
Medication Assistance Program (MAP) Essentials for Regulated Health Care Providers



February 3, 2023

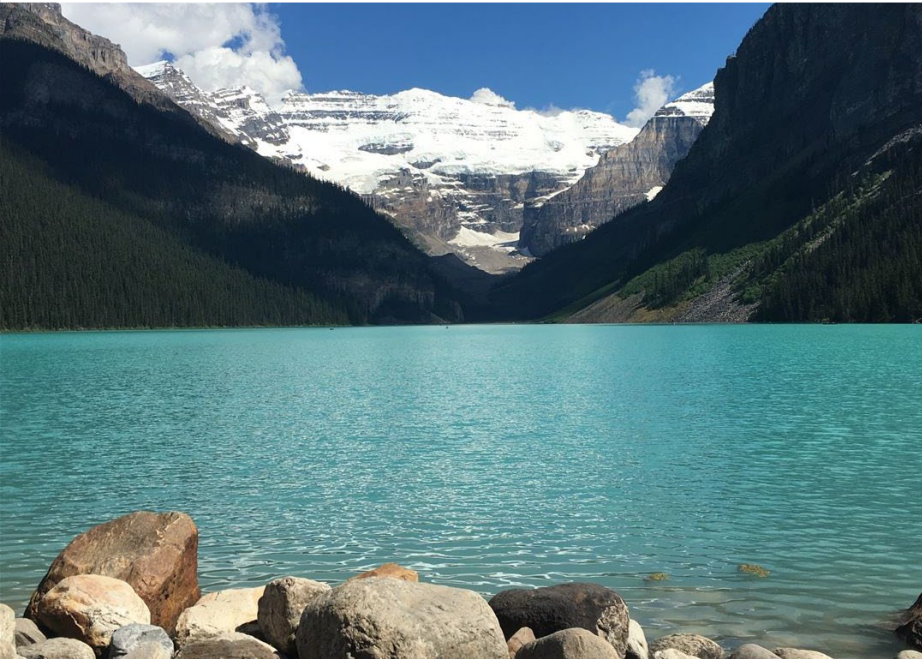


**Seniors Health &
Continuing Care**



Policy, Practice, Access
& Case Management

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Land Acknowledgement

Provincial Seniors Health and Continuing Care would like to recognize that our work takes place on historical and contemporary Indigenous lands, including the territories of **Treaties 6, 7 & 8** and the homeland of the Métis.



This education is intended for regulated health care providers involved in medication support services within continuing care.



Learning Objectives

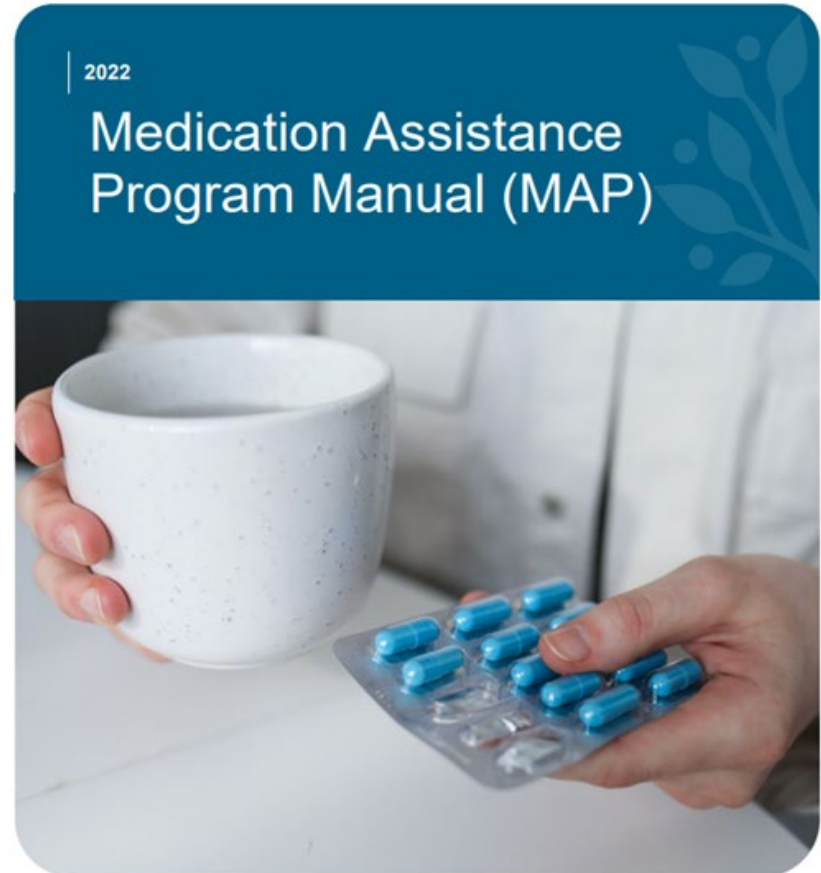
By the end of this session, the learner will:

- distinguish differences in medication support services
 - describe client, activity and health care provider considerations when assigning:
 - medication assistance activities
 - restricted activities
 - complex medication assistance activities
 - identify education and practice resources
 - recognize MAP cost implications for clients
 - apply care planning strategies
 - implement medication management practices
 - adhere to safety reporting requirements
-



