team members
- regular and/or specialized equipment
- approach for working with populations with unique needs (e.g., cognitively impaired clients)
- what to do in specific situations (e.g., tablets/capsules dropped on floor, client refuses medication, etc.)
- documentation requirements
- reporting of adverse events

Processes must be in place to verify competence of basic medication assistance skills and any other assigned medication assistance activities prior to working directly with clients. Education and competence validation is required as established by standards or employer policy, and more frequently based on individual need.

When authorizing restricted activities for an individual client, the case manager or designate must provide specific instructions in the care plan and may be required to provide training/demonstration to the site/agency health care professional. The employer is responsible for assigning and training HCAs to provide the care. For employers where there are no health care professionals on staff (i.e., SL3), collaboration with other service providers and/or with AHS may be required in order to ensure appropriate training is provided.

Supervision of HCAs
Supervision of HCAs providing medication support must be provided by a health care professional. Clinical supervision is provided by the employer of HCAs. For employers where there are no health care professionals on staff (i.e., SL3), collaboration with other service providers and/or with AHS may be required in order to ensure appropriate supervision is provided. Prompt and reliable means of communication or contact with a health care professional must be available when HCAs assist with medications.

Supervision by health care professionals has been articulated by the three nursing regulatory bodies in Alberta. It is defined by CARNA, CLPNA and CRPNA (2010) as “consultation and guidance in the practice setting”, and can be accomplished through the following three ways:
• **Direct supervision** - present in the practice setting at point of care.

• **Indirect supervision** - readily available for guidance and consultation in the same physical location where care is being provided, but is not directly at the side of the HCA.

• **Indirect remote supervision** - readily available for guidance and consultation but is not physically located at the point of care, but can be easily contacted through the use of technology such as telephone, pager or other electronic means to provide verbal assistance or guidance as required.\(^\text{18}\)

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\(^\text{18}\)Pg 4-5 - CARNA, CLPNA, CRPNA (2010). Decision-Making Standards for Nurses in the Supervision of Health Care Aides.
Section 7: HCA Role

Medication assistance is a challenging and highly responsible task. Employers have a duty to ensure the HCA is prepared and equipped to fulfill their assigned responsibilities. Case managers must authorize medication support activities appropriately. The HCA also has a duty to work within the boundaries of their own skill set and knowledge and to ask for help when needed.

General Instructions for Medication Assistance by HCAs

The HCA should always:
- perform hand hygiene prior to assisting with any medication
- use clean technique to collect required equipment/supplies
- locate and correctly identify the client using two unique identifiers
- assist only one client at a time
- provide an appropriate level of privacy when assisting with medications
- talk with the client and explain what you are doing before you give medications
- help the individual to be as involved as possible in the process
- follow the seven rights and three safety checks
- provide the level of assistance as indicated on the client’s care plan and follow any specific instructions provided
- clarify with the supervisor or case manager any directions received by family or others that is not in agreement with the instructions in the care plan.
- return all medications back to appropriate storage area
- document immediately following assistance with medications
- observe and report any concerns or unusual changes in the client to immediate supervisor or case manager
- protect the privacy of each client by maintaining confidentiality of the client’s personal and health information

The HCA should never:
- prepare medications for another HCA to give
- pre-pour medication for multiple clients at the same time
- give PRN medication for any reason other than indicated on the care plan
- alter the medication label, packaging or the medication documentation record
- combine the act of medication assistance with other tasks
- force clients to take their medications
- give advice to the client or family on medications and their effects and/or side effects
- remove unused medications from the home/site or return any medications to the pharmacy on behalf of the client
Seven Medication Rights and Three Safety Checks

The seven rights and three safety checks are put into practice to minimize errors that may lead to harm. The three checks are done for every client, every time, and the seven rights are reviewed at each check.

First safety check
This check is done by the health care professional who verifies the completeness and appropriateness of the prescriber’s order. This step should be completed in the pharmacy prior to delivery of the medication to the practice setting. If the HCA has reason to believe the first safety check has not been completed (e.g., the tablets/capsules in the controlled dosage system are not consistent from day to day, or the client indicates that the medications look different than usual), they must contact their supervisor or a health care professional prior to assisting with the medication.

