

Role of the Pharmacist

General Discussion:

An effective medication use system becomes especially important when non-health professionals are providing the day-to-day care and assistance with medications. Consultant pharmacists can and should be incorporated into the medication management process in assisted living facilities to help ensure safe and accurate administration of medications.

The consultant pharmacist can:

- Provide listings or descriptions of recommended doses, medication interactions and medications posing the most significant risks;
- Assist facilities with the development and implementation of policies and procedures related to medication management;
- Provide inservice training to new and existing staff members on medication-related issues;
- Observe medication administration by facility staff and provide feedback to administration and to the staff;
- Establish procedures to ensure security of controlled substances and conduct periodic audits to identify system weaknesses or evidence of diversion or theft;
- Provide information to the facility for monitoring residents for side effects, appropriate laboratory test results and potential adverse consequences of the medication regimen;
- Review the resident's medication regimen for positive outcomes and appropriate medication administration; and
- Increase awareness of polypharmacy or unnecessary medications which may result from orders from multiple practitioners.

Relevant Regulations:

ADC:

Standard I.F.(2) Self-administered medications may be supervised by a staff member who may prompt the participant and observe him/her taking the medication. When medications are self-administered (whether supervised or not), the medication list must be reviewed and updated annually by the prescribing practitioner, i.e., physician, physician's assistant, or nurse practitioner.

Standard I.F.(3)(d) If staff administer participant's medications the following conditions must be met: Non-licensed staff must consult with the prescribing practitioner or pharmacist about each medication to be administered.

FAMILY ADC:

Standard I.D.(2) Self-administered medications may be supervised by a staff member who may prompt the participant and observe him/her taking the medication. When medications are self-administered (whether supervised or not), the medication list must be reviewed and updated annually by the prescribing practitioner, i.e., physician, physician's assistant, or nurse practitioner.

Standard I.D.(3)(d) If staff administer participant's medications the following conditions must be met: Non-licensed staff must consult with the prescribing practitioner or pharmacist about each medication to be administered.

AFH:

DHS 88.07(3)(a) Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist.

RCAC:

DHS 89.13(22) "Medication management" means oversight by a nurse, pharmacist or other health care professional to minimize risks associated with use of medications. Medication management includes proper storage of medications; preparation of a medication organization or reminder system; assessment of the effectiveness of medications; monitoring for side effects, negative reactions and drug interactions; and delegation and supervision of medication administration.

DHS 89.23(4)(a)2. Nursing services and supervision of delegated nursing services shall be provided consistent with the standards contained in the Wisconsin nurse practice act. Medication administration and medication management shall be performed by or, as a delegated task, under the supervision of a nurse or pharmacist.

CBRF:

DHS 83.35(1)(b) The CBRF shall base the assessment on the current diagnostic, medical and social history obtained from the person's health care providers, case manager and other service providers. Other service providers may include a psychiatrist, psychologist, licensed therapist, counselor, occupational therapist, physical therapist, pharmacist or registered nurse. The administrator or designee shall hold a face-to-face interview with the person and the person's legal representative, if any, and family members, as appropriate, to determine what the person views as his or her needs, abilities, interests, and expectations.

DHS 83.37(1)(e)1. If residents' medications are administered by a CBRF employee, the CBRF shall arrange for a pharmacist or a physician to review each resident's medication regimen. This review shall occur within 30 days before or 30 days after the resident's admission, whenever there is a significant change in medication, and at least every 12 months.

DHS 83.37(1)(e)2. At least annually, the CBRF shall have a physician, pharmacist, or registered nurse conduct an on-site review of the CBRF's medication administration and medication storage systems.

DHS 83.37(1)(e)3. The CBRF shall obtain a written report of findings under [subds. 1.](#) and [2.](#), and address any irregularities for appropriate action. When the review is done by someone other than the prescribing practitioner, the prescribing practitioner shall

receive a copy of the report when there are irregularities identified with the resident's medication regimen, which may need physician involvement to address.

DHS 83.37(1)(f)1. When an employee of the CBRF administers a resident's medication, the CBRF shall provide a list of the resident's current medications to all practitioners. If this information is not provided before a prescription is written, the CBRF shall update the resident's primary practitioner or pharmacist before the administration of any new medication.

DHS 83.37(1)(h) When a psychotropic medication is prescribed for a resident, the CBRF shall do all of the following:

DHS 83.37(1)(h)1. Ensure the resident is reassessed by a pharmacist, practitioner or registered nurse, as needed, but at least quarterly for the desired responses and possible side effects of the medication. The results of the assessments shall be documented in the resident's record as required under [s. DHS 83.42 \(1\) \(n\)](#).

Relevant DQA Memos:

Other Resources:

[Bureau of Assisted Living Medication Regimen Review Guide](#)

[DQA Pharmacy NewsCapsule \(page 1\)](#)

Best Practice, Tools & Forms:

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