MAP Manual

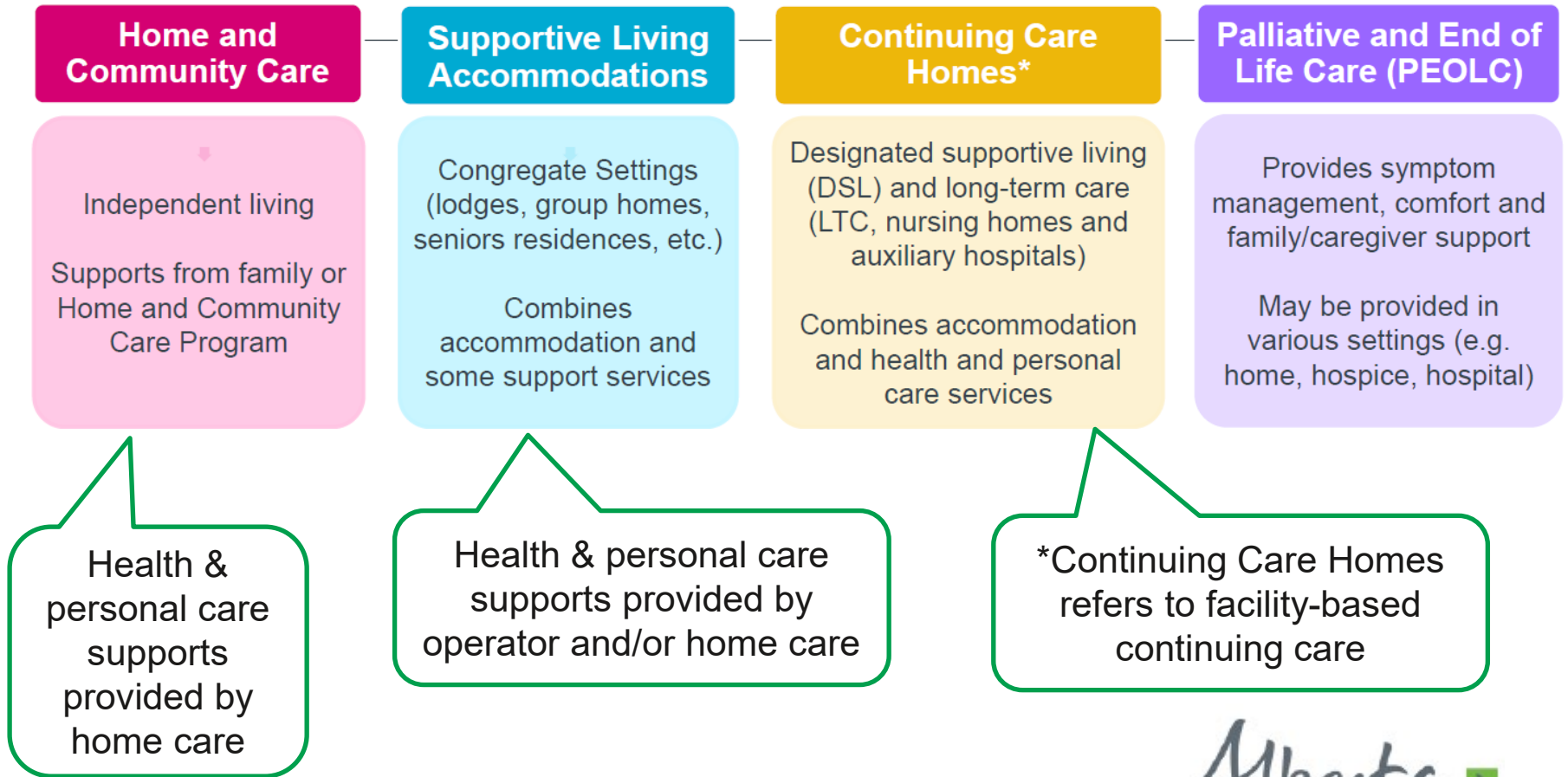
<https://www.albertahealthservices.ca/assets/info/seniors/if-sen-map-program-in-alberta.pdf>



For more information
continuingcare@ahs.ca

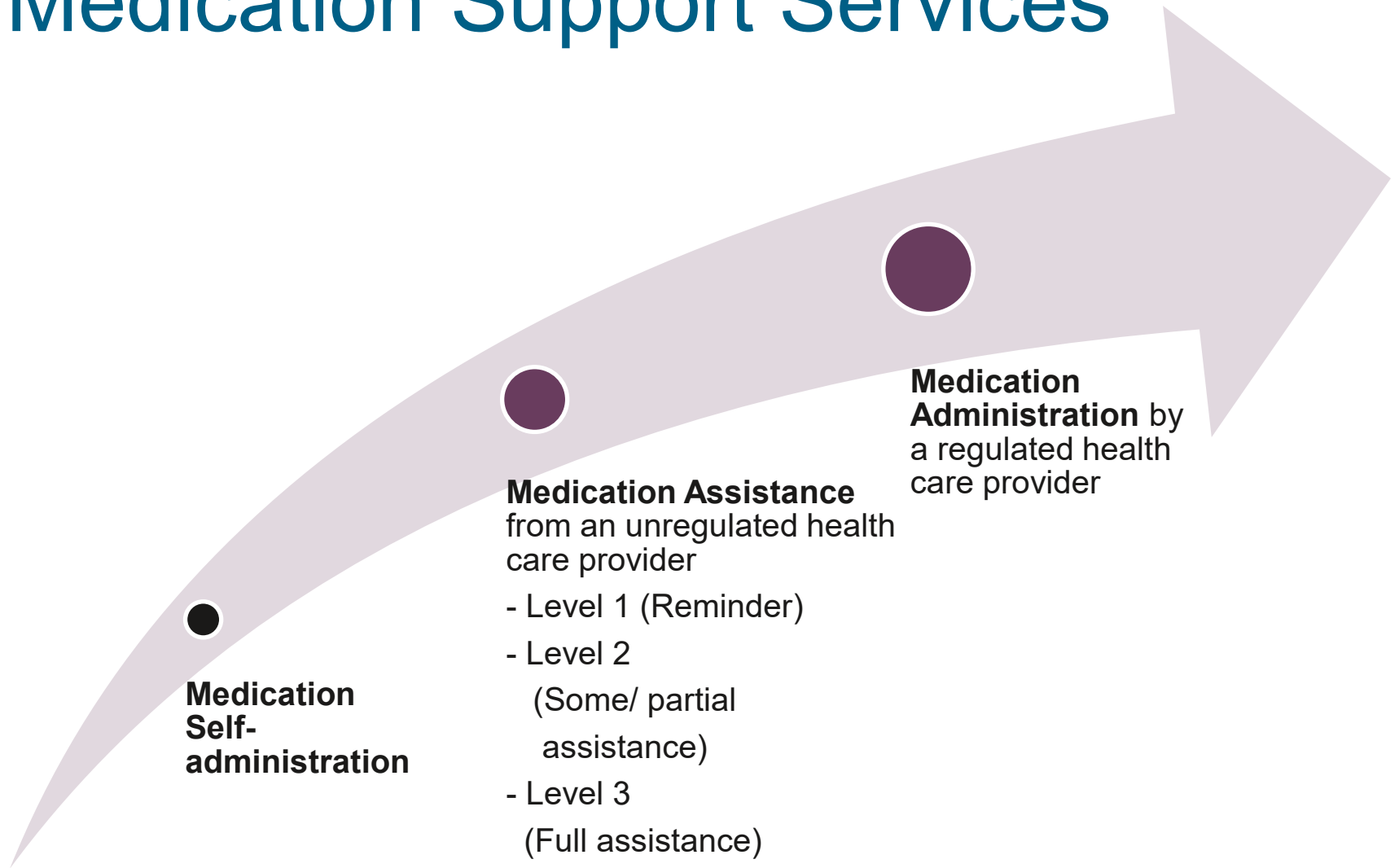


Continuing Care System





Medication Support Services





Medication Administration

A cognitive and interactive aspect of care that requires the skills of a regulated health care provider.



