

# ***Topic Group Recommendations Adopted by Two-Thirds Majority of the ALW***

## **Medication Management**

### **Purpose**

Medication management is an important issue and challenge facing the assisted living industry. Consumer understanding of the services provided, and safe and effective management of the resident's medication regimen are major concerns.

### **Issues**

In its work on developing recommendations for the assisted living residence, the Medication Management topic group focused on the following areas:

- Development of policies and procedures regarding medication management
- Disclosure of ALR policies and procedures
- Role of licensed and unlicensed assistive personnel in medication management
- Resident assessment and service planning, with regard to medication management
- Medication orders, storage and documentation
- Quality improvement

### **Participants**

The topic group was co-chaired by Josh Allen, RN, American Assisted Living Nurses Association and Ed Sheehy, Assisted Living Federation of America.

Topic group participants included Jan Brickley, American Society of Consultant Pharmacists; Tom Clark, American Society of Consultant Pharmacists; Diane Crutchfield, American Society of Consultant Pharmacists; Peggy Daley, RN, Consumer Consortium on Assisted Living; Sandi Flores, RN, American Assisted Living Nurses Association; Kathleen Frampton, RN, American Medication Directors Association; Genevieve Gipson, RN, National Network of Career Nursing Assistants; Brian Lindberg, National Association of State Ombudsman Programs; Willie Long, Sunrise Assisted Living; Jane Mayfield, RN, Senior Residential Care Advisors; Ethel Mitty, EdD, RN, National Committee to Preserve Social Security and Medicare; Martha Mohler, RN, National Committee to Preserve Social Security and Medicare; Jonathan Musher, MD, American Medical Directors Association; Mary Ann Outwater, Massachusetts Quality Committee; Doug Pace, American Association of Homes and Services for the Aging; Barbara Reznick, PhD, CRNP, American Geriatrics Society; Karen Kauffman, PhD, National Conference of Geriatric Nurse Practitioners; Carol Robinson, RN, American College of Healthcare Administrators; Shelley Sabo, National Center for Assisted Living; Bradley Schurman, American Association of Homes and Services for the Aging; Bill West, RN, Morningside Management.

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### **M.01 Policies and Procedures**

#### **Recommendation**

The assisted living residence will have and implement policies and procedures for the safe and effective distribution, storage, access, security, and use of medications and related equipment and services of the residence by trained and supervised staff.

Policies and procedures of the residence should address the following issues:

1. Medication orders, including telephone orders
2. Pharmacy services
3. Medication packaging
4. Medication ordering and receipt
5. Medication storage
6. Disposal of medications and medication-related equipment
7. Medication self-administration by the resident
8. Medication reminders by the residence
9. Medication administration by the residence
10. Medication administration – specific procedures
11. Documentation of medication administration
12. Medication error detection and reporting
13. Quality improvement system, including medication error prevention and reduction
14. Medication monitoring and reporting of adverse drug effects to the prescriber
15. Review of medications (e.g. duplicate drug therapy, drug interactions, monitoring for adverse drug interactions)
16. Storage and accountability of controlled drugs
17. Training, qualifications, and supervision of staff involved in medication management

#### **Implementation**

Guideline for State Regulation

#### **Rationale**

Many assisted living residents need some level of assistance with medications. Unless the resident is totally independent with regard to medication management, the residence assumes responsibility for the medication management services needed by that resident. Different residents may have differing levels of need for assistance, and the same resident may have differing needs at different times during the stay. The establishment of policies and procedures is a minimum standard that shall be met by any organization that expects to provide effective and accurate medication management services.

#### **Organizations Supporting This Recommendation**

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, Assisted Living Federation of America, American Medical Directors Association, American Seniors Housing Association, American Society of Consultant Pharmacists, Catholic Health Association of the United States, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, NCB Development Corporation, National Association of Activity Professionals, National Association of Professional Geriatric Care Managers, National Association of Social

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Workers, National Center for Assisted Living, National Hospice and Palliative Care Organization, National Adult Family Care Organization, National Multiple Sclerosis Society, Pioneer Network

**Organizations Opposing This Recommendation**

Association of Health Facility Survey Agencies, Center for Medicare Advocacy, National Association of State Ombudsman Programs, National Association of Local Long Term Care Ombudsmen, National Citizens' Coalition for Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Association for Regulatory Administration, National Network of Career Nursing Assistants, National Senior Citizens Law Center

**Organizations Abstaining From the Vote on This Recommendation**

None

**Supplemental Positions for M.01**

1) We dissent. This majority recommendation follows the majority's principal flawed assumption -- that the development of standards can be delegated to each individual assisted living residence. On the contrary, some basic standards must be set by the state, so that residents are adequately protected, and consumers can understand what an assisted living residence can do and must do. Development of facility policies is important – but certainly not sufficient.

The majority's recommendation merely requires an assisted living residence to establish and implement policies and procedures related to medication. The recommendation (which is written as a proposed regulation) does not specify in any way what these policies and procedures might be, even though many of the 17 specified areas involve procedures that may require some significant level of health care expertise – for example, “[d]isposal of medications and medication-related equipment,” “[m]edication monitoring and reporting of adverse drug effects to the prescriber,” “[s]torage and accountability of controlled drugs,” and “[t]raining, qualifications, and supervision of staff involved in medication management.” The majority's recommendation is inadequate guidance, particularly given that the majority's recommendations contemplate that an assisted living residence will care for individuals who have significant health care needs.

In sharp contrast to the imprecise recommendation of the majority, some existing state laws establish meaningful substantive standards. Maine assisted living regulations, for example, establish required procedures for the destruction of medication, the administration of controlled substances, and the recording of medication errors.  
(Code of Maine Rules 10-144-113, §§ 5080, 5090, 5120.3)

*Association of Health Facility Survey Agencies, Center for Medicare Advocacy, National Association for Regulatory Administration, National Association of Local Long Term Care Ombudsmen, National Association of State Ombudsman Programs, National Citizens Coalition for Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Network of Career Nursing Assistants, National Senior Citizens Law Center*

2) We dissent. There are recommendations within the ALW report that we, as individual organizations, helped to develop and continue to support. However, we have come to the conclusion that fundamental differences of principle exist between ALFA and the Assisted Living Workgroup (ALW) in its overall approach to developing recommendations as to how the states might best regulate assisted living. In our view, the bulk of the ALW's recommended “guidance” to the states does not, as the Senate Special Committee on Aging asked, define “what quality assisted living

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should look like.” Rather, it is devoted to prescribing, in detail, the processes that a state should require of its assisted living residences (ALRs), not the quality goals that the good ALR should strive to achieve.

State governments should be granted regulatory flexibility so as not to just promote basic resident safety, but to actually improve quality of care. Further, the totality of the recommendations related to medication management would have a disproportionate impact on small providers. The vast majority of assisted living facilities in this country are less than 50 beds. In fact, the average facility size is less than 16 beds.

*Assisted Living Federation of America, National Association for Home Care, Joint Commission on Accreditation of Health Care Organizations*

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### M.02 Policies and Procedures

#### Recommendation

Prior to signing the residency agreement, the assisted living residence will disclose and explain in easily understood language policies, procedures, and service capacity relevant to the medication management needs of the residents and associated costs, including the disposition of medications.

#### Implementation

Guideline for State Regulation

#### Rationale

Medications are an important part of the therapeutic regimen for residents. The resident's ability to manage his/her medications may change over time. The ALR shall disclose to the resident\* the policies and limitations of the assisted living residence with regard to medication management. The disposition of medications that are no longer needed is governed by federal and state laws and regulations. Prior to admission, the ALR shall disclose to the prospective resident\* policies of the assisted living residence pertaining to medication disposal.

#### Organizations Supporting This Recommendation

American Association of Homes and Services for the Aging, Assisted Living Federation of America, American Seniors Housing Association, Catholic Health Association of the United States, National Center on Assisted Living, AARP, Alzheimer's Association, Consumers Consortium on Assisted Living, National Senior Citizens Law Center, American Assisted Living Nurses Association, American Medical Directors Association, American Society of Consultant Pharmacists, National Association of Social Workers, National Hospice and Palliative Care Organization, NCB Coming Home Program, National Association of Professional Care Managers, Association of Health Facility Survey Agencies, Pioneer Network, National Association of Activity Professionals

#### Organizations Opposing This Recommendation

National Association of Local Long Term Care Ombudsmen, Center for Medicare Advocacy

#### Organizations Abstaining From the Vote on This Recommendation

None

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#### Supplemental Positions for M.02

1) We dissent. This recommendation is redundant with several recommendations. The recommendation on Contracts and Agreements which says in part that contracts should provide a comprehensive description of all services provided for a basic fee. Recommendations concerning Pre-Screening and Initial Assessment, and Service Plan also deal with assessing and implementing a care plan related to the resident's need for assistance with medication assistance which would necessitate disclosure of service capacity.

*Assisted Living Federation of America, National Association for Home Care, Joint Commission on Accreditation of Health Care Organizations*

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### **M.03 Resident Assessment and Management of Medication**

#### **Recommendation**

Residents who desire to manage and self-administer their own medications shall be assessed by a qualified licensed health professional regarding the ability of the resident to self-administer or the need for medication reminders or medication administration.

The resident's individual service plan should reflect the findings of the most recent resident assessment. The extent of the resident's ability to self-administer or manage medications will be mutually determined by the resident; assisted living residence; and the qualified licensed health professional; and will be included in the resident's individual service plan.

The resident will be re-assessed at least annually, and upon a significant change in physical, cognitive, functional status, or resident choice, to evaluate the resident's continued ability to self-administer or manage medications.

The service plan will be updated to reflect significant changes in the resident's ability to self-administer or need for medication reminders or medication administration.

#### **Implementation**

Guideline for State Regulation

#### **Rationale**

Mistakes made with medications can have serious consequences. While the resident may perceive his/her ability to self-administer to be adequate, these perceptions may not be accurate, especially if some degree of cognitive impairment is present. A qualified licensed health professional will conduct an assessment of the resident's ability to safely self-administer.

