Purpose:

This policy outlines the process at the Home for completing resident quarterly medication assessments to optimize medication-related outcomes for residents as per *Section 134 of the Long-Term Care Homes Act, 2007 and Regulation 79/10* which states*:*

"At least quarterly, the Home must reassess each resident's drug regime and document the assessment."

Scope:

This policy applies to all prescribers, nursing staff, consultant pharmacists, and long-stay residents* admitted to the Home. Residents admitted for short stay or respite care are exempt.

*Where a resident is unable to participate, their Medical Power of Attorney/Caregiver will be consulted.

Overview of Process:

Nursing Staff and/or Pharmacy Service Provider (PSP):

1. Identifies residents for which a quarterly medication assessment is necessary. These should be staggered as much as possible so that all residents do not fall on the same month (i.e., a third of residents fall in month 1, a third in month 2, and a third in month 3 of a quarter).

2. Identifies and confirms with the prescriber the intended date of the medication assessment.
   a. Creates the initial version of quarterly medication assessment on the day of or within a maximum of one week of the quarterly review date. Forms created earlier have a risk of being outdated by the time of the review unless there is a robust process of reconciliation/updating in place until the medication assessment date.

Nursing Staff

1. Reviews the resident chart order sheets the day before the medication assessment to determine if any recent medication changes have occurred. If so, the form is updated and provided to the prescriber.

2. Collates pertinent data that may inform the assessment including:
   a. recent specialist notes,
   b. BP readings,
   c. Blood glucose readings,
   d. Recent lab work
   e. Monitoring information for responsive behaviours
   f. Pharmacy recommendations
   g. Any other information reflecting on the resident clinical status.

3. Assists the prescriber in completing the assessment.

4. Processes the new orders or changes.

Prescriber

1. Identifies and confirms with the Nursing staff or PSP the intended date of the medication assessment.

2. Reviews the medication assessment form in the context of the resident's clinical status, pertinent vitals signs or lab values, goals of care, paying particular attention to potentially inappropriate medications, situations that may indicate potential preventable harm from medications, and other highlighted concerns related to medications.

3. Engages the care team and resident (or POA/Caregiver as applicable) in decision-making accounting for the resident's goals of care.

4. Completes the new orders on assessment form.

5. Ensures appropriate follow-up of changes as necessary (e.g., vital sign monitoring, lab values).

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Pharmacy Service Provider (PSP)

1. Where possible, performs a Medication Review[4] in the 2 weeks prior to the medication assessment.

2. Assists the prescriber in completing the assessment.

3. Processes the new orders or changes on the assessment form.

4. Assists with ensuring appropriate follow-up of changes as necessary.

Glossary of Key Terms:

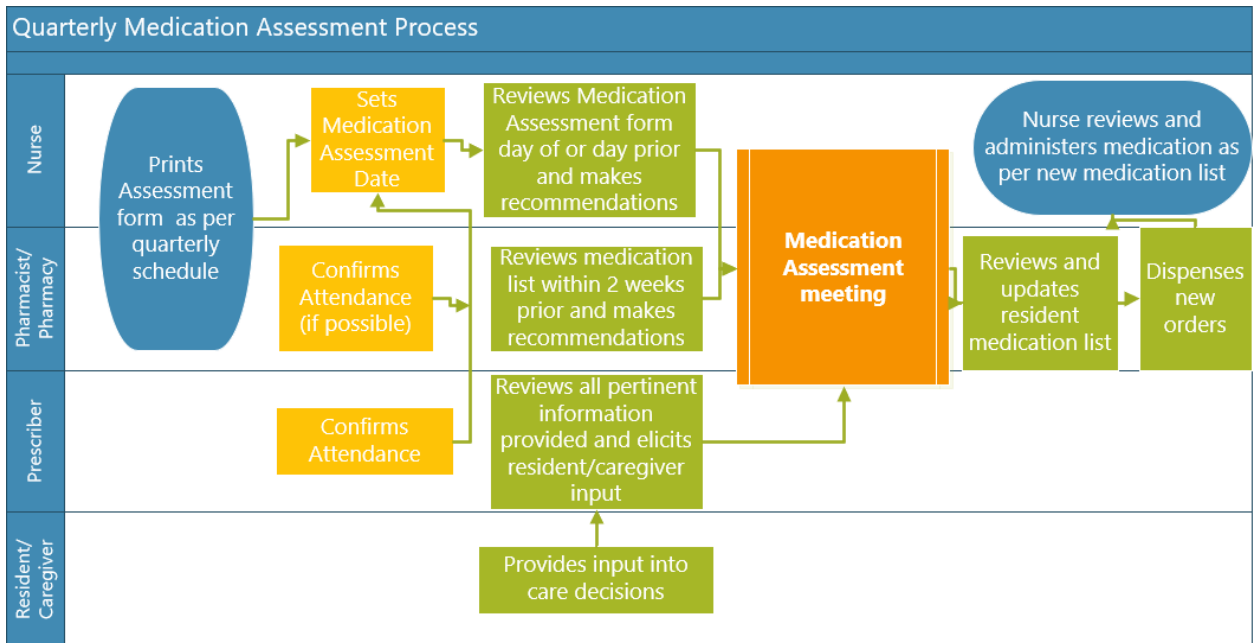| Term	Definition
Quarterly medication assessment	A resident's current medication and treatment plan is reviewed, updated if applicable, and information documented on the Quarterly Medication Assessment Form. The review and documentation must include pertinent resident demographics, allergy and sensitivity information, as well as pertinent organ function (e.g., Glomerular Filtration Rate, presence of Liver Disease). Features of a good assessment that are also documented include: • medications that appear on a potentially inappropriate medication list (e.g. Beers List, START/STOPP Criteria)[2,3] • recently changed medications, • medications for potential deprescribing, • medications that may benefit from clinical review (i.e., antipsychotics, benzodiazepines, opioids, etc.), • Recent use of PRN medications, • Pertinent medical information (diet, crushed meds) The assessment form also acts as an order sheet containing all legal requirements of a prescription – resident information, prescriber signature, date, quantities etc. The date of the previous assessment is noted on the form.

Pharmacist Medication Review (MedsCheck LTC)[4]	MedsCheck LTC, is a two-part medication review - quarterly medication reviews and an annual in-depth interdisciplinary medication review. Both medication reviews are conducted in the long-term care home by the pharmacist.
	The objectives of the MedsCheck LTC include:
	• Promoting healthier patient outcomes and better resident-focused care
	• Improving and optimizing drug therapy for residents of LTC Homes
	• Promoting interdisciplinary collaboration in patient care

Process Map:

Quarterly Medication Assessment Process

Nurse: Prints Assessment form as per quarterly schedule → Sets Medication Assessment Date → Reviews Medication Assessment form day of or day prior and makes recommendations → Medication Assessment meeting → Nurse reviews and administers medication as per new medication list

Pharmacist/Pharmacy: Confirms Attendance (if possible) → Reviews medication list within 2 weeks prior and makes recommendations → Reviews and updates resident medication list → Dispenses new orders

Prescriber: Confirms Attendance → Reviews all pertinent information provided and elicits resident/caregiver input

Resident/Caregiver: Provides input into care decisions

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References:

1. *LTC Act and Regulations 2007 79/10, section 134*
2. *Beer's List of Potentially Harmful Drugs in the Elderly*
   https://www.pharmacyquality.com/wp-content/uploads/2019/05/Beers-List-350301.pdf
3. STOPP/START criteria for potentially inappropriate medications/potential prescribing omissions in older people: *https://pubmed.ncbi.nlm.nih.gov/31790317/*
4. *MedsCheck Program for LTC Home Residents - Health Care Professionals - MOHLTC (gov.on.ca)*

Revision History:

Revision Number	Effective Date	Reason for Change	Version Number
1			
2			