

*O*ral Medication *Administration*

Practice Guidelines For ACT Teams in Ontario

An Information Guide

INTEGRATING AND RE-SHAPING
COMMUNITY HEALTH CARE
FOR 2001 AND BEYOND

PREPARED BY:
TRACEY HOLZ, RN, MN, CPMHN(C)
UNIVERSITY OF TORONTO, FACULTY OF NURSING

CONSULTATION BY:
MARGARET GEHRS, RN, MScN, CPMHN(C)
CONTACT MENTAL HEALTH OUTREACH SERVICE
ST. MICHAEL'S HOSPITAL, TORONTO, ONTARIO

Table of Contents

1.0	INTRODUCTION	3
2.0	REVIEW OF LEGISLATION	4
2.1.	DEFINITIONS OF COMMON TERMINOLOGY RELATED TO MEDICATION STANDARDS	6
2.2.	CONTROLLED ACTS RELATED TO MEDICATION: IMPLICATIONS FOR ACT TEAMS	7
2.3.	THE DIFFERENCE BETWEEN DISPENSING AND ADMINISTRATION	7
3.0	DELEGATION OF DISPENSING	8
3.1.	WHEN IS DELEGATION OF DISPENSING REQUIRED FOR NURSES?	9
3.2.	CONTROLLED ACTS AND DELEGATION	9
3.3.	HOW IS DISPENSING DELEGATED?.....	10
3.4.	HOW TO ASSESS COMPETENCE FOR DELEGATION?	10
4.0	OVERVIEW OF STANDARDS OF PRACTICE AND MEDICATION ADMINISTRATION	11
4.1.	CHART SUMMARIZING THE ROLES OF REGULATED AND UNREGULATED PROFESSIONS ON ACT TEAMS	11
5.0	DOCUMENTATION CONSIDERATIONS	13
6.0	SUMMARY OF KEY IMPLICATIONS FOR ACT TEAMS	13
7.0	CLARIFYING PRACTICE SCENARIOS: QUESTIONS & ANSWERS	14
8.0	RESOURCES	16
9.0	REFERENCES	17
10.0	APPENDIX A: CONTROLLED ACTS	18
11.0	APPENDIX B: SUMMARY CHART OF CONTROLLED ACTS AS IDENTIFIED IN THE INDIVIDUAL PROFESSIONAL ACTS UNDER THE REGULATED HEALTH PROFESSIONS ACT	19
11.0	APPENDIX C: PROFESSIONAL STANDARDS OF PRACTICE: MEDICATION ADMINISTRATION COMPARISON CHART	20

1.0 Introduction

In recent years, an increasing number of Assertive Community Treatment Teams (ACT) have been implemented across the province of Ontario. ACT carries with it the notion of integrated and continuous treatment, rehabilitation and support services for clients with severe and persistent mental illness and heavy service use. The delivery of services is based on a collaborative model between client and health professional. Although the aim of the model is to promote independence and optimal level of functioning, many clients with severe and persistent mental illness require assistance with medication administration, sometimes on a daily basis. Historically, medication administration has been the responsibility of nurses, particularly in traditional inpatient settings. As the context of care shifts to the community, and treatment is provided by interdisciplinary teams, practice guidelines are evolving to take into consideration new work-role design, and client-centered, rather than discipline-centered care.

This document has been developed for Ontario ACT teams as a guide for making appropriate practice decisions in the administration of oral medications to clients living in the community. The need arose due to concerns expressed by ACT teams across Metropolitan Toronto, and indeed, across the province, about community-based medication practices. ACT teams informally reported variations of practice patterns ranging from very traditional medication administration practices restricted to the nursing role to more flexible medication administration practices involving team members from all disciplines. It also became evident from discussions that there was a lack of understanding of the professional practice standards across disciplines as well as a need for clarification of the Regulated Health Professions Act (RHPA) and the Social Work and Social Service Work Act (SWSSWA) legislation. As the Ontario government continues to fund new ACT teams across the province, and as teams grow in the number of clients serviced, the need to outline key interdisciplinary medication practice guidelines for ACT teams is heightened. Issues related to the balance of role design, quality of care, risk management and efficient use of time and resources arise.