#### **Organizations Supporting This Recommendation**

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, Assisted Living Federation of America, American Medical Directors Association, American Seniors Housing Association, American Society of Consultant Pharmacists, Association of Health Facility Survey Agencies, Catholic Health Association of the United States, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, NCB Development Corporation, National Association of Activity Professionals, National Association of Local Long Term Care Ombudsmen, National Association of Professional Geriatric Care Managers, National Association of Social Workers, National Association of State Ombudsman Programs, National Center for Assisted Living, National Citizens' Coalition for Nursing Home Reform, National Association for Regulatory Administration, National Committee to Preserve Social Security and Medicare, National Hospice and Palliative Care Organization, National Adult Family Care Organization, National Network of Career Nursing Assistants, National Multiple Sclerosis Society, Pioneer Network

#### **Organizations Opposing This Recommendation**

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None

**Organizations Abstaining From the Vote on This Recommendation**

None

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**Supplemental Positions for M.03**

1) We dissent. This recommendation is redundant with several recommendations. Recommendations concerning Pre-Screening and Initial Assessment, and Service Plan also deal with assessing and implementing a care plan related to the resident's need for assistance with medication assistance, reporting a change in condition, periodic reassessments, etc

*Assisted Living Federation of America, National Association for Home Care, Joint Commission on Accreditation of Health Care Organizations*

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### M.04 Resident Assessment and Management of Medication

#### Recommendation

It is the responsibility of the resident who is self-administering medications his/her medication to provide the ALR with a written list of all prescribed and over-the-counter medication use and changes. When the resident is reassessed for continued ability to self-administer or manage medications, the list of current medications will be updated.

#### Implementation

Guideline for State Regulation

#### Rationale

The ALR needs to know the resident's medications so that this information may be conveyed to the appropriate health professionals in the event of an emergency situation.

#### Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, Assisted Living Federation of America, American Medical Directors Association, American Seniors Housing Association, American Society of Consultant Pharmacists, Association of Health Facility Survey Agencies, Catholic Health Association of the United States, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, NCB Development Corporation, National Association of Activity Professionals, National Association of Professional Geriatric Care Managers, National Association of Social Workers, National Center for Assisted Living, National Association for Regulatory Administration, National Committee to Preserve Social Security and Medicare, National Hospice and Palliative Care Organization, National Network of Career Nursing Assistants, National Multiple Sclerosis Society, Pioneer Network

#### Organizations Opposing This Recommendation

None

#### Organizations Abstaining From the Vote on This Recommendation

Center for Medicare Advocacy, National Association of Local Long Term Care Ombudsmen, National Association of State Ombudsman Programs, National Citizens' Coalition on Nursing Home Reform, National Senior Citizens Law Center, National Adult Family Care Organization

### Supplemental Positions for M.04

1) We dissent. This recommendation is redundant with recommendations concerning Pre-Screening and Initial Assessment, and Service Plan which also deal with assessing and implementing a care plan related to the resident's need for assistance with medication assistance, reporting a change in condition, periodic reassessments, etc. The rights of residents to confidentiality of their medical affairs (refer to Recommendation on Residents Rights) would have to be discussed before assigning a responsibility to a resident to report medication usage to the ALR.

*Assisted Living Federation of America, National Association for Home Care, Joint Commission on Accreditation of Health Care Organizations*

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### **M.05 Resident Assessment and Management of Medication**

#### **Recommendation**

For residents whom the ALR administers medication, an authorized prescriber(s) shall prescribe all medication, including over-the-counter medications. Such orders are kept current for all medications. The facility shall develop a process to ensure that the primary care physician be kept aware of all medications taken by the resident.

#### **Implementation**

Guideline for State Regulation

#### **Rationale**

This guideline is for the protection of the resident and the residence. Facility staff may not have the expertise to evaluate possible interactions between prescription drugs and over-the-counter medications or herbal supplements.

#### **Organizations Supporting This Recommendation**

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, American Medical Directors Association, American Society of Consultant Pharmacists, Association of Health Facility Survey Agencies, Catholic Health Association of the United States, Center for Medicare Advocacy, Consumer Consortium on Assisted Living, National Multiple Sclerosis Society, NCB Development Corporation, National Academy of Elder Law Attorneys, National Association of Activity Professionals, National Association of Local Long Term Care Ombudsmen, National Association of Professional Geriatric Care Managers, National Association of Social Workers, National Association of State Ombudsman Programs, National Citizens' Coalition on Nursing Home Reform, National Association for Regulatory Administration, National Conference of Gerontological Nurse Practitioners, National Hospice and Palliative Care Organization, National Adult Family Care Organization, National Network of Career Nursing Assistants, National Senior Citizens Law Center, Pioneer Network

#### **Organizations Opposing This Recommendation**

American Seniors Housing Association, Assisted Living Federation of America, Joint Commission on Accreditation of Health Care Organizations, National Center on Assisted Living

#### **Organizations Abstaining From the Vote on This Recommendation**

None

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#### **Supplemental Positions for M.05**

1) We dissent. The general thrust of this recommendation is that a person who prescribes medications must be authorized under existing laws. As such, this recommendation provides no new guidance to the states as to how improve quality in assisted living.

*Assisted Living Federation of America, National Association for Home Care, Joint Commission on Accreditation of Health Care Organizations*

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2) The organizations below agree with the concept of the recommendation passed as recommendation M.05 --Resident Assessment and Management of Medication--with one slight difference of opinion. We believe that the sentence that states that the "ALR must develop a process to ensure that the primary care physician be kept aware of all medications taken by the resident" places a burden on the ALR that is not achievable. Indeed, it is the ALR that must be kept aware by the primary care physician of the medications for which their residents have been prescribed for whom they provide medication management.

*American Seniors Housing Association, National Center for Assisted Living*

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### **M.06 Medication Administration by Medication Assistive Personnel**

#### **Recommendation**

Medication assistive personnel (MAP) may administer medications after successfully completing a state approved training course that includes a written and performance-based competency examination. To qualify for training as a MAP, the individual shall be a high school graduate (or equivalent) and have English language proficiency.

#### **Implementation**

Guideline for State Regulation

#### **Rationale**

When used incorrectly, medications may fail to achieve their intended purpose of controlling chronic diseases, and improving functional status and quality of life. Medication errors can also result in severe adverse effects, including loss of life. Because the consequences of inappropriate medication use are potentially severe, safeguards are needed to prevent harm to residents.

While it may not always be possible or feasible to have a licensed nurse to administer or supervise all medications for residents who need assistance in the assisted living setting, the personnel who provide this support need adequate training and supervision to safely fulfill these responsibilities. When the assisted living residence assumes responsibility for medication administration for one or more residents, the MAP who provides these duties shall have the training, supervision and evaluation needed for effective performance.

#### **Organizations Supporting This Recommendation**

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, American Medical Directors Association, American Seniors Housing Association, American Society of Consultant Pharmacists, Catholic Health Association of the United States, Consultant Dietitians on Healthcare Facilities, Consumer Consortium on Assisted Living, NCB Development Corporation, National Adult Family Care Organization, National Association of Activity Professionals, National Association of Professional Geriatric Care Managers, National Center for Assisted Living, National Conference of Gerontological Nurse Practitioners, National Hospice and Palliative Care Organization, National Multiple Sclerosis Society, Pioneer Network

#### **Organizations Opposing This Recommendation**

AARP, Assisted Living Federation of America, National Association of Home Care, Center for Medicare Advocacy, National Association of State Ombudsman Programs, National Senior Citizens Law Center, National Academy of Elder Law Attorneys, National Association of Local Long Term Care Ombudsmen, National Association for Regulatory Administration, National Citizens' Coalition for Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Network of Career Nursing Assistants

#### **Organizations Abstaining From the Vote on This Recommendation**

Association of Health Facility Survey Agencies, Joint Commission on Accreditation of Health Care Organizations, National Association of Social Workers

## Medication Management

### Supplemental Positions for M.06

1) To meet the demands of safe and effective care, the performance of MAP medication administration should be under the supervision of a registered nurse (who may delegate this supervision to an LPN). States should allow the MAP to perform their duties through either or both approaches:

- 1) The state supports/creates a category of trained and certified medication assistive personnel who administer medication under the supervision of a registered nurse;
- 2) A registered nurse may delegate medication administration to MAP.

The RN may delegate supervision of the MAP to a Licensed Practical/Vocational Nurse. When the licensed nurse is not supervising onsite, he/she will be accessible by other means (e.g. telephone, pager, etc.).

The ALR administrator (or manager) and nurse supervisor are responsible for medication administration. MAP are accountable to the state, the facility administrator, and nurse supervisor for safe, efficient, and effective performance of their duties.

Appropriate qualified licensed health professionals should work with the ALR to develop policies and procedures related to:

- a) Medication management
- b) Receipt of medications and medication orders
- c) PRN medication administration
- d) Complex or high-risk drug regimens
- e) Supervision of the MAP, including determining when more frequent visits by the nurse are necessary
- f) Appropriate measures to address inadequate performance by the MAP
- g) Communication between MAP and supervising nurse
- h) Definition and documentation of medication errors and adverse medication events

The resident should be informed, in writing and prior to admission, of the ALR policies regarding medication administration by the MAP

Personnel who administer medications must be trained to practice under prevailing standards of medication administration as taught in accredited schools of nursing, and supervise to safely fulfill these responsibilities.

*AARP, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Healthcare Administrators, American Medical Directors Association, American Society of Consultant Pharmacists, Catholic Health Association of the United States, Consumer Consortium on Assisted Living, NCB Development Corporation, National Association of Activity Professionals, Multiple Sclerosis Society, Paralyzed Veterans of America, Pioneer Network*

2) We dissent. This dissent is based on opposition to the broad authorization by medication management recommendations for "Medication Assistive Personnel" to administer medication. Although we recognize that there may be a need in an assisted living setting for administration of medication by non-nurses, the majority's recommendations give broad authority to MAPs, but require little training or oversight.

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Specifically, the majority's recommendations would allow any virtually any type of medication to be administered by a person with a high school equivalency degree, and some unspecified modicum of particularized training. This would be true in any assisted living residence, even if a nurse was almost never present, or if (for example) the residence claimed a specialization in the care of complex medical conditions.

It should be noted that existing state law offers much more specificity about training requirements. In Indiana, for example, a "qualified medication aide" must complete at least 100 hours of training – at least 60 hours of classroom instruction, plus at least 40 hours of supervised practicum. The practicum supervision must be conducted by a nurse. (Indiana Administrative Code, Title 412, §§ 2-1-3, 2-1-5)

*Association of Health Facility Survey Agencies, Center for Medicare Advocacy, National Association for Regulatory Administration, National Association of State Ombudsman Programs, National Association of Local Long Term Care Ombudsmen, National Citizens Coalition for Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Network of Career Nursing Assistants, National Senior Citizens Law Center*

3) We dissent. Recommendation requires states to adopt a state-approved training course for MAPs. Some states currently allow aides who have completed and passed a training program to administer medications, while other states do not. To a large extent, the use of MAPs depends on the scope and interpretation of statutory or regulatory language related to delegation in each state's Nurse Practice Act (NPA). There may be additional statutes and regulations outside of those governed by state boards of nursing that will impact on delegation.

