Identifying Residents for Medication Assessment

A Guide for Long-Term Care

Deprescribing@bruyere.org

Last updated: July 15, 2021
Any use of this guide or its contents for any commercial purpose requires the prior written authorization of the Bruyère Deprescribing Research Team at Bruyère Research Institute.

All rights reserved.

For permission or information, please contact:

Dr. Barbara Farrell  
Bruyère Research Institute, Bruyère Deprescribing Research Team  
43 Bruyère Street  
Ottawa, Ontario K1N 5C8  
Email: bfarrell@bruyere.org or deprescribing@bruyere.org  
Phone: 613-562-6262 ext. 1315

Dr. Lisa McCarthy  
Institute for Better Health at Trillium Health Partners and University of Toronto, Bruyère Deprescribing Research Team  
100 Queensway West  
Clinical Administrative Building, 6th Floor  
Mississauga, Ontario L5B 1B8  
Email: lisa.mccarthy@utoronto.ca or deprescribing@bruyere.org  
Phone: 416-566-2793

Funder (2020): This work is supported in part with funding from the Government of Ontario through the Ontario Centre for Learning, Research and Innovation in Long-Term Care hosted at Bruyère. The views expressed herein do not necessarily reflect the views of the Province.

What can this guide do for you and who should use it?

This guide can help those caring for residents in long-term care (LTC) to identify signs or symptoms in a resident that may be medication related. Many care team members, such as personal support workers (PSWs), personal care providers, resident support aids, dietary aid attendants, recreational therapists and family members, for example, play an integral role in resident-centered care and invest a significant amount of time caring for residents. This puts them in an ideal position to recognize a change from a resident’s baseline.

The guide reviews the overall process for reporting these concerns to other members of the care team that may then prompt a medication assessment. A medication assessment is a careful check of a resident’s medications to see if one or more of them might be causing the problem.

Who made this guide?

This guide was created by a team from the Bruyère Research Institute and the Centre for Learning Research and Education in LTC at Bruyère. This team worked with a group of Ontario LTC home stakeholders such as healthcare providers, PSWs, PSW educators and LTC associations to get input from those who would use this process and the tools and resources created to support the process.

Overall process for identifying residents for medication assessment

The overall steps involved in identifying residents for a medication assessment include:

- **Spot** a change (new, worse or bothersome) in the people you care for.
- **Report** your concerns with nursing staff that may prompt a medication assessment with a pharmacist or doctor.
- **Follow-up** with nursing staff on resident outcomes.
**Spot a change**

Those that interact with a resident on a regular basis are in an ideal position to spot changes in them that may be medication related. They should monitor for new, worse or bothersome symptoms.

In order to do this, care team members should consider asking themselves the following questions when caring for a resident:

1. How is the resident doing today?
2. Are there any changes that I notice?
3. What should I be looking out for?
4. How do I communicate this information and with who?

In order to help those caring for residents identify what they should be looking out for, we have developed an infographic that lists some of the possible signs and symptoms that may be medication related. The infographic also provides an overview of the identifying process described above. This tool is available for download at: [https://www.deprescribing.org/deprescribing-in-ltc-framework/Identifying-Residents-Infographic/](https://www.deprescribing.org/deprescribing-in-ltc-framework/Identifying-Residents-Infographic/)

**Report your concerns**

Once someone identifies a change, this should be reported to the nurse's attention. From discussions with those working in LTC, we recognize that individual homes may have different internal processes for how this communication is delivered (e.g. through a note in the electronic documentation system, verbally in person etc.). We recommend that LTC homes determine and choose a consistent process that works best for their individual home.

**Follow-up**

People who care for residents on a regular basis are also in an ideal position to follow-up on any changes to the symptom they noticed and communicate their findings back to nursing. If a change to a medication was made because of a symptom the resident was experiencing, providing feedback on any outcomes as a result of the medication change is important information that helps to improve resident care.

**Tools to support this process**

As mentioned above, an infographic has been developed. It is a one-page visual summary encouraging members of the care team to identify possible signs and symptoms in residents that may be medication related. It also serves as a quick reference that shows some signs and symptoms to monitor for.

A PowerPoint presentation has also been developed to be used for in-service education. The PowerPoint can be delivered over 15 minutes with an additional 15 minute discussion period. It reviews the importance of identifying residents for possible medication assessment, provides an overview of the process and works through a case example.

All tools are available for download at: [https://www.deprescribing.org/deprescribing-in-ltc-framework/](https://www.deprescribing.org/deprescribing-in-ltc-framework/)
Appendix 1: Acknowledgements

The content of this guide was developed, reviewed and approved with support from the following Identifying Residents for Medication Assessment Committee members of the Ontario Deprescribing in LTC Stakeholder Team:

Lisa Richardson
Barbara Farrell
Lisa McCarthy
Daniel Dilliott
Catherine Adesanya
Alison Cousineau
Ian Da Silva
Emily Farrell
Victoria Ip
Monique Langlois
Jennifer Major