

STATE OF COLORADO

COLORADO DEPARTMENT OF HEALTH

*Dedicated to protecting and improving the health and
environment of the people of Colorado*

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**REPORT TO THE GENERAL ASSEMBLY
MEDICATION ADMINISTRATION PROGRAM
COLORADO DEPARTMENT OF HEALTH
JULY 1, 1993**

INTRODUCTION

The authorization for the Department of Health (hereinafter referred to as "Health") to conduct a medication administration program in residential facilities regulated by Health, the Department of Social Services (hereinafter referred to as "Social Services"), and the Department of Institutions (hereinafter referred to as "Institutions") was re-enacted by the General Assembly subsequent to the sunset review of the program by the Department of Regulatory Agencies and the Joint Legislative Sunrise/Sunset Committee. The re-enactment also included the development of programs in the Department of Corrections (hereinafter referred to as "Corrections") and in the Youth Services Division of the Department of Institutions (hereinafter referred to as "Youth Services"). However, medication programs in these agencies are run under the direction of the respective executive directors involved, therefore, Health has no jurisdiction over those programs.

Since residential care has been a fast-growing area of the health care system, the number of participants in the medication program has likewise grown. Residential facilities are part of the attempt in the health care system to de-institutionalize persons and care for such populations in community-based settings.

Residents in residential facilities are generally there because their health care needs can be addressed without institutionalization such as provided by nursing homes and hospitals. Studies have shown that such residents maintain their independence and quality of life much better in residential or community settings. The oversight needed by such persons for personal care needs, social needs, and medical needs can be provided in a way that allows such persons to obtain adequate and competent services at a cost savings.

Issues surrounding medication administration first surfaced when unlicensed direct care workers began administering medications to residents in these facilities. Such activity had



long been the carefully guarded territory of numerous licensed occupations under the practice acts regulating nursing, pharmacy, and medicine.

Residential facilities generally do not employ licensed nursing staff. A few have licensed nursing staff only part-time, or have licensed nursing staff on a consulting basis only. In most cases only unlicensed persons are available. Therefore, it has been necessary for unlicensed persons to administer medication. Licensed nursing personnel are, in fact, unnecessary to most residential care settings. The cost of requiring licensed nursing personnel in these facilities, where residents have few medical needs, would have been prohibitive to the development of residential care.

The medication administration program affords consumers the ability to take advantage of lower-cost, alternative care settings in their communities. It is not necessary in the overwhelming majority of cases to place a person in a nursing facility solely because the person needs assistance in taking his or her medications. In the community setting, residents generally have greater and easier access to family and friends and can maintain a much greater degree of independence.

With such goals in mind, Health has promulgated regulations to implement a framework by which medication administration by unlicensed persons shall be conducted. Health has found that unlicensed persons with appropriate training can administer medication to persons in residential facilities needing such assistance very effectively.

Since the beginning of this program in 1990, Health has only one documented adverse outcome. Since the re-enactment of the medication administration law in 1992 and the focus on compliance by Health through its survey process and complaint investigations, there have been no documented adverse outcomes. Citations issued have been related to the structure and process of medication administration rather than outcomes.

The results from Health's findings in participating facilities is that residents, in spite of some problems, are getting their medications and enjoying a higher quality of life and maintaining as much independence as practicable in community settings. The report will highlight some of the problems, accomplishments, and goals of Health in this program.

SUMMARY OF MEDICATION ADMINISTRATION DEFICIENCIES CITED FOR PERSONAL CARE BOARDING HOMES

Between July 1, 1992 and May of 1993, approximately 24% of the 330 licensed personal care boarding homes were cited for violations in the area of medication administration. (Personal care boarding homes include residential facilities that care for the elderly and residential treatment facilities for the mentally ill.) Most violations in medications administration occurred in the following areas:

- (1) the failure to maintain proper medication records;

- (2) the failure to obtain physician orders for medications administered;
- (3) errors involving medication procedures and techniques in the administration of medication (medication errors, failure to follow physician orders, washing hands prior to administration);
- (4) unauthorized and unqualified persons administering medications;
- (5) medication reminder systems improperly used or filled by an unlicensed person;
- (6) medication storage and disposal, labelling, stock medications.

The most commonly cited violation was that of facility personnel administering medication without a corresponding physician order. Approximately 12% of the personal care boarding homes were involved.

In spite of the statutory requirement that facilities have a trained, qualified staff member to administer medications, a requirement which has been in existence since January 1990, Health is still finding the requirement being disregarded in a few instances. Approximately 5% of personal care boarding homes were cited for such violations.

Licensed facilities were able to use medication reminder systems for the first time on July 1, 1992. Approximately 6% of the facilities were cited for improper or unauthorized use of medication reminder systems.

UNIFORM FEE AND CONTRACTING

The 1992 medication administration law enabled Health to contract with any private provider or instructor to provide training and administer competency evaluations to persons employed in the residential facilities covered under the law. The law required such private contractors to obtain approval from Health before providing such services.

Also enacted was a provision that Health set and collect a uniform fee for any training given and any competency evaluation given. The fees include, in addition to the actual cost of payment to the instructor, an administrative fee to support Health's regulatory and oversight role in administering the program.

Health has established contracting provisions that have provided Health with screening mechanisms and quality control over the instruction and examination content. The contracting provisions have afforded Health an opportunity to implement some screening criteria and exert some quality control over the instruction and the examinations being given by personnel who are training direct care workers. All trainees are being charged uniform fees.

The program has approximately 38 participating instructors who offer numerous training courses and competency evaluations throughout the year. There are training programs available in all geographic areas of the state.

ORDERS FOR RETRAINING

Section 25-1-107(1)(ee)(I)(F) authorizes Health to order retraining if, upon inspection, the facility is found to be unwilling or unable to comply with the training regimen established. Health has issued two such orders to date.

Curriculum Re-Development

Health has embarked on rewriting the basic medication administration curriculum to be used by everyone undergoing medication administration instruction. Health is incorporating into this new curriculum reinforcing material for trainees in areas where Health's survey staff have continually documented problems during inspections. The new curriculum will be available approximately September 1 of this year.

Health has approved special training modules in medication administration developed by interested groups which address special medication needs in certain populations. These training modules are used over and above the requirements of the basic curriculum. The populations with special medication needs would include the mentally ill, the developmentally disabled, and children placed in residential facilities.

RESPONSE OF FACILITY LICENSEES

Health has focused part of its recent inspection efforts on medication issues partly due to continuing problems in this area in some of the facilities. Health has witnessed a change in approach to medications in personal care boarding homes during the past year. Facility administrators are more aware and familiar with the requirements for the proper administration of medication and are correcting errant behaviors when cited.

PROGRAM RELATIONS WITH OTHER DEPARTMENTS

As stated in the statute, Health has the responsibility for setting policy and general oversight for the program. However, other departments and the facilities they regulate also participate. This report cannot evaluate other department's programs, therefore, activity in such program areas will be summarized in this section from the point of view of Health's interaction with other departments. Other departments are authorized by statute to run their own programs if they notify Health of their intent and Health approves their curriculum.

The following is a summary of Health's interactions with the other departments involved in the medication administration program.

Institutions -- Division of Developmental Disabilities: The Division of Developmental Disabilities develops, runs, and maintains its own medication administration program with the approval of Health. Health and the Division have entered into a memorandum of understanding regarding the responsibilities of each agency in the program. Health surveys of group homes for the developmentally disabled have produced very little evidence of any medication administration problems.

Institutions -- Division of Mental Health: The Division of Mental Health has the responsibility of regulating the programmatic services of residential treatment facilities for the mentally ill. These facilities are also licensed by Health as personal care boarding homes. Data on these facilities were incorporated in the section of this report relating to summaries of deficiencies regarding all boarding homes (see page 2). Health's primary responsibilities in the regulation of these homes are building and fire safety, environment, staff training issues, resident rights issues, as well as medication programs. The Division's primary responsibility is providing the programmatic framework and approval.

Institutions and Health are currently working on a memorandum of understanding that will address medication issues in residential treatment facilities for the mentally ill, and also attempt to streamline survey efforts by both departments in order to avoid duplication. Health has approved a curriculum module developed by the mental health industry for medication training covering the special area of medications for the mentally ill.

Social Services: Health does not license or in any way regulate any of the facilities that are designed for the residential treatment of children. The residential child care facilities are totally under the jurisdiction of the Social Services. Health and Social Services are in the process of developing a memorandum of understanding to try and coordinate the goals of both programs.

Social Services does not run its own medication administration program, therefore, both departments have been in the process of developing a system where the program directives of the two departments can be met by the facilities involved. Persons in the industry have developed a medication administration curriculum based on the treatment needs of children that has been approved by Health.

The goal of both departments is to get a working memorandum of understanding outlining the roles of each department and using each department's expertise in the most effective manner for the benefit of the children in need of treatment.

Corrections and Youth Services: Corrections and Youth Services are statutorily instructed to provide for the administration of medication by unlicensed persons in the affected facilities under the direction of their respective executive directors. Such activity takes place apart from Health's medication administration program. These agencies develop their own programs and appropriate training to meet the needs of their facilities.

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