This recommendation offers no alternative recommendations for those states where existing laws or regulations do not allow MAPs in assisted living nor does it suggest guidance as to how licensing agencies or ALRs should approach reconciling statutory conflicts that lie outside the arena of assisted living.

*Assisted Living Federation of America, National Association for Home Care, Joint Commission on Accreditation of Health Care Organizations*

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### M.07 Medication Assistive Personnel Job Description

#### Recommendation

The MAP shall have a job description that identifies the nature and scope of medication-related responsibilities. These duties shall not exceed the scope of the training and competency examination.

#### Implementation

Guideline for State Regulation

#### Rationale

The greater the expectations and duties of the MAP, the more training will be needed to meet the expectations. The job description should not include duties for which the MAP is not trained and evaluated.

#### Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, American Medical Directors Association, American Seniors Housing Association, American Society of Consultant Pharmacists, Catholic Health Association of the United States, Consultant Dieticians on Healthcare Facilities, Consumer Consortium on Assisted Living, NCB Development Corporation, National Adult Family Care Organization, National Association of Social Workers, National Association of Activity Professionals, National Association of Professional Geriatric Care Managers, National Center for Assisted Living, National Conference of Gerontological Nurse Practitioners, National Hospice and Palliative Care Organization, National Multiple Sclerosis Society, Pioneer Network

#### Organizations Opposing This Recommendation

Assisted Living Federation of America, Association of Health Facility Survey Agencies, National Association of Home Care, National Association of State Ombudsman Programs, Center for Medicare Advocacy, National Association of Local Long Term Care Ombudsmen, National Senior Citizens Law Center, National Academy of Elder Law Attorneys, National Association for Regulatory Administration, National Citizens' Coalition for Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Network of Career Nursing Assistants

#### Organizations Abstaining From the Vote on This Recommendation

Joint Commission on Accreditation of Health Care Organizations

#### Supplemental Positions for M.07

1) We dissent. There is no real content to this recommendation, particularly because this recommendation purportedly is a guideline for state regulation. The substance of the job description is left entirely to the assisted living residence, subject to other weak recommendations pertaining to medication assistive personnel.

The rationale acknowledges: "The greater the expectations and duties of the MAP, the more training will be needed to meet the expectations." Nonetheless, none of the recommendations pertaining to medication assistive personnel (with the sole exception of M.18, for insulin injections) makes any

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accommodation for the complex medical conditions presented by some assisted living residents.

*Association of Health Facility Survey Agencies, Center for Medicare Advocacy, National Association for Regulatory Administration, National Association of State Ombudsman Programs, National Association of Local Long Term Care Ombudsmen, National Citizens Coalition for Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Network of Career Nursing Assistants, National Senior Citizens Law Center*

2) We dissent. This recommendation for state regulation attempts to micromanage routine administrative paperwork and is beyond the mandate of the ALW.

*Assisted Living Federation of America, National Association for Home Care, Joint Commission on Accreditation of Health Care Organizations*

## Medication Management

### M.08 Curriculum for MAP Training Program

#### Recommendation

The learning and performance objectives for the MAP training program shall include:

- a. Satisfactorily demonstrate the six rights of medication administration (right resident, right drug, right dose, right route, right time, right documentation)
- b. Measure pulse, temperature, blood pressure, and respirations
- c. Measure pain using (an) appropriate scale(s)
- d. Describe the purpose of the various routes of medication administration
- e. Demonstrate appropriate storage of medications
- f. Follow appropriate infection control measures
- g. Understand anatomy as it relates to routes of medication administration
- h. Administer medications via the following routes: oral; topical, including topical patches; rectal; vaginal; stomal; eye, ear and nasal drops; inhalers; nebulizers; sublingual
- i. Documentation associated with the administration of medications
- j. Identification and reporting of common medications and their side effects
- k. Use resources/references related to medications
- l. Understand regulatory requirements related to medications

#### Implementation

Guideline for State Regulation

#### Rationale

The training program for the MAP within each state should be standardized to ensure the minimum standards are achieved. The items included on this list are considered to be important in any training program for MAPs involved in assisted living.

#### Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, American Medical Directors Association, American Society of Consultant Pharmacists, Catholic Health Association of the United States, Consultant Dietitians on Healthcare Facilities, Consumer Consortium on Assisted Living, NCB Development Corporation, National Adult Family Care Organization, National Association of Activity Professionals, National Association of Professional Geriatric Care Managers, National Center for Assisted Living, National Conference of Gerontological Nurse Practitioners, National Hospice and Palliative Care Organization, National Multiple Sclerosis Society, Pioneer Network

#### Organizations Opposing This Recommendation

American Seniors Housing Association, Assisted Living Federation of America, Association of Health Facility Survey Agencies, National Association of State Ombudsman Programs, National Association of Local Long Term Care Ombudsmen, National Association of Home Care, National Committee to Preserve Social Security and Medicare, Center for Medicare Advocacy, National Association for Regulatory Administration, National Senior Citizens Law Center, National Academy of Elder Law Attorneys, National Citizens' Coalition for Nursing Home Reform, National Network of Career Nursing Assistants

#### Organizations Abstaining From the Vote on This Recommendation

Joint Commission on Accreditation of Health Care Organizations, Association for Social Workers

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**Supplemental Positions for M.08**

1) We dissent. In general, the recommendations for medication assistive personnel do not recognize that some assisted living facilities care for residents with significant health care conditions. The very general standards set forth in this recommendation are inadequate to meet the needs of these vulnerable residents. The standards are set improperly at the lowest common denominator. This is particularly troubling given that a MAP has authority in the recommendations to administer medication through the rectum, the vagina, or a stoma.

These standards need more detail, and trainers should be required to meet certain minimum standards. Curriculum and trainers should be approved by the state health department or board of nursing.

Some existing state laws contain the type of detail that recommendation M.08 lacks. In Indiana, for example, training for “qualified medication aides” must include fundamentals of pharmacology, fundamentals of each of nine systems within the body, psychotherapeutic medications, infection, nutritional deficiencies, positioning of the patient, use of an oximeter, hemocult testing, applying a dressing to a healed gastrostomy tube site, and 21 other topics related to the administration of medication. The classroom training must be conducted by a registered nurse who has completed a state health instructor course. (Indiana Administrative Code, Title 412, § 2-1-3(2))

*Association of Health Facility Survey Agencies, Center for Medicare Advocacy, National Association for Regulatory Administration, National Association of State Ombudsman Programs, National Association of Local Long Term Care Ombudsmen, National Citizens Coalition for Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Network of Career Nursing Assistants, National Senior Citizens Law Center*

2) We dissent. This recommendation sets forth the requirements that a state must include in a training program and infringes upon state authority. This recommendation offers no alternative recommendations for those states where existing laws or regulations do not allow MAPs in assisted living nor does it suggest guidance as to how licensing agencies or ALRs should approach reconciling statutory conflicts that lie outside the arena of assisted living. There is also an absence of any data to support what is considered to be the optimal training curriculum for assistive personnel.

*American Seniors Housing Association, Assisted Living Federation of America, National Association for Home Care, Joint Commission on Accreditation of Health Care Organizations*

## Medication Management

### M.09 Ongoing MAP Training

#### Recommendation

After successful qualification, MAP will receive relevant, regularly scheduled and as needed inservice or continuing education by a qualified licensed health professional that will enhance the MAP's ability to perform with confidence and competency, proficiency, safe practice, and meeting residents needs.

#### Implementation

Guideline for State Regulation

#### Rationale

New medications are continually being introduced in the market, and the residence may periodically change procedures as part of continuous quality improvement. It is important for MAP to keep informed of changes that impact the safe oversight or administration of medications.

#### Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American Medical Directors Association, American Seniors Housing Association, American Society of Consultant Pharmacists, Catholic Health Association of the United States, Consultant Dieticians on Healthcare Facilities, Consumer Consortium on Assisted Living, NCB Development Corporation, National Association of Activity Professionals, National Association of Professional Geriatric Care Managers, National Center for Assisted Living, National Adult Family Care Organization, National Conference of Gerontological Nurse Practitioners, National Hospice and Palliative Care Organization, National Multiple Sclerosis Society, Pioneer Network

#### Organizations Opposing This Recommendation

Assisted Living Federation of America, Association of Health Facility Survey Agencies, National Association of Home Care, Center for Medicare Advocacy, National Association of State Ombudsman Programs, National Association of Local Long Term Care Ombudsmen, National Committee to Preserve Social Security and Medicare, National Senior Citizens Law Center, National Association for Regulatory Administration, National Academy of Elder Law Attorneys, National Citizens' Coalition for Nursing Home Reform, National Network of Career Nursing Assistants

#### Organizations Abstaining From the Vote on This Recommendation

Joint Commission on Accreditation of Health Care Organizations, National Association of Social Workers

#### Supplemental Positions for M.09

1) We dissent. This recommendation – which is being recommended as a guideline for state regulation – could never be enforced. Who is to say what is “relevant, regularly scheduled and as needed inservice or continuing education”? This recommendation, like many others, is so general that it provides no meaningful guidance for state regulation.

Existing state laws provide the content that this recommendation lacks. For example Kansas, which

**Medication Management**

limits its nurse aides to oral administration and external application, requires ten hours of continuing education every two years. The continuing education must be provided by a registered nurse approved as an instructor by the state. (Kansas Administrative Regulations § 28-39-170(a), (b)(1)) Oklahoma requires at least eight hours of continuing education annually. (Oklahoma Administrative Code § 310:677-13-1(b))

*Association of Health Facility Survey Agencies, Center for Medicare Advocacy, National Association for Regulatory Administration, National Association of State Ombudsman Programs, National Association of Local Long Term Care Ombudsmen, National Citizens Coalition for Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Network of Career Nursing Assistants, National Senior Citizens Law Center*

2) We dissent. Some states currently allow aides who have completed and passed a training program to administer medications, while other states do not. To a large extent, the use of MAPs and training requirements depends on the scope and interpretation of statutory or regulatory language related to delegation in each state's Nurse Practice Act (NPA). There may be additional statutes and regulations outside of those governed by state boards of nursing that will impact on delegation.

This recommendation offers no alternative recommendations for those states where existing laws or regulations do not allow MAPs in assisted living nor does it suggest guidance as to how licensing agencies or ALRs should approach reconciling statutory conflicts that lie outside the arena of assisted living.

