

Self-Administration of Medication

The ability to self-administer medications determines where a person can:

- ✓ Live
- ✓ Work
- ✓ Vacation

Self-administration vs Self-management

- Self-administration is not the same as self-management of medication.
- Self-administration is a rote task that involves consistently correctly taking medication.
- Self-management is an intellectual task that involves understanding medication, its use, adverse effects, etc.
- One does not have to be able to self-manage to be able to self-administer.

Self-administration Assessment

14 NYCRR 633.99 (b) states:

Medication, self-administration of. The act of taking the right medication at the right time, in the right dosage and manner. This includes:

- the ability to recognize the time medication is to be taken;
- to identify the container;
- to open the correct container;
- to remove the correct dosage and close the container;
- to obtain appropriate fluids or materials needed to ingest, apply, inject or use as ordered; and
- to return medication to the appropriate storage area.

Self-Management of Medication

Includes “more cognitive” aspects of medication management:

- Name of drug
- Why it is being given
- Side effects
- Possible interactions
- How to obtain refills
- When to call the nurse/doctor

Self-Management of Medication

- A person can be self-administering without being able to self manage their medications.
- Staff can continue to work on management while allowing the person to administer their own medication.
- Once a person is self-administering, med goals would continue to work on the components of self-management.

New Forms

- To support the separation of self-administration and self-management, OMRDD has developed a two new forms:
 - A Medication Self-administration assessment form
 - A Medication Self-Management form

New Medication Self-Administration Assessment Form

- Key Aspects:
 - Focuses on essential components of medication self-administration
 - Allows self-administration by one route
 - Allows use of medication organizers and other technology to assist individuals to self-administer medication.

Self-management of Medication Assessment Form

Purpose: To observe and assess the reliability and predictability of a person to self-manage medications safely.

Items are more “intellectual” in nature than the self-administration assessment

Signing the MAR

- “Signing the MAR” means that there is an indication that the medication was given.
- Does not have to be initials.
- Could be an “X” or other mark made by the person.
- Could be a sticker or other “indicator”

Can the Staff Sign For The Person?

- ONLY if the staff has personal knowledge the person has taken the medication.
- Agency decide on the designation Perhaps “S” for “self”
- Indicate on the MAR that the designation means that the person administered their own medication.

Use of Technology

- Some individuals could self administer if their medications were set up in pill organizers.
- Many are on the market
- Vary from the basic to elaborate devices
- Need to assess individuals for their ability to self-medicate with the assistance of these devices.



Pill Organizers

- Assist with medication compliance and protocol adherence
- Keeps dry medications and vitamins arranged in compartments.
- Compartments are labeled for weekly or daily dosage frequencies
- May be marked in Braille for individuals with visual impairments.



Lotion Applicator

Assist individuals with applying lotions, oil or medications to the back, feet or other hard-to-reach areas.



Multi-alarm medication reminders and watches

- Programmed to remind the user to take medications at predetermined time schedules
- Typically come in the form of a specialized watch, pager or pocket device, or medication bottle cap.
- Alerts come in the form of audible alerts, vibration
- Some provide text messages, tasks and appointments



Talking medication bottles

- Recording mechanisms enable a caregiver or pharmacist to record a message that can be played back anytime by the user.
- The recorded message verbally identifies bottle contents and provides reminders concerning the medication protocol.
- Some of these devices also act as multi-alarm medication reminders.



Multi-alarm pillboxes

- Store medication
- Provide reminder alerts such as an audible tone at specific times of the day or predetermined hourly intervals to take medications at prescribed times..
- Many utilize compartments to help organize medications by day of the week and time of day.



Personal Automatic Medication Dispensers

- Programmable, locked devices
- automatically dispense a dose of dry medications at predetermined times.
- multi-alarm medication reminders that alert the person when it is time to take their medication with audible alarms, lights, text and voice messages.

Using Non-FDA Approved Drugs In Facilities Operated Or Certified By OMRDDD

What Are Non-FDA Approved Drugs

Drugs which are approved for use in other countries but which have not been approved by the Food and Drug Administration (FDA) and thus are not legally available in the United States

Why Use Non-FDA Approved Drugs?

