

Suggested Resources



Drug Error Rate Low for Assisted Living Patients

The results of a study of 12 assisted living (AL) facilities in 3 states, published in the *Journal of the American Geriatrics Society* (July 2008), suggest that potentially harmful medication administration errors are very rare in AL settings.

To investigate the prevalence of medication errors in the AL setting, lead investigator Dr. Heather M. Young of Oregon Health and Science University in Ashland and her colleagues observed 29 unlicensed assistive personnel (UAPs) giving out medications to 510 AL residents at facilities in New Jersey, Oregon, and Washington. They watched 56 “medication passes,” including both day and night shifts, totaling 4866 observations.

Young and her team observed 1373 errors, for an error rate of 28.2%. But 70.8 % of the errors were related to time, meaning a patient didn’t get a drug within an hour of the scheduled dosing time. Once time was removed from the analysis, the error rate was 8.2%.

Other causes of errors included wrong dose (12.9%), skipped dose (11.1%), extra dose (3.5%), unauthorized drug (1.5%), and wrong drug (0.2%). Only three of the errors observed had potential clinical significance, according to the researchers, and none of the errors were considered “highly likely to cause harm.”

None of the time-related errors involved giving medications, such as insulin, for which timing was crucial. Because medication is typically given out to AL residents twice a day at a standardized time, the researchers say, “a high number of wrong-time errors is not surprising, and given the lack of clinical significance of the errors observed, is probably not a meaningful indicator of quality.”

The researchers did find that errors were more likely to occur with riskier medications, like insulin or warfarin, which are typically given to patients “in less stable and predictable conditions.”

They suggest that prioritizing the administration of high-risk drugs, as well as the care of patients with more complex health issues, could help prevent serious medication errors and improve the quality of care.

Wii is a Home Run in Alzheimer’s Community

When John Jacobs picked up a Wii for the first time this year, he cracked a baseball with it almost immediately. His accomplishment would be significant for any novice Wii user, but it’s particularly notable given that Jacobs has Alzheimer’s disease. Jacobs is just one of the residents of Silverado Senior Living in San Juan Capistrano, CA, who have demonstrated prowess with the Wii since its March installation.

“Mr. Jacobs was able to hit the baseball when no one

else could, including those of us on the staff,” said Linda Szemenyei, the community’s director of resident engagement. Jacobs’ achievement with the Wii reflects his lifelong love of baseball. He played the sport in high school and at the University of Southern California, and later on the team of the company where he worked. Other Silverado residents have used the Wii to bowl or play golf or tennis. Some residents played the sports earlier in life, but not all of them did so.



Administrator Carole Shaw brought the Wii to Silverado. “I had been reading about how senior citizens were enjoying it and using it for exercise,” Shaw said. “I hadn’t heard of it being played by people with Alzheimer’s disease, but I didn’t see any reason that our residents wouldn’t be able to use it. Our philosophy at Silverado is to always look at what people with memory impairment can do, rather than what they can’t do, and I thought this would be exciting.”

Residents in the Alzheimer’s community now gather at 1:30 each afternoon to use the Wii that was installed in March. In spite of the fact that some residents boxed earlier in their lives, that sport has not elicited much interest from residents.

Tax Deductions for Assisted Living Costs

Residents and their families will be interested in knowing that some AL costs may be tax deductible. Medical expenses, including some long-term care expenses, are deductible if the expenses represent more than 7.5% of the resident’s adjusted gross income.

For AL expenses to be tax deductible, the resident must be considered “chronically ill.” This means a doctor or nurse has certified that the resident either:

- Cannot perform at least two activities of daily livings OR
- Requires supervision due to a cognitive impairment (such as Alzheimer’s disease or another form of dementia)

In addition, to qualify for the deduction, personal care services must be provided according to a plan of care prescribed by a licensed health care provider.

Generally, if the resident qualifies, the full cost of housing and meals and some personal care services are deductible. The expenses are not deductible, however, if they are reimbursed by insurance or any other programs.