*Assisted Living Federation of America, National Association for Home Care, Joint Commission on Accreditation of Health Care Organizations*

## Medication Management

### **M.10 MAP Activities Related to Medication Administration**

#### **Recommendation**

MAP may perform the following activities related to medication administration, according to the needs of the individual resident:

- a. Receive medication and store it in an appropriate and secured location
- b. Identify the correct resident
- c. When indicated by the prescriber's orders, measure vital signs and administer medications accordingly
- d. Take the medication from the original container
- e. Crush or split the medication as necessary and ordered by the prescriber
- f. Place the medication in a medication cup or other appropriate container
- g. Bring and hand the medication to the resident
- h. Place the medication in the resident's mouth (or other route as indicated)
- i. Observe the resident taking their medication
- j. Complete documentation associated with medication administration.

MAPs may administer medication by the following routes: Oral; Topical, including topical patches; Rectal; Vaginal; Stomal; Eye, ear and nasal drops; Inhalers; Nebulizers; Sublingual

#### **Implementation**

Guideline for State Regulation

#### **Rationale**

At least 17 definitions of "medication administration" or "assistance with self-administration" have been developed in various states. There is no practical difference between these concepts, as confirmed by the wide variation in attempts to distinguish them.

The key issue in assisted living is whether the resident is able to independently manage medications without assistance. If the resident needs assistance at any level, the resident has accepted responsibility for managing the medications. The staff of the organization should then be expected to provide the needed assistance.

#### **Organizations Supporting This Recommendation**

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, American Medical Directors Association, American Seniors Housing Association, American Society of Consultant Pharmacists, Catholic Health Association of the United States, Consultant Dietitians on Healthcare Facilities, Consumer Consortium on Assisted Living, NCB Development Corporation, National Adult Family Care Organization, National Association of Activity Professionals, National Association of Professional Geriatric Care Managers, National Center for Assisted Living, National Conference of Gerontological Nurse Practitioners, National Hospice and Palliative Care Organization, National Multiple Sclerosis Society, Pioneer Network

#### **Organizations Opposing This Recommendation**

## **Medication Management**

Assisted Living Federation of America, Association of Health Facility Survey Agencies, Center for Medicare Advocacy, National Academy of Elder Law Attorneys, National Association of Home Care, National Association of Local Long Term Care Ombudsmen, National Association of State Ombudsman Programs, National Citizens' Coalition for Nursing Home Reform, National Association for Regulatory Administration, National Committee to Preserve Social Security and Medicare, National Network of Career Nursing Assistants, National Senior Citizens Law Center

### **Organizations Abstaining From the Vote on This Recommendation**

Joint Commission on Accreditation of Health Care Organizations, National Association of Social Workers

### **Supplemental Positions for M.10**

1) We dissent. This recommendation puts residents' health at risk. The recommendation contemplates that medication assistive personnel could administer medication through the rectum, the vagina, or a stoma, and could administer any type of medication. This would be done even though the "supervising" nurse would infrequently or never be at the assisted living residence.

As explained above, in a dissent to recommendation M.09, the majority's training requirements for MAPs are very sketchy. Many existing state laws are much more careful in authorizing unlicensed staff members to handle medication. In Ohio, for example, staff members must be trained by a nurse, and are limited to assistance with a resident's self-administration of medication – reminding a resident to take medication, helping a resident to read and open a medication bottle, or assisting "a physically impaired but mentally alert resident" in the necessary physical tasks. (Ohio Administrative Code §§ 3701-17-55(E)(2)(a), 3701-17-59(F)) In Kansas a medication aide can administer medication only if the medication is for oral administration or external application. (Kansas Administrative Regulations § 28-39-170 (b)(1))

Administration of medication by unlicensed personnel might be an appropriate option in some circumstances, but such a program would need stricter limitations on the medication to be administered, and/or higher standards for training and supervision.

*Association of Health Facility Survey Agencies, Center for Medicare Advocacy, National Association for Regulatory Administration, National Association of Local Long Term Care Ombudsmen, National Association of State Ombudsman Programs, National Citizens Coalition for Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Network of Career Nursing Assistants, National Senior Citizens Law Center*

2) We dissent. Some states currently allow aides who have completed and passed a training program to administer medications, while other states do not. To a large extent, the use of MAPs and the scope of practice depend on the specification and interpretation of statutory or regulatory language related to delegation in each state's Nurse Practice Act (NPA). There may be additional statutes and regulations outside of those governed by state boards of nursing that will impact on delegation.

This recommendation offers no alternative recommendations for those states where existing laws or regulations do not allow MAPs in assisted living nor does it suggest guidance as to how licensing agencies or ALRs should approach reconciling statutory conflicts that lie outside the arena of assisted living.

*Assisted Living Federation of America, National Association for Home Care, Joint*

**Medication Management**

*Commission on Accreditation of Health Care Organizations*

## Medication Management

### M.11 Medication Packaging

#### Recommendation

Each assisted living residence should adopt a consistent style of medication packaging for all residents for whom the residence provides medication administration. To the extent possible and consistent with meeting the needs of providing affordable care, medications for ALR residents should be provided in specialized packaging systems.

#### Implementation

Guideline for State Regulation

#### Rationale

Reducing process variation is a standard principle of continuous quality improvement. The consistent use of a specialized medication packaging system, such as unit dose or “bingo cards” throughout the facility provides a means of positive medication identification and reduces the risk of medication errors. Some systems may allow return and reuse of medications, which provides a cost savings to the resident.

#### Organizations Supporting This Recommendation

AARP, Alzheimer’s Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, American Medical Directors Association, American Seniors Housing Association, American Society of Consultant Pharmacists, Catholic Health Association of the United States, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, National Multiple Sclerosis Society, NCB Development Corporation, National Academy of Elder Law Attorneys, National Association of Local Long Term Care Ombudsmen, National Association of Social Workers, National Association of Activity Professionals, National Association of Professional Geriatric Care Managers, National Association of State Ombudsman Programs, National Center for Assisted Living, National Adult Family Care Organization, National Hospice and Palliative Care Organization, Paralyzed Veterans of America, Pioneer Network

#### Organizations Opposing This Recommendation

Assisted Living Federation of America, Association of Health Facility Survey Agencies, Center for Medicare Advocacy, National Association for Regulatory Administration, National Citizens’ Coalition for Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Network of Career Nursing Assistants, National Senior Citizens Law Center

#### Organizations Abstaining From the Vote on This Recommendation

None

#### Supplemental Positions for M.11

1) We dissent. The specialized packaging systems referenced in this recommendation are extremely important. In general, these specialized packaging systems hold one dosage of medication in a separate plastic bubble. Use of these packaging systems, instead of pouring out pills from a bottle, makes it much more likely that a resident will get a correct dosage – particularly if medication is to be administered by unlicensed “medication assistive personnel.”

## **Medication Management**

Unfortunately, the majority's recommendation contains no requirement that these specialized packaging systems actually be used. The recommendation suggests that medications "should be" provided in specialized packaging systems, but only "[t]o the extent possible and consistent with meeting the needs of providing affordable care." If adopted as a regulation (as suggested by the majority), this recommendation would be meaningless, because an assisted living residence could be exempted merely by claiming that the appropriate packaging system was too expensive. By contrast, a meaningful regulation would require use of these specialized packaging systems.

Existing state laws are more appropriately prescriptive. For example, Alabama currently requires that assisted living facilities use these specialized packaging systems. (Alabama Administrative Code r. 420-5-4-.06(4)(j) (requiring "unit dose packaging"))

*Association of Health Facility Survey Agencies, Center for Medicare Advocacy, National Association for Regulatory Administration, National Citizens Coalition for Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Network of Career Nursing Assistants, National Senior Citizens Law Center*

2) We dissent. It is not known whether the process for timely adjustment of medications (when medications are added or deleted) is feasible with multi-dose packaging, especially in ALRs that receive medication from several pharmacies. The issue is when a medication is added or discontinued from a multi-dose pack, only the pharmacist may break into the pack and make the change – this is a logistical problem when a pack is already dispensed with multiple doses and either the pharmacy has to issue a new multi-dose pack (and the old one is discarded and wasted) or the pharmacist has to come to the ALR to remove/add the medication to the pack.

There are issues related to limiting consumer choice as well— requiring the resident to use a designated packaging system from a single pharmacy eliminates the resident's right to choose their own pharmacy; and the practice may result in increased medication costs if the resident was able to receive a better deal for their routine medications via mail order or another pharmacy provider.

*Assisted Living Federation of America, National Association for Home Care, Joint Commission on Accreditation of Health Care Organizations*

## Medication Management

### M.12 Medication Packaging

#### Recommendation

Congress and states should require all publicly funded pharmacy benefit programs to provide payment for specialized packaging for medications for older adults, including those who reside in assisted living. These pharmacy benefit programs include those affecting the Veterans Administration; retired federal employees; retired military personnel; medicare outpatient pharmacy benefit, if implemented; Medicaid.

#### Implementation

Guideline for Federal and State Policy

#### Rationale

To promote safe, accurate, and efficient medication administration to residents, the assisted living residence needs to adopt a consistent style of specialized medication packaging throughout the residence. Pharmacy benefit programs for older adults shall consider the special needs of those older adults who reside in assisted living or nursing facilities, or need specialized packaging to promote safe medication management practice

#### Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, American Medical Directors Association, American Seniors Housing Association, American Society of Consultant Pharmacists, Association of Health Facility Survey Agencies, National Network of Career Nursing Assistants, Catholic Health Association of the United States, Center for Medicare Advocacy, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, National Multiple Sclerosis Society, NCB Development Corporation, National Academy of Elder Law Attorneys, National Association of Social Workers, National Association of Activity Professionals, National Association of Local Long Term Care Ombudsmen, National Association of Professional Geriatric Care Managers, National Association for Regulatory Administration, National Association of State Ombudsman Programs, National Center for Assisted Living, National Citizens' Coalition on Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Adult Family Care Organization, National Hospice and Palliative Care Organization, National Senior Citizens Law Center, Paralyzed Veterans of America, Pioneer Network

#### Organizations Opposing This Recommendation

Assisted Living Federation of America

#### Organizations Abstaining From the Vote on This Recommendation

None

#### Supplemental Positions for M.12

1) We dissent. No estimate is given of the cost of this recommendation or how it would be funded. Beyond the mandate of the ALW to make recommendations for new federal spending.

*Assisted Living Federation of America, National Association of Home Care, Joint*

**Medication Management**

*Commission on Accreditation of Health Care Organizations*

**Medication Management**

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**M.13 Storage**

**Recommendation**

Medications shall be stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier, and in accordance with federal and state laws and regulations. Medications stored inside of a resident's unit shall be secured and accessible only to the resident, authorized persons, or both. Medications stored by the assisted living residence shall be stored in a designated area, which is secure, locked, and accessible only to authorized personnel.