Second safety check
This check is done by the HCA just before preparing the medication while it is still in the package. The HCA verifies the medication label with the care plan and/or medication record and identifies any special instructions such as “shake well”, “give first”, “right eye only”, “do not crush”, etc. The expiry date of the medication is checked. The seven rights are reviewed.

Third safety check
This check is done by the HCA just before medication assistance is provided. The HCA prepares the medication according to instructions, and before assisting the client the seven rights are reviewed again to ensure it is the right medication being given to the right client, in the right amount, by the right route, at the right time.

The seven medication rights for HCAs based on the Government of Alberta HCA curriculum are:

1. **Right client** – the HCA checks the client’s name on the controlled dosage system or medication label to confirm the medications belong to the client. Two client identifiers must be used to verify the correct client.

2. **Right medication** – the HCA verifies the description (e.g., name/color/size/shape) of medications in the controlled dosage system against the label on the packaging and/or care plan. For all other medication (e.g., creams, inhalers, etc.) the HCA verifies the medication name on the label with the medication documentation record or the care plan paying attention to any specific instructions for use.

3. **Right time** – the HCA verifies the medication time and day on the controlled dosage system or medication label paying attention to any specific instructions in the care plan.

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19 Pg. 26 - Assisting with Medication Delivery (May 2013), 2010 HCA Government of Alberta Provincial Curriculum (July 2013)
4. **Right dose** (amount) – the HCA verifies the correct number of tablets/capsules in the controlled dosage system, or the amount of non-controlled dosage system medication to be given, against the medication label and/or care plan.

5. **Right route** – the HCA verifies the correct route of medication delivery and must never use an alternative route.

6. **Right documentation** – the HCA immediately documents completion of the assigned task as per the care plan and employer protocols after assisting the client.

7. **Right of refusal** – the client has the right to refuse medications and live at risk. The HCA respects the client’s right to refuse medications. If the client refuses their medication, the HCA will document the refusal and immediately notify their supervisor and/or the case manager.

The 8th right is the responsibility of the case manager or health care professional who regularly reviews the medication regimen in collaboration with the client and the care team to ensure that medications are being given for the “right reason”.

**Observing and Reporting**

HCAs do not monitor medication results or outcomes. HCAs are to report to their immediate supervisor, case manager or a health care professional if they have observed any concerns or unusual changes in client condition prior to or after assisting with any medication. Reporting includes anything out of the ordinary for the client, including refusal of medications.

When required for an individual client, the HCA may be assigned to observe for specifically identified responses which are clearly indicated in the care plan (e.g., nausea, fatigue, dizziness, change in bowel pattern, etc.) with clear direction on when and how to report these observations.

**Documentation**

The HCA documents on the required records to identify the medication assistance provided to the client. Documentation is guided by employer-based protocols which should include opportunity to sign for completed activities as well as narrative for description of activities, observations, and/or events.

When documenting the HCA is accountable to:

- sign for all medication support activities immediately after assistance with each client - never document information for another staff member
- check to ensure all medications have been given for that day and time - including controlled dosage system and/or non-controlled dosage medications
- use permanent blue or black ink - never write in pencil or use an eraser
• appropriately manage charting errors according to employer policy - never use white out or felt markers to delete entries

PRN medication assistance must be provided according to specific directions in the careplan and the medication documentation record. When assisting with PRN medications, the HCA documents the reason, the amount (e.g., number of tablets/capsules or doses) and exact time medication was provided to the client. Documentation of client outcomes is not the responsibility of the HCA unless specifically directed in the careplan to identify and record a specific observation.

When assisting with transdermal patches and insulin, the HCA documents the site of application/injection according to instructions in the care plan. In addition it is recommended that care providers sign for the removal of patches or follow a specific protocol to decrease the risk of applying a new patch without first removing the old patch. Care providers should never write directly onto a transdermal patch with ink or felt, or completely cover the patch with an occlusive substance (e.g., hydrocolloid or other occlusive product). The date, time, and/or specific instructions can be written on a piece of tape and applied over a small portion of the patch.

