

Reducing Medications: Saving Time and Improving Care

The med pass is a labor intensive activity that consumes a good part of a nursing home nurse's day. A number of homes have reduced their med pass and found that in doing so, they are more able to individualize care for residents. Here are some tips from their experiences:

1. **Avoid med pass at meal times:** Are you doing the med pass while meals are being served? Try changing your times of day. One home changed their med pass times to 10 a.m. and 2 p.m. which freed up their nurses to help out with other care responsibilities during the busy meal time. Another home eliminated the 5 p.m. med pass and freed up their nurses time for the evening meal.
2. **One-a-day's:** Give the once a day pills at a time that is less busy, to free up time during the most hectic parts of the day.
3. **TID's to BID's:** Some meds that are currently prescribed for 3 times a day can easily be given 2 times a day without any negative outcomes.
4. **Timing:** Additionally, not all BIDs need to be morning and evening. Some medications may be appropriate for afternoon and bedtime, or other variations that work for the particular resident. Also, look at all timings for scheduled medications. For example, a resident who is up frequently and predictably at night might be able to be given some medications on the night shift, depending on the particular medication and the reason for administration. Conversely, awakening a resident for a medication should be avoided if at all possible.
5. **Discontinue unnecessary meds:** Many residents are taking too many medications. They may be taking vitamins or other supplements that they cannot even absorb. One home that reviewed its meds found they could easily eliminate 40% of what they were giving.
6. **Waking people up for meds:** Re-evaluate timing of any meds that residents are currently being awakened to receive. Change med times for as many as possible so that they are given before sleep or as residents awaken.
7. **Do not put specific times in your policy unless medically necessary:** Have the MAR read 'Upon Arising', 'Before Lunch', 'Before Dinner' and 'at Bedtime' but do not specifically identify times. If a physician writes an order for QD, BID, TID, QID have it default to these points in the day. However if a physician writes an order specifically for a time such as Q9AM, 2PM and 7PM then give the medication at those times. This best supports the resident's normal routine but still allows the physician to specify times when necessary.

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8. **Consolidate med passes for each individual:** Many individual residents have several med passes during the day that have developed over time as each new medication is added to their regimen. These can easily be consolidated. An article in the American Journal of Nursing, Volume 105(12), December 2005, pp 63-64, Consolidating Medication Passes: It can lead to more time with patients, by Liebel, Dianne V. MSED; Watson, Nancy PhD, RN tells about the experience of Carol DuMond, RN at St. John's Home in Rochester, NY: "First, each resident's medication schedule was reviewed to see whether any medications could be given together during one medication pass. Because the timing of medication passes is a matter of nursing policy, changes were a nursing decision; however, DuMond talked with nursing and medical leadership and a pharmacy consultant before initiating the change. Once it was initiated, the need for a 5 pm medication pass was eliminated and there was a reduction in the number of times per day and per shift that patients had to be given medications."

The article gives the following guidance in consolidating medications:
"Standardized medication schedules need to take into account both institutional and individual needs, including multiple drug therapies, drug-drug or drug-food compatibility, bioavailability of a drug, specific drug actions or interactions, and the effects of individual bio-rhythms; inappropriate changes may cause complications or adverse reactions. Thus, changes should be made only when the medication and the patient's condition don't require an exact schedule."

9. **Evaluate the treatment work load in relation to frequency & timing:** Many products promote a daily usage which would then allow the 'daily' to be customized to the individual resident.
10. **Organize the med pass according to the routines of the person rather than by rooms:** This accommodates both personalization as well as speed. Going room to room, because that's how the med cart is laid out, takes much more time, because some people might already be in the dining room, another might be in the shower, while another might still be in bed, asleep. Walking to and from to try to find people adds to your time.
11. **Limit the number of prns can reduce med pass times:** Nurses should be watching for patterns in prn use so that when it is reasonable, prn meds can be given routinely. A full assessment is needed prior to making this determination. Example: If a person requests TUMS after every dinner, time is saved by automatically giving it to them rather than stopping what you're doing, getting into the med cart, and getting the TUMS, simply because you have to wait for the person to ask for it.
12. **Consistent staffing:** Just as in caregiving for the same person every day improves the likelihood of accommodating preferences, using the same person to pass meds (as often as possible) improves both efficiency and personalization of

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the process. For example, if a resident always takes her meds one at a time with whole milk, but the cart only has juice and water, it will take time to track down her milk and resume the pass. Making sure that those individual preferences are communicated on some kind of “med-pass care plan” can greatly improve care and speed.

A Process for Change:

Several homes described their process for change. It involved a couple of days of work by the nurses, working together with a consultant pharmacist and the medical director.

1. Create a chart with each resident’s meds by time of day.
2. Identify meds that should be discontinued and change the orders.
3. Identify meds that can be given fewer times a day and change orders.
4. Redistribute the meds so that they are given at a time that works well for the resident and for the staff. Change policies to allow a wide time range for administration of meds.

For more information:

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- ✦ To learn more about the work of the Improving the Nursing Home Culture pilot, contact Margie McLaughlin, Quality Partners of Rhode Island, the Quality Improvement Organization Support Center for nursing home work, 401-528-3259.
- ✦ Anna Ortigara RN, MS, FAAN, V.P. of Campaign for Culture Change, Life Services Network, Hinsdale, IL; (630) 325-6170
- ✦ Three nurses involved in changing their med passes have volunteered to be contacted should you need to talk this through:
 - ✦ Rikki Brady, DoN, Clark Lindsey Village, Urbana, Illinois, 217-344-2144
 - ✦ Cindy Degroot, Nurse Ed., Miller Center, Kankakee, IL, 815-936-6500, ext. 6833
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