Continuing Care Medication Administration Policy



Medication Assistance

Includes providing verbal reminders, opening packages of medication, and/or providing physical assistance.

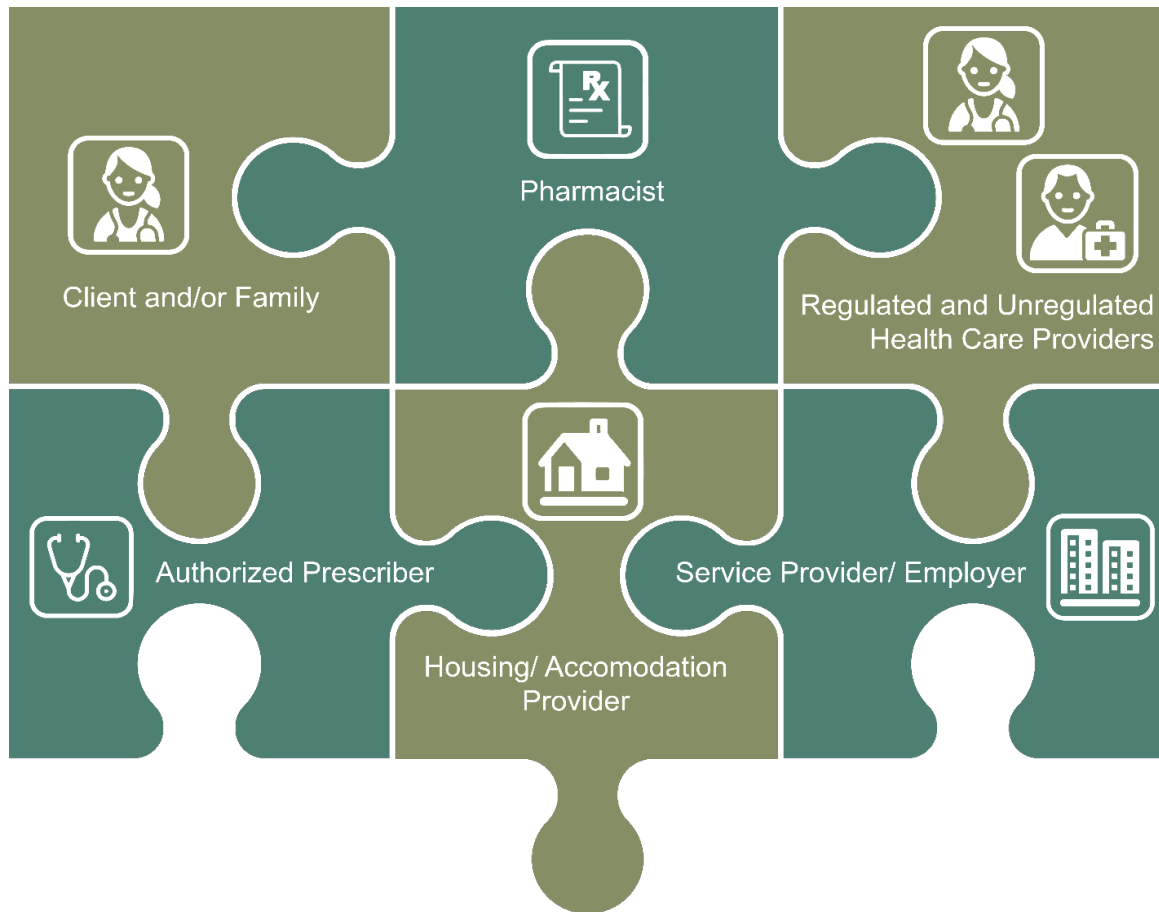
- May be performed by a regulated health care provider
- May be assigned to an unregulated health care provider



Continuing Care
[Medication Management](#)
Policy



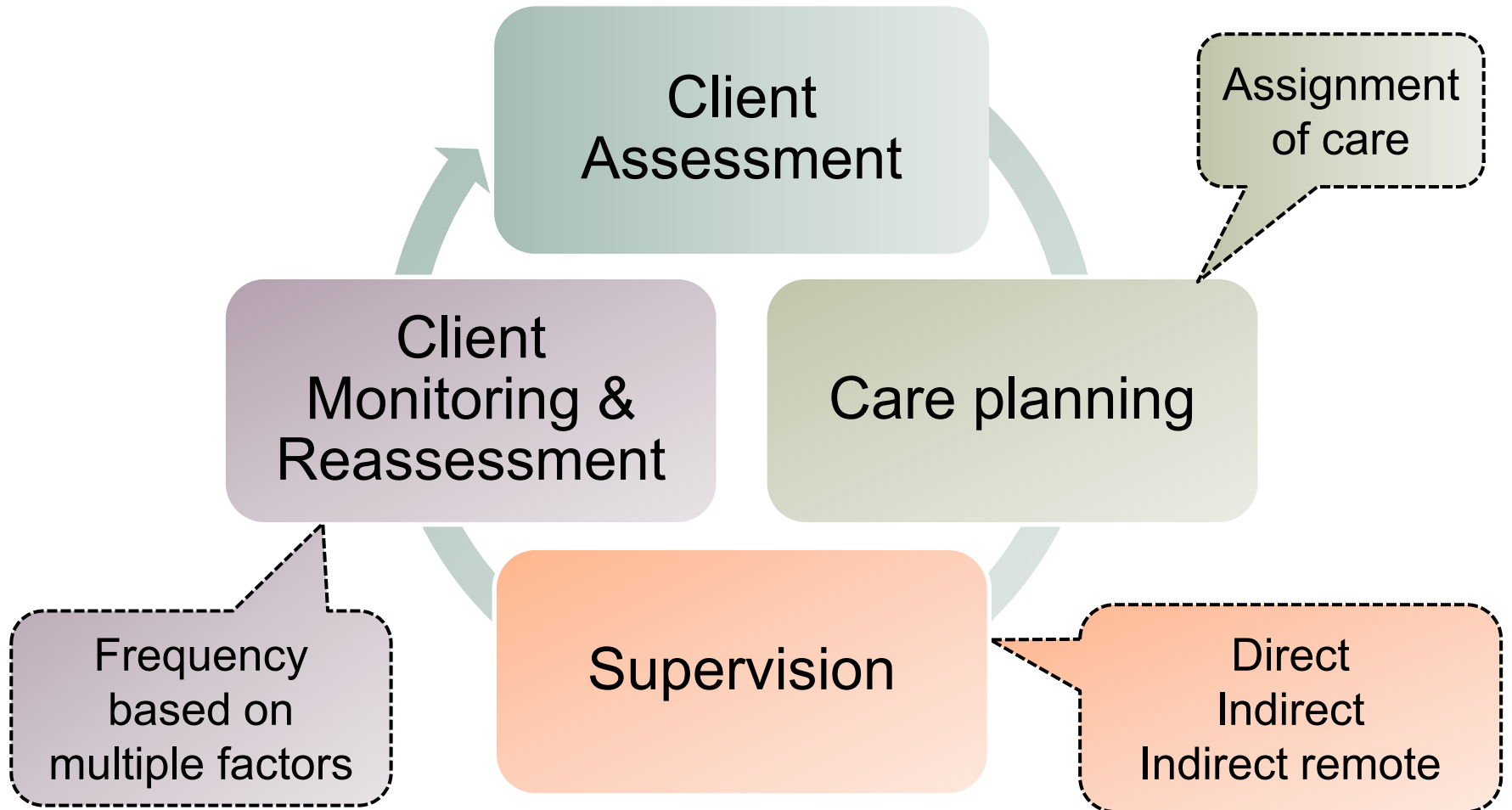
Roles and Responsibilities



Medication Assistance Program Manual:
[Unregulated & Regulated Health Care Provider Roles & Responsibilities Table](#)
(Appendix 5)



Coordinating Care





Client Assessment

Identifies

- the client's strengths, abilities, and barriers or risks to self-administration
- strategies to meet the client's **assessed unmet needs** and support independence to the greatest extent possible

Use the established tool in the zone/program area

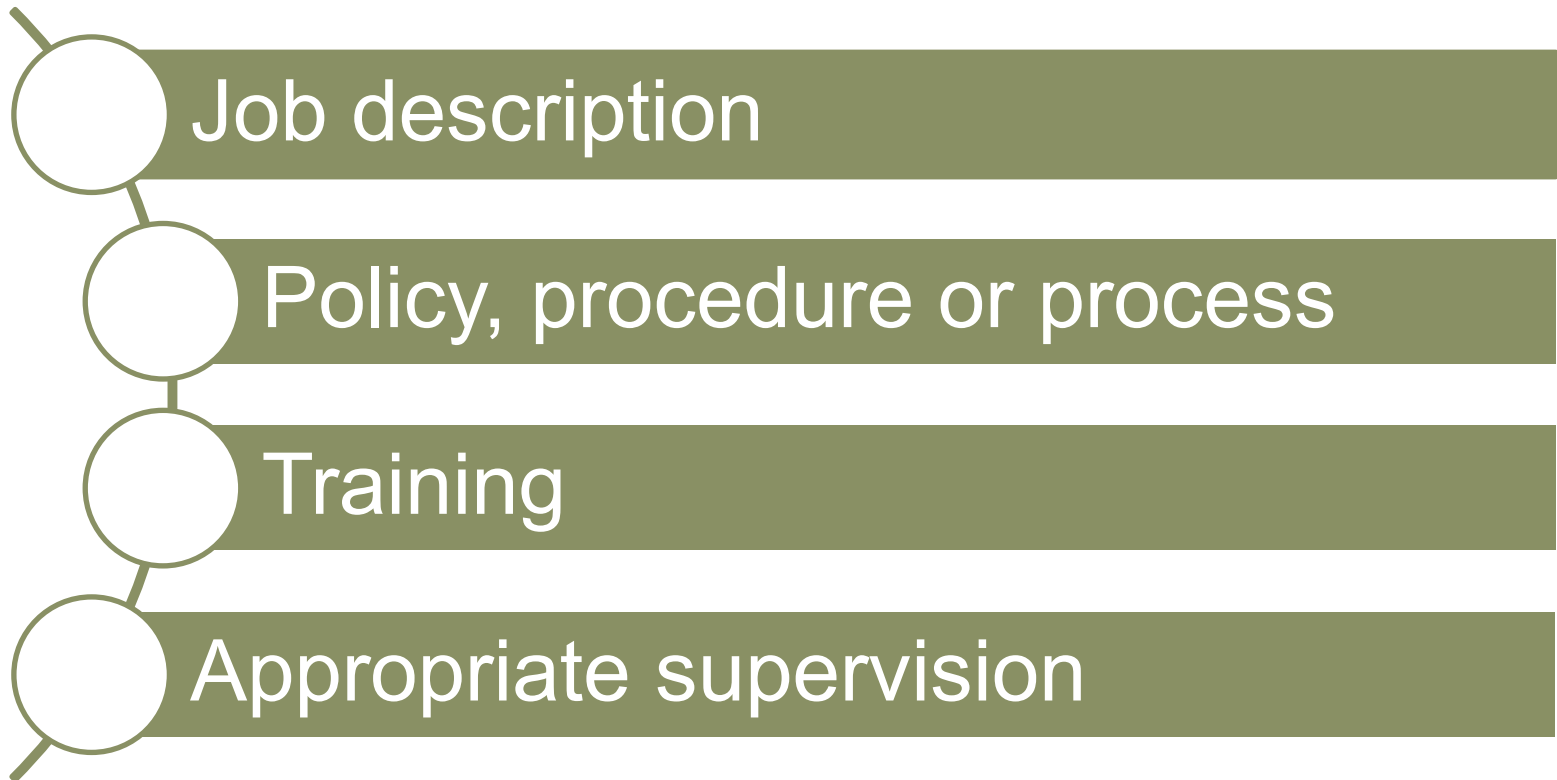


Assessed Unmet Need

The care requirements that remain after the strengths and resources of the client and family and of the community have been considered in relation to the functional deficits and needs identified on assessment. The assessment includes the client's ability to learn the skills necessary for self-care and the willingness, ability and availability of the family and community to participate or learn.