Responding to Medication Issues

Expired Medications
Expired medications have the potential to cause unintended consequences for a client. All care team members need to be alert to the expiry date of any medications they are assisting with. If the HCA notices a medication is expired:
• do not assist the client with this medication, and inform the client
• decline to assist, even if client insists on accepting the medication
• dispose of the medication according to the established process (e.g., ‘discard drug box’, set aside for family to return to pharmacy, etc.)
• notify immediate supervisor, case manager or health care professional, or advise the client and/or family to contact the pharmacy, case manager or a health care professional
• document observations and response to the situation

Refused Medications
Clients have the right to refuse medications. If the client refuses a medication the HCA shall:
• dispose of the medication according to the established process (e.g., ‘discard drug box’, set aside for family to return to pharmacy, etc.)
• notify immediate supervisor, case manager or health care professional of the refusal
• document observations and response to the situation - documentation must indicate that the medications were offered and declined by the client, the manner in which the medications were disposed of, and the actions taken by the HCA (e.g., supervisor or case manager was notified).
Spilled/Dropped Medications
If medications are spilled or dropped on the floor they are contaminated and cannot be ingested by the client. If medications are spilled or dropped the HCA shall:

- ensure all medications are located and verified by count, shape or colour of the medications against the description in the care plan or from the label on the controlled dosage system
- dispose of the medication according to the established process (e.g., 'discard drug box', set aside for family to return to Pharmacy, etc.)
- report the contamination to the immediate supervisor, case manager or health care professional to ensure medications are replaced
- follow instructions from the immediate supervisor, case manager or health care professional regarding the client’s medications

Client Vomits after Medication
If a client vomits after ingesting medications the HCA tends to the client’s immediate care needs and is then responsible to:

- use routine infection prevention control practices when cleaning up vomit (e.g., wear gloves and other personal protective equipment as required)
- check the care plan for any special instructions
- notify immediate supervisor, case manager or health care professional of incident and follow instructions provided
- document observations and response to the situation

Discontinued or Undocumented Medication
If the HCA observes a medication present which is not on the medication documentation record, the immediate supervisor, case manager or health care professional should be contacted for further instructions. The HCA will not assist the client with this medication.

Emergency Situations
The HCA shall follow established processes regarding emergency situations when the client has a suspected severe allergic reaction or severe adverse reaction. Processes should include:

- calling for assistance from another person or care provider if available
- calling 911 if the client is in immediate danger (e.g., unable to breathe, severe bleeding or pain, change or loss of consciousness)
- assisting the client into a comfortable position
- remaining with the client to provide comfort care and reassurance
- enabling access to EMS (e.g., open the door to the home)
- providing any requested information to EMS responders

Once the client is under the direct care of a health care professional, the HCA should report the situation to their immediate supervisor or case manager. The HCA is also responsible to document their observations and response to the situation.
Section 8: Medication Management System

Medication management systems will vary according to the practice setting. The following provides general guidelines and recommendations around packaging, dispensing and delivery, storage, disposal, and additional safety considerations.

Packaging

**Controlled Dosage Systems Medications**

Controlled dosage systems allow for daily oral medications to be delivered at routine scheduled times in the safest way possible. Common systems include dosettes and blister packs designed with compartments representing the seven days of the week, with four time slots for each day coinciding with meals and bedtime. Strip packaging consists of multi-dose pouches containing the oral medication for a time period in a tear-off package(s).

It is highly recommended that all oral medication be pharmacy or manufacturer packaged and labelled in a tamper-evident controlled dosage system. Medication changes made prior to the regular start day for a new package should be made by the pharmacy whenever possible. A delayed start policy/guideline is recommended and the prescriber should be consulted in every decision to delay the initial dose of a new medication or dosage change.

PRN medication must be packaged separately from regular medications with specific usage instructions provided.

Use of an alternative system for delivery of oral medications may occur in certain practice settings and/or with specific client populations in order to support independence and quality of life when it has been assessed as safe and appropriate to do so. Complexity in the medication regimen, the client, and the environment are key factors in determining level of risk and potential for harm. Where alternative systems are used, appropriate risk mitigation strategies and rationale must be documented.

