Beyond Dispensing: The Role of the Clinical Pharmacist in Assisted Living Facilities

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That assisted living facilities (ALFs) have become increasingly popular is no secret. Our senior population is growing rapidly, and younger elders (those under 85 years of age) are residing in the community longer and utilizing intermediary levels of care before they enter nursing facilities. Most people understand the role that ALFs play in the continuum of care, but far fewer realize the role clinical pharmacists can play in this setting.

In truth, the need for clinical pharmacy services in ALFs is real. Long-term care facility residents—including those in ALFs—take an average 3 to 9 medications daily[1] and are vulnerable to drug-related problems. However, while drug regimen reviews (DRRs) are mandated in nursing facilities, they are not necessarily required in assisted living—despite the fact that this activity can greatly benefit AL residents. Fortunately, some states—such as New York—see the value of the pharmacist-conducted DRR and have made this role mandatory for all assisted living residents. Others are looking to implement similar regulations.

Drug regimen review is only one component of the medication-related services a clinical pharmacist can provide to ALFs. Other activities include reviewing medications to identify residents who are at risk for falling or other problems, conducting various clinical assessments, and looking at opportunities for cost-effective therapeutic substitutions.

Stepping Out from Behind the Counter

Clearly, the clinical pharmacist's role involves more than dispensing in today's long-term care arena. This professional increasingly is involved in providing a variety of services to help promote optimal drug therapy while reducing drug-related problems.

Clinical pharmacy input at the prescribing stage can result in optimal and personalized medication regimens for each individual resident, comprehensive disease state management, more complete drug monitoring, and overall improved outcomes. This input involves:

- Reviewing the indication, effectiveness, adverse effect profile, and cost of each medication--along with appraising the resident's current medications and allergy profile.
- Screening for drug-drug and drug-disease interactions to

Successful Pharmacist-ALF Relationships

Tips for Pharmacists:

- Start by targeting facilities where you know key players or have a relationship with staff or leadership.
- Start by identifying residents who are at greatest risk for medication-related problems such as falls.
- Involve residents in their care. For example, ask them to check things such as blood pressure and record results or keep a diabetes journal. For residents who are impaired in some way, involve family members.
- Communicate. Make sure that residents' physicians, family members, and other stakeholders know that you are part of the care team and what your specific role is. Seek their input about how you can help them.
- Focus on services that promote wellness, prevention, and independence.
- Take time to explain the value of your services. Listen to facility leadership and caregivers about what they want to accomplish. Listen to residents about their goals regarding their health.
- Don't assume that administrators and other facility decision-makers know what you can do. Be prepared to demonstrate the value of your services.
- Consider using newsletters or Web sites to communicate with caregivers and others.
- If you are not employed by the facility's dispensing pharmacy, consider a partnership that will enable one-stop shopping.
- Use the language of assisted living. Know how this setting is unique.
- Put the facility's agenda first.

Tips for Facility Leaders:

- Communicate your needs and concerns to the pharmacist. Let him or her know how his or her services can help.
- Make sure that staff, residents, and family members know what pharmacy services are available and how these can maximize quality of care and quality of life.
- Work with the pharmacist to set specific goals and objectives for his or her services.
- Seek input from staff about how clinical pharmacist services can help improve resident care and/or comfort.
- Be creative about payment for pharmacist services. Consider offering gift certificates that the facility gives to residents or that family members can purchase.

reduce the number of drug-related problems and adverse drug events.

Involvement in the dispensing phase can result in reduced medication errors and a more efficient dispensing process. And clinical pharmacist involvement at any point can help enhance resident care and reduce medication-related problems.

Pharmacists as Trusted Teachers

Traditionally, the public has viewed the pharmacist as a trusted professional. So individual resident education is only a natural evolution of the clinical pharmacist's role in assisted living. The pharmacist can work with residents to improve adherence. This practitioner also can help manage complex medication regimens and reduce the incidence of medication-related problems that result in hospitalizations or complications that can adversely affect independence and functioning.

