



SASKATCHEWAN
COLLEGE OF PHARMACY
PROFESSIONALS

**STANDARDS FOR PHARMACY PROFESSIONALS
CARING FOR RESIDENTS OF LONG-TERM CARE
FACILITIES**

Revised December 2021
Created September 2013

Table of Contents

<i>Purpose</i>	4
<i>A. Resident Care</i>	5
1. Resident Information – Collection and Documentation	5
2. Prescriptions	5
3. Narcotics, Controlled Drugs and Benzodiazepines.....	6
4. Medication Administration Records (MAR)	6
5. Medication Packaging and Labeling.....	7
6. Medication Storage and Delivery	7
7. Medication Room (Cart) Audits	8
8. Contingency Medications	8
9. Respite Care	9
10. Leave of Absence (Pass) Medications.....	9
11. Pre-printed orders	9
12. Medication Returns	10
<i>B. Clinical Care Standards</i>	10
1. Resident Medication Reconciliation	10
2. Medication Review	11
3. Resident Care Conference	11
4. Documentation in Resident Medical Record.....	11
5. Medications Provided by Outside Agencies.....	12
6. Prescriptive Authority.....	12
7. Immunizations.....	12
8. Outbreak in Long-Term Care Facilities.....	12
9. Special Considerations with Populations (may include but are not limited to)	12
<i>C. Communication and Education</i>	13
1. Resident / Caregiver Communication and Education.....	13
<i>D. Collaboration Standards</i>	13
1. Interdisciplinary Team	13
2. Staff Education and Training	13
<i>E. Safety and Quality Standards</i>	13
1. Quality Assurance and Medication Systems.....	13

2. Adverse Drug Reactions	14
<i>F. Professional and Ethical Standards</i>	14
1. Privacy and Confidentiality.....	14
2. Interference in Professional Responsibility	15
<i>G. Definitions</i>	15
<i>H. Supporting References</i>	19
<i>I. Additional Resources</i>	19

In this document, unless the context indicates otherwise, “member(s)” include(s) licensed pharmacist(s) and pharmacy technician(s).

Purpose

The Saskatchewan College of Pharmacy Professionals (SCPP) revised *Supplementary Standards for Pharmacy Professionals Caring for Residents of Long-Term Care Facilities* (formerly *Supplementary Standards for Pharmacists Caring for Residents of Long Term Care Facilities*, September 2013) are to protect the [residents](#) of [long-term care facilities](#) by ensuring optimal drug therapy outcomes through resident-centered care. The Standards will assist the pharmacy professional in providing services to long-term care residents, to understand their responsibility and accountability in the provision of care. These Supplementary Standards are an extension of the National Association of Pharmacy Regulatory Authorities (NAPRA) [Model Standards of Practice for Canadian Pharmacists](#) and [Model Standards of Practice for Canadian Pharmacy Technicians](#).

This document is only applicable to licensed long-term care facilities and not to [personal care homes](#).

The aim of [pharmacy services](#) as per Section 23 of *The Pharmacy and Pharmacy Disciplines Act*, SS 1996, CP-9.1, is to ensure that each resident receives safe, cost-effective, evidence-based drug therapy and to ensure that service is consistent within Saskatchewan. It is understood the members shall practice in accordance with the NAPRA Model Standards of Practice and must abide by the federal and provincial laws governing the sale of drugs including *The Controlled Drugs and Substances Act (CDSA)* and *the Narcotic Control Regulations (NCR)*, *the Benzodiazepine and Targeted Substances Regulations*, *The Food and Drugs Act*, and *the Food and Drug Regulations*, *Cannabis Act*, *Health Information Protection Act*, *The Pharmacy and Pharmacy Disciplines Act*, and *SCPP Bylaws and Drug Schedules Regulations, 1997*.

Pharmacy professionals work in conjunction with the resident, the family (or responsible representative) and others in the multidisciplinary care team to determine the resident's needs and expected outcomes from drug therapy. Resident-and-family centered care ensures their involvement in decision making at a level with which they are comfortable.

The geriatric population, which accounts for the larger percentage of admissions to long-term care facilities, should be recognized as individuals with unique needs, however the pharmacy professional should be cognizant of the needs of the residents who are not included in the geriatric population. It is important to ensure that clinical decisions are made on evidence-based guidelines specific to this population and that individual needs and circumstances of each resident are taken into consideration to ensure optimal resident outcomes are attainable.

A. Resident Care

Pharmacy care for residents is comprised of two components: clinical care and [drug distribution](#).

