



PRACTICE DIRECTION

Rural, Remote and Underserved Populations: Access to Prescribed Medications

Initial Approval: November 22, 2018

Effective Date: January 1, 2019

Reviewed with No Changes

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Practice Directions set out requirements related to specific aspects of the practice of medicine. Practice Directions are used to enhance, explain, or guide members with respect to the subject matter relevant to the practice of medicine. Practice Directions provide more detailed information than contained in *The Regulated Health Professions Act*, Regulations, Bylaws, and Standards of Practice issued by the College. All members must comply with Practice Directions, per s. 86 of *The Regulated Health Professions Act*.

This Practice Direction is made under the authority of s. 85 of the RHPA and represents requirements of CPSM members in so far as appropriate.

The following is an area of practice that falls within the mandate of the College of Physicians and Surgeons of Manitoba to promote inter-professional collaboration with other colleges, pursuant to section 10(i) of the Regulated Health Professions Act.

This joint practice statement is the result of **Interprofessional Collaboration**¹ between:

- College of Licensed Practical Nurses of Manitoba,
- College of Pharmacists of Manitoba,
- College of Physicians and Surgeons of Manitoba,
- College of Registered Nurses of Manitoba, and
- College of Registered Psychiatric Nurses of Manitoba.

1. BACKGROUND

1.1. For rural, remote and underserved populations, there is the potential for certain populations to experience unacceptable and potentially harmful delays in receiving necessary medication treatment due in part to a decrease in timely access to a full range of services.

1.2. We recognize that various health care professionals and providers have a role in safe client care. For example:

- Pharmacists review medication orders and prescriptions, dispense medication, provide information to clients about medications and advise health care professionals on the selection, dosage, interactions, and side effects of medications.

¹ Terms defined in the Definition section are displayed in **bold** upon first reference.

- Nurses² work autonomously and in collaboration with other care providers to provide client-centred care for people of all ages, which may include medication therapy.
 - Prescribers, such as physician and registered nurse (nurse practitioners), utilize competencies to meet standards for safe and effective prescribing.
- 1.3. However, there are times and locations where some or all providers are not accessible to clients. For example, there are times during the provision of health care when prescribed medication is required to treat an immediate client care need and timely pharmacy services are not accessible.
- 1.4. This document is the result of interprofessional collaboration between these regulatory colleges to support safe effective client care in situations where **supplying** medication is necessary to support positive client outcomes.
- 1.5. An interprofessional approach to care provision is the expectation when supplying medications. Where these practice expectations cannot be met, it is incumbent upon the client's team to resolve the practice issues interprofessionally.

2. PURPOSE

- 2.1 Outline practice expectations to deliver safe, timely treatment when **supplying** medication to a client.

3. SCOPE

- 3.1. These practice expectations apply to health care professionals working with rural, remote or underserved populations where:
- There is a client-centered need to provide a short-term supply of medication to a client;
 - The client has a reasonable likelihood of experiencing unacceptable and harmful delays in proper care;
 - A pharmacist is not readily available within the timeframe of the client's health care visit;
 - The facility has safe, appropriate storage requirements for the drug (e.g. refrigeration);

² In this document, the term nurse refers to licensed practice nurses (LPN), registered psychiatric nurses (RPN) and registered nurses (RN).

- A pharmacist can review the prescribed medications and enter them into the Drug Program Information Network (DPIN) as soon as possible but no later than 2 business days after the supply of the medication has been given; and
- Consultation occurs between nurses (who do not have prescribing authority) and the prescriber prior to supplying drugs covered by the *Controlled Drugs and Substances Act*.

3.2. These practice expectations do not include care situations where:

- A pharmacist is available or accessible to the client;
- A pharmacist is preferred by the client;
- Repackaging of the medication is necessary before supplying to the client;
- Compounding of the medication is necessary before the medication can be provided to the client;
- A client did not obtain a timely renewal for an ongoing prescription unless it is for an emergent situation where the health care provider determines that there is a greater health risk to the client if they do not receive the medication; or
- The medication requires an M3P prescription.

4. DEFINITIONS

Compounding: mixing ingredients, at least one of which is a drug or vaccine, but does not include reconstituting a drug or vaccine with only water. Compounding does not include preparing medication just prior to administration for a client. Examples of preparing medication, which is not considered to be compounding, include drawing up insulins into the same syringe, putting medications for inhalation therapy into a nebulizer or chamber and stirring oral mouthwash rinses in the same container.

Dispense: to provide a drug pursuant to a prescription but does not include the administration of a drug.

Clinical decision tool: a document whose purpose is to guide, based on evidence, the assessment, diagnosis or treatment of a client-specific clinical problem.

Interprofessional collaboration: A partnership between a team of health care providers and a client in a participatory, collaborative and coordinated approach to shared decision-making around health and social issues.

