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Interprofessional Collaboration Joint Practice Statement

Rural, Remote and Underserved Populations:
Access to Prescribed Medications

Approved by CRPNM Board of Directors
Published April 2018

*This practice direction is a result of the collaboration between
Manitoba's nursing Colleges, the College of Physicians and Surgeons,
and the College of Pharmacists*



Joint Practice Statement

Rural, Remote and Underserved Populations: Access to Prescribed Medications

Practice directions set out requirements related to specific aspects of registered psychiatric nursing practice and provide more detailed information related to the *Registered Psychiatric Nurses Act*, the *Registered Psychiatric Nurse Regulation*, other relevant legislation, the *Standards of Psychiatric Nursing Practice* and the *CRPNM Code of Ethics*.

This practice direction is the result of a collaboration between Manitoba's nursing Colleges, the College of Physicians and Surgeons and the College of Pharmacists.

Background

Rural, remote and underserved populations are at risk for potentially harmful delays in care because of barriers to timely access to services.

We recognize the importance and necessity of **interprofessional collaboration** to support safe client care in situations where **supplying** medications is necessary. When these expectations cannot be met, all health-care professionals are responsible for resolving the practice issue as a team.

All health-care professionals¹ have a role in safe client care.

- 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.
- Nurses² work autonomously and in collaboration with other care providers to provide client-centered care for people of all ages, which may include medication therapy.
- **Prescribers**, such as physicians and registered nurse (nurse practitioners), use competencies to meet standards for safe and effective prescribing.

¹ Health care professionals, in this document, refers to pharmacists, nurses, nurse practitioners, and physicians.

² In this document, the use of the word nurse refers to Licensed Practical Nurses (LPNs), Registered Nurses (RNs) and Registered Psychiatric Nurses (RPNs).

Scope

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.
- The client has a reasonable likelihood of experiencing harmful delays in 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).
- 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 48 hours after the medication has been given³.
- Consultation occurs between nurses (who do not have prescribing authority) and the prescriber before supplying drugs covered by the *Controlled Drugs and Substances Act*.

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;
- 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.

Practice Expectations

1.0 Prescribers, nurses and pharmacists must:

- 1.1. Collaborate/communicate with other health care providers as necessary to meet client-care needs.

³ If the pharmacist working with a remote community cannot meet the 48-hour timeline, the pharmacist must contact the CPHM in advance of proceeding

1.2 Utilize interprofessional collaboration to develop a **clinical decision tool**⁴ 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

2.0 The pharmacist must:

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);
- 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").

2.2 Upon receipt of the prescription:

- Review the medication order or prescription for client specific care and safety;

⁴ 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.

- Enter the medication into DPIN within 48 hours⁵;
- Notify the nurse when the remainder of the prescribed medication is sent to the client.

3.0 The nurse must:

3.1 Apply competencies to manage the current client situation including:

- Use of 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.

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.

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.

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

4.0 The prescriber must:

4.1. Meet necessary standards in prescribing.

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

Glossary

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. Does not include preparing medication prior to administration. Examples of preparing medication 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 (does not include the administration of a drug).

Clinical decision tool:

A document that guides, based on evidence, the assessment, diagnosis or treatment of a client-specific clinical problem.

Interprofessional collaboration:

The partnership between a team of health-care professionals and a client in a participatory, collaborative and coordinated approach to shared decision-making around health and social issues.

M3P (Manitoba Prescribing Practices Program):

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.

Prescriber: Regulated health professional with legislated authority to prescribe.

