

# Implementation of Patient-Centered Medication Pass

Patient-Centered Medication Pass is a program allowing long-term care facility residents to choose the times that their scheduled medications are administered based on their own personal schedules and activities. It allows the resident to be involved in their care and prevents them from missing out on community events, meal times, and other social activities while waiting for their medication to be administered. Adopting patient-centered medication pass can increase both a resident's quality of care and quality of life. Below are recommended steps to take to begin introducing residents to the patient-centered medication pass program.

## Step 1:

Evaluate whether the resident is an appropriate candidate for patient-centered medication pass

- Observe the resident while evaluating **such things as**
  - Medication literacy
  - Cognitive ability (a diagnosis of dementia is insufficient alone to justify restrictions of a person's rights; their judgment and reasoning skills should be considered)
  - Decision-making skills
  - Communication skills (communication of preferences can come in the form of emotional responses and actions rather than through words)
  - Patterns of behavior
  - Participation in facility activities and therapy programs
  - Sleeping patterns
- Consider the patient's diagnoses and medical conditions, as well as the types/classes of medications the patient is taking

## Step 2:

Interview the resident, discussing their preferences, personal goals, and what is important to them

- Provide educational materials and information about the program to the resident and family members
- Ensure understanding of the advantages and limitations of the program
- Determine if the resident's choice presents a perceived risk or safety challenge to the resident, other residents, or to the community
- Document the conversation, the resident or resident representative's choice, and the observations from Step 1 in the patient's chart

## Step 3:

Consult with the pharmacist and/or the prescriber to identify time-critical scheduled medications and medications require special administration times

- Per the Institute for Safe Medication Practices (ISMP), time-critical scheduled medications are defined as "those where early or delayed administration of maintenance doses of greater than 30 minutes before or after the scheduled dose may cause harm or result in substantial suboptimal therapy or pharmacologic effect" (**examples below**)
  - Medications with a dosing schedule more frequent than every 4 hours
  - Scheduled opioids for chronic pain or palliative care
  - Immunosuppressive agents for prevention of solid organ transplant rejection or to treat myasthenia gravis
  - Medications that must be administered apart from other medications (e.g., antacids, fluoroquinolones, levothyroxine)
  - Medications that require administration within a specified period of time such as before, after, or with meals (e.g., rapid/short/ultra-short acting insulins, oral antidiabetic agents, alendronate, pancrelipase)
- Advise the patient that medications falling into this category are less flexible and may not apply to their selection of personalized medication administration times

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**Step 4:**

Communicate the suggested administration times and time limitations based on prescription frequency to the resident

- Allow the resident to select personalized times of administration within the windows established by the facility (**recommended administration window below**)

Medication Frequency	Administration Window
QD	Once daily between 4am and 10pm
BID	Twice daily between 4am and 10pm, minimum 4 hours apart*
TID	Three times daily between 4am and 10pm, minimum 4 hours apart*
QID	Four times daily between 4am and 10pm, minimum 4 hours apart*
HS	As close to the resident's bedtime as possible but after 6 pm
AC	½ to 1 hour prior to meal as ordered by the prescriber
PC	½ to 1 hour after meal as ordered by the prescriber

\*Always assess appropriateness of the minimum time period for each individual medication

**Step 5:**

Add the resident's preferred times of administration to the MAR or eMAR

- The nurse or medication administrator shall document medication administration or refusal at the resident-preferred times on the MAR per facility policy

**Step 6:**

Review the resident's personalized medication administration schedule at least quarterly as well as in the event of a significant change in condition

**Additional Considerations:**

- If the resident experiences a decline in function (cognitive ability, decision-making skills, etc.) causing them to no longer be a candidate for the program, the facility should reserve the right to remove such resident from the program
- In addition to what is listed above, exclusions to this guidance policy should include:
  - PRN medications
  - Topical medications
  - Infusion medications