**Implementation**

Guideline for State Regulation

**Rationale**

When stored at inappropriate temperatures, some medications are subject to rapid deterioration. Other medications, such as morphine and related products, are desirable targets for theft or diversion, and shall be stored securely. Residents with cognitive impairment and mental confusion may attempt to take medications that are not intended for them, if conditions permit. The residence has a responsibility to ensure that medications are stored appropriately.

**Organizations Supporting This Recommendation**

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, American Medical Directors Association, American Seniors Housing Association, American Society of Consultant Pharmacists, Association of Health Facility Survey Agencies, National Network of Career Nursing Assistants, Catholic Health Association of the United States, Center for Medicare Advocacy, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, National Multiple Sclerosis Society, NCB Development Corporation, National Academy of Elder Law Attorneys, National Association of Social Workers, National Association of Activity Professionals, National Association of Local Long Term Care Ombudsmen, National Association of Professional Geriatric Care Managers, National Association for Regulatory Administration, National Association of State Ombudsman Programs, National Adult Family Care Organization, National Center for Assisted Living, National Citizens' Coalition on Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Hospice and Palliative Care Organization, National Senior Citizens Law Center, Paralyzed Veterans of America, Pioneer Network

**Organizations Opposing This Recommendation**

Assisted Living Federation of America

**Organizations Abstaining From the Vote on This Recommendation**

None

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**Supplemental Positions for M.13**

1) We dissent. The thrust of this recommendation is that ALR must comply with existing federal

**Medication Management**

and state laws and regulations regarding storage of medications. As such, this recommendation provides no new guidance to the states as to how to improve quality in assisted living.

*Assisted Living Federation of America, National Association for Home Care, Joint Commission on Accreditation of Health Care Organizations*

## Medication Management

### M.14 Medication Records

#### Recommendation

(1) The ALR shall maintain and periodically update the following medical information on every resident:

- (a) Emergency contacts (family/guardian)
- (b) Primary physician
- (c) Pharmacy provider
- (d) Current medical conditions and diagnoses
- (e) Allergies

(2) The ALR shall maintain a record on each resident to whom the residence administers medications. The record should include:

- (a) Resident's name;
- (b) Room number;
- (c) Allergies;
- (d) Diagnoses;
- (e) Prescriber's name;
- (f) Current record of all prescription and non-prescription medication;
- (g) Medication name, strength, dosage form, dose, route of administration, and any special precautions;
- (h) Frequency of administration and administration times;
- (i) Duration of therapy;
- (j) Date ordered, date changed, date discontinued;
- (k) Indication for use of as needed (PRN) medications;
- (l) Date and time of medication administration;
- (m) Name and initials of the person administering the medication; and
- (n) Location of where resident's medications are stored

#### Implementation

Guideline for State Regulation

#### Rationale

Assisted living residents are usually frequent users of the health care system. The assisted living residence should maintain basic information about each resident so that critical information can be available to the health professionals who care for the resident, especially in emergency situations.

When the residence accepts responsibility for medication management, basic information about the resident, medications, and conditions being treated shall be maintained. This information may be critical in later evaluations of the resident's drug therapy, including effectiveness and safety of the medications in use.

#### Organizations Supporting This Recommendation

**Medication Management**

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AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, American Medical Directors Association, American Seniors Housing Association, American Society of Consultant Pharmacists, Association of Health Facility Survey Agencies, National Network of Career Nursing Assistants, Catholic Health Association of the United States, Center for Medicare Advocacy, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, National Multiple Sclerosis Society, NCB Development Corporation, National Academy of Elder Law Attorneys, National Association of Social Workers, National Association of Activity Professionals, National Association of Local Long Term Care Ombudsmen, National Association of Professional Geriatric Care Managers, National Association for Regulatory Administration, National Association of State Ombudsman Programs, National Center for Assisted Living, National Citizens' Coalition on Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Hospice and Palliative Care Organization, National Adult Family Care Organization, National Senior Citizens Law Center, Paralyzed Veterans of America, Pioneer Network

**Organizations Opposing This Recommendation**

Assisted Living Federation of America

**Organizations Abstaining From the Vote on This Recommendation**

None

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**Supplemental Positions for M.14**

1) We dissent. In our view, the bulk of the ALW's recommended "guidance" to the states does not, as the Senate Special Committee on Aging asked, define "what quality assisted living should look like." Rather, it is devoted to prescribing, in detail, the processes that a state should require of its assisted living residences (ALRs), not the quality goals that the good ALR should strive to achieve.

*Assisted Living Federation of America, National Association for Home Care, Joint Commission on Accreditation of Health Care Organizations*

***Topic Group Recommendations  
That Did Not Reach Two-Thirds Majority***  
**Medication Management**

*The following recommendations did not reach a two-thirds majority of the ALW. The recommendations showing a voting record were unable to reach two-thirds majority at the final vote. The recommendations that do not show a voting record were unable to reach two-thirds majority during the development process.*

## Medication Management

### M.15 Definitions

2/3 Maj. Not Reached

#### Recommendation

- a. Significant Change: A new or markedly different physical, functional, cognitive or psychosocial condition in a resident that impacts the service delivery of the resident's individual service plan, to include:
  - Deterioration or improvement in an individual's health status or ability to perform activities of daily living;
  - A deterioration or improvement in an individual's behavioral or mood status.
  
- b. Authorized Prescriber – A licensed health professional that meets the federal and state requirements for prescribing medications and treatments.
  
- c. Medication Assistive Personnel (MAP) are caregivers who are not licensed health professionals but have successfully completed training and a state-approved competency examination, that permits the person to administer medications to a resident.
  
- d. Medication Management is the structures and processes established by the assisted living residence to establish accountability and safe use of medications. Elements of medication management include:
  - Acquisition of medications
  - Storage of medications
  - Receipt and verification of medications
  - Administration of medications
  - Medication reminders
  - Disposition of medications
  - Resident assessment and monitoring
  - Record keeping
  - Medication review
  - Quality improvement
  - Resident identification system (e.g. photographs)
  
- e. Medication Administration is the process of providing medications to residents or assisting residents with taking their medications. Medication administration may include the following elements, which can only be performed by medication assistive personnel or qualified licensed health professionals:
  - Observe the resident taking their medication, to verify consumption of the medication
  - Take the medication from the original container
  - Correctly identify the resident
  - Place the medication in a medication cup or other appropriate container
  - Crush or split the medication as necessary and ordered by the prescriber
  - Bring and hand the medication to the resident
  - Place the medication in the resident's mouth (or other route as indicated)
  - Document that the medication was administered to the resident, or refused by the resident
  - Assisting the resident with self-administration

## **Medication Management**

f. Medication Reminder – Verbal or written= cuing to alert the resident to take scheduled medication, including documentation that the resident was reminded.

g. Qualified licensed health professional is a physician, physician's assistant, pharmacist, nurse practitioner, or registered nurse acting within their scope of practice.

h. Self-Administration – Independent management and administration of medication by the resident without assistance or oversight from the assisted living residence. This could include the use of electronic cuing devices.

### **Implementation**

Guideline for State Regulation

### **Rationale**

In summary, three levels are recognized with regard to residents and medications:

- Resident self-administration (no involvement by residence staff)
- Medication reminders (can be done by staff who are not trained as MAPs)
- Medication administration, which can be done by appropriate health professionals or unlicensed assistive personnel (MAPs)

Balancing the goals of the assisted living workgroup was a driving force in developing these recommendations. Consumers, providers, regulators, and health professionals have valid concerns related to medication management in the assisted living residence. These sometimes-differing goals include:

- Resident autonomy in decision-making
- Resident safety and protection from medication errors and medication-related problems
- Flexibility for the assisted living residence
- Managing costs for the resident and the assisted living residence
- Responsibility of the nurse and other licensed health professionals for the role of the medication assistive personnel
- Reciprocity between states of qualifications and certifications for medication assistive personnel

State laws and regulations governing the administration and use of medications in assisted living vary considerably. In some states, the term "assistance with self-administration" is used in place of "administration" to describe the same process. This is due to legal restrictions that permit the use of the term "administration" only in the context of licensed health professionals. The Assisted Living Workgroup recommends that the term "assistance with self-administration" NOT be used because of the confusion that results from use of the term.

The assisted living workgroup recommends that the term "administration" be used to describe the activities associated with administering or assisting residents with medications, whether these activities are conducted by a health professional or by unlicensed assistive personnel (with appropriate training and competency testing).

## **Medication Management**

It is recognized that some states will need to change laws or regulations to adopt the medication management model presented here. Because of the wide variability in state laws and regulations on this subject, this would be true no matter what model or recommendations are made. This model was designed to provide a medication management system that meets the needs of the residents and the residence.

### **Organizations Supporting This Recommendation**

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, American Medical Directors Association, American Seniors Housing Association, American Society of Consultant Pharmacists, Catholic Health Association of the United States, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, National Multiple Sclerosis Society, NCB Development Corporation, National Association of Social Workers, National Association of Activity Professionals, National Association of Professional Geriatric Care Managers, National Hospice and Palliative Care Organization, Paralyzed Veterans of America, Pioneer Network

### **Organizations Opposing This Recommendation**

Assisted Living Federation of America, Association of Health Facility Survey Agencies, National Network of Career Nursing Assistants, Center for Medicare Advocacy, National Academy of Elder Law Attorneys, National Association for Regulatory Administration, National Association of Local Long Term Care Ombudsmen, National Association of State Ombudsman Programs, National Center for Assisted Living, National Citizens' Coalition on Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Senior Citizens Law Center

### **Organizations Abstaining From the Vote on This Recommendation**

None

### **Supplemental Positions for M.15**

1) Statement in support of the recommendation. It is necessary to clarify the ambiguity that exists in many state regulations regarding the terms medication management, medication administration, and assistance with medications. It is additionally necessary to clarify the role of unlicensed staff persons in medication management and administration. This position is intended to show strong support for the definitions and medication management model as described in the above recommendation.

To clarify this, text from the rationale is restated:

State laws and regulations governing the administration and use of medications in assisted living vary considerably. In some states, the term "assistance with self-administration" is used in place of "administration" to describe the same process. This is due to legal restrictions that permit the use of the term "administration" only in the context of licensed health professionals. The Assisted Living Workgroup recommends that the term "assistance with self-administration" NOT be used because of the confusion that results from use of the term.