**Non-Controlled Dosage System Medications**

Medications which are not appropriate for a controlled dosage system include items such as creams, patches, inhalers, suppository, liquids, eye/ear drops, etc. The non-controlled dosage medications must be stored as per pharmacy directions (e.g., in the refrigerator or away from light). When possible, all the client’s medications should be stored together. Any specific instructions that are not included on the medication label must be articulated in the care plan.

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20 Pg. 15 – Health Quality Council of Alberta (2012). Medication Management Checklist for Supportive Living
• powdered medication should be provided in pre-measured doses such as a packet, and individually labeled - where this is not possible, clear directions must be provided (e.g., measure 10 mL of powdered oral medication into medication cup and mix with water)

• liquid medication should be measured and prepared in an oral syringe or other appropriate packaging, and individually labeled - where this is not possible, clear directions must be provided (e.g., pour 20 mL of liquid oral medication into medication cup). Note: high risk medications such as narcotics must be prepared in single dose packaging by a pharmacy

• vaginal cream to be administered via applicator should be measured and pre-filled in single dose applicators - where this is not possible, clear directions must be provided (e.g., a sample with a dose marked on the applicator which can be used as a guide by the HCA to prepare the medication)

Medication Labeling
All prescribed medications must be labeled as per the Alberta College of Pharmacists’ Standards of Practice. It is recommended that all OTCs taken regularly are packaged with other regular medication in the controlled dosage system whenever possible and included on the medication label.

Any changes made to the controlled dosage system based upon new orders by the prescriber (e.g., discontinuation or decrease in dose, etc.) must be reflected on the medication label. It is recommended that these changes are made by the pharmacy; however, they may be made by a health care professional in consultation with the pharmacy in the event pharmacy is not readily available to accommodate these changes.

Medication that does not have a pharmacy generated label must be maintained in the original packaging and must be easily identified and matched to the medication documentation record with clear instruction for use provided in the care plan.

Dispensing and Reordering

In home living environments, delivery of medications dispensed by a pharmacy must be negotiated between the pharmacy and the client. Non-controlled dosage system medications (oral liquids, eye drops, inhalers, patches, creams, etc.) must be re-ordered by the client/family. The HCA shall inform the client/family if medication refills are required to ensure continuity of medication therapy. The client/family are responsible for ordering medication refills unless other specific processes have been identified by the case manager and communicated to appropriate team members.

In supportive living environments, regularly scheduled oral medication shall be supplied as per site and pharmacy service provider agreement(s). Designated supportive living sites may have processes in place which allow HCAs to directly notify the pharmacy regarding status of
medication quantities. This will only be performed if the HCA is expected to do so, and orientation to this process is provided.

In congregate settings where there is a regulated nurse on site and medication delivery is coordinated by the site, medication checks of batches of medication may be instituted by the site. This is an additional safety measure due to the increased risk based on receipt of large batches of medications for multiple clients, and/or increased complexity in medication regimens. When the client is receiving their medication directly from their pharmacy, there may be no health care professional conducting additional medication checks. Any suspected discrepancies identified by the client, the HCA or any other team member needs to be communicated immediately to the appropriate team member.

**Storage and Security**

The case manager shall work with the client and/or service provider to determine a safe and appropriate location for medication storage. The pharmacy will provide storage instructions for specific medication (e.g., keep refrigerated, keep away from light). Medications should be secured to prevent unauthorized access by others, while providing appropriate access for those providing medication assistance.

Medication storage location in the home is determined by the client and family. When indicated, some clients require secure medication storage if there is a potential for inappropriate access by others in the home (e.g., vulnerable persons or pets). The case manager will work with the client and/or family to ensure medication storage recommendations are reasonable and designed for safety.

Medication storage location in supportive living may be in the client’s room or a central location within the site. In congregate settings additional security measures may be required, such as locked drawers when medications are stored in the client’s room, or a lockable medication cart kept in a locked medication room. The required medication records and any equipment that is client specific (e.g., space chamber for metred dose inhaler) should be kept with the client’s medication.

