# Getting Involved in Medication Decisions in Long-Term Care (LTC): A Guide for Residents, Families, and Caregivers

### Who Can I Talk To?

# Nurses (RN/RPN)



Nurses assess residents, give medications, watch for medication side effects and write details into a medication administration record (MAR).

Nurses are a great first point of contact for any medication-related questions you may have. Nurses can provide a list of medications, and provide more information such as if a resident refused any doses or how often "as needed medications" are used.

## Personal Support Workers (PSWs) / Care Aides



PSWs or Care Aides help residents with activities of daily living such as bathing, dressing, or toileting. PSWs may also give certain medications.

PSWs or Care Aides spend the most time with residents and can give valuable information about day-to-day changes in how residents feel, and if any changes could be due to medications.

# Pharmacists (RPh)



Pharmacists assess residents' medications to see how well they are working, whether a medication may be causing side effects and check that doses are a good fit for the resident. Pharmacists also dispense medications.

Pharmacists can also provide a list of medications, and answer questions about why a medication is being used, side effects, and drug interactions.

## **Doctors & Nurse Practitioners (NP)**



Doctors & NPs monitor and examine resident health, review the resident's care plan, and prescribe medications.

Doctors can answer questions related to a resident's care. They may not always be at the LTC home, so it may be helpful to ask the nurse or PSW about the best way to contact them.

# Social Workers (RSW)



Social workers know the resident and family well. They are a great contact point for providing additional resources, and helping with issues relating to medication coverage.

# Getting Involved in Medication Decisions in Long-Term Care (LTC): A Guide for Residents, Families, and Caregivers

### What is a Medication Review?

A medication review is a critical examination of all medications a person takes regularly or as needed. This includes medications of all forms (e.g., pills, liquids, creams, patches, puffers, eye and ear drops) that are prescribed or are over the counter. The goal is for the health care professionals and the resident or their substitute decision maker (often the Power of Attorney for Personal Care) to:

- Agree on the treatment plan
- Ensure each medication has a reason for use, and is helpful and safe
- Identify and resolve medication problems (such as side effects, or drug interactions)
- Reduce medication waste.

-Adapted from Ontario Health Quality Standards

## When Should Medications Be Reviewed?



## **When Moving Into LTC**

• When preparing for a new resident, the LTC care team should review the resident's medications. It is very important that each new resident bring a complete list of their prescription or over the counter medications. The home should work with caregivers to determine the best way to obtain this list (e.g., contacting their community pharmacy, hospital, etc.), and review it with them to ensure it is accurate.

**Care Team:** can include nurses, doctors, pharmacists, social workers, dietitians, personal support workers, and other team members.



#### **Care Conferences**

- <u>Within around 6 weeks of moving in</u>, the care team should discuss medications with the resident and/or their substitute decision maker. To get ready for the meeting, think about the resident's experiences and goals for each medication. This will help you and the care team make good decisions about continuing or changing medications.
- Follow-up care conferences should happen at least once <u>every year</u>. Care conferences are a great opportunity to bring up any medication-related questions, and to ask for a pharmacist or doctor to participate.



### **Routine Medication Reviews**

• Members of the resident's care team should complete this review <u>approximately every</u> 3-6 months depending on where the home is located, and based on regional regulations. The care team should identify if medications should be continued, changed, or stopped. Recommended changes should be discussed with the resident or their substitute decision maker prior to making final decisions.