1. Resident Information – Collection and Documentation

The pharmacy professional providing care to the resident shall have access to the following information which shall be documented in a suitable and accessible record:

- a) resident demographics – resident name, location in the facility (ward or bed), sex, date of birth, weight, and height;
- b) drug allergies and intolerances;
- c) practitioner;
- d) current and previous medical history (with date of diagnosis, if applicable);
- e) current medication list – prescription and non-prescription including drug name, strength, dosage, route of administration, frequency, duration of therapy and indication;
- f) social history e.g. use of tobacco, cannabis, alcohol, illicit drugs, caffeine, limitation of mobility (transfers, lifts and repositioning - TLR), sight, hearing, etc.;
- g) special considerations with medication administration; the pharmacist must evaluate the needs of the resident and the properties of the medication, in order to advise the caregiver of the appropriate method to administer the medication;
- h) applicable lab or test results;
- i) vaccination history if available;
- j) PRN orders which should include the indication for which the medication is prescribed, the frequency of use and relevant directions for administration;
- k) a complete and accurate medication list, [best possible medication history](#) or [medication reconciliation](#) whenever available; and
- l) other information as applicable such as discharge orders, history of medication induced falls, cognitive/mobility status, etc.

2. Prescriptions

- a) All federal and provincial legislation, including the Prescription Review Program, shall be met when a prescription is issued, including the requirement that all prescriptions be obtained from an authorized [prescriber](#).
- b) [Accreditation Canada Standards](#) shall be met where required.
- c) Upon review of the appropriateness of the therapy, a pharmacist may dispense a drug to a resident upon receipt of a valid prescription from a prescriber.
- d) A pharmacist may prescribe a drug to a resident within the pharmacist's scope of practice and legal requirements. [\(See Prescriptive Authority – Pharmacist\)](#).
- e) [Alternative or complementary therapies](#) may be ordered as a prescription and entered into the resident's medication profile when or if required for accurate medication packaging and MARs.
- f) All changes to a prescription are to be determined as appropriate and treated as a new prescription and shall cancel the previous order.

- g) As per [The Housing and Special-Care Homes Regulations](#) (section 8), all medications and treatments shall be given only on the written order of a physician, nurse practitioner or pharmacist. If it is necessary for a pharmacist to give an order by telephone, the pharmacist shall verify the order by signing the form on the next visit to the home (section 8(a.1)(ii).

3. Narcotics, Controlled Drugs and Benzodiazepines

- a) All orders for all narcotic and controlled drug orders must meet the requirements of the *Controlled Drugs and Substances Act* (CDSA) and Narcotic and Controlled Drug Regulations (NCRs), *Benzodiazepines and other Targeted Substances Regulations*. This means orders not received directly from the practitioner to the pharmacy shall be signed by the practitioner **before** release of the drug from the pharmacy.
- b) All Prescription Review Program requirements must be met.
- c) There must be a chain of signatures by the individual taking responsibility for the narcotic and controlled drugs from the time it leaves the pharmacy to receipt of delivery to the long-term care facility as well as for any medications returned to the pharmacy from the facility.

4. Medication Administration Records (MAR)

The pharmacy professional will provide a computer-generated MAR for each resident or maintain the electronic MAR. Nursing staff are involved in the maintenance of the MAR and inform the pharmacy of any changes.

- a) A MAR will be generated: on admission; monthly (at minimum); and at the request of long-term care facility (nursing).
- b) For electronic MARs, the pharmacy will have a back-up/contingency plan in place to ensure the ability to generate a MAR in power and/or internet failures.
- c) Scheduled medications, as needed (PRN) medications, and treatments shall be generated on separate sheets whenever possible.
- d) The MAR shall contain the following information:
- i. resident name;
 - ii. resident health services number (HSN) or other unique identifier;
 - iii. prescriber (practitioner) name;
 - iv. allergies and intolerances;
 - v. clinical indication(s);
 - vi. medication name and strength and route of administration;
 - vii. all alternative or complementary medications,
 - viii. complete directions for use (no sig codes);
 - ix. frequency and medical indication for all as needed (PRN) orders (e.g. “as needed for pain”);
 - x. the days, month & year for which the record is to be used; and
 - xi. resident location within the facility or home (if possible).
- e) There shall be a process in place to ensure the accuracy of the MARs both by the pharmacy and the long-term care health professional (nursing) staff:

- xii. The Pharmacy will maintain an up to date resident profile to ensure accurate MAR production; and
- xiii. The pharmacist will correct any discrepancies in the MAR identified and communicated by the long-term care facility.