It is recommended that the term "administration" be used to describe the activities associated with administering or assisting residents with medications, whether these activities are conducted by a health professional or by unlicensed assistive personnel (with appropriate training and competency testing).

## **Medication Management**

It is recognized that some states will need to change laws or regulations to adopt the medication management model presented here. Because of the wide variability in state laws and regulations on this subject, this would be true no matter what model or recommendations are made. This model was designed to provide a medication management system that meets the needs of the residents and the assisted living residence.

*AARP, American Seniors Housing Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, Association of Professional Geriatric Care Managers, American College of Healthcare Administrators, American Medical Directors Association, American Society of Consultant Pharmacists, Catholic Health Association of the United States, Consumer Consortium on Assisted Living, NCB Development Corporation, National Association of Activity Professionals, National Hospice and Palliative Care Organization, National Multiple Sclerosis Society, Paralyzed Veterans of America, Pioneer Network*

2) We oppose this failed recommendation. This opposition is based on the recommendation's definition of "Medication Assistive Personnel" or "MAP."

Medication mistakes have been recognized as a serious problem within assisted living. See, e.g., General Accounting Office, *Assisted Living: Quality-of-Care and Consumer Protection in Four States* 27, GAO/HEHS-99-27 (1999) (medication administration the third most common problem in assisted living). This problem could be addressed by requiring all medication administration to be performed by nurses, but other medication management recommendations authorize the use of MAPs for the administration of virtually all types of medication, even though the MAPS may be minimally-trained for the administration of medication, without knowledge of even basic personal care skills, and without meaningful supervision.

Medication administration by unlicensed personnel might be an acceptable strategy for some residents, and for some medication. But the other medication management recommendations make no allowances for the resident's health care conditions, or for the type of medication being administered. Existing state laws are far superior in balancing safety with expense, and in recognizing that some assisted living residents have health care conditions that require nurse expertise.

*Association of Health Facility Survey Agencies, Center for Medicare Advocacy, National Association for Regulatory Administration, National Association of State Ombudsman Programs, National Association of Local Long Term Care Ombudsmen, National Citizens Coalition for Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Network of Career Nursing Assistants, National Senior Citizens Law Center*

3) We agree with much of the recommendation but believe that letter G needs to read as follows: Qualified Licensed Health Professional is a physician, physician's assistant, pharmacist, nurse practitioner, or licensed nurse (in lieu of registered nurse) acting within their scope of practice.

*Alzheimer's Association, American Seniors Housing Association, National Center for Assisted Living*

4) We dissent. Many of the ALW's recommendations on Medication Management hinge on the use Medication Assistive Personnel (MAPs) administering medications to residents. MAPs would perform their duties under the supervision of a RN.

Some states currently allow aides who have completed and passed a training program to administer

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medications, while other states do not. To a large extent, the use of MAPs depends on the scope and interpretation of statutory or regulatory language related to delegation in each state's Nurse Practice Act (NPA). There may be additional statutes and regulations outside of those governed by state boards of nursing that will impact on delegation.

This recommendation offers no alternative recommendations for those states where existing laws or regulations do not allow MAPs in assisted living nor does it suggest guidance as to how licensing agencies or ALRs should approach reconciling statutory conflicts that lie outside the arena of assisted living.

*Assisted Living Federation of America, National Association for Home Care, Joint Commission on Accreditation of Health Care Organizations*

## Medication Management

### M.16 Supervision of Medication Assistive Personnel

2/3 Maj. Not Reached

#### Recommendation

The performance of MAP medication administration is under the supervision of a registered nurse. States will allow the MAP to perform their duties through either or both approaches:

- 1) The state creates a new category of trained and certified medication assistive personnel who administer medication under the supervision of a registered nurse;
- 2) A registered nurse may delegate medication administration to MAP.

When not supervising onsite, a registered nurse will be accessible by other means (e.g. telephone, pager, etc.). The RN may delegate supervision of the MAP to a Licensed Practical/Vocational Nurse.

A Registered Nurse will verify the MAPs medication administration competencies, including basic knowledge regarding medication issues, at the time of employment by the ALR and/or prior to the MAPs administration of any medication.

The ALR administrator (or manager) and RN supervisor are responsible for medication administration. MAP are accountable to the state and to the facility administrator, and RN supervisor for safe, efficient, and effective performance of their duties.

The RN and appropriate qualified licensed health professionals will work with the ALR to develop policies and procedures related to:

- a) Medication management
- b) Receipt of medications and medication orders
- c) PRN medication administration
- d) Complex or high-risk drug regimens
- e) Supervision of the MAP, including determining when more frequent visits by the RN are necessary
- f) Appropriate measures to address inadequate performance by the MAP
- g) Communication between MAP and supervising RN; role of LPN/LVN if applicable
- h) Definition and documentation of medication errors

The resident is informed in the admission agreement of the ALR policies regarding medication administration of the MAP and supervision by the RN (and licensed nurse, if applicable).

#### Implementation

Guideline for State Regulation

#### Rationale

Personnel who administer medications shall be trained to practice under prevailing standards of medication administration as taught in accredited schools of nursing, and supervise to safely fulfill these responsibilities.

Definitions (from Delegation: Concepts and Decision-Making Process, National Council on

## **Medication Management**

State Boards of Nursing, 1995)

--Accountability: Being responsible and answerable for actions or inactions of self or others in the context of delegation.

--Delegation: Transferring to a competent individual the authority to perform a selected nursing task in a selected situation. The nurse retains accountability for the delegation.

--Supervision: The provision of guidance or direction, evaluation and follow-up by the licensed nurse for accomplishment of a nursing task delegated to unlicensed assistive personnel.

The National Council on State Boards of Nursing (NCSBN) is recommended as a resource for guidelines regarding the principles and practices of appropriate and safe delegation

### **Organizations Supporting This Recommendation**

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, American Medical Directors Association, American Seniors Housing Association, American Society of Consultant Pharmacists, Catholic Health Association of the United States, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, National Multiple Sclerosis Society, NCB Development Corporation, National Association of Social Workers, National Association of Activity Professionals, National Association of Professional Geriatric Care Managers, National Hospice and Palliative Care Organization, Paralyzed Veterans of America, Pioneer Network

### **Organizations Opposing This Recommendation**

Assisted Living Federation of America, Association of Health Facility Survey Agencies, National Network of Career Nursing Assistants, Center for Medicare Advocacy, National Academy of Elder Law Attorneys, National Association for Regulatory Administration, National Association of Local Long Term Care Ombudsmen, National Association of State Ombudsman Programs, National Center for Assisted Living, National Citizens' Coalition on Nursing Home Reform, National Association for Regulatory Administration, National Committee to Preserve Social Security and Medicare, National Senior Citizens Law Center

### **Organizations Abstaining From the Vote on This Recommendation**

American Bar Association

### **Supplemental Positions for M.16**

1) We oppose this failed recommendation. Under this recommendation, a nurse might only be at the assisted living residence once or twice a year, or even less frequently. The recommendation in December 2002 stated that "[a] registered nurse will be onsite to directly observe each MAP at least quarterly," but the current recommendation contains no requirement at all that a nurse be present.

The recommendation acknowledges that medication assistive personnel might be involved with "PRN [as-needed] medication administration" and "[c]omplex or high-risk drug regimens." The recommendation, however, contains no assurances that medication assistive personnel would be capable of handling such difficult situations, particularly considering that a nurse almost certainly would not be on-site.

The recommendation also attempts to draw a confusing distinction between supervision and

## **Medication Management**

delegation. The distinction suggests that delegation to medication assistive personnel could be carried out even if the personnel were neither trained nor certified.

Many state laws require much greater participation by licensed health care professionals. In many states – California, Florida, and Illinois, for example – all medication administration must be performed by a licensed health care professional. (California Code of Regulations, Title 22, §§ 87575,(a)(5), (6), 87582(b); Florida Administrative Code Annotated r. 58A-5.0181(1)(e)(2); 210 Illinois Compiled Statutes Annotated 9/70) Participation by licensed health care professionals is mandated even in those states that authorize administration by unlicensed personnel; in Oklahoma, for example, medications must be reviewed monthly by a registered nurse or pharmacist, and quarterly by a consultant pharmacist. (Oklahoma Administrative Code § 310:663-9-2(a))

*American Geriatrics Society, Association of Health Facility Survey Agencies, Center for Medicare Advocacy, National Association for Regulatory Administration, National Association of Local Long Term Care Ombudsmen, National Association of State Ombudsman Programs, National Conference of Gerontological Nurse Practitioners, National Citizens' Coalition for Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Network of Career Nursing Assistants, National Senior Citizens Law Center*

2) We dissent. Some states currently allow aides who have completed and passed a training program to administer medications, while other states do not. To a large extent, the use of MAPs depends on the scope and interpretation of statutory or regulatory language related to delegation in each state's Nurse Practice Act (NPA). There may be additional statutes and regulations outside of those governed by state boards of nursing that will impact on delegation.

This recommendation offers no alternative recommendations for those states where existing laws or regulations do not allow MAPs in assisted living nor does it suggest guidance as to how licensing agencies or ALRs should approach reconciling statutory conflicts that lie outside the arena of assisted living.

*Assisted Living Federation of America, National Association for Home Care, Joint Commission on Accreditation of Health Care Organizations*

3) We support the use and training of MAP and medication administration. The performance of MAP medication administration should be under the supervision of a licensed nurse (in lieu of registered nurse) acting within their scope of service.

*National Center for Assisted Living, American Seniors Housing Association*

## Medication Management

### M.17 MAP and PRN Medications

2/3 Maj. Not Reached

#### Recommendation

MAP may administer PRN (as needed) medications when the medication orders meet all of the following specifications:

- a. The PRN medication has been prescribed for the resident by an authorized prescriber.
- b. The minimum time interval for the medication is clearly defined in the prescriber's instructions (e.g. every 4 hours, not every 4-6 hours)
- c. The symptom or conditions for administration of the medication are clear and specific in the prescriber's instructions (e.g. PRN headache or knee pain, not PRN pain).
- d. Instructions for contacting the prescriber are included in the prescriber's instructions (e.g. Acetaminophen 325 mg tablets, two tablets every four hours PRN fever < 101 degrees F, contact prescriber if 101 or above).

When the resident is capable of requesting a dose of PRN medication, the MAP may administer the medication to the resident. When the resident is unable to initiate the request for a PRN medication, the MAP should check for the symptoms or conditions related to the administration of the PRN medication and administer the PRN medication as needed.

#### Implementation

Guideline for state regulation.