**Medication Delivery**

**Medication Assistance Times**

It is recognized by the Institute for Safe Medication Practices (ISMP) Canada that very few scheduled medications are truly time critical. It is acknowledged that non-time-critical medications scheduled on a once daily, weekly or monthly basis may be given up to 2 hours before or after the scheduled time. For those medications scheduled more than once daily but
not more than every 4 hours the recommendation from ISMP is to take within 1 hour before or after the designated time.\textsuperscript{21}

Time critical medications must be given within 30 minutes before or after the scheduled time and may need to be coordinated with ingestion of a meal or personal care activities. They must be clearly identified on the care plan and the medication documentation record (examples of time critical medications may include diabetic medication, scheduled narcotics for pain control, medication for Parkinson’s, etc.).

**Documentation Forms and Protocols**

A medication administration record (MAR) typically includes each individual medication and dose listed separately. When health care professionals administer daily medications, they are accountable for verifying that each medication administered matches the medication on the MAR, with space to sign each time it is provided to the client.

When HCAs assist with daily medications, they are accountable to complete safety checks which include ensuring the correct number of tablets/capsules. Based on the particular medication record available, they may also have opportunity to verify the appropriate name/size/shape/colour of each tablet/capsule. HCAs are accountable for signing that assistance was provided according to directions in the care plan. It is recommended that there be a medication documentation record that identifies medications given from multi-dose packages as a single signature, and a signature for each individually packaged medication (e.g., inhalers, topical meds, eye/ear/nasal preps, etc.).

Medication documentation recommendations include the following:

- all medication times be written using the 24 hour clock (e.g., 8 pm as 2000)
- initials may be used to sign when full name, signature and initials are recorded on an employer maintained master signature record
- a system in place for identifying medications ordered but not taken, the specific reason, and follow-up activities (e.g., client refused, etc.)
- signing for both removal of old transdermal patch and application of new patch - alternatively, an established protocol or mechanism must be in place to ensure the old patch is removed and appropriately disposed of
- tracking site of application for medications that require rotating sites (e.g., transdermal patch, insulin, etc.)
- completed medication records shall be filed with the client’s health record for a specified period of time in accordance with employer policy, and made available to the case manager to support care planning and medication reviews

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\textsuperscript{21} ISMP Acute Care Guidelines for Timely Administration of Scheduled Medications (2011)  
In addition to documentation forms, it is recommended to have a current list of all medications the client is taking (including prescription, non-prescription and natural health products) on site and available to all care team members.

**Client Outings**

Formal processes for medication assistance must be established in congregate living settings to support clients who will be away from the site during scheduled medication times. Recreation staff and/or other unregulated workers are able to support medication assistance activities based on the same four conditions for HCAs – it must be in their job description, there must be employer policy/procedure in place, they must receive appropriate training to do the task, and an appropriate level of supervision must be provided.

Prior to assigning medication assistance to other unregulated workers, a health care professional will:

- determine if the medication can be given earlier or later than the indicated time to avoid the need for medication to be sent with the client – this may require consultation with a pharmacist or prescriber
- determine if the client and/or family are capable and willing to assume responsibility for the medication avoiding the need to assign this task to another health care provider who does not routinely provide medication assistance

When it is necessary to assign medication assistance to other unregulated workers:

- a health care professional will ensure the medication is packaged and labelled appropriately with client name, medication name and strength, time, and any special instructions
- communication, documentation, and role expectations shall be followed as per organizational protocols

**Disposal or Return**

Sites and/or programs must establish processes for appropriate medication disposal or return to pharmacy. Any item with client information must be de-identified before disposal in general waste disposal systems.

In the home living setting, clients should be counseled by the pharmacist and/or case manager regarding how to safely dispose of medication. Disposing of medicines in the trash or flushing them down the toilet is identified as an unsafe practice that can harm the environment. Many pharmacists in Alberta participate in a drug disposal program and will accept expired and contaminated medications from their customers. Clients and their family are responsible to return unused, expired and/or discontinued medications back to the dispensing pharmacy.

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In supportive living settings, a medication disposal system such as a ‘discard drug box’ is a safe method of discarding refused, contaminated or expired medications. The pharmacy, in collaboration with the case manager and service provider/housing manager can determine the type of disposal receptacle that is suitable for the environment and prevents unauthorized access and risk of injury to others (e.g., vulnerable persons or pets). The container should be maintained in a secure location and a process established to ensure the container is removed and replaced when it is full.