5. Medication Packaging and Labeling

- a) All medication shall be dispensed in a [monitored dose or compliance packaging](#) system except where the form of the drug does not permit such packaging¹.
- b) Controlled dosage units shall be prepared in a hygienic manner to ensure no cross contamination or exposure to medications the resident may be allergic to including, but not limited to, appropriate hand washing/hygiene and use of vinyl/latex gloves, and cleaning of work surfaces and dispensing equipment.
- c) All packaged medications (or in conjunction with the MAR where unit-dose packaging does not allow) shall be labeled according to [section 13 of Part J of the Regulatory Bylaws](#) and shall contain:
 - i. pharmacy name, street address and phone number;
 - ii. prescription number and dispensing date;
 - iii. resident name;
 - iv. prescriber (practitioner) name;
 - v. medication name and strength;
 - vi. directions for use;
 - vii. route of administration, if not by mouth;
 - viii. other information that may be required e.g. frequency and medical indication for “as needed” prescriptions;
 - ix. lot number and expiry date (exception: medications dispensed daily in multi-drug pouches);
 - x. medication description, if being packaged in multi-drug sealed units;
 - xi. special storage requirements (if applicable);
 - xii. auxiliary labels (if applicable); and
 - xiii. packaging completed at a central fill pharmacy² will contain a unique identifier to the central fill pharmacy (e.g. auxiliary label with pharmacy name; label code, etc.) if the pharmacy services incorporate the use of a central fill pharmacy.
- d) Repackaging of medications from other facilities or those that have been dispensed in vials will only be undertaken if the integrity and safety of the product can be ensured and there is no risk of cross-contamination.

6. Medication Storage and Delivery

Pharmacy staff work in collaboration with nursing and other facility staff to ensure:

- a) Security, integrity and safety of the medication.

¹ SCPP “Compliance Packaging – Customized Patient Medication Packaging Guidelines”, June 27, 2016: https://scp.in1touch.org/document/3592/REF_CmplPkg_CustPatientMedPkg_20160610.pdf.

² SCPP “Central Fill Policy Statement”, June 27, 2016: https://scp.in1touch.org/document/3590/REF_CentralFillPolicyStmnt_20160609.pdf.

- b) Proper transport and storage of medications and vaccines occurs.³
- c) Medication storage areas shall be appropriately secured to prevent entrance of unauthorized personnel and should be discouraged for use for any other purpose.
- d) Medication carts not in use shall be locked for unauthorized access and staff/resident safety.
- e) Delivery of medications to the facility shall be via a secure method that ensures the integrity of the medications and the privacy and confidentiality of the resident.

7. Medication Room (Cart) Audits

- a) Medication room and medication cart audits shall be completed at a minimum of every 6 months by the pharmacy staff.
- b) Inspection may include, but is not limited to:
 - i. conforming to provincial legislation;
 - ii. conforming to other applicable policies and procedures, e.g. Saskatchewan Health Authority;
 - iii. ensuring proper storage and labeling of medications;
 - iv. ensuring appropriate identification and removal of expired and discontinued drugs; and
 - v. verifying adequate facilities for medication storage and safety.
- c) Deficiencies will be reported to the long-term care facility administration.

8. Contingency Medications

- a) In order to ensure access to medications for the long-term care facility during periods when the pharmacy is closed, the pharmacy shall:
 - i. whenever possible, provide an on-call service; and/or
 - ii. may provide a small supply of urgent first dose medications (i.e. antibiotics, analgesics, and antihistamines) for the residents of the facility as an emergency supply only.
- b) The long-term care facility shall carry medications for emergency circumstances of opioid overdoses, anaphylactic reactions, and hypoglycemic reactions.
 - i. This should include the provision of naloxone kits in facilities where residents receive 90mg morphine equivalents or more of opioids per day.⁴
- c) Any use of a medication from the contingency supply shall be in response to a practitioner prescription.
- d) A record of use of the individually packaged contingency medications shall be kept at the facility and shall include:
 - i. the date and time the drug was removed from the contingency supply;
 - ii. the name, strength, and quantity of drug removed from the contingency supply;

³ SCPP “Vaccine Storage, Handling and Transport Guidelines”, July 2017:
https://scp.in1touch.org/document/3677/REF_Vaccine_Storage_20151222.pdf.

⁴ McMaster University, Michael G. DeGroote National Pain Centre, “The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain”, 2017:
http://nationalpaincentre.mcmaster.ca/documents/Opioid%20GL%20for%20CMAJ_01may2017.pdf.

- iii. the name of the resident for whom the medication was accessed;
 - iv. the name or initials of the responsible healthcare professional who accessed the medication; and
 - v. the prescriber (practitioner) name.
- e) A copy of the record and prescription shall be forwarded to the pharmacy at the time of access.
- f) Contingency medications audits shall be completed quarterly by the pharmacy staff.
- i. Audits may include, but are not limited to:
 - Conforming to provincial legislation;
 - Conforming to other applicable policies and procedures, e.g. Saskatchewan Health Authority;
 - Properly storing and labeling of medications;
 - Appropriately identifying and removing expired and discontinued drugs; and
 - Ensuring adequate facilities for medication storage and safety.
- g) Deficiencies will be reported to the long-term care facility administration.

9. Respite Care

If requested by the facility, the pharmacy shall provide medications for [respite](#) residents and will ensure upon admission:

- a) all medications are confirmed, and orders are written by the resident's practitioner;
- b) medications are supplied in a controlled dose system and a MAR is supplied to the resident's caregiver; and
- c) [medication reconciliation](#) has been completed.

10. Leave of Absence (Pass) Medications

Where members are requested to prepare [leave of absence \(pass\) medications](#) they shall ensure:

- a) A process is in place for ordering, packaging, and documenting leave of absence (pass) medications;
- b) Leave of absence (pass) medications are labeled and packaged in a manner that ensures residents can take, or family members can administer, medications in a safe manner;
- c) Leave of absence (pass) medications are labeled in accordance with provincial and federal legislation (see section 5); and
- d) Resident and/or family medication education is provided as appropriate.

11. Pre-printed orders

- a) [Pre-printed orders](#) are acceptable for use when developed and approved by the care team;
- b) [Standing orders](#) are discouraged; and
- c) All pre-printed or standing orders (if used) must become part of the resident record and all medication orders become part of the MAR.

12. Medication Returns

- a) Re-packaging may only occur, at the discretion of the pharmacist, if the product:
 - i. is for the same resident;
 - ii. has been returned to the pharmacy in a single drug, sealed dosage unit as originally dispensed with all blisters intact;
 - iii. labeling is intact and includes the drug lot number and expiry date;
 - iv. the product has been re-packaged in accordance with the manufacturer's specifications to maintain product integrity, per USP requirements⁵, and the SCPP Compliance Packaging – Customized Patient Medication Packaging Guidelines⁶; and
 - v. the product has, at all times, been under the control of a health care professional;
- b) All discontinued medications shall be returned to the pharmacy for disposal;⁷ and
- c) Narcotics, controlled drugs, benzodiazepines and targeted substances returned for repackaging or destruction shall include records outlining the original amount dispensed and all doses administered to the resident.⁸

B. Clinical Care Standards

1. Resident Medication Reconciliation

Review of the resident's [medication profile](#) must be done before dispensing a medication and appropriate action should be taken with respect to:

- a) the resident's Pharmaceutical Information Program (PIP) profile (and if required relevant information from the eHealth Viewer). The PIP profile shall be accessed as part of the process and a best possible medication history (BPMH) shall be obtained on admission; and
- b) the resident's medication reconciliation and BPMH, which shall be done upon admission and periods of transition (e.g. transfer to and from acute care).

Noted [medication discrepancies](#) must be investigated, resolved, and documented in a timely manner to avoid [medication errors](#). Residents who have had extended hospital or rehab

⁵ United States Pharmacopeial Convention, *United States Pharmacopeia and National Formulary*, USP31–NF26, Chapter 1178: "Good Repackaging Practices":

http://www.uspbpep.com/usp31/v31261/usp31nf26s1_c1178.asp. Accessed January 21, 2020.

⁶ SCPP "Compliance Packaging – Customized Patient Medication Packaging Guidelines", June 27, 2016: https://scp.in1touch.org/document/3592/REF_CompIPkg_CustPatientMedPkg_20160610.pdf.

⁷ SCPP "Pharmaceutical Waste Disposal Program: Guidelines for Pharmaceutical Waste Disposal Services" July 2017:

https://scp.in1touch.org/document/3638/REF_Pharmaceutical_Waste_Disposal_20160706.pdf.

⁸ Health Canada DRAFT "Guidance Document for Pharmacists, and Dealers Licensed to Destroy Narcotics, Controlled Drugs, Targeted Substances or Precursors: Handling and Destruction of Post-Consumer Returns Containing Narcotics, Controlled Drugs, Targeted Substances", Section 3.2: <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.cshp.ca%2Fsites%2Fdefault%2Ffiles%2F2017-10%2FDraft%2520Health%2520Canada%2520Guidance%2520Document%2520on%2520Destruction%2520of%2520Post-Consumer%2520Returns%2520ENG.docx>

stays may not have accurate PIP records and accurate records must be obtained from the facility providing most recent care.

2. Medication Review

- a) All residents shall receive a [medication review](#) within 90 days of admission.
- b) The pharmacist shall perform a medication review at least quarterly after the initial review upon admission, or at any reasonable request of the resident, family of the resident, or member of the health care team.
- c) A medication review should be provided as part of the [Resident Care Conference](#).
- d) The pharmacist shall review all applicable portions of the resident's chart, including lab values, when completing the medication review process, interview staff, and meet with the resident and/or family as appropriate.
- e) Requests for appropriate tests (lab tests, cognitive function evaluations, etc.) to assess and monitor drug therapy are to be made in collaboration with nursing and practitioner.
- f) Consult evidence-based guidelines and tools (Screening Tool of Older Persons' Potentially Inappropriate Prescriptions (STOPP), BEERS Criteria, and Essentials of Clinical Geriatrics etc.) to ensure appropriate management of drug related problems and the provision of [pharmaceutical care](#).
- g) Evaluate falls prevention risk assessment related to current drug therapy.
- h) Consider chronic disease management along with quality of life and realistic outcomes.
- i) All recommendations from the medication review shall be documented by the pharmacist in the form of a therapeutic plan including monitoring and follow-up. If there are no recommended changes this shall be documented as well.
- j) A copy of all documentation is to be kept at the pharmacy.