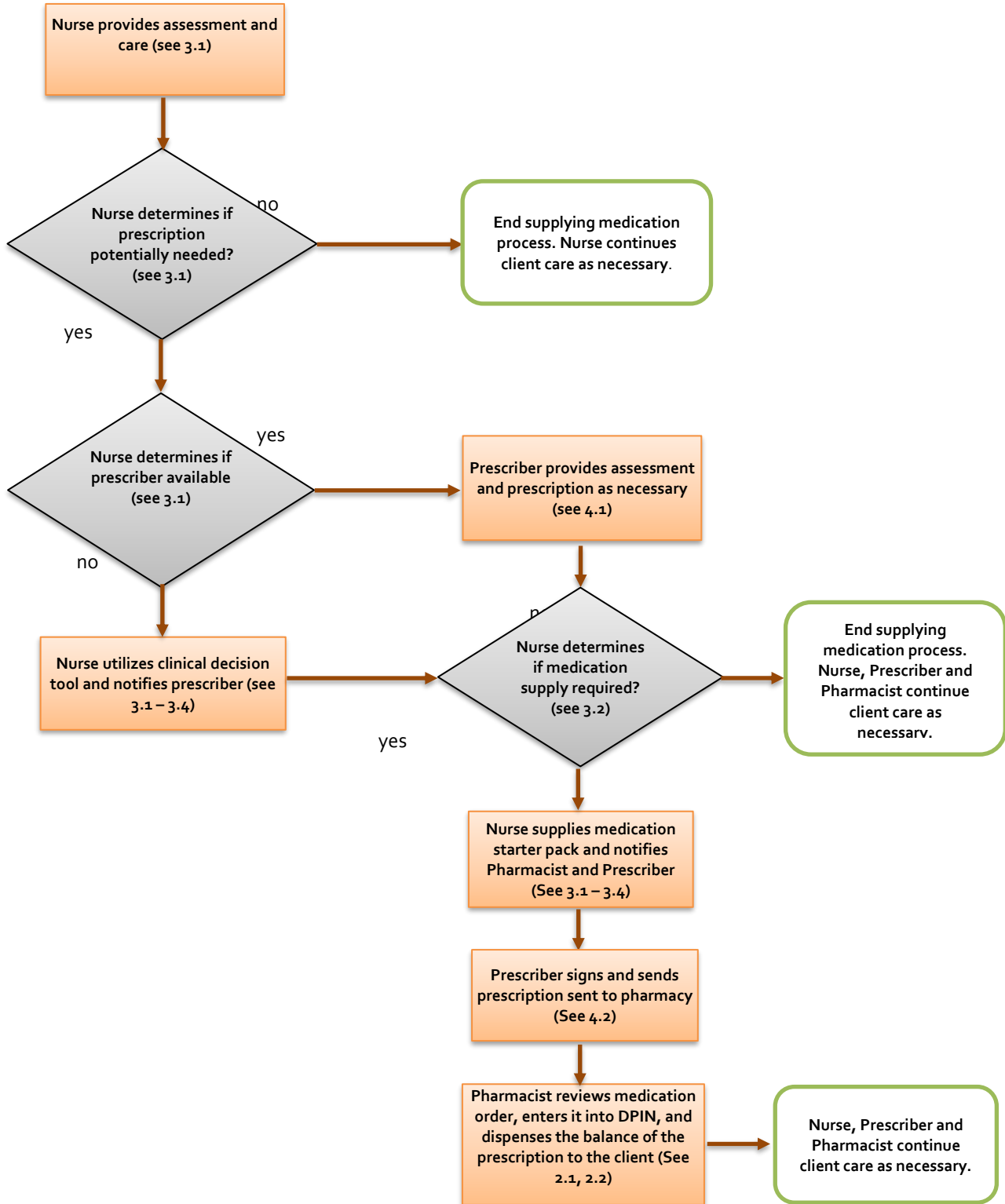
Starter packs:

A limited supply of pharmacist-prepared, pre-packaged, labelled medications so a client can 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 with the prescriber's instructions. (Supplying does not include medication administration or pharmacist dispensing.)

Workflow



Resources

[Canadian Interprofessional Health Collaborative](#)

A National Interprofessional Competency Framework

[College of Licensed Practical Nurses of Manitoba](#)

Code of Ethics for Licensed Practice 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 Physicians and Surgeons of Manitoba](#)

Standards of Practice of Medicine

[College of Registered Nurses of Manitoba](#)

Code of Ethics for Registered Nurses
Practice Expectations 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](#)

[National Association for Pharmacy Regulatory Authorities \(NAPRA\)](#)

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