#### Rationale

Clearly defining criteria for the use of PRN medications, it removes the need for a MAP to make a clinical assessment and judgment as to when to administer it.

#### Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American Medical Directors Association, American Society of Consultant Pharmacists, Catholic Health Association of the United States, Consultant Dietitians on Healthcare Facilities, Consumer Consortium on Assisted Living, NCB Development Corporation, National Adult Family Care Organization, National Association of Activity Professionals, National Association of Professional Geriatric Care Managers, National Center for Assisted Living, National Conference of Gerontological Nurse Practitioners, National Hospice and Palliative Care Organization, National Multiple Sclerosis Society, Pioneer Network

#### Organizations Opposing This Recommendation

American College of Health Care Administrators, American Seniors Housing Association, Assisted Living Federation of America, Center for Medicare Advocacy, National Academy of Elder Law Attorneys, National Association of State Ombudsman Programs, National Association of Home Care, National Citizens' Coalition on Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Association for Regulatory Administration, National Network of Career Nursing Assistants, National Senior Citizens Law Center

#### Organizations Abstaining From the Vote on This Recommendation

Association of Health Facility Survey Agencies, Joint Commission on Accreditation of Health Care Organizations, National Association of Social Workers, National Association of Local Long Term Care Ombudsmen

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**Supplemental Positions for M.17**

1) Statement in support of the recommendation. PRN medications are commonly prescribed and administered in a variety of settings, including one's own home. In order for the role of the MAP to be complete and to truly meet the needs of the resident, PRN medications must be addressed. The above recommendation (M.17) provides for a system of training and competency verification prior to allowing the MAP to administer the PRN medication. The recommendation also provides for additional safety by ensuring proper documentation both in the prescriber's instructions and on the medication label.

*AARP, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American Society of Consultant Pharmacists, Catholic Health Association of the United States, Consumer Consortium on Assisted Living, National Association of Activity Professionals, NCB Development Corporation, National Association of Professional Geriatric Care Managers, National Center for Assisted Living, National Hospice and Palliative Care Organization, National Multiple Sclerosis Society, Paralyzed Veterans of America*

## Medication Management

### M.18 MAP and Insulin Injections

2/3 Maj. Not Reached

#### Recommendation

MAP may administer insulin injections to residents who have stable diabetes, when all of the following conditions are met:

- a. The MAP has completed a state-approved training program ((with input from the state board of nursing) that includes instruction on diabetes symptoms and complications, and safe and accurate administration of insulin injections, with practical experience in insulin injection technique.
- b. The residence has policies and procedures on administration of insulin injections.
- c. The MAP has been tested and demonstrated competency on administration of insulin injections and use of a blood glucose monitor by a qualified licensed health professional. If the blood glucose value is outside the range established by the resident's physician, the MAP will immediately contact the appropriate qualified licensed health professional, according to the ALR policy.
- d. A qualified licensed health professional observes the MAP's ability to administer insulin injections at least every 90 days. This review will include a review of medication administration records by a qualified licensed health professional.

#### Implementation

Guideline for State Regulation

#### Rationale

Because of the risk associated with inappropriate administration or dosing of insulin, special training and competency checks are necessary. Residents with unstable diabetes, such as those receiving insulin according to a sliding scale schedule, require close medical supervision. If unable to manage their insulin without assistance, these residents should be assisted by a licensed nurse.

#### Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, American Medical Directors Association, American Seniors Housing Association, American Society of Consultant Pharmacists, Catholic Health Association of the United States, Consumer Consortium on Assisted Living, National Multiple Sclerosis Society, NCB Development Corporation, National Association of Social Workers, National Association of Activity Professionals, National Association of Professional Geriatric Care Managers, National Hospice and Palliative Care Organization, Paralyzed Veterans of America, Pioneer Network

#### Organizations Opposing This Recommendation

Assisted Living Federation of America, National Network of Career Nursing Assistants, Center for Medicare Advocacy, National Academy of Elder Law Attorneys, National Association for Regulatory Administration, National Association of Local Long Term Care Ombudsmen, National Association of State Ombudsman Programs, National Center for Assisted Living, National Citizens' Coalition on Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Network of Career Nursing Assistants, National Senior Citizens Law Center

#### Organizations Abstaining From the Vote on This Recommendation

**Medication Management**

Association of Health Facility Survey Agencies, Joint Commission on Accreditation of Health Care Organizations

**Supplemental Positions for M.18**

1) Statement in support of the recommendation. The risk for Type 2 diabetes increases with age. Nearly 20.1% of the United States population or 7.0 million people age 65 and older have diabetes. (American Diabetes Association)

Medical and indirect expenditures attributable to diabetes in 2002 were estimated at \$132 billion, with 51.8% of direct medical expenditures incurred by people over 65 years of age. The report also states that more than \$1 out of every \$4 spent for nursing home, home health, and hospice care is spent to provide services to someone with diabetes. (Economic Costs of Diabetes in the U.S. in 2002. American Diabetes Association. 2003.)

These statistics demonstrate a clear need for a safe, and cost-effective alternative for seniors with diabetes. This recommendation begins to lay the ground-work for this type of solution. To that end, the recommendation includes several important elements that help to ensure the safe administration of insulin injections by MAP:

1. Only recommended for stable diabetics.
2. State-approved training must be completed prior to administering insulin.
3. Ongoing monitoring by a qualified licensed health professional.

*AARP, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American Society of Consultant Pharmacists, Consumer Consortium on Assisted Living, NCB Development Corporation, National Association of Activity Professionals, National Association of Professional Geriatric Care Managers, National Center for Assisted Living, National Hospice and Palliative Care Organization, National Multiple Sclerosis Society, Paralyzed Veterans of America, Pioneer Network*

2) We oppose this failed recommendation. As set forth in more detail in dissents for recommendations M.06, M.07, M.08, M.09, M.10, and failed recommendation M.16, the recommendations for medication assistive personnel are fundamentally flawed. Although recommendation M.18 attempts to set legitimate standards for insulin injections, it is based untenably on the unsound framework set forth in the other recommendations related to medication assistive personnel.

*Association of Health Facility Survey Agencies, Center for Medicare Advocacy, National Association for Regulatory Administration, National Association of State Ombudsman Programs, National Association of Local Long Term Care Ombudsmen, National Citizens Coalition for Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Network of Career Nursing Assistants, National Senior Citizens Law Center*

3) We believe that residents with diabetes who are insulin dependent should be able to live in assisted living if their needs can be met. Insulin injections should be administered in accordance to the individual state nurse practice act.

*American College of Health Care Administrators, National Center for Assisted Living, American Seniors Housing Association*

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4) We dissent. Many ALW's Recommendations on Medication Management hinge on the use Medication Assistive Personnel (MAPs) administering medications to residents. MAPs would perform their duties under the supervision of a RN.

Some states currently allow aides who have completed and passed a training program to administer medications, while other states do not. To a large extent, the scope of practice of assistive personnel depends on statutory or regulatory language related to delegation in each state's Nurse Practice Act (NPA). There may be additional statutes and regulations outside of those governed by state boards of nursing that will impact on delegation.

This recommendation offers no alternative recommendations for those states where existing laws or regulations do not allow MAPs in assisted living nor does it suggest guidance as to how licensing agencies or ALRs should approach reconciling statutory conflicts that lie outside the arena of assisted living.

*Assisted Living Federation of America, National Association of Home Care, Joint Commission on Accreditation of Health Care Organizations*

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### M.19 MAP and Enteral Medication Administration

2/3 Maj. Not Reached

#### Recommendation

MAP may administer medications through an enteral tube (e.g. NG (nasogastric), gastrostomy, or PEG (percutaneous enteral gastrostomy tube) to residents when the following conditions are met:

- a. The MAP has completed a training program that includes instruction in proper technique for administration of medications through an enteral tube, including checking for proper placement of the enteral tube.
- b. The MAP has been tested on administration of medications via enteral tube by a qualified licensed health professional.
- c. The qualified licensed health professional observes the MAP's ability to administer medications via an enteral tube at least every 90 days. This review will include a review medication administration records by the qualified licensed health professional.
- d. The residence has policies and procedures on administration of medications via enteral tube, including what to do if the tube gets clogged.
- e. If there is any doubt that the enteral tube is not in proper placement, the resident's physician is immediately contacted. No medications or feedings are administered until receiving further orders from the physician..

#### Implementation

Guideline for State Regulation

#### Rationale

Enteral therapy is a special skill that requires additional instruction and competency, due to risks associated with enteral therapy, such as misplacement of the tube or incompatibility of medications.

#### Organizations Supporting This Recommendation

No Vote Recorded

#### Organizations Opposing This Recommendation

#### Organizations Abstaining From the Vote on This Recommendation

#### Supplemental Positions for M.19

1) MAP should be authorized to administer medications through an enteral tube to residents when the following conditions are met:

- a. The MAP has completed a training program that includes instruction in proper technique for administration of medications through an enteral tube, including checking for proper placement of the enteral tube.
- b. The MAP has been tested on administration of medications via enteral tube by a qualified licensed health professional.
- c. The qualified licensed health professional observes the MAP's ability to administer medications via an enteral tube at least every 90 days. This review will include a review of medication

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administration records by the qualified licensed health professional.

d.The residence has policies and procedures on administration of medications via enteral tube, including what to do if the tube gets clogged.

e.If there is any doubt that the enteral tube is not in proper placement, the resident's physician is immediately contacted. No medications or feedings are administered until receiving further orders from the physician.

*AARP, American Assisted Living Nurses Association, NCB Coming Home Project*

## Medication Management

### M.20 Telephone Orders

2/3 Maj. Not Reached

#### Recommendation

MAP shall not have the authority to receive medication orders. When a prescriber attempts to issue an order for a medication via telephone to the MAP, the MAP will instruct the prescriber to do one of the following:

1. Fax the order directly to the ALR, or
2. Issue the order via telephone to a licensed nurse who is onsite in the ALR, or
3. Issue the order directly to the pharmacy

#### Implementation

Guideline for State Regulation.

#### Rationale

The completeness and accuracy of medication orders are essential to safe and successful medication administration. Because of potential risks and the complexity of medication orders, they are to be submitted to the facility in writing or directly to a qualified license health professional.

#### Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, American Medical Directors Association, American Seniors Housing Association, American Society of Consultant Pharmacists, Catholic Health Association of the United States, Consumer Consortium on Assisted Living, National Multiple Sclerosis Society, NCB Development Corporation, National Association of Social Workers, National Association of Activity Professionals, National Association of Professional Geriatric Care Managers, National Center for Assisted Living, National Hospice and Palliative Care Organization, Paralyzed Veterans of America, Pioneer Network

#### Organizations Opposing This Recommendation

Assisted Living Federation of America, National Network of Career Nursing Assistants, Center for Medicare Advocacy, National Academy of Elder Law Attorneys, National Association for Regulatory Administration, National Association of Local Long Term Care Ombudsmen, National Association of State Ombudsman Programs, National Citizens' Coalition on Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Senior Citizens Law Center

#### Organizations Abstaining From the Vote on This Recommendation

Association of Health Facility Survey Agencies, Joint Commission on Accreditation of Health Care Organizations

#### Supplemental Positions for M.20

1) The completeness and accuracy of medication orders are essential to safe and successful medication administration. Because of the potential risks and the complexity of medication orders, the protocol for telephone orders must be addressed by state regulation. The undersigned fully support M.20.

*AARP, American Association of Homes and Services for the Aging, American Society*

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*of Consultant Pharmacists, Consumer Consortium on Assisted Living, NCB Development Corporation, National Association of Professional Geriatric Care Managers, National Center for Assisted Living, National Multiple Sclerosis Society, Paralyzed Veterans of America, Pioneer Network*

2) We dissent. Many ALW's Recommendations on Medication Management, such as this one, hinge on the use Medication Assistive Personnel (MAPs) administering medications to residents. MAPs would perform their duties under the supervision of a RN.

Some states currently allow aides who have completed and passed a training program to administer medications, while other states do not. To a large extent, the scope of practice of assistive personnel depends on statutory or regulatory language related to delegation in each state's Nurse Practice Act (NPA). There may be additional statutes and regulations outside of those governed by state boards of nursing that will impact on delegation.

This recommendation offers no alternative recommendations for those states where existing laws or regulations do not allow MAPs in assisted living nor does it suggest guidance as to how licensing agencies or ALRs should approach reconciling statutory conflicts that lie outside the arena of assisted living.

*Assisted Living Federation of America, National Association for Home Care, Joint Commission on Accreditation of Health Care Organizations*

## Medication Management

### M.21 Quality Improvement

2/3 Maj. Not Reached

#### Recommendation

Each assisted living residence that administers medications shall adopt or create a quality improvement program to set and implement standards, evaluate performance and implement necessary changes for improvement of medication management. This quality improvement program should address the full range of medication management services provided by the residence.

The quality improvement program includes a system for identifying, collecting, documenting, and reporting medication errors. The QI team reviews results of medication error reports and medication reviews to identify areas where improvements can be made to the medication management system.

The QI team also establishes residence policies and guidelines for medication usage (e.g. psychotropics, pain management, anticoagulants, etc.) and reviews patterns of use of psychotropic medications to ensure appropriate use of these agents. Non-pharmacologic approaches should always be considered in the management of various conditions (e.g. pain, behavioral symptoms associated with dementia, etc.).

The quality improvement program is directed and implemented by a team that includes:

- The administrator or manager of the residence
- A consultant pharmacist
- A registered nurse (e.g. staff, consultant, home health or hospice nurse)
- Physician or other authorized prescriber
- A Medication Assistive Personnel (MAP), if employed by the facility

2. An ALR that provides medication reminders shall implement a quality oversight and improvement process that relates to the system of reminding residents.

#### Implementation

Guideline for State Regulation

#### Rationale

Medication management is affected by a variety of factors, which are subject to change over time. A structured quality improvement process is needed to evaluate the effectiveness of the medication management program on a regular basis, so that needed changes can be identified and improvements made as needed.

Quality improvement efforts require participation by all the key stakeholders in the medication management system. The interdisciplinary team should work together to coordinate quality improvement efforts.

Medication errors are usually caused by deficiencies in the medication use system. Reports of errors are collected and analyzed to identify ways to improve the medication use system and build in safeguards to prevent injury to residents. The residence should encourage reporting of medication errors in an environment and culture that focuses on

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improving medication accuracy.

Evaluation of results of medication reviews can help the residence identify high-risk medications or conditions that may require special monitoring or interventions to improve safe use of medications in the residence.

### **Organizations Supporting This Recommendation**

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American College of Health Care Administrators, American Medical Directors Association, American Seniors Housing Association, American Society of Consultant Pharmacists, Consumer Consortium on Assisted Living, National Multiple Sclerosis Society, NCB Development Corporation, National Association of Social Workers, National Association of Activity Professionals, National Association of Professional Geriatric Care Managers, National Hospice and Palliative Care Organization, National Network of Career Nursing Assistants, Paralyzed Veterans of America, Pioneer Network

### **Organizations Opposing This Recommendation**

American Association of Homes and Services for the Aging, Assisted Living Federation of America, Catholic Health Association of the United States, Center for Medicare Advocacy, Joint Commission on Accreditation of Health Care Organizations, National Academy of Elder Law Attorneys, National Association for Regulatory Administration, National Association of Local Long Term Care Ombudsmen, National Association of State Ombudsman Programs, National Center for Assisted Living, National Citizens' Coalition on Nursing Home Reform, National Senior Citizens Law Center

### **Organizations Abstaining From the Vote on This Recommendation**

Association of Health Facility Survey Agencies, National Committee to Preserve Social Security and Medicare

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### **Supplemental Positions for M.21**

1) Medication management is affected by a variety of factors that are subject to change over time. A structured quality improvement process is needed to evaluate the effectiveness of the medication management system on a regular basis so that needed changes can be identified and improvements made. The undersigned fully support M.21.

*AARP, American College of Health Care Administrators, Consumer Consortium on Assisted Living, NCB Development Corporation, National Association of Professional Geriatric Care Managers, National Multiple Sclerosis Society, Paralyzed Veterans of America, Pioneer Network*

2) We encourage assisted living residences to develop a process for improving the overall quality of care provided to its residents, not simply medication management. Providers can design these programs to review medication errors, falls, and any other issues the assisted living residence deems important.

*Catholic Health Association of the United States, National Center for Assisted Living, American Seniors Housing Association, American Association of Homes and Services for the Aging*

3) We dissent. This recommendation for a quality improvement program assumes a multi-disciplinary team akin to a SNF. This is not typically the case in assisted living, nor are the health

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records as complete as a SNF. Given typical staffing models and the current lack of contracted pharmacists and attending physicians, the recommendation is not realistic and could be cost prohibitive for many small providers.

*Assisted Living Federation of America, National Association for Home Care, Joint Commission on Accreditation of Health Care Organizations*

## Medication Management

### M.22 Consultant Pharmacist Role

2/3 Maj. Not Reached

#### Recommendation

Each ALR shall assess whether an agreement is needed with a consultant pharmacist to assist the residence with medication management is necessary. The consultant pharmacist may be contracted for independently or through the ALR's primary pharmacy. The consultant pharmacist is responsible to assist the ALR with medication management issues, including ensuring the security and accountability of controlled substances.

To assist the ALR with medication management, the consultant pharmacist duties, in collaboration with the quality improvement team, shall include:

- a. Assist the residence in setting standards and developing, implementing, and monitoring policies and procedures for the safe and effective distribution, storage, control and use of medications, including controlled substances, and related equipment and services of the residence
- b. Assist with inservice education of ALR staff on medication management issues
- c. Review ALR documentation related to medication orders and administration of medications to residents
- d. Review patterns of use of various medications (e.g. psychotropics, pain management, anticoagulants, etc.) for compliance with ALR policies and guidelines.
- e. Provide a written report of findings and recommendations resulting from the review. The report is provided to the ALR administrator, who shares it with the QI team and discusses it with appropriate ALR personnel. and follow-up actions are recommended as needed.

#### Implementation

Guideline for State Regulation

#### Rationale

Medication management is a critical function that provides essential support to most assisted living residents, and serious harm can result to residents when the system fails to function properly. Consultant pharmacists have specialized expertise in developing, monitoring, and improving medication management systems in long-term care settings. Involvement by a consultant pharmacist is a minimum standard to help prevent medication errors and ensure accountability of controlled drugs in the ALR. States should develop criteria to assist ALRs in assessing the need for a consultant pharmacist.

#### Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American College of Health Care Administrators, American Medical Directors Association, American Society of Consultant Pharmacists, Consumer Consortium on Assisted Living, National Multiple Sclerosis Society, National Association of Activity Professionals, National Hospice and Palliative Care Organization, Paralyzed Veterans of America, Pioneer Network

#### Organizations Opposing This Recommendation

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American Association of Homes and Services for the Aging, American Seniors Housing Association, Assisted Living Federation of America, Association of Health Facility Survey Agencies, National Network of Career Nursing Assistants, Catholic Health Association of the United States, Center for Medicare Advocacy, Joint Commission on Accreditation of Health Care Organizations, National Academy of Elder Law Attorneys, National Association of Local Long Term Care Ombudsmen, National Association of Social Workers, National Association for Regulatory Administration, National Association of State Ombudsman Programs, National Center for Assisted Living, National Citizens' Coalition on Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Senior Citizens Law Center

### **Organizations Abstaining From the Vote on This Recommendation**

NCB Development Corporation, National Association of Professional Geriatric Care Managers

### **Supplemental Positions for M.22**

1) We oppose this failed recommendation. Under this recommendation, an assisted living residence is required only to “assess” whether an agreement with a consultant pharmacist is necessary. This would be a meaningless and unenforceable regulation.

A comparison with existing state law indicates the flimsiness of this recommendation. For example, state laws in Arkansas and Oklahoma contain requirements that assisted living residences contract with and use a consultant pharmacist. (Code Arkansas Rules 016 06 002, § 702.2.1 (Level II assisted living facilities); Oklahoma Administrative Code § 310:663-9-2(a))

*Association of Health Facility Survey Agencies, Center for Medicare Advocacy, National Association for Regulatory Administration, National Association of Local Long Term Care Ombudsmen, National Association of State Ombudsman Programs, National Citizens Coalition for Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Network of Career Nursing Assistants, National Senior Citizens Law Center*

2) We dissent. Unlike in a SNF, consent by the ALR resident would be needed for review of medication records and could impact on a resident's right to privacy. Refer to the recommendation on Resident Rights and a resident's right to confidentiality of medical records. The financial cost of contracting for a consultant pharmacist could have a disproportionate impact on small providers.

*Assisted Living Federation of America, National Association for Home Care, Joint Commission on Accreditation of Health Care Organizations*

3) We are opposed to this recommendation due to its cost implications for residents. It is important to keep in mind that many assisted living residents are on limited incomes. In addition, we believe assisted living providers are capable of determining when outside consultants are needed and for what issues.

*National Center for Assisted Living, American Seniors Housing Association*

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