3. Resident Care Conference

- a) The pharmacist shall participate in an annual Resident Care Conference with the [interdisciplinary team](#) and when possible the resident and/or family.
- b) If, in extenuating circumstances, the pharmacist is unable to attend the Resident Care Conference either in person or remotely, then all resident centered recommendations or suggestions are to be forwarded ahead of time for consideration at the conference.

4. Documentation in Resident Medical Record

- a) The pharmacist shall document relevant information in the resident's medical record.
- b) Pharmacist recommendations shall be documented in the appropriate section of the resident medical record or on the medication review document.
- c) A record of any medication counseling or discussion with the resident or family shall be documented in the resident's medical record.
- d) A copy of all documentation is to be kept at the pharmacy.

5. Medications Provided by Outside Agencies (e.g. Home IV, Chemotherapy, TB Clinic)

- a) The facility will inform the pharmacy when a resident will be receiving medications from an outside agency.
- b) When possible, the medication orders shall be included in the resident profile and appear on the MAR provided by the pharmacy.

6. Prescriptive Authority

All [SCPP bylaws](#) governing prescriptive authority (Level I including minor ailments and Level II) shall be followed.

7. Immunizations

The pharmacist will provide information regarding recommended immunizations for residents in long-term care facilities (influenza, pneumococcal, childhood vaccines).

Pharmacists are authorized to provide injections, including immunizations, according to SCPP Bylaws and guidelines.

8. Outbreak in Long-Term Care Facilities

The pharmacy professional will ensure Population Health and Public Health directives regarding outbreaks will be supported.⁹ This includes:

- a) stocking of appropriate levels of antiviral agents (e.g. oseltamivir); and
- b) ensuring the pharmacist provides for appropriate dosing of antivirals for prophylaxis and treatment.

9. Special Considerations with Populations (may include but are not limited to)

- a) Geriatrics:
 - i. The pharmacist shall apply basic geriatric principles when providing drug therapy and recommendations for residents.
- b) Respiratory care (e.g. ventilator, tracheostomy residents):
 - i. The pharmacist shall apply basic chronic disease principles to respiratory care residents (e.g. dosing, route of administration, frequency).
- c) Palliative care:
 - i. The pharmacist will use best practices for end of life care.
- d) Pediatrics:
 - i. The pharmacist will assess all pediatric orders for weight-based dosing and confirm within safe range of dosing utilizing recommended standard Pediatric dosing references (Lexi-Comp Pediatric Dosage Handbook, Winnipeg

⁹ SCPP “Ethical Duty during an Emergency, Disaster or Pandemic for Pharmacists and Pharmacy Technicians”, November, 2016:

https://scp.in1touch.org/document/3605/REF_Emergency_Ethical_Duty_Nov2016.pdf.

Pediatric Dosage Handbook, Toronto Sick Kids Formulary, Neofax). The pharmacist will document mg/kg/dose or mg/kg/day calculation performed.

C. Communication and Education

1. Resident / Caregiver Communication and Education

- a) The pharmacist shall be available to the resident, the resident's family, and/or the responsible representative to discuss medication issues and provide specific information to assist them with safe and effective drug therapy decisions.
- b) The pharmacist shall provide drug information and clinical support as appropriate to all members of the health care team.
- c) Specific written drug and drug therapy information shall be provided to members of the health care team when required to ensure safe and effective drug therapy for each resident.
- d) The pharmacy staff is available to orientate any facility staff involved with the medication system.

D. Collaboration Standards

1. Interdisciplinary Team

- a) The pharmacist(s) shall be a member(s) of the inter-disciplinary team.
- b) The pharmacy technician(s) may be a member(s) of the inter-disciplinary team.
- c) The pharmacist shall participate in inter-disciplinary team meetings.
- d) The pharmacist shall provide guidance to the team on medication related practice issues.

2. Staff Education and Training

- a) All involved pharmacy staff shall be oriented to policies and procedures of the pharmacy services provided to the long-term care facility pertinent to their roles and responsibilities.

E. Safety and Quality Standards

1. Quality Assurance and Medication Systems

- a) A system/process shall be in place for the reporting and documenting of drug incidents and discrepancies and their follow-up.¹⁰
- b) The pharmacist shall receive a copy of all medication related incident forms generated at the long-term care facility.

¹⁰ For more information see the COMPASS section of the SCPP website here: <https://www.saskpharm.ca/site/compass/compass?nav=sidebar> and refer to section 12(1) of Part I "Proprietary Pharmacies" of the SCPP Regulatory Bylaws for requirements.

- c) The pharmacist shall participate in the reporting and follow-up of any medication incidents, near-misses or discrepancies, including a 'root-cause' analysis and quality improvement review.
- d) A process shall be established with the facility for the review of the incident reports on a regular basis and any results of the review shall be shared with all staff involved with the medication system.
- e) The pharmacist will follow the facility's procedure regarding informing the resident, the resident's family, or the responsible representative of any medication occurrences.

