Nursing Care Quality Assurance Commission
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Medication Organizer Devices In Community Based, Long Term Care and Private Homes: Roles for RNs and LPNs

Advisory Opinion: It is the opinion of the Washington State Nursing Care Quality Assurance Commission that registered nurses and licensed practical nurses may fill customized patient medication packages ("Medisets", medication organizers, etc.) under the following conditions:

- the activity of filling the organizer is a component of medication administration (self-administration, self-administration with assistance or medication administration under nurse delegation) and is intended to ensure resident/consumer safety and accuracy. Medication administration is a recognized nursing skill and function.
- RNs and LPNs may not delegate the filling of medication organizers to assistive personnel, including certified nursing assistants.
- Programs and care settings include: boarding homes, adult family homes, home health, certified programs and homes for the developmentally disabled, private homes, and hospice agencies.
- Medications being placed into an organizer for the resident/consumer have already been dispensed by a pharmacist and are being removed from a container which has been labeled for the resident/consumer by a pharmacist or pharmacy service.
- The registered nurse or licensed practical nurse fills the medication organizer in consultation with prescribers, pharmacists, and other health care providers as needed.
- Must include a system which allows the resident/consumer, caregivers, and the RN/LPN to readily identify the medications after they are placed in the new organizer system or container.
- Must include a method to verify the five rights of medication administration for the resident/consumer (right medication, right resident/consumer, right time, right route, right dose).
- A registered nurse or licensed practical nurse may NEVER interpret a prescription for the purposes of dispensing and may NEVER fill a medication organizer with prescribed legend or controlled drugs for or resident/consumer from a container not already labeled for that particular resident.
- It is not within the scope of practice for a licensed practical nurse to independently perform a nursing assessment for the purposes of developing a complete care plan. However, data gathering and execution of the medication order are fully within the LPN scope of practice.

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Medication Organizers: Supporting Documentation and Rationale

Scope of the issue: Filling of medication organizers by registered nurses is occurring widely in a variety of settings. Registered nurses have been involved with this activity for at least 30 years. The Commission, DSHS, and the Board of Pharmacy have no evidence of patterns of error or resident/consumer harm as a result of nurse involvement with medication organizers. Thousands of Washington residents currently live in community based care settings. These consumers/residents need the services of either a pharmacy or a nurse in order to receive medications safely:

- Adult Family Homes: 10,500 beds
- Boarding Homes: 13,000 beds
- DDD Community Certified: 2,800 beds
- Hospice: 8,000 – 10,000/year
- In-home clients: 20,000/year

Background of the Issue, Regulatory Perspective: A 1991 advisory opinion issued by the former Board of Registered Nursing served as the basis for a number of state agency policies and regulation which allowed registered nurses to fill medication organizers ("Medisets") for residents of adult family homes, boarding homes, home health, and home care settings. The original opinion was based, in part, on information gathered in 1990 from the Board of Pharmacy staff, and indicated that as long as the original medication container was readily accessible for verification of the medication and related orders, registered nurses could fill "Medisets".

By 2000, the Nursing Commission had become aware that queries to the Board of Pharmacy from the public and from state agencies charged with delivering care to clients were resulting in confusion for the public: the opinion of the Board of Pharmacy clearly stated that the filling of a medication organizer by anyone other than a pharmacist or a family member is viewed as dispensing, and therefore outside the scope of nursing practice. Because of the disparity in the two opinions, the Nursing Commission archived its 1991 and 1994 advisory opinions on 9/8/2000, in order to further study the issue and to find a way to advise the public.

Current Status of the Issue: In the fall of 2001, the Nursing Commission directed its practice committee to convene a work group, representative of the community based long term care industry, DSHS regulators and program planners, Board of Pharmacy representatives, and nursing organization leaders. The work group was asked to define the issues and recommend a course of action to the Commission. Through a series of workgroup meetings and research, the Commission learned:

- Technology related to the use of medication delivery systems has advanced in the intervening years since the original advisory opinion was written (i.e. “blister packs”, customized patient medication packaging systems from specialized pharmacy services)
- In-home pharmacy services provide a source of convenient, safe delivery systems for consumers/clients across the state.
- Availability of pharmacy services to community based care facilities and homes varies widely, depending on geographic area, costs, ability to pay, and third party payment restrictions.
- For some residents/consumers, “blister packs” present an access problem of their own; the group heard numerous stories of piles of tablets and capsules on tables, opened for consumers with arthritis and physical disabilities by well-meaning neighbors and relatives.
- Consumers/residents often receive medication from multiple physicians and pharmacies; the nurse visiting the home is often able to fully assess the needs.
- Some pharmacies send pharmacy technicians to community based care settings to organize medications, with no on-site supervision by pharmacists; these technicians would not be able to assess the overall client needs as would a nurse in the home.
- Nurses filling medication organizers for clients do so only by removing medication from containers, which have already been labeled and dispensed by pharmacists.

Best Practices: For the safest care possible, with a focus on access to safe, high quality, resident/consumer-centered care, the work group agreed on these principles:

- Clear communication between the interdisciplinary team (resident/consumer, facility operator/owner, provider/prescriber, pharmacist, registered nurse, licensed practical nurse) is essential.
- Needs and safety of the resident/consumer, along with the rights of the resident/consumer to live as independently as desired, must be central to all care delivered.
- Care given should be based on the best evidence for optimal health care outcomes.
- Medication delivery and administration must be based on the “five rights”.
- Medications must always be labeled and identifiable.
- Policies must be consistent in each and every type of community based care setting in which a resident/consumer might live.
- The process for providing the right medications to residents/consumers safely is not the exclusive province of any single agency or profession.
- Assessment of resident/consumer needs must be ongoing and collaborative: physicians, nurses, pharmacists, social workers and facility owner/operators must be involved with assessment and re-assessment, as well as interdisciplinary communication.