Med Pass
Roadblock to Changing Culture

- Standard med times
- Everything tied to the med cart
- Rigid routine for LPN
- Clutter and noise in the hallways & D/R
- Disruption to resident’s mealtime
The GOAL

- To administer all medications in the resident’s room in a confidential manner
- To promote the atmosphere of home and support the resident’s chosen routine
- To eliminate the need to interrupt resident dining with meds
- To reduce the potential for errors
Process used

- Form a team of nurses
- Involve medical staff, Pharm-D consultants and pharmacy vendors
- Train staff
- Conduct a trial of new system
- Implement new system on all units
Medication Administration
Team

- Research options
- Visit other LTC facilities with in-room systems
- Build support for change
- Identify components of the process
- Plan implementation strategies
MD/Consultant Input

- Meet requirements
- Change in the way medication orders were written
- Advice with med times – before and after meals
- Medication supply from vendors
Resident/family Involvement

- Gain their support for changing medication times
- Inform them of what we wanted to do and why
Review Medications

- Review each resident’s medications and treatments
- Determine AC, PC and designated times
- Involve Physician’s and obtain order
- Determine means for supplying stock items
History of med administration at PMHH

- Use of medication carts – passing majority of meds in the dining room
- Use of medication carts – passing meds outside of the dining room
- Moving medications to residents rooms – passing all meds in room
- Planning for built-in locked med drawer in remodel
In-room Medication Cabinet
MAR

- Obtain notebooks: 1” for each resident
- Place MAR and TAR in notebook in each room
- Develop Timeline book
- Revise Report Sheet
Security Considerations

- RNs and LPNs carry the medication room & narcotic keys
- Master key for in-room medication cabinets carried by the LPN
- Narcotics stored under double lock in Medication room
Central Medication Room

- Double lock cabinet for narcotics
- IV/dressing supplies
- Meds requiring refrigeration
- Extra supply of medications
- Getting meds from here to the residents room
Built in cabinet with remodel
Role for Trained Med Aide

- With 6 households – need 12 more staff able to pass meds.
- Provided TMA course – 48 hours in-house
- Developed guidelines for role
- Concerns vs. reality
BENEFITS
both residents & staff

- Administer medications in privacy of the resident’s room
- Allows for confidential conversations
- More flexibility for nurses – not tied to the med cart
- Noise reduction – less distractions – improves dining and appetites
- Reduced potential for errors
Versatility of the system

- Potential for use in any setting
- Works with any type of med dispensing system – (i.e. 30-day bottle supply, unit dose systems, etc)
- Inexpensive to implement
- Can be done with existing documentation systems