Dear Mrs. Boatman and Dr. Dockter:

I am writing regarding my review of the Nursing Care Quality Assurance Commission (NCQAC) July 2002 advisory opinion on medication organizer devices. Under RCW 18.130.065, the Secretary of Health reviews and makes recommendations on commission interpretive and policy statements. That statute requires that I consider the effect of the proposed statement on existing health care policies and the practice of health professionals. I have considered the advisory opinion, and the position of the Board of Pharmacy (the Board) and NCQAC. I conclude that allowing registered nurses and licensed practical nurses to fill customized patient medication packages is safe and consistent with existing law and practice. People in our state, especially those in community based care settings, are better served when nurses can fill medication organizer devices.

The July 2002 advisory opinion expresses the opinions of the NCQAC that registered nurses and licensed practical nurses may fill “customized patient medication packages (‘Medisets’, medication organizers, etc.)” only if nine specific conditions are met. For example, the filling of the organizer must be a component of medication administration; the medications must have been dispensed by a pharmacist and removed from a container which has been labeled for the patient by a pharmacist or pharmacy service; and the nurse fills the organizers in consultation with prescribers, pharmacists and other health care providers as needed.

The July 2002 advisory opinion is a revised version of an advisory opinion issued in 1991 that authorized nurses to fill medication organizers. Based on that 1991 opinion, registered nurses have been filling medication organizers for residents of community based settings such as boarding homes, and as part of home care services.

The current longstanding practice of nurses filling of medication organizers makes it easier for an individual to be responsible for taking their own medications, or makes it easier and safer for an unlicensed individual to assist them with taking their own medications at the appropriate time and in the appropriate dose. According to the Department of Social and Health Services there have been no reports of harm caused by the use of medication organizers filled by nurses in community settings.
The State of Washington has for years pursued a policy of encouraging people to continue to live in their homes or in community settings. Allowing nurses to fill the medication organizers that are essential to people who need help with medication makes a significant contribution to realizing that policy.

I know that the Board and NCQAC share a concern that care be delivered safely, and have identified important components that constitute best practices for filling medisets. Those best practices are reflected in the nine conditions in the advisory opinion. The Board and NCQAC also agree that there is a need for patient choice of residence, flexibility and options to provide help with medications, that cost is a factor in providing care, and that there are additional difficulties of providing medication assistance in rural areas.

Considering the more than ten years of safe and effective filling of medication organizers by nurses in this state and the options that the practice give residents in community based settings, I support the continued role of nurses in filling medication organizers, and the July 2002 NCQAC advisory opinion that authorizes the practice under nine specific conditions.

I appreciate very much the work that NCQAC and the Board have done to identify the issues and concerns and the practices needed to address them. Thank you for your work on this issue, and for your commitment to protecting and improving the health of the people of Washington State.

Sincerely,

(Signature on file)

Mary C. Selecky
Secretary

cc: Paula Meyer, Executive Director, NCQAC
Don Williams, Executive Director, Board of Pharmacy

Adopted: December 20, 20002