Four conditions: Medication Assistance



See: Medication Assistance Program (MAP) Manual
[Quick Reference for Assigning Medication Assistance](#) (Appendix 3)

Supervision

- Direct: at point of care
- Indirect: available in the care setting
- Indirect remote: available via technology (e.g., telephone)



Collaborative supervision may be required in some settings or situations



Orientation

- Equipment
- Client identification
- Medication system
- Client outings or “pass”
- Communication
- Care plan
- Forms





Competency Assessment

- Observed by a Regulated health care provider competent in the activity (e.g., RN, LPN, RPN)
 - Medication Assistance Activity Sheets
- Documentation of Competency
 - Medication Assistance Competency Record (optional) or record used in the care setting
- MAP Training Record (optional)

<https://www.albertahealthservices.ca/info/Page10406.aspx>



Assigning Medication Assistance

- Consider:
 - assessed unmet needs of the client
 - stability of client health and predictability of outcomes**
 - that the activity is appropriate to assign
 - actual or potential risks/hazards

Reassess as per established frequency in the care setting and when the client care needs change.



Medication Assistance Activities

- oral medication (e.g., solid, liquid, powder)
 - sublingual and buccal medication (e.g., solid, spray, liquid)
- transdermal medication (e.g., medicated patches)
- topical medication including lotion, cream, shampoo, spray, ointment and powders
- ophthalmic medications (e.g., drops, ointment)
- otic medication (e.g., drops, ointment)
- nasal medication (e.g., drops, spray)
- inhaled medication (e.g., Metered Dose Inhaler [MDI], dry powder, nebulized)
- assisting the client with self-administration of prepared insulin



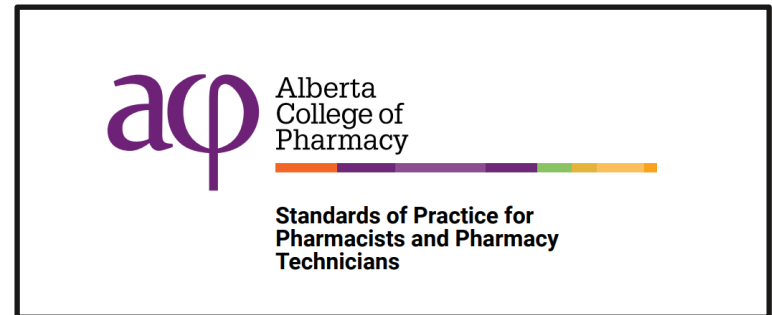
Medication Labelling

MAP level 1 (reminder)

- Pharmacy label
- Manufacturer label (OTC and natural health products)
- Dosette prepared by client/family may not be labeled

MAP level 2 & 3 (some/partial or full assistance)

- All medication labeled



[Alberta College of Pharmacy Standards of Practice for Pharmacists and Pharmacy Technicians](#)



Medication Times

Time-critical

- Provide at the exact time or within 30 min before or after scheduled time (e.g., insulin)

Non-time-critical

More often than daily, no more frequently than every 4 hours

Daily, weekly, monthly

Within 1 hour before or after scheduled time*

Within 2 hours before or after scheduled time*

* Refer to established times in the care setting



What is a Restricted Activity?

- Regulated health services that by law can only be performed by individuals authorized to perform them
- Examples:
 - Injecting medication
 - Instilling medication through an enteral feeding tube
 - Inserting a rectal suppository



Assigning Restricted Activities

“Unregulated health care providers may only provide restricted activities if they are assisting or working under appropriate supervision, with the consent of an authorized, regulated professional, and are authorized by their supervisor’s regulation.” (p. 20)



[*Alberta Health \(2019\) Health Professions Act Handbook*](#)



Rectal and Vaginal Medication

- Are restricted activities
- The three nursing colleges have agreed that **Health Care Aides** (HCAs) may be assigned these two restricted activities
- The activity must be:
 - appropriate to the client needs
 - within the competencies of the HCA
 - supervised by the regulated nurse
 - supported by employer policy

May be
transferrable



Other Restricted Activities

No other restricted activity can be assigned to a health care aide (HCA) by a regulated nurse unless the activity is considered an **activity of daily living** for that client

Examples:

- Injecting subcutaneous insulin
- Instilling medication through an enteral feeding tube

Activity of Daily Living (ADL)

- Means activities that individuals normally perform on their own behalf to maintain their health and well-being, and include:
 - Routine and invasive self-care activities and
 - Specifically taught procedures, which generally result in predictable and stable responses

Non-transferrable

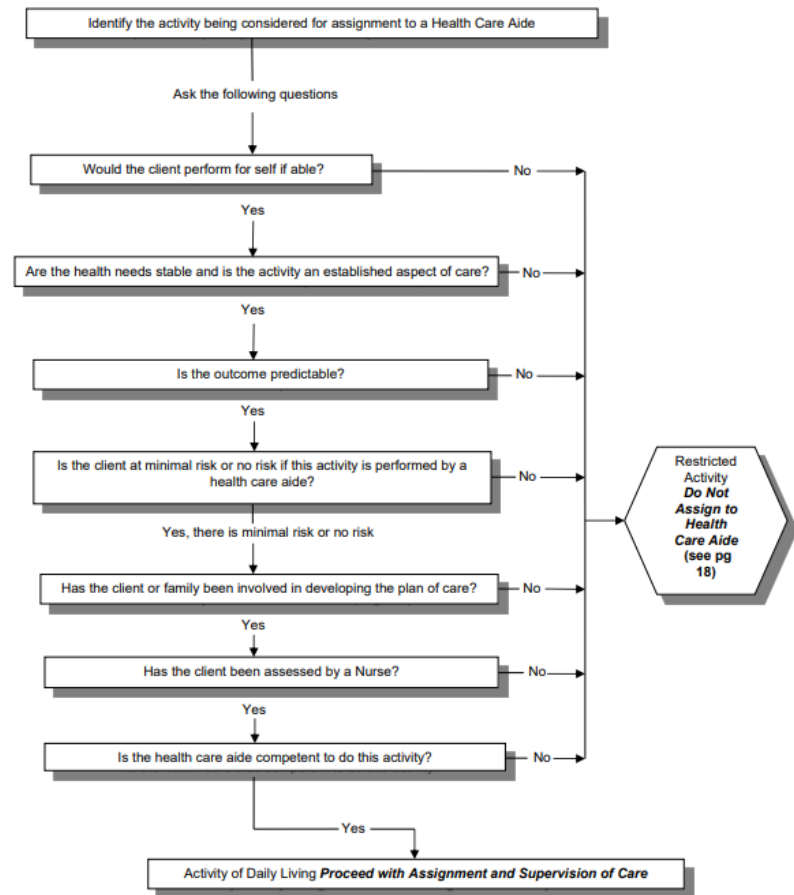


MAP Essentials for Regulated Health Care Providers



Decision-Making Standards in the Supervision of Health Care Aides

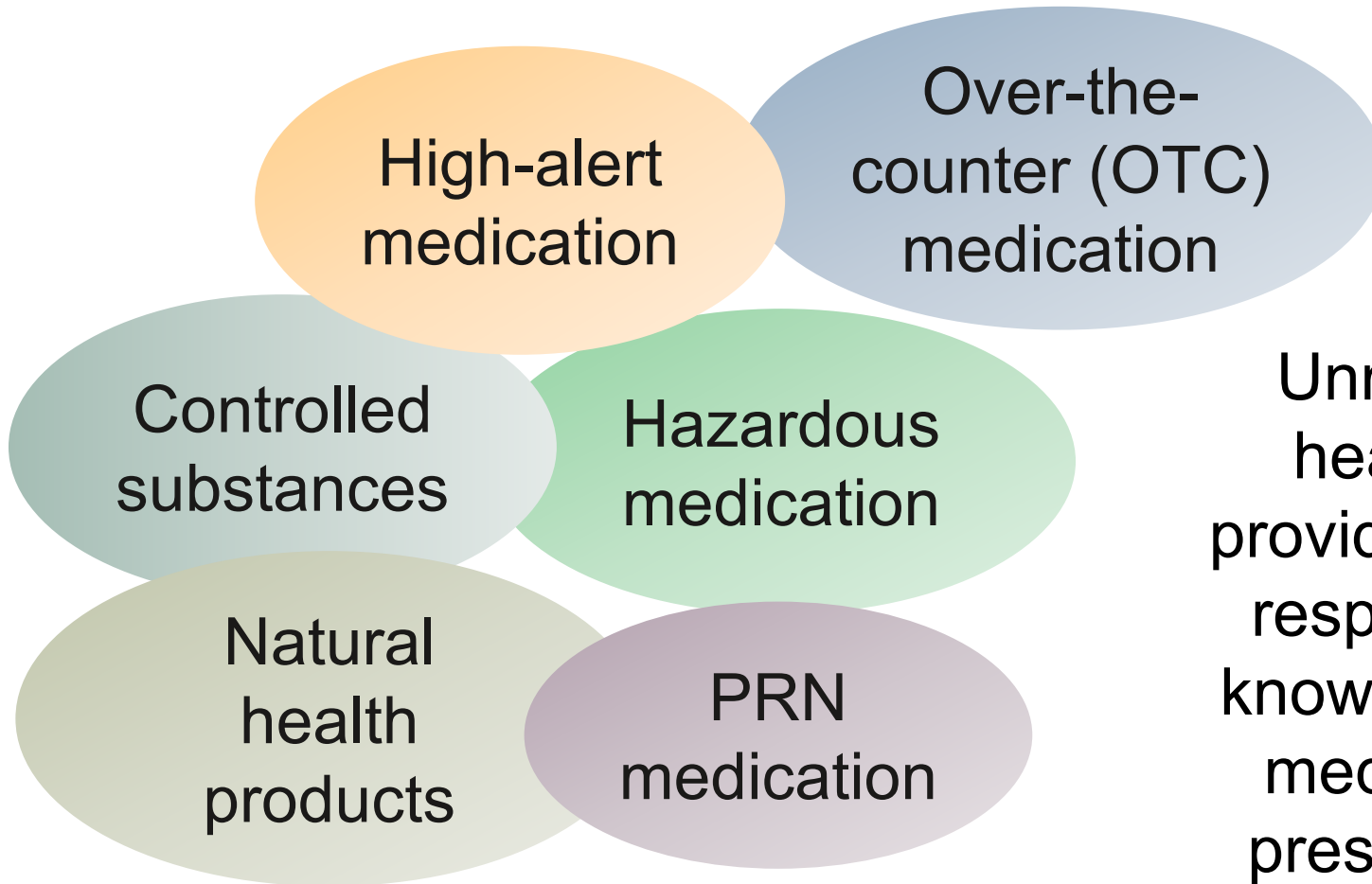
**FIGURE 1: DECISION TREE
RESTRICTED ACTIVITY OR ACTIVITY OF DAILY LIVING**



College of Licensed Practical Nurses of Alberta (CLPNA), College of Registered Nurses of Alberta (CRNA), College of Registered Psychiatric Nurses of Alberta (CRPNA). (2010)



Complex Medication Assistance Activities



Unregulated health care providers are not responsible to know what each medication is prescribed for.



Over-the-Counter (OTC) & Natural Health Products (NHP)

Over-the-Counter (OTC)	Natural Health Products
<p>Defined by Health Canada as “health products that can be bought without a doctor’s prescription.”</p> <p>Examples include acetaminophen, antacids, decongestants, and laxatives used to treat minor health problems at home.</p>	<p>Products can be bought without a doctor’s prescription.</p> <p>Defined by Health Canada as:</p> <ul style="list-style-type: none"> • probiotics • herbal remedies • vitamins and minerals • homeopathic medicine • traditional medicines (e.g., traditional Chinese medicines) • other products like amino acids and essential fatty acids
Regulated under Food and Drug Regulations, enabled by the <i>Food and Drugs Act</i> .	Regulated under Natural Health Product Regulations enabled by the <i>Food and Drugs Act</i> .
To be sold in Canada, they require a valid Drug Identification Number (DIN) on the product label.	Manufacturers are accountable to label approved products with an NPN (Natural Product Number) or a DIN-HM (Drug Identification Number-Homeopathic Medicine).
The label must also list the drug’s ingredients.	Additional details on the product label include recommended dosage, length of time to take the product, known risk factors associated with the product, and any other relevant information.



Additional Considerations:

- Order/prescription requirements
- Medications not approved by Health Canada
 - Refer to professional practice standards
- Cannabis for Medical Purposes
 - Continuing Care Cannabis FAQ



PRN Medication

Associated with individual client assessment and is **non-transferrable**

Medication Assistance Program Manual: Quick Reference for Assigning Assistance with PRN Medication (Appendix 4)

Client must:

- be able to self-direct and/or display an observable indication
- be in stable health
- have predictable outcomes from medication



High-Alert Medication (HAM)

- Assign when assessed as appropriate
 - collaborate with care team
 - provide teaching
 - care plan
- Unregulated health care providers are not:
 - responsible to know what each medication is prescribed for
 - required to perform independent double-checks