**Enhancing Safety**

Additional safety factors may need to be considered when care providers are involved in assistance with narcotics, controlled drugs, or other hazardous medications that have the potential to pose a significant risk to the client and/or the care provider. The case manager in collaboration with the care team identifies and documents any risk based on the client, the care provider, or the environment and implements risk mitigation strategies which may vary depending upon the practice setting and type of risk identified.

Specific interventions may be implemented for enhancing safety as determined by the care team based on individual client and/or site needs. Examples that may be considered include:

- considering the need for locked storage
- ensuring all high risk medications are in pharmacy or manufacturer prepared tamper-evident medication delivery system whenever possible
- use of safety engineered devices
- appropriate use of personal protective equipment
- specific education/instruction provided to the client/family and care providers
- use of specific documentation tools for tracking
  - patch application and removal, injection sites, etc.
  - tablets/capsules or doses of a particular medication remaining after each med pass or PRN dose
- frequent monitoring of client response to treatment by a health care professional
- frequent reassessment by the case manager to ensure effectiveness and safety of the established plan of care
Section 9: Medication Related Adverse Events

An adverse event is an event that can or does result in unintended injury or complications arising from healthcare management, with outcomes that may range from death or disability to dissatisfaction, or require a change in care, such as prolonged hospitalization. While not all adverse events result in injury or harm, it is important to acknowledge when they occur, and take steps to ensure client safety, and to learn from the event to prevent future events from occurring.

Adverse Events

A medication related adverse event, also called a medication incident, is described as “any preventable event which may cause or lead to inappropriate medication use or client harm while the medication is in the control of the health care professional, HCA, or client. Adverse events may be related to practice, products, procedures, and systems. This may include prescribing, order communication, product labelling/packaging/naming, compounding, dispensing, distribution, administration, education, monitoring, and use”.

The following are examples of medication related adverse events:

- the medication dose was missed by staff (as opposed to client refusal or unavailability)
- the client received medication assistance after the medication was expired, discontinued, or past the stop order
- medication assistance was provided either too early or late (e.g., greater than 1 hour before or after designated time or outside the instructions in the care plan)
- the medication was given twice within the same time frame
- medication was given via a route or applied to a site other than indicated
- the dosage or amount of the medication assisted with was different than what was ordered
- medicated patch was not removed at the prescribed time
- the client received a medication that was not ordered for that client

Close Calls & Hazards

A close call or ‘near miss’ is described as an event which could have resulted in unwanted consequences for the client but did not because it did not reach the client either by chance or through timely intervention. A hazard is defined as “something that if left unchanged could harm or contribute to harm”.

23 Alberta Health Services (2012). Reporting of Clinical Adverse Events, Close Calls and Hazards policy
25 Alberta Health Services (2012). Reporting of Clinical Adverse Events, Close Calls and Hazards policy
Examples of close calls and hazards include:

- medication removed from the wrong date on the compliance dose system, but the mistake was realized before it was given to the client
- client has two or more controlled dose systems which are not clearly labeled
- amount of medication in the controlled dose system does not correspond to the label or medication assistance record

**Reporting**

The ‘Just Culture Philosophy’ supports an environment where everyone feels safe, encouraged, and enabled to discuss quality and safety issues where reporting and learning are key elements. This means that reporting is conducted within a psychologically safe environment where there is demonstrated respect and support for the individual, and the potential for human and systems fallibility is acknowledged. Everyone can trust that those within the organization will demonstrate, through their behaviours and decisions, a fair and consistent approach to responding to issues raised.²⁶

When adverse events, close calls or hazards involving medication assistance occur, prompt intervention is required for client safety and care. The HCA should take the following steps:

- notify the immediate supervisor, case manager and/or health care professional - follow instructions and report back if required
- document what was observed, instructions received, care provided, the names and roles of the person(s) contacted
- complete an incident/adverse event report according to employer policy

All incidents are to be reported to AHS within a timely manner for appropriate follow-up based on contract requirements and/or according to locally established processes. Adverse events involving medications specifically indicated on the care plan (e.g., high alert medications), must be reported immediately to the AHS case manager and/or a health care professional for prompt intervention.

When a medication related adverse event, close call or hazard is reported by the contracted service provider, the AHS case manager or designate is encouraged to enter the details of the adverse event into RLS for tracking and trending purposes.

**Continuing Care Reportable Incident**

In addition to providing client assessment and/or follow up, the case manager and/or health care professional follows the Alberta Health Continuing Reportable Incident process when applicable. Reportable incidents are defined by Alberta Health as an event related to the Continuing Care Health Service Standards that has occurred through an error or omission in the provision of

health services causing death or serious harm to a client/resident, or a client/resident unaccounted for. Serious harm is defined as an unexpected or normally avoidable outcome that negatively affects the residents/clients health and/or quality of life, which occurs in the course of health care provision/treatment and/or has the potential to alter the clients/residents baseline health status. When an adverse event results in serious harm or death, reporting to Alberta Health is mandatory. It is the responsibility of the service provider to initiate this report to Alberta Health when required according to employer protocols.

**Quality Improvement**

Trending of medication related adverse events on a site, agency, organization, or program level is required to promote client safety and evaluate practices for quality improvement. AHS and contracted health service providers are responsible to establish a system for investigating and trending adverse events and close calls, and implementing quality improvement initiatives based upon information obtained during this process.

Employers are recommended to trend errors made by individual HCAs to ensure staff receive appropriate training and support in order to fulfill their job duties.

The care team is encouraged to work collaboratively to identify opportunities for improvement, to reduce medication related adverse events and improve client safety.
References

In addition to the governance documents identified in Appendix A, the following were used to support the development of this manual:


AHS Health Professions Strategy & Practice (August 28, 2013). *Health Care Aide (HCA) Role Functions [within Acute Care]*.


AHS Seniors Health (March 27, 2014). *Provincial Responsibilities and Accountabilities: AHS Continuing Care-Case Manager, Client/Family and Designated Supportive Living Site.*


Appendix A - Governance Documents

The following foundational legislation, standards, policy and guiding documents applicable to the Alberta context were considered in the development of this document:

Legislation/Standards:


Medication Management Best Practice Guidelines:


HCA Competency/Role:

AHS Health Professions Strategy & Practice (April 24, 2014). Nursing Attendant (NA) In Scope Job Description.

AHS Seniors Health (May 2014). Memo to Seniors Health and Contracted Continuing Care Operators: Competency Requirements for Health Care Aides to meet current Continuing Care Health Service Standards.


Policy/Guidelines/Standards for Case Manager/Health Care Professionals:


Appendix B – Primary Roles

Primary responsibilities for various team members may vary according to practice setting and service delivery model in place. The following table identifies primary roles for various team members in relation to service provision:

<table>
<thead>
<tr>
<th>Role</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of unmet need</td>
<td>Identification of an unmet need may be done by any of the care team members. The case manager is responsible to assess and address the unmet need exploring with the client/family the client goals, range of options, and available services.</td>
</tr>
<tr>
<td>Authorizing Service</td>
<td>Medication assistance services are assessed and authorized by an AHS case manager. When the case manager is an allied health professional, they are responsible for recognizing when they need to consult with other health care professionals (e.g., nurse or pharmacist) with knowledge and expertise in medication management to address client needs.</td>
</tr>
<tr>
<td>Care Planning</td>
<td>The case manager works collaboratively with the care team to develop the care plan. In supportive living sites where there is a regulated nurse, the case manager works closely with the nurse to assess client needs and identify appropriate interventions.</td>
</tr>
<tr>
<td>Assignment of care</td>
<td>Assignment of care is done by the direct supervisor of the HCA. The employer is accountable to assign tasks appropriately to competent HCAs.</td>
</tr>
<tr>
<td>Supervision of care</td>
<td>Supervision of care is done by the direct supervisor of the HCA. Clinical supervision must be provided by a health care professional with the competence to perform this function. When the supervisor is not a regulated nurse, supervision must be done in collaboration with other sites within the organization or with other organizations.</td>
</tr>
<tr>
<td>Monitoring &amp; Assessment</td>
<td>The case manager monitors the client status. In supportive living where there is a regulated nurse on site, the case manager works closely with the nurse to assess and monitor effectiveness of care provided and identify changing needs that require further assessment.</td>
</tr>
</tbody>
</table>