

Medication Assistance in Assisted Living Facilities (ALF)



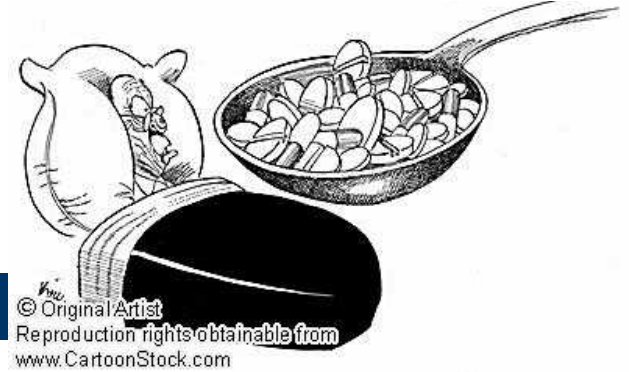
Anne Egleston
Aljoya Research Scholar
School of Nursing
University of Washington

Motivation



- **My grandparents**
- **65th wedding anniversary**
- **Professions: surgeon (93 yo) & nurse (91 yo)**
- **Moved into ALF in SC in 2006**
- **Medication concerns**
- **Medication error in February**

The Problem

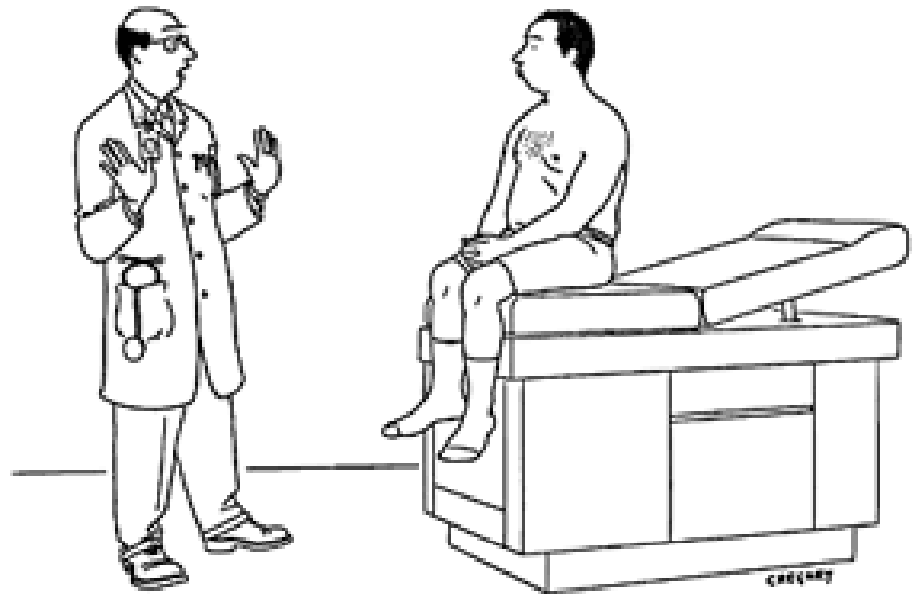


- **Senior population expected to grow from 12.4% to 20% by 2050 (CDC, 2004)**
- **Increase in ALFs being developed**
- **ALFs residents average 5-6 rx medications (Sloane, 2004)**
- **Medication errors one of the most common quality of care problems in ALFs (Gray, 2006)**
- **Between 18%-24% of hospital admissions of older patients are attributable to adverse drug events (Sloane, 2002)**
- **Medication use among older persons has not been extensively researched**

Research Questions

- How are medications administered?
 - Who assists?
 - How are independence and privacy maintained?
 - How are residents assisted in learning about their medications and side-effects?
 - What issues or challenges occur?

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“Whoa—way too much information!”

Questions continued

- What are the staff perceptions of the medication assistance process at their assisted living facility?



Methods

- Literature review
- Attended new pharmacy training at an ALF
- Received UW Human Subject approval to conduct the study
- Develop and administered survey to staff at one ALF
 - Format included strongly agree/disagree statements
 - Topics: staff perceptions on training, safety, record system, error-reporting, resources, usability



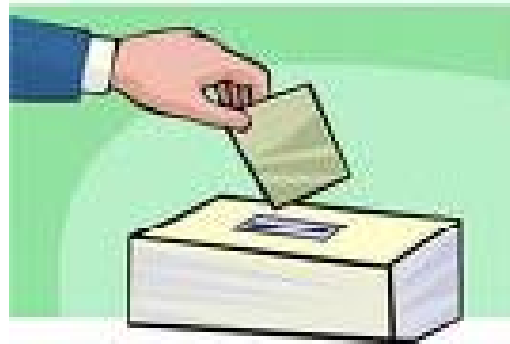
Results

- **Sample: 6 medication assistance staff**
- **All employed at one retirement community in Puget Sound Area**
 - **186 units**
 - **38 licensed for assisted living**
 - **12 medication assistance staff**



Results (N=6)

- Questions/Resource All strongly Agree (6)
- Training sufficient Strongly agree (4) or agree (2)
- Confident in safety Strongly agree (4) or agree (2)
- Confident in delivery Strongly agree (2) or agree (4)
- Confident in the order Half strongly agree (3), half agree (3)



Results (n=6)

- **Easy recording system** 4 Agree, 1 undecided, 1 NA
- **Supported reporting errors** 2 Strongly agree, 2 agree, 2 undecided
- **Informed of changes** 2 Strongly agree, 3 agree, 1 disagree

- **Familiar w/ drug & SE** 2 Agree, 4 undecided
- **Compared, easy & safe** 1 Strongly agree, 3 disagree, 1 NA
- **Overall confidence** 1 Strongly agree, 2 agree, 2 undecided



Summary and Limitations

- Very confident in *specific* questions about training, delivery, safety mechanisms, orders, resources
- Pretty confident in record system, being informed of any changes, and support received when reporting an error
- Less confident in familiarity with drug & its side-effects, comparative ease and safety of process, and *overall* system in place
- Limitations: N=6, one ALF, survey vs. interviews

Implications & Personal Insights

- Need for further research & training
- Heightened my personal interest in promoting independence in older adults
- Increased my awareness and knowledge of the Human Subject application process
- Enhanced my knowledge of the complexity of issues faced by older adults

Acknowledgements

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Thank You!