2. Adverse Drug Reactions

- a) A system/process shall be in place for the reporting and documenting of [adverse drug reactions](#) experienced by the residents of the facility.
- b) The pharmacist shall receive a copy of all adverse drug reactions reporting forms generated at the facility.
- c) The pharmacist shall participate in the reporting and follow up of any adverse drug reactions experienced by the residents.
- d) The pharmacist should participate in reporting any adverse drug reactions to the [Canada Vigilance Program](#).
- e) The pharmacist will follow the facility's procedure regarding informing the resident, the resident's family, or the responsible representative of any adverse drug reactions.

F. Professional and Ethical Standards

1. Privacy and Confidentiality

- a) All applicable privacy legislation will be adhered to.
- b) All pharmacy services shall be provided in a manner that ensures the privacy of the resident's medical and medication information.
- c) All pharmacy services and conversations relating to a resident shall be done in a manner that protects the confidentiality and privacy of the resident.
- d) Consents shall be obtained from the resident, the resident's family, or the responsible representative when appropriate for sharing information with a third party, e.g. family members.
- e) Delivery of medications shall be in a manner that protects the resident's privacy and confidentiality.
- f) Electronic communication will be in accordance with applicable privacy legislation. A privacy impact assessment¹¹ will be performed for all electronic communication including electronic applications (apps) which collect, use, and store personal health information. NOTE: emailing resident invoices with detailed health/prescription information is in violation of HIPA and PIPEDA.

¹¹ Office of the Saskatchewan Information and Privacy Commissioner, "Privacy Impact Assessment: A Guidance Document": <https://oipc.sk.ca/assets/privacy-impact-assessment-guidance-document.pdf>.

2. Interference in Professional Responsibility

No contracts shall be entered into that interferes with the ethical considerations and requirements of pharmacy practice or limits the pharmacist's ability to provide pharmacy services according to the federal, and provincial legislation governing pharmacy, SCPP bylaws, the NAPRA Model Standards of Practice and these supplementary standards of practice.

G. Definitions

Adverse Drug Reaction – Are undesirable and unintended effects to health products. Health products include drugs, medical devices and natural health products. Drugs include both prescription and nonprescription medications; biologically derived products such as vaccines, serums, and blood derived products; cells, tissues and organs; disinfectants; and radio pharmaceuticals. Reactions may occur under normal use conditions of the product. Reactions may occur within minutes or years after exposure to the product and may range from minor reactions like a skin rash to serious and life-threatening events such as blood disorders or liver damage.ⁱ

Alternative/Complementary Medications – Alternative/complementary medications are products other than those used in conventional western medicine such as herbs, health foods, natural health products, and homeopathic medications.

Best Possible Medication History (BPMH) – A current medication history obtained by a pharmacist, their designate or healthcare professional which includes a thorough history of all regular medication use (prescribed and non-prescribed), using some or all of the following sources of information: patient [resident] or caregiver interview; inspection of vials and other medication containers; review of a personal medication list; review of PIP: follow up with a community pharmacy or review of a current medication list printed by the community pharmacy.ⁱⁱ

Canada Vigilance Program – The Canada Vigilance Program is Health Canada's post-market surveillance program that collects and assesses reports of suspected adverse reactions to health products marketed in Canada.ⁱⁱⁱ

Cannabis Act – <https://laws-lois.justice.gc.ca/PDF/C-24.5.pdf>.

Cannabis for medical purposes under the Cannabis Act: information and improvements – <https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/medical-use-cannabis.html>.

Drug Distribution Services – Distribution services involve the processes which must be completed to deliver medication to a resident.

Inter-disciplinary Team – A group of health care workers who are members of different disciplines, each providing specific services to the patient.^{iv}

Leave of Absence (Pass) Medication – is the provision of medications for a resident who has a planned departure from and a return date to the long-term care facility.

Licensed Practitioner – See Prescriber.

Long-term Care Facility – A facility that provides living accommodation for people who require on-site delivery of 24-hour, 7 days a week supervised care, including professional health services, high levels of personal care and services. They accommodate varying health needs with on-site supervision for personal safety.

Medication Discrepancy – A drug-related event which does not involve the actual administration (or lack thereof) a drug to a patient [resident], but where an error in the medication process (e.g. ordering or transcription) has been detected and corrected before reaching the patient [resident].^v

Medication Error / Incident – Any preventable event (occurrence) that may cause or lead to inappropriate medication use or patient [resident] harm while the medication is in the control of the healthcare professional, patient [resident] or consumer. Medication incidents may be related to professional practice, drug products, procedures and systems and include prescribing, order communication, product labeling, packaging, nomenclature, compounding, dispensing, distribution, administration, education, monitoring and use.^{vi}

Medication Profile – The list of a patient's [resident's] medications in the Pharmaceutical Information Program (PIP).^{vii}

Medication Reconciliation – is a formal process in which healthcare providers work together with patients [residents], families and care providers to ensure accurate and comprehensive medication information is communicated consistently across transitions of care. Medication reconciliation requires a systematic and comprehensive review of all the medications a patient [resident] is taking (known as a BPMH) to ensure that medications being added, changed or discontinued are carefully evaluated. It is a component of medication management and will inform and enable prescribers to make the most appropriate prescribing decisions for the patient [resident].^{viii}

Medication Review – Clinical medication review is the process where a health professional team:

- reviews the patient [resident], the illness and the drug treatment during a consultation;
- evaluates the therapeutic efficacy of each drug and the progress of the conditions being treated;
- when appropriate considers compliance, actual and potential adverse effects, interactions and the patient's understanding of the condition; and
- decides (based on the outcome of the review) about the continuation (or otherwise) of the treatment.^{ix}

Monitored (Controlled) Dosage System – Is the preferred system to package medication for dispensing and administration to the patient [resident]. Such a system refers to a medication

packaging system for tablets and capsules that are sealed, and which provides for each package, the identification of the individual patient's [resident's] dose, up to the point of the resident receiving the medication; for each dosage form, a method to identify whether an individual dose has been removed from the package.

Personal Care Home – A residence that provides “lodging, meals, and assistance with or supervision of the activities of daily living. They are privately owned and operated...and should not be confused with special care homes (i.e. long-term care homes/nursing homes), which are part of the publicly funded health system and serve residents typically with heavier care needs.”^x

Pharmaceutical Care – Is a patient-centered practice in which the practitioner assumes responsibility for a patient's [resident's] drug-related needs and is held accountable for this commitment.

Pharmacy Services – As per section 23 of *The Pharmacy and Pharmacy Disciplines Act*, SS 1196, c P-1.9:

Authorized practices

23(1) No person other than a licensed pharmacist, licensed pharmacy technician, or intern practising under the supervision of a licensed pharmacist or a licensed pharmacy technician, may prepare, compound, dispense or sell drugs in Saskatchewan.

(2) A licensed pharmacist, licensed pharmacy technician or intern practising under the supervision of a licensed pharmacist or a licensed pharmacy technician may, subject to the terms, conditions and restrictions of that person's licence, perform all or any of the following practices:

- (a) advise patients and other health care providers by providing drug and non-drug therapy knowledge respecting drug and non-drug therapy selection and use;
- (b) monitor responses to and outcomes of drug therapy;
- (c) compound, prepare, dispense and sell drugs;
- (d) provide non-prescription drugs, parenteral nutrition and health care aids and devices;
- (e) supervise and manage drug distribution systems to maintain public safety and drug system security.

(3) A licensed pharmacist who meets the qualifications set out in this Act and the bylaws, may, subject to the terms, conditions and restrictions on that licensed pharmacist's licence, perform all or any of the following practices:

- (a) prescribe and administer drugs in accordance with the bylaws made pursuant to this Act and the regulations made pursuant to section 52;
- (b) prescribe treatments and health care aids and devices related to the practice of pharmacy in Saskatchewan;

(c) access and use patient-administered automated tests designated in the bylaws and interpret the results of those tests;

(d) access, order, perform, use or interpret medical laboratory tests in accordance with the regulatory bylaws made pursuant to this Act and the regulations made pursuant to The Medical Laboratory Licensing Act, 1994.

[...]

Pre-printed Order (PPO) – A pre-defined and detailed tool that allows for selection by a prescriber of a specific drug and dosage for an individual based on a specific clinical condition. This may include a PPO for admission orders relevant to the facility and the practitioners who practise there.

Prescriber – includes physicians, registered nurses (e.g. nurse practitioners and those with additional authorized practices), dentists, optometrists, pharmacists, midwives and podiatrists as specified in The Drug Schedules Regulations.^{xi}

Resident – For the purposes of this document, a resident is a person who lives in and receives care in a home or long-term care facility.

Respite Care – Is the temporary care that is provided to a resident at a long-term care facility. The duration of stay is variable and could last anywhere from a few days up to a month.

Resident Care Conference – A meeting which includes all team members including the resident and/or family member/caregiver where the needs and goals of the resident are discussed.

Standing Order – A universal order for medications that is accessible for all patients [residents]; not individualized.