M3P: Manitoba Prescribing Practices Program is a prospective at-source risk management system to minimize drug diversion for Controlled and Narcotic medications and facilitate communication among health care professions, regulatory authorities, and federal, provincial and territorial governments regarding drug utilization issues and information.

Practitioner: regulated healthcare professional e.g. licenced practical nurses, pharmacists, physicians, physician assistants, registered nurses, registered nurse (nurse practitioners) and registered psychiatric nurses.

Prescriber: Regulated health professional with legislated authority to prescribe.

Starter packs: limited supply of pharmacist-prepared, pre-packaged, labelled medications utilized to facilitate a client to start safe, efficient medication therapy while awaiting the balance of the dispensed prescription.

Supplying: providing pharmacist-prepared, pre-packaged, labelled medications to a client to take away and administer as per the prescriber's instructions. Supplying does not include medication administration or pharmacist dispensing.

5. PRACTICE EXPECTATIONS

5.1. Prescribers, nurses and pharmacists must:

- 5.1.1. Collaborate/communicate with other health care providers as necessary to meet client-care needs.
- 5.1.2. Utilize interprofessional collaboration to develop a clinical decision tool³ which meets the following criteria:
 - Client-centered focus;
 - Evidence-informed practice;
 - Interdisciplinary input;
 - Annual review and evaluation;
 - Indications and contraindications for supplying medications;
 - Indications for consultation;
 - In-scope and out-of-scope provisions; and
 - Employer-approval.

5.2. The pharmacist must:

- 5.2.1. Enter the following information on the medication label before supplying medications to the site:
 - Generic drug name, manufacturer identification, dosage, route and strength (where necessary);
 - Quantity;
 - Direction for use (in accordance with the clinical decision tool if applicable);

³ Clinical decision tools should recognize medication eligibility under the Manitoba Formulary or Non-Insured Health Benefits (NIHB) formulary as there may be a cost associated with the drug of which the client needs to be informed.

- Date the drug was prepared; lot number and expiry date of the drug;
- Pharmacist initials;
- Pharmacy name where medication was packaged;
- Location name, address and phone number where medication was stocked for supplying; and
- Any other information appropriate/specific to the medication (e.g., auxiliary label “take with food”).

5.2.2. Upon receipt of the prescription:

- Review the medication order or prescription for client specific care and safety;
- Enter the medication into DPIN within 2 business days;
- Notify the nurse when the remainder of the prescribed medication is sent to the client.

5.3. The nurse must:

5.3.1. Apply competencies to manage the current client situation including:

- Use of the clinical decision tool;
- Review of the client’s medical history;
- Assessment of presenting complaint/concern;
- Check of the client’s current medication list, using DPIN where available;
- Review of allergies, potential adverse drug reactions and contraindications;
- Determination of the medications’ expiry date;
- Entry of the client name, prescriber name, date and nurse initials on the medication label;
- Client teaching;
- Supplying the starter pack directly to the client (or their representative); and
- Plan for follow-up care as discussed with the client.

5.3.2. Do an assessment with the client re: supplying medication. Include consideration of:

- Risk to client’s health if the medication is not supplied at that point-of-care;
- Wait time for the prescription pick up or delivery including impact of distance, extreme weather and/or other unusual factors; and
- Potential adverse effects of the medication.

5.3.3. Document as per applicable standards. Documentation must also include date, drug name, strength, dose, lot number, quantity supplied, length of medication therapy, and client instructions.

5.3.4. Notify the prescriber and pharmacist of starter pack supplied including date, drug name, strength, dose, lot number, quantity supplied, length of medication therapy, client instructions, and nurse signature and title.

5.4. The prescriber must:

5.4.1. Meet necessary standards in prescribing.

5.4.2. Sign and send prescription to the pharmacy within 24 hours.

6. RESOURCES

Canadian Interprofessional Health Collaborative
A National Interprofessional Competency Framework

College of Licensed Practical Nurses of Manitoba
Code of Ethics for Licensed Practical Nurses
Standards of Practice for Licensed Practical Nurses

College of Pharmacists of Manitoba
Prescribing Authority Table
Electronic Transmission of Prescriptions
Facsimile Transmission of Prescriptions

College of Registered Nurses of Manitoba
Code of Ethics for Registered Nurses
Standards of Practice for Registered Nurses

College of Registered Psychiatric Nurses of Manitoba
Code of Ethics and Standards of Psychiatric Nursing Practice

Government of Manitoba
Drug Programs Information Network (DPIN)

Institute of Safe Medication Practices Canada
http://www.hc-sc.gc.ca/dhp-mps/pubs/medeff/_guide/2016-label-package-practices-pratiques-etiquetage-emballage-rx/index-eng.php#a1

National Association for Pharmacy Regulatory Authorities (NAPRA)
<http://napra.ca/>

Workflow