Specifically, pharmacists can help assess the resident's ability to correctly use inhalers, eye drops, insulin, and glucometers. These practitioners also can promote adherence to medication regimens—eg, through education on using pillboxes or medication calendars—and determine when a resident needs assistance with medication administration. Clinical pharmacists also can make recommendations on simplifying or altering therapies to best suit the resident's needs, lifestyle, and schedule.

Medication and disease state management programs also allow the clinical pharmacist to actively assess a resident's conditions. Through medication management programs, the pharmacist can assist in minimizing drug-related problems such as polypharmacy, underuse of medications, and the use of inappropriate medications in older individuals. The pharmacist also can provide recommendations to enhance drug therapy and monitoring. Increasingly, pharmacists offer disease state management programs addressing issues such as hypertension, diabetes mellitus, congestive heart failure, dyslipidemia, and anticoagulation that can result in improved patient outcomes.

Education: Not Just for Residents

Clinical pharmacists in ALFs can play a valuable role in educating staff as well as residents. They are perfectly positioned to provide continuing education presentations on medication-related topics such as recent advances in therapies, common medication errors, and inappropriate medications for the elderly.

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Pharmacists also can provide education on proper spacing, storing, crushing, and medication administration techniques to facility staff responsible for medication administration. Products such as inhalers, spacers, insulin, certain tablets and capsules, and parenteral medications require specific techniques that will alter resident response if not properly administered; and the pharmacy professional can help ensure that staff know how to use these products correctly.

ALFs focus on providing care to help patients remain independent, and this requires contributions from many health care disciplines including medicine, pharmacy, nursing, dentistry, chaplaincy, physical therapy, occupation therapy, psychology, and social work. Complicated patient issues requiring collaboration from each discipline exemplify interdisciplinary teamwork and present ideal learning opportunities for students in all of these disciplines. These individuals can gain insight into the function of other disciplines and learn skills that will enable them to participate in interdisciplinary teams in the future. And the pharmacist can be a valuable teacher and trainer in this setting.

Giving Immunization Programs a Shot in the Arm

A strong immunization program is essential to any communal living situation, and ALFs are no exception. The clinical pharmacist can play an important role in establishing and overseeing such programs. There are numerous immunization programs (eg, American Pharmacists Association) to certify and educate pharmacists on vaccine administration; and many states (eg, Virginia) have recognized pharmacists as providers capable of administering immunizations.

The pharmacist also can assist ALFs in administering influenza, pneumococcal, and tetanus vaccines and help ensure that each patient is vaccinated on an appropriate schedule.

Although most state regulations regarding medications in ALFs are not as strict as nursing homes regs, clinical pharmacists can assist in keeping facilities compliant with state and federal requirements for

licensure and accreditation. For instance, facilities that provide medication administration assistance to residents are required to follow proper regulations for medication storage and handling. Clinical pharmacists can assist in implementing policies for medication cart review, outdated medication screening, and facility storage inspections. They also can ensure that accurate medication administration documentation is kept to record all medications given to residents. This helps reduce medication errors and ensure that each resident receives proper therapy.

Also consistent standards are needed to hold facilities accountable for controlled substances such as opioids, benzodiazepines, and sedative hypnotics that often are used to control symptoms of chronic disease. Clinical pharmacists can perform periodic drug regimen reviews to help screen for potential problems with these drugs and limit the use of antipsychotics, benzodiazepines, sedative hypnotic agents, or other inappropriate medications.

The clinical pharmacist provides a specialized service to the facility that other disciplines are unable to offer

Partners for Optimal Medication Therapy

The role of the clinical pharmacist in ALFs has transitioned from that of dispenser of medications to a consultant who directly affects resident care. Today, the clinical pharmacist provides a specialized service to the facility that other disciplines are unable to offer. This includes working with facility leadership, staff, and residents to optimize therapy, reduce drug-related problems, and enhance medication use (which—in turn—impacts health care costs).

With these services, as well as growing participation in education and disease management, the pharmacist has evolved from a distant vendor to a key partner in AL health care. ALC

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Falls and Fall Risk

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