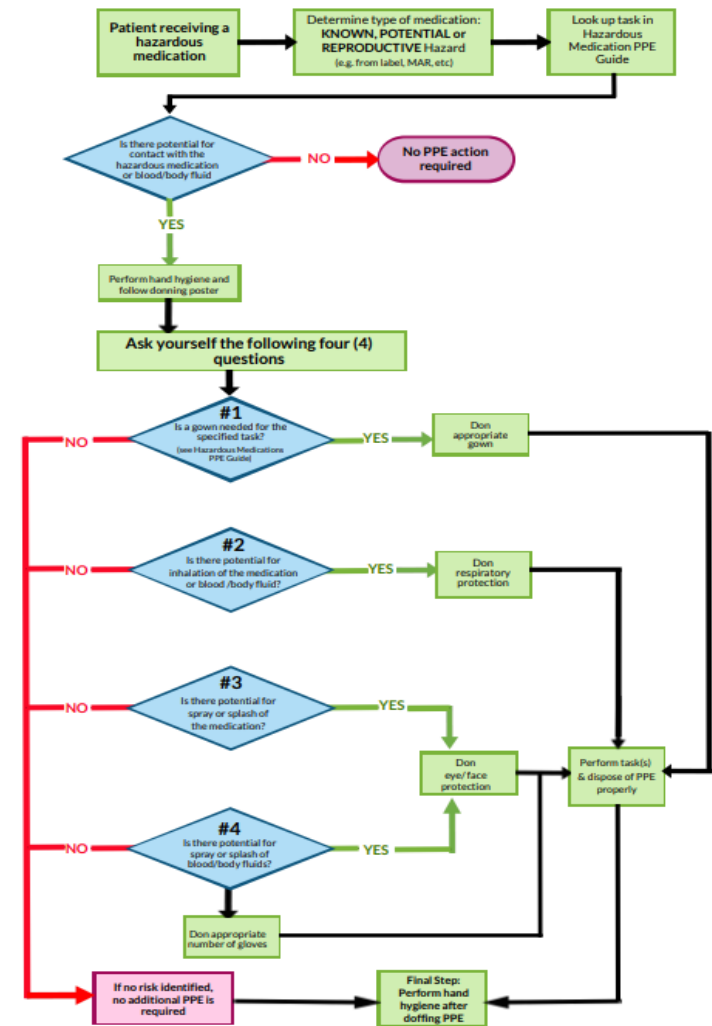


Hazardous Medication

- Medications that can pose a health risk
- Medication labels
- Risk mitigation strategies

Hazardous Medications Handling Risk Assessment Algorithm

Note: This algorithm should be used along with the Hazardous Medication PPE Guide.





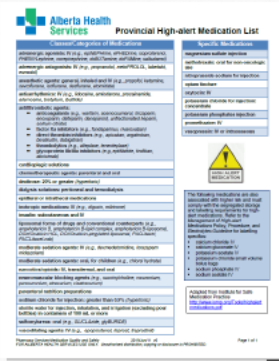
Hazardous Medication Infographic On Insite and CCC

Hazardous Medications

High-Alert Medications

Patient Safety

Medications that have a heightened risk of causing significant harm when used in error

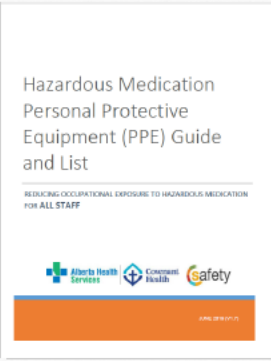


versus

Hazardous Medications

Staff Safety

Medications that can pose a health risk to staff from occupational exposure




What's the Difference?

Safety Strategies


- Storage and labeling guidelines, including High-Alert Medication (HAM) labels
- Independent Double Check (IDCs) for select medications identified in the HAM policy

For more information visit the **High-Alert Medications** webpage



- Personal Protective Equipment (PPE) label
- Engineering controls (e.g., Biological Safety Cabinets)
- Administrative controls (policies, and procedures, schedules, training and education)

For more information, visit the **Provincial Medication Safety** webpage



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Controlled Substances

- Regulated by the *Controlled Drugs and Substances Act*
 - AHS *Controlled Substances Policy*
- Storage requirements vary
- Risk mitigation

Medication Assistance Program Manual: General Safety Considerations (Appendix 6)



Resources

Medication Assistance Program (MAP)

- MAP Videos
- Medication Assistance Activity Sheets
- MAP Activities: Quick Reference









Other Resources:

- Lippincott Procedures
 - Inhaled Medication
 - Insulin and Diabetes Resources
-



Inhaled Medication Resources

Calgary COPD & Asthma Program About Your Lung Health Medication & Devices Resources

 <p>Turbuhaler</p> <p>Download Instructions</p> <p>Video: How to use</p>	 <p>Respimat</p> <p>Download Instructions</p> <p>Video: How to use</p>	 <p>MDI</p> <p>Download Instructions</p> <p>Video: How to use</p>	 <p>Handihaler</p> <p>Download Instructions</p> <p>Video: How to use</p>
 <p>Genuair</p> <p>Download Instructions</p> <p>Video: How to use</p>	 <p>Ellipta</p> <p>Download Instructions</p> <p>Video: How to use</p>	 <p>Diskus</p> <p>Download Instructions</p> <p>Video: How to use</p>	 <p>Breezhaler</p> <p>Download Instructions</p> <p>Video: How to use</p>



Insulin and Diabetes Resources

- Diabetes, Obesity & Nutrition SCN

<https://www.albertahealthservices.ca/scns/Page13962.aspx>

- Insulin Safety & Diabetes Management
- Collaborate with pharmacy provider



MAP Cost Implications

- LTC costs covered by Alberta Health Care Insurance Plan
- Home and supportive living costs:
 - drug cost + dispensing fee + standard charges
 - insurance



Medication cost questions? Discuss with pharmacy



Non-Commercially Available Products

Products compounded by a pharmacy because they are not available through manufacturer

- E.g., topical, injection

Points for Consideration:

- beyond use date
- product access
- client cost implications

Commercially prepared product preferred when available



Safety Engineered Devices (SEDs)

- AHS DSL and LTC settings have transitioned to safety engineered devices
- Home and supportive living:
 - independent client may use conventional device
 - SED required when a health care provider is involved and there is a risk of exposure
 - [Safety Engineered Devices \(SED\)](#)
 - Community Based Services Waste Disposal



MAP Documentation

Care Plan

- identifies client unmet needs, goals and interventions

Medication Record

- documents medication assistance provided

Notes

- observations

Each setting has different documentation requirements



Care Planning for MAP

- Regulated health care provider leads care plan development
- Identify:
 - level of medication assistance*
 - frequency of assistance
 - individualized instructions
- The care plan must be maintained
 - review & revise per established requirements in the care setting and with changes

* Clients may require different levels of assistance



Medication Effects

Therapeutic effect: the intended or predicted response to the medication

- Examples: blood pressure reduced to normal range

Side effect: unintended effect ranging from mild to life-threatening reaction

- Examples: nausea, bleeding, hives, difficulty breathing



Collaborative Practice

- Different members of the health care team working together
- Communication is key!