- Some beneficial new drugs will never go through the FDA approval process because of :
 - Length of time to gain approval
 - Cost of process – estimates are between \$100 million and \$400 million per drug
 - Lack of financial incentives

Use of Non-FDA Approved Drugs

A physician may consider the use of non-FDA approved drugs for a person, especially in cases of severe illness where pharmaceutical intervention with approved drugs has been unsuccessful.

Non-FDA Approved Drugs

- Neither Agencies nor physicians can obtain the medication for the person.
- Medicaid, Medicare and other insurances will not pay for the medication.

Personal Use Exception

- Limited “personal use” exception for unapproved new drugs imported by mail or in personal luggage and intended solely for that individual’s use.
- Allows when the intended use is for a serious condition for which effective treatment may not be available domestically

Requirements

- The individual affirms in writing that it is for the person’s own use (FDA has allowed family members to do on behalf of a disabled person)
- Provides the name and address of the physician licensed in the US responsible for his/her treatment.

Requirements

- Must be ordered by a physician duly licensed in the United States.
- The MD must provide the following:
 - **Name of the medication**
 - **Directions regarding correct dose, form, method/route of administration, time of administration**
 - **Expected therapeutic effects**
 - **Possible side effects**

Requirements

- Prescribing physician must perform a medication regimen review every six months

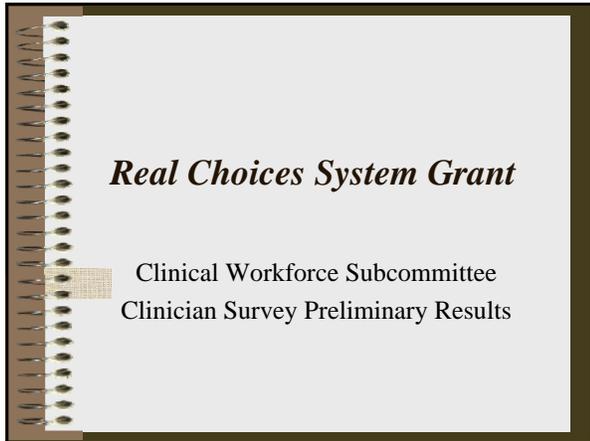
OR

Provide appropriate training and information to the agency staff responsible for the medication regimen review

Prescribing physician must provide a schedule of any required blood work/levels, along with therapeutic range if appropriate.

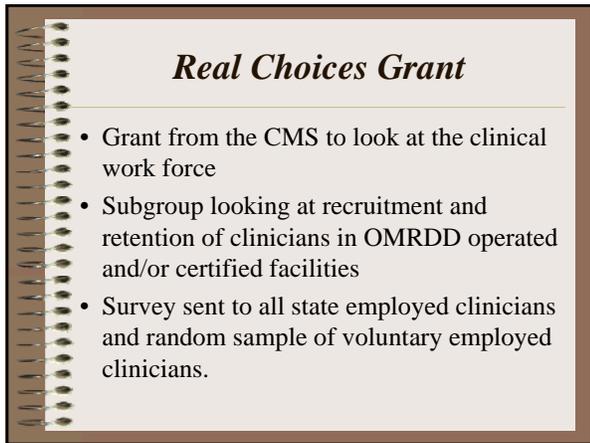
The Downside

- There is no guarantee that the drugs are manufactured using appropriate quality control methods
- Drugs may not be properly labeled
- Drugs may contain unsafe ingredients
- Drugs may not have adequate warnings or information about proper use or side effects.



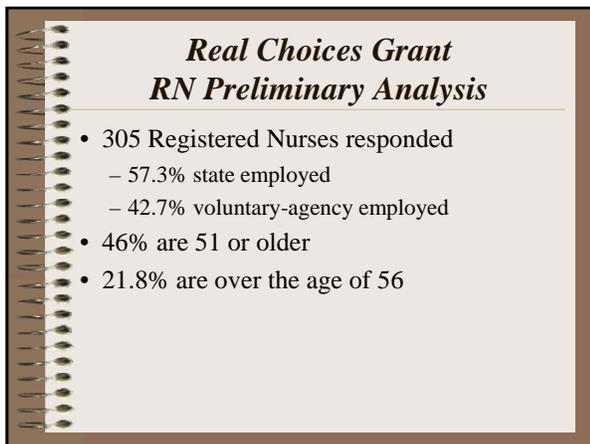
Real Choices System Grant

Clinical Workforce Subcommittee
Clinician Survey Preliminary Results



Real Choices Grant

- Grant from the CMS to look at the clinical work force
- Subgroup looking at recruitment and retention of clinicians in OMRDD operated and/or certified facilities
- Survey sent to all state employed clinicians and random sample of voluntary employed clinicians.



