Office of the Chief Executive Officer

April 8, 2011

Janet Fillpovich  
Retirement Homes Project  
Ontario Seniors’ Secretariat  
777 Bay Street, 6th Floor  
Toronto, ON M7A 2J4

Dear Ms. Fillpovich,

Re: Proposed Initial Draft Regulations, Retirement Homes Act, 2010

The Ontario Pharmacists’ Association (OPA) welcomes the opportunity to respond to the ‘Notice of Proposed Initial Draft Regulations, Retirement Homes Act 2010’. OPA advocates for the profession of pharmacy in Ontario, where more than 12,000 pharmacists practice in community retail stores, family health teams, long-term care (LTC) and retirement homes, hospital clinical settings, education, business and government.

Consistent with the core objectives of inspiring the profession and its practices, providing pharmaceutical care and advocating wellness for all our patients including those in retirement homes, we are pleased to provide the following comments for your consideration as you review the draft regulations.

This submission has been prepared by the Association’s Long-Term Care Working Group, which is comprised of pharmacists who have a dedicated interest and are actively involved in providing specialized pharmacy services to the residents and staff of Ontario’s retirement homes.

These services are essential in retirement homes, where the numbers of clinical staff may be minimal and the medication-related practices are often undertaken by unlicensed care providers with no knowledge of medications, their uses, actions, and risks. Pharmacists are the medication experts and their contributions are essential to obtaining the desired outcomes from medication use. Their expertise in prescribing, monitoring, adjusting and evaluating treatments and outcomes are critical to many of the sections proposed in these regulations.

1. Current Pharmacy Services
The current provision of pharmacy services to retirement home residents varies depending on the care policies of the individual home and their relationships with pharmacists or pharmacy providers.

I. According to the accreditation standards of the Ontario Retirement Communities Association (ORCA), if medication care is provided to a resident, then the home must have a medication system which involves the services of a pharmacist.

II. If medication care is not provided by the home, then the resident manages his or her own medication supply and administration.

Retirement Home-Managed Medications
The majority of retirement homes in Ontario (65 per cent) adhere to ORCA standards and most of these have a specialized pharmacy service provider. The pharmacy provider dispenses medications often into weekly compliance packaging, provides some equipment and supplies including paper or electronic documentation tools, and the services of a specially trained clinical consultant pharmacist.
These consultant pharmacists visit the homes regularly to assist with the medication management system. They often conduct audits, review therapies, educate on medications and diseases, participate in multidisciplinary meetings and practices, and contribute to the development of policies and procedures related to safe medication use. When possible, they perform individual patient drug reviews and provide residents with specific advice on therapies.

The clinical services provided by consultant pharmacists add significantly to positive resident outcomes. They enhance the accuracy of the medication administration process and promote resident safety. By helping to avoid adverse reactions, reduce duplication in therapy and by facilitating pharmaceutical care and wellness, they reduce hospital visits and keep seniors from more costly care requirements.

There is a need to recognize the independence of residents of retirement homes whenever possible. Accordingly, the Ontario Pharmacists’ Association supports the continued availability of the MedsCheck program for residents, including the MedsCheck at Home service for patients who manage their own treatment regimens but cannot make it to their community pharmacy. For retirement home residents who need additional medication management services, OPA recommends that the MedsCheck LTC program be made available where required.

### Resident-Managed Medications

Often, seniors seek out retirement homes because they can no longer function with complete independence. This may result from poor eye sight, hand/eye coordination, mobility, memory and cognitive loss, which makes it harder to manage medication therapies accurately. Residents who self-medicate need the service of a pharmacist who is familiar with their care to determine when this is no longer safe. When mobility is an issue, the pharmacist needs to be able to visit the retirement home.

### Pharmacy Funding Required for Retirement Home Residents

Unfortunately, recent legislative and regulatory changes have challenged the financial viability of pharmacy services for retirement home residents. These services require significant investment by the pharmacy in terms of staffing and equipment and need to be considered in government funding discussions.

The residents, homes and unlicensed care staff rely on the safety, accountability, efficiencies and accuracy provided by pharmacists in their delivery of pharmaceutical care services. To ensure sustainability and the continuation of these services, the Ontario Public Drug Program needs to introduce a funding model to support their provision for the benefit of retirement home residents. The Ontario Pharmacists’ Association would be pleased to work with the Ministry of Health and Long-Term Care to consider the list of services and an appropriate and reasonable funding mechanism.