H. Supporting References

1. Accreditation Canada, “Standards - Long term Care and Residential Homes”: <https://accreditation.ca/solutions/senior-residential-care/>
2. College of Pharmacists of B.C., *Health Professions Act – Bylaws, SCHEDULE F, PART 3 - “Residential Care Facilities and Homes Standards of Practice”, (2017):* http://library.bcpharmacists.org/6_Resources/6-1_Provincial_Legislation/5080-HPA_Bylaws_Residential_Care.pdf
3. Ontario College of Pharmacists, “Standards for Pharmacists Providing Pharmacy Services to Licensed Long Term Care Facilities” (January 1, 2007): <http://www.ocpinfo.com/regulations-standards/standards-practice/ltc-standards/>
4. National Association of Pharmacy Regulatory Authorities (NAPRA). “Model Standards of Practice for Canadian Pharmacists”, (March, 2009): http://napra.ca/sites/default/files/2017-09/Model_Standards_of_Prac_for_Cdn_Pharm_March09_layout2017_Final.pdf
5. National Association of Pharmacy Regulatory Authorities (NAPRA). “Model Standards of Practice for Canadian Pharmacy Technicians”, (November, 2011): http://napra.ca/sites/default/files/2017-08/Model_Standards_of_Prac_for_Cdn_PharmTechs_Nov11.pdf
6. Newfoundland and Labrador Pharmacy Board, Standards of Pharmacy Practice, “The Provision of Pharmaceutical Care to Personal Care Homes and Community Care Homes” (June 11, 2010): http://www.nlpb.ca/media/SOPP-Personal_Care_Homes-June2010.pdf

I. Additional Resources

1. *The Benzodiazepine and Targeted Substances Regulations:* <http://laws-lois.justice.gc.ca/eng/regulations/SOR-2000-217/page-1.html>
2. *The Controlled Drugs and Substances Act (CDSA):* <http://laws-lois.justice.gc.ca/eng/acts/C-38.8/page-1.html> (1996)
3. *Drug Schedules Regulations, 1997:* https://scp.in1touch.org/document/4003/Drug%20Schedule%20Regulations%201997_2014.pdf
4. *The Food and Drugs Act:* <http://laws-lois.justice.gc.ca/eng/acts/f-27/page-1.html> (1985)

5. *The Food and Drug Regulations*: http://laws-lois.justice.gc.ca/eng/regulations/C.R.C.,_c._870/page-1.html
6. *The Narcotic Control Regulations (NCR)*: http://laws-lois.justice.gc.ca/eng/regulations/C.R.C.,_c._1041/page-1.html
7. *The Housing and Special-care Homes Regulations, 2021*: <https://publications.saskatchewan.ca/#/products/1538>
8. *The Pharmacy and Pharmacy Disciplines Act, 1996*: <http://www.publications.gov.sk.ca/freelaw/documents/English/Statutes/Statutes/P9-1.pdf>
9. *SCPP Regulatory Bylaws*: https://scp.in1touch.org/document/3584/Bylaws_Regulatory_20170825.pdf (February 15, 2019)

Endnotes:

ⁱ Health Canada, MedEffect Canada: <https://www.canada.ca/en/health-canada/services/drugs-health-products/medeffect-canada.html>.

ⁱⁱ Canadian Patient Safety Institute (CPSI), “Medication Reconciliation (MedRec)”: [https://www.patientsafetyinstitute.ca/en/Topic/Pages/medication-reconciliation-\(med-rec\).aspx](https://www.patientsafetyinstitute.ca/en/Topic/Pages/medication-reconciliation-(med-rec).aspx).

ⁱⁱⁱ Health Canada, Canada Vigilance Program, (February 19, 2016): <https://www.canada.ca/en/health-canada/services/drugs-health-products/medeffect-canada/canada-vigilance-program.html>.

^{iv} Mosby, *Mosby's Medical Dictionary*, 8th edition. © 2009, Elsevier.

^v Canadian Society of Hospital Pharmacists (CSHP), “Drug Use Control: Guidelines”, 2008.

^{vi} The Institute for Safe Medication Practices Canada (ISMP Canada), “Medication Safety Self-Assessment® for Long Term Care (Canadian Version II)”, (2000-2017): <https://www.ismp-canada.org/lmssa/>

^{vii} eHealth Saskatchewan, “PIP Desk Reference – The Pharmaceutical Information Program”, (March 2013): <https://www.ehealthsask.ca/services/pip/Documents/Resources/PIPDeskReference.pdf>

^{viii} The Institute for Safe Medication Practices Canada (ISMP Canada), “Medication Reconciliation in Acute Care: Getting Started Kit” (September 2011): https://www.ismp-canada.org/download/MedRec/Medrec_AC_English_GSK_V3.pdf

^{ix} British Medical Journal: “Randomized controlled trial of clinical medication review by a pharmacist of elderly patients receiving repeat prescriptions in general practice”, December 8, 2001: <https://www.bmj.com/content/323/7325/1340> (BMJ 2001:323:1340)

^x Government of Saskatchewan, “Personal Care Homes”,
<https://www.saskatchewan.ca/residents/health/accessing-health-care-services/care-at-home-and-outside-the-hospital/personal-care-homes>.

^{xi} *The Drug Schedules Regulations, 1997*:
https://scp.in1touch.org/document/3691/Drug%20Schedule%20Regulations%201997_2014.pdf