***Real Choices Grant
RN Preliminary Analysis***

- 305 Registered Nurses responded
 - 57.3% state employed
 - 42.7% voluntary-agency employed
- 46% are 51 or older
- 21.8% are over the age of 56

RNs work setting

Where do the RNs work?

- 51.3% in community based residences
- 20.7% in ICFs
- 14.7% in clinics
- 7.7% in clinics
- 28% Other

Characteristics of people RNs serve

- 93.4% mental retardation
- 78.8% physical disabilities
- 77.2% dually diagnosed
- 76.2% behaviorally challenged
- 64.2% Autism Spectrum Disorder
- 61.6% medically frail
- 57% Geriatric
- 11.6% Forensic

Age range of people RNs serve

- RNs serve a wide range of ages, with the most being in the 31-50 age range.
- Geriatrics is an increasing population with 74.8% of the RNs reporting they care for individuals over the age of 61.
- Children under 12 years of age comprise the smallest group, with only 20.9% of RNs reporting they have individuals in this age range

Employment issues

- Primary reason for leaving last employer: Work Schedule
- Primary reason for choosing current employer: Better work schedule
- What about money?
 - Only 6% said they left their last employer because of dissatisfaction with compensation
 - Only 6.7% said they choose their current employers for better financial compensation

Other items of interest

- Only 5.7% indicated this is their first job
- Friends and networking are the way 44.1% of RNs find new jobs and newspaper ads accounted for another 22%. Only 6.7% used the internet and only 1% used an ad in a professional journal.
- Job and career fairs ranked low at 1.7% a
- College placement offices were the least helpful with no RNs saying that is were they learned about job openings

RNs and Benefits

- The five most important benefits to RNs in rank order:
1. Medical/dental/vision insurance
 2. Paid time off
 3. Savings/retirement plan
 4. Flexible scheduling
 5. Prescription drug plan

What RNs like most/least about their current job

- Work schedule was by far what the RNs liked most about their current job, with benefits a distant second
- Not enough respect for my profession is what RNs liked the least about their current job, with financial compensation a close second.

Improvements to increase satisfaction with job

The top 5 improvements that RNs would like to see their employer make that would increase their satisfaction, in rank order:

1. Increase pay
2. Improve staffing ratios
3. Provide more employee recognition/respect
4. Increase/establish performance incentives
5. Improve training/development programs

FAQs

Question?

Are staff required to be immunized against Hepatitis B?

Answer

The Hepatitis B immunization requirement from OSHA is on the agency not the person.

The agency must offer the Hepatitis B vaccine at no cost to all employees who will be reasonably expected to have consumer contact within 10 days of employment.

Hepatitis B

- If the employee does not want the vaccination they must decline on forms from OSHA.
- The agency must educate the employee about the benefits of vaccination.
- Employee can change their mind at any time.
- OMRDD reimburses agencies for the cost.

Question?

Can I do a PPD on a person who has had BCG?

Answer

- BCG is bacille Calmette-Guérin a vaccine for tuberculosis
- Used in many countries with a high prevalence of TB
- The tuberculin skin test (TST) and blood tests to detect TB infection are not contraindicated for persons who have been vaccinated with BCG.
- Blood tests (i.e. Quantiferon Gold) to detect TB infection are not affected by prior BCG vaccination

Question?

Who can evaluate a person who has had a positive PPD?

How often do past positives need a Chest X-Ray?

PPDs and Past Positives

14 NYCRR 635-8.2 states that “a general evaluation of the person by a registered nurse taking into account any present symptomatology and history since the person's previous PPD test or evaluation. Based on such evaluation the nurse may refer the person to a physician for a formal diagnostic evaluation to exclude active tuberculosis disease. .”,

Routine Chest X-rays are NOT required.

QUESTION??

Do day programs have to have consumer specific medication administration sheets for medications they do not administer?

Questions?



Questions?

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