The Ontario Pharmacists’ Association recognizes the benefits of the proposed draft regulations. The Association is pleased with the focus on establishing a regulatory authority to license, investigate and enforce standards for resident care and safety while recognizing the rights of residents.
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Whether practicing in pharmacies providing services to retirement homes or working within the homes providing clinical services, pharmacists can contribute greatly to the desired outcomes outlined in the draft regulations. There are many opportunities for pharmacists to make contributions to the well-being of the residents and to increase the effectiveness of their caregivers. The following suggestions and recommendations are intended to clarify and enhance these endeavors.

**Safety Plans**

- **Section 28 – Infection prevention and control program**
  The Ontario Pharmacists’ Association recommends the addition of protocols in the draft regulations to address infection prevention and control in the event of an outbreak in a home. Such situations might result in the need for antiviral treatment such as Tamiflu®. Each resident is to be informed of the protocol upon admission.

**Standards Relating to the Administration of Drugs or Other Substances**

- **Section 30 - Administration of drugs or other substances**
  a) “no drug is administered unless the drug has been prescribed” –This would also apply to over-the-counter (OTC) medications which would then need to be purchased as a prescription with the applicable dispensing fees.
  b) This section should be expanded to indicate that training for retirement home staff also includes information on what adverse effects to watch for after the administration of the medication, and that any negative outcomes are reported to the supervising member of a College.
  c) We recommend that a new point be added to indicate that the training must be defined and documented for each staff person using specific medication-related policies and procedures which are readily available and adhered to in the administration of all medications.

  - **Section 31 - Storage of drugs or other substances**
    a) We recommend that an additional point be added to indicate that all stored medications are to be regularly reviewed, and all expired or discontinued medications are to be removed to a separate locked area.
    b) We agree that all narcotics and controlled drugs should be kept in a double-locked area. We also recommend that an exception be made for benzodiazepines when they are dispensed in individual strip compliance packages for an individual resident and at a specific dose. These doses are intended to be administered at a specific time of day, and therefore need to be kept in a locked area or stored in a locked medication cart. Having all the medications to be administered at a specific time to an individual in one package prevents omission and dosage errors, particularly when medications are administered by unlicensed care providers. Having them stored separately, away from all other routine medications being administered, leads to errors.

- **Section 32 – Medication management system**
  1) This section refers to the requirement for a medication management system without specifying the involvement of a pharmacy service provider familiar with the policies and procedures necessary to adhere to the law and in accordance with prevailing practices. As the government has recognized the importance of establishing a regulatory authority to license, investigate and enforce standards for resident care and safety, it should also accept the need for funding pharmacists adequately so that these services can be provided to the standards which are being mandated.
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- **Section 34 — Records**
  It is recommended that the documentation requirements include the route of administration, any observed outcome and the name of the person administering the medication. Also, in this section or Section 56, the length of time for storing medication related records needs to be specified for legal reasons.

- **Section 34 — Medication error**
  The definition in this section does not match the definition of a medication error as set out by the Ontario College of Nurses or the Institute for Safe Medication Practices, nor does it acknowledge the importance of noting errors which occur without resulting in harm to the patient. Determining “harm to the resident” is a subjective assessment and open to individual interpretation. Any error which affects or could have affected the resident needs to be addressed and documented. The entire medication system failure should be then be reviewed for avoidance of error and the findings included in the record.

- **Section 48 — Development of the plan of care**
  The Ontario Pharmacists’ Association recommends that each resident be assessed as to his or her ability to self-medicate as part of the plan of care. Clinical pharmacist intervention may be sought to provide a review of medications or a pharmaceutical opinion. Contributions can be made to assess the risk of falls from medications, to wound care, pain management, continence care and many other related issues common to seniors.

- **Section 54 — Restraint by a drug**
  This section should include the requirement that the dosage, actions and reactions of any drug used for restraint must be fully understood by the person administering and monitoring the resident receiving the medication.

The Ontario Pharmacists’ Association values this opportunity to provide insight from a pharmacy perspective to the Draft Regulations Retirement Homes Act, 2010. We welcome the opportunity to work in close collaboration with the Minister Responsible for Seniors, the Ministry of Health and Long-Term Care and the Government of Ontario. Should you have any questions regarding this submission, please do not hesitate to contact the office of the CEO at 416-441-0788.

Yours truly,

Dennis A. Darby, P. Eng.
Chief Executive Officer

cc – Hon. Sophia Aggelonitis, Minister Responsible for Seniors
Hon. Deb Matthews, Minister of Health and Long-Term Care
Janet McCutcheon, Chair of the Board, Ontario Pharmacists’ Association
Allan Malek, VP Professional Affairs, Ontario Pharmacists’ Association
Members of the OPA Long-Term Care Working Group