Residents who are not chronically ill may still deduct

the portion of their expenses that are attributable to medical care, including entrance or initiation fees. The AL facility is responsible for providing residents with information about what portion of fees is attributable to medical costs.

In some circumstances, adult children may also get a tax deduction if their parents or other immediate family members (including in-laws) live at an AL facility and qualify as their dependents. The family member must be a US citizen or legal resident or resident of Canada or Mexico, and the adult child must provide more than half of the family member's support for the year. Even if the adult child is not paying more than half the resident's total support for the year, the child may still be eligible for a deduction if he or she contributes to the resident's support according to a "multiple support agreement." The adult child must pay more than 10% of the resident's total support for the year, and, with others who also support the resident, collectively contribute to more than half of the resident's support. All those supporting the resident must agree on and sign a Multiple Support Declaration.

ASCP Pharmacy Policy and Procedure Manual for Assisted Living

The *ASCP Pharmacy Policy and Procedure Manual for Assisted Living* is a clear and concise guide on all aspects of pharmacy services that are essential to ensuring quality of care in AL. Published by The American Society of Consultant Pharmacists (ASCP), this product includes a fully searchable CD with modifiable policies and procedures to meet the specific needs of individual AL communities and state laws and regulations. The price is \$189 for members and \$389 for nonmembers. The manual delineates functions and responsibilities of individuals involved with the medication-use process including: medication ordering, receipt, and delivery; medication administration; and, medication packaging, storage, and disposal. It is designed to help pharmacists and AL staff safely and effectively meet the medication management challenges and needs of AL residents. Order your copy online at www.ascp.com/store/A97147.cfm.



Encourage Residents to Get Flu Shots

For most people, getting influenza means feeling lachy and feverish for a week or so. But for people 65 years and older, the flu can be much more serious, even deadly. People in this age group are at high risk of serious flu complications because they have weaker immune systems, making them more vulnerable to illnesses such as flu. The Centers for Disease Control and Prevention urges people aged 50 and older and

all health care workers to get vaccinated.

Each year in the US, an average of 36,000 people die, and more than 200,000 are hospitalized from serious flu complications. People 65 years and older account for 90% of flu deaths and more than half of influenza-related hospitalizations.

The flu vaccine is safe and effective, and because the three influenza viruses in the flu shot are killed, you cannot get the flu from the vaccine. Since flu viruses change every year, the flu vaccine is updated annually, making it necessary to be vaccinated each year. For more information, visit www.cdc.gov/flu.

Assisted Living Disclosure Collaborative (ALDC)

Known now as the Assisted Living Disclosure Collaborative (ALDC), this project is an outgrowth of a 2006 Technical Expert Panel that recommended that the Agency for Healthcare Research and Quality (AHRQ) develop tool(s) to help AL consumers differentiate between individual facilities in the areas of services available; pricing information; admission and discharge criteria; and staffing information (RN staffing, 24/7 staffing, staff training and turnover). These areas have been expanded to include resident rights, house rules, and life safety.

To advance these recommendations, AHRQ is partnering with the Center for Excellence in Assisted Living (CEAL) in a collaboration that has gradually expanded to include other key AL stakeholders (providers, consumers, clinicians, and policy experts) working collaboratively through a voluntary consensus process to develop uniform data items and definitions that can be used to describe the services and characteristics of individual AL residences. Four workgroups were established and are currently engaged in the voluntary consensus process.

Workgroup participants (approximately 100 individuals) meet monthly to develop uniform data items and definitions. These are then subject to formal ALDC consensus voting and will subsequently be developed into an instrument and associated materials. A team from Abt Associates and the University of North Carolina—Chapel Hill is providing measurement expertise and logistical assistance.

Phase II of the project (planned for FY '09 funding) will include small-scale testing with consumers and providers and medium- and large-scale testing with providers. Based on the testing results, the instrument and associated materials developed in Phase I will be finalized. Phase III of the project (planned for FY '10 funding) will include dissemination activities for the materials developed (scheduled to begin in late 2010). For more information, see <http://www.ahrq.gov/research/aldc.htm>.

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