Medication Assistance Program Manual: Health Care Team Members: Roles & Responsibilities



Community Pharmacy Collaboration

- medication review
- diabetes management
- smoking cessation management
- administering an injection
- adapting or modifying a prescription
- renewing a prescription
- providing a prescription in an emergency
- administering a vaccine and more



Medication Management

The processes required to ensure safe and effective medication therapy for a client, including prescribing, communication of medication orders, medication reconciliation, dispensing, delivery, storage, medication support, documentation and follow-up.

-Continuing Care Health Service Standards (2018)



Medication Reconciliation

- **Step 1:** generate a BPMH
- **Step 2:** reconcile
- **Step 3:** document & communicate

Requirements vary amongst settings.
Determine which applies using the MedRec
Process Overview Algorithm.



Monitoring Client Response

- Clinical/ therapeutic monitoring
- Health trends/status which may indicate medication effects
- Client health status
- Effectiveness of the MAP and level of support





Medication Review: a critical examination by the Interdisciplinary Team of a Client's medications for appropriateness, effectiveness, interactions, and adverse reactions for the purposes of optimizing the impact of medications and minimizing the number of medication related problems.

Continuing Care Health Service Standards 2018



What to do...

- expired medication
- client refuses medication
- spilled medication
client vomits
- medication discrepancies
- emergency situations

Contact the
supervising
regulated health
care provider

Refer to
Unexpected/
Unusual Events in
the MAP Manual



Clinical Adverse Event Reporting

- **Clinical Adverse Event:** an event that reasonably could or does result in an unintended injury or complications arising from health care management, with outcomes that may range from (but are not limited to) death or disability to dissatisfaction with health care management, or require a change in patient care
- **Close Call:** an event that has potential for harm and is intercepted or corrected prior to reaching the patient
- **Hazard:** a situation that has potential for harm and does not involve a patient

Follow the established process
in the care setting

AHS employees



Patient Event
Reporting & Learning System
for Patient Safety



Reportable Incidents

- Required reporting
- Reportable Incident Decision Process
- Reported by the service or accommodation provider
- Form to be submitted within two (2) business days

See: [Alberta Health Reportable Incidents](#)



Worker Injury

- Take Action: First Aid or emergency response
- Supervisor responsibilities:
 - Blood and Body Fluid Exposure (BBFE)
 - Communicable Disease Exposure (CDE)
- Documentation

Follow the established process in the care setting

AHS employees

Worker Incident



MySafetyNet

Knowledge Check





Knowledge Check - True or False?

Question	T	F
Clients may require different levels of assistance with different medications.	X	
Unregulated health care providers should not be assigned to assist with hazardous medications.		X
Recreation Therapists can be assigned to provide medication assistance if the four conditions are met (job description, training, policy/process in place and supervision).	X	
Indirect remote supervision is appropriate when an HCA is performing a restricted activity (e.g., rectal suppository) for the first time.		X
All medication assistance activities require supervision from a regulated health care provider.	X	
Unregulated health care providers are not responsible to assess the client but can observe and report.	X	



Hazardous Medication Choose all that apply

What are your responsibilities when assigning medication assistance with a known hazardous medication to an unregulated health care provider?

- Request support from pharmacy
 - Teaching about medication handling and PPE
 - Ensure storage, handling and waste management processes are in place
 - Provide directions on the care plan
 - The appropriate level of supervision for the activity
 - Client monitoring and re-assessment
-



Rectal Medication Scenario Part 1

A client has left sided hemiplegia, history of CVA and communication impairment due to dementia. He is in stable health and has a predictable response when a rectal suppository is provided every 3 days.

Can you assign an HCA to provide a rectal suppository?

Yes

No

Refer to *Decision-Making Standards of Nurses in the Supervision of Health Care Aides (2010)*.



Rectal Medication Scenario Part 2

The HCA arrives to provide the rectal suppository and finds the client has vomited and is rocking in his chair and moaning. They call you, the supervisor. What instruction should you provide to the HCA? *Choose all that apply*

- Do not provide the suppository
- Assist with hygiene, dressing and positioning
- Stay with the client
- Call the Physician
- Check blood glucose

The client is unstable and requires assessment.



High-alert Medication Scenario

A client with diabetes is discharged from hospital and requires assistance to self-administer insulin via insulin pen. The dose of insulin was altered prior to discharge.

There is no family support, so a health care aide was assisting the client to self-administer insulin twice a day prior to their hospitalization.



High-alert Medication Question

What would you consider when determining if assistance with insulin is still appropriate to assign to an unregulated health care provider? Choose all that apply

- the client's medical stability after discharge
 - the client's response to the new insulin dose
 - the client's assessed unmet needs
 - how the client obtains medication
 - training of the unregulated health care provider
 - the level of detail needed in the care plan
 - client ability to contact someone for assistance
-



PRN Medication Assistance Scenario

A client with frequent knee pain receives medication assistance to apply diclofenac cream tid PRN to both knees. The client asks the unregulated health care provider to apply cream to the left shoulder due to increased pain today. As the supervisor, you are called.

Is it appropriate to direct the application of the diclofenac cream to the client's shoulder?

- Yes
- No

More information is needed



Medication Review

Choose all that apply

The client's medication is due for review. Which of the following details are important for you to know and communicate to the health care team?

- blood glucose monitoring trends
 - changes in cognitive or functional abilities
 - medication adherence
 - side effects, allergies and clinical symptoms
 - trends in PRN medication use
 - pain assessment
 - client medication concerns or refusal
-



Medication Change Scenario

A client on the MAP has recently displayed increasing confusion, difficulty ambulating, and shortness of breath. After seeing her physician, pharmacy sends you an updated medication list with several changes.

What should you do? Choose one

- Review medication and update the care plan
- Discontinue/hold MAP until the client is stable



Relevant Resources Choose all that apply

Which of the following are relevant for regulated health care providers to know when assigning medication assistance to unregulated health care providers?

- Health Professions Act* & associated Regulations
- Government Organization Act* (Schedule 7.1)
- Professional Practice Standards
- Google Scholar
- AHS MAP Manual
- Lippincott Procedures

MAP Essentials for Regulated Health Care Providers

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Questions?

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