The development of practice guidelines for ACT teams involves uniting all disciplines in a common language. Traditionally, the development of practice standards and delivery of education have been discipline specific. Even in today's health care environment promoting interdisciplinary practice, there is resistance by professions to intrusion by other professionals into their fields of knowledge, education and practice (Satin, 1994). This may stem from fears of competition, domination, identity loss and implications for earnings (Satin, 1994). The information and recommendations presented in the following pages were systematically developed with evidence obtained from available, though limited, literature reviews, consultation with professional colleges and use of the "expert consensus method" based on clinical experience extrapolated from similar situations. This document is not meant to be prescriptive in nature, that is, it is not intended as a "cookbook" for outlining practice on ACT teams. However, evidence of practice variation regarding medication administration by ACT teams in Metropolitan Toronto suggests that this document may be helpful in clarifying existing professional practice standards and the implications for the roles of each discipline.

This document will reveal that it is helpful to conceptualize each discipline's range of expertise as areas of primary and secondary competence. Primary competence refers to a discipline's unique area of expertise, that may be shared with one or few other disciplines and individuals may be drawn on to act as consultants and educators to other disciplines practicing in this area (Satin, 1994). For example, primary expertise related to medications is associated with a small number of professionals, namely physicians, pharmacists and nurses.

Secondary competence refers to an area that may be performed by several disciplines but this is not considered their primary area of expertise. As needed, they may consult with professionals with primary competence in the area. For example, social workers, occupational therapists, addiction counselors and vocational workers on an ACT team may administer oral medications to clients and may consult with a nurse, physician or pharmacist when concerns arise. In an ACT model, there is considerable overlap of disciplinary practice and potential for role flexibility. However, medication-related tasks should be assigned not only on the basis of scheduling needs but also on the basis of client need, complexity of health status, disciplinary expertise and competence.

These guidelines can serve as a means to reinforce accountability for practice, expand critical thinking skills, more fully integrate the ACT practice model, and develop creative ways to deliver client services. This document serves as a starting point, the first of its kind, in clarifying the evolving practice of oral medication administration for ACT teams with the particular focus being interdisciplinary community practice. However, the lack of accumulated knowledge in this area suggests the need for research on this topic to assist in the ongoing development of practice guidelines.

The information in this document is based on the following assumptions:

- Health professionals working on ACT teams are committed to assisting clients to live independently in the community, and whenever possible, encourage teaching and self-administration of medications rather than promote dependence on the team
- ACT team members work collaboratively with clients to respect client autonomy, values, goals and health care decisions that achieve the best possible client outcome
- As an interdisciplinary model, ACT teams value both the primary and secondary areas of competence of each staff member as well as promote role integration and flexibility
- The task of medication administration will be assigned to ACT team members on the basis of competence, complexity of client health status, disciplinary expertise, availability of resources and any other relevant situational factors
- Regulated health professionals will practice according to governing legislation, professional standards of practice, employer policies and will engage in ongoing education in order to provide safe, effective and ethical care for clients

2.0 Review of Legislation

The foundation for understanding oral medication administration practices for health professionals on ACT teams lies in the ability to understand which activities engaged in by an ACT team fall within the domain of a controlled act and which are in the public domain of practice. For instance, oral medication administration, an activity that falls under the public domain of practice, may be performed by anyone. However, this applies to oral medications that have already been dispensed. The related activities of dispensing and delegation of dispensing fall under the domain of controlled acts. It is important for each profession to be aware of the legislation that governs their practice and helpful to have an understanding of the legislation surrounding the practice of other professions who work on an ACT team. For this reason, a review of the following legislation has been included: the Regulated Health Professions Act (RHPA) and the Social Work and Social Service Work Act (SWSSWA).

The Regulated Health Professions Act (RHPA):

The RHPA is a piece of legislation that regulates 23 health professions in the province of Ontario. Developed in 1991, and proclaimed in 1993, this legislation emphasizes the principles of accountability, protection of clients from harm, accessibility, equity and quality of care. Members of the RHPA that are of relevance to ACT teams include the disciplines of nursing, occupational therapy and medicine. The RHPA consists of an act and a procedural code for all disciplines. It consists of the following three main elements:

1. Scope of Practice
2. Controlled Acts
3. Harm Clause

These elements can be defined as follows:

Scope of Practice	The RHPA includes statements outlined for each profession that define what a profession does and the methods it uses. Overlap in scope of practice of differing professions is recognized. For example, there is overlap in the scope of practice across disciplines on ACT teams.
Controlled Acts	The RHPA lists procedures that pose a risk of significant physical harm if performed by unauthorized individuals. There are 13 controlled acts identified in the legislation (<i>See Appendix A</i>). Regulated health professions may be authorized to perform none to part to all of the procedures (<i>See Appendix B</i>). Controlled Acts related to medication procedures for ACT teams are outlined in section 2.2.
Harm Clause	The RHPA prohibits any person other than a regulated health professional from treating or advising a person with respect to their health, in circumstances where there is potential that serious physical harm may result from the treatment or advice (St. Michael's Hospital, 2000).

The Social Work and Social Service Work Act:

The professions of social work and social service work are regulated by the Social Work and Social Service Work Act, 1998, and not by the Regulated Health Professions Act. The Social Work and Social Service Work Act was proclaimed on August 15, 2000.

One of the objects of the College, as stated in the Social Work and Social Service Work Act, is "to establish and enforce professional standards and ethical standards applicable to members of the College".

In accordance with this object, the Code of Ethics and Standards of Practice Handbook sets out the minimal standards of professional practice and conduct for members.

Specific guidelines for the administration of medication by social workers and social service workers have not yet been developed. Members are advised to review the Code of Ethics and Standards of Practice as well as the Professional Misconduct Regulation for guidance about practice decisions. While

the documents should be read and understood in their entirety, particular attention should be paid to Principle II: Competence and Integrity:

2.1.1. “College members are responsible for being aware of the extent and parameters of their competence and their professional scope of practice and limit their practice accordingly”.

2.1. Definitions of Common Terminology Related to Medication Standards

The following terminology is also important for ACT teams to consider when understanding medication practices.

Dispensing	This controlled act is authorized by the RHPA to be performed by pharmacists, physicians and dentists only. Dispensing involves the selection, preparation and transfer of one or more doses of a prescription medication from a stock supply to a client or representative for administration. *Please note dispensing is often confused with administration. Once a medication has been taken from a stock supply and properly labeled for an individual client in a container (e.g. vial, blister pack, dossette) according to the prescription, and received by the client or agent, it is considered dispensed. Administration occurs after it has been “dispensed”.
Delegation	A regulated health professional may transfer the authority established in the RHPA legislation to perform a controlled act procedure to another regulated health profession, subject to the guidelines set out by their own regulatory body. A person who accepts delegation has a responsibility to ensure that they are competent to carry out the activity in a safe manner. *Delegation is required for health professionals who are not authorized in the legislation to dispense medication and who engage such activities as: 1) providing clients with multiple doses of a medication for self-administration <i>from a stock supply</i> and, 2) providing clients with samples of prescription drug packs from pharmaceutical companies.
Self-administration	The capacity of clients to administer their own medications whether at home or in an agency environment. Clients may be independent in this function or may require some assistance such as prompting, reminders, help to open containers or mechanical aides (dosettes/blister packs) or help in filling mechanical aides.
Medication Administration	The practice of administering oral medications falls within the “public domain”, that is, anyone may perform this activity as it is not a controlled act. However, risk of harm to the client exists if the activity is not performed competently. Individual disciplines may be held to different levels of accountability. For example, for nurses, competent medication administration requires knowledge, skill and judgement in assessing the appropriateness of the medication for a particular client as well as preparation of medication, monitoring and evaluation of outcome of medication on health status, appropriate intervention and documentation of

Repackaging	<p>the process. The same expectations cannot be held of regulated and unregulated disciplines where medication administration is a secondary level of competence.</p> <p>The activity of taking a medication from a labeled container (e.g. vial, blister pack or unit dose package) that has been dispensed and transferring the medication to another container (e.g. dossette or individual envelope). Repackaging may require that the product be re-labeled in an appropriate manner that includes the client's name, name of the drug, name of the prescriber, dose, date, time, and frequency.</p>
--------------------	---

2.2. Controlled Acts Related to Medication: Implications for ACT Teams

The RHPA applies to all self-regulated health professions. Of relevance to the ACT model, are the professions of nursing, medicine, and occupational therapy. As ACT teams work closely with pharmacists in a consultation capacity, it is of relevance to note that pharmacists are also members of the RHPA.

The controlled acts relevant to medication practices include acts numbered 2, 5, 6 and 8 (*refer to Appendix A*). The regulated professions are authorized to perform these acts in varying degrees (*refer to Appendix B*). Acts numbered 2, 5, 6 and 8 pertain mainly to the prescribing and dispensing of medications and to the administration of medications by injection, inhalation and beyond the anal verge. **Please note that the administration of oral medications is not a controlled act.** Similarly, it is not a controlled act to administer medications topically (on skin surface), or to apply eye or ear drops.

Act #8 is most relevant to physicians on ACT teams as it involves the prescribing and dispensing of medications. Other common procedures performed by and authorized to ACT physicians may include the administration of medication by injection (e.g. depot injections) or taking client's blood (e.g. for weekly / bi-weekly monitoring). Although physicians are authorized to dispense medications, this is generally considered the primary area of competence of pharmacists. ACT teams who are affiliated with hospitals should work primarily with the hospital pharmacist for obtaining medications that require dispensing. In situations when a pharmacist is unavailable (e.g. ACT team affiliated with a community agency), the ACT physician may dispense medications.

Nurses are authorized to perform only three of the 13 acts and these include #2, 5 and 6. In community settings, the most common controlled act performed by nurses is the administration of medications by injection (e.g. depot injections). Occupational therapists, social workers and social service workers are not authorized to perform any controlled acts. Similarly, non-regulated professionals are not authorized to perform any of the controlled acts.

2.3. The Difference Between Dispensing and Administration

The terms "dispensing" and "administration" are often used interchangeably in the literature and in the language used in day-to-day practice. However, clarification of these terms needs to occur. Dispensing involves the multi-step process of filling a client's prescription. Once a medication has been selected for a client according to the prescription, checked for its expiry date, repackaged and labeled appropriately, and transferred to the client or agent, it is considered dispensed. Dispensing occurs only once. Any medication

that comes from a pharmacy with a label for a particular client has already been dispensed. Medication samples received from pharmaceutical companies or from hospital stock supply have not been prescribed or dispensed. Activities related to the administration of medications, including repackaging and delivering of medications that have previously been dispensed, are not considered dispensing.

The administration of oral medications is considered an activity within the public domain of practice. As this procedure is not included in a controlled act, it does not require delegation and can be performed by all members of the team.

Administration involves the preparation of one dose of a medication by one individual and providing it to the client at the time that it is due. More likely, practice on an ACT team would involve the repackaging of one or more doses of a medication for delivery to a client. Since one of the goals of ACT is the promotion of client independence in the client's natural environment, teams generally work with community pharmacists who dispense medication individually for each client. Medication dispensed by a pharmacist may appear in many forms, usually in a vial, blister pack or dossette, and is labeled in accordance to the ODRA (section 56(3) with the name of the client, name of the prescriber, date, name of the drug, dose, frequency, identification number of the prescription, identification of the pharmacy and directions for use. Since dispensing occurs only once, it is considered repackaging to take the medication from a client's blister pack, vial or dossette, and place it in an alternate container (e.g. another vial, dossette) or into an envelope. For example, ACT teams often take medications from a client's vial and use them to fill a dossette. Similarly, ACT teams may repackage medications from a client's blister pack to an individual envelope for daily delivery. Individuals who repackage medication are responsible for ensuring that an appropriate label is placed on the new product that would include at a minimum the client's name, drug name, dose, date, time, frequency and directions for use.

It is advisable that when ACT teams assign medication administration to professions for whom it is not their primary area of competence, they assign client situations that require less complex care and where outcomes have some predictability. It would follow that clients in more complex situations be assigned to professions (e.g. nursing) with a primary competence in the area of medication practice.

Of great significance is the distinction that medication administration involves more than just selecting the medication and giving it to the client. It involves possessing the appropriate level of knowledge, skill and judgement to perform the activity safely and competently in a given situation. Practice expectations for registered nurses are higher due to educational preparation in this area of competence. Nursing knowledge of medication is broader as their educational programs allow them to study this area in greater depth and over a longer period of time.

3.0 Delegation of Dispensing

The regulated health professions of nursing, as well as self-regulating professions such as social work and social service work, and professions that are unregulated such as vocational therapy are not authorized to perform any part of the controlled act of dispensing unless it is delegated. However, the College of Occupational Therapists of Ontario, a member of the regulated health professions, have taken the position that their members may not accept the act of delegation of dispensing. Refer to the document entitled "Guideline on the controlled acts and delegation" (COTO, 2000) for further information. **It is an important component of accountability for each professional discipline to determine their regulating body's practice standards with regards to delegation whether this involves the act of delegating or the act of accepting delegation. Each professional is accountable for his/her actions, for ensuring**

competency, and/or declining acceptance of delegation if he/she determines the activity to be beyond his/her level of competence.

Nurses or other professions can perform dispensing as part of their new role, if the authority to perform this procedure has been appropriately delegated. For example, the College of Nurses of Ontario and the Ontario College of Pharmacists have worked together to determine a process for the delegation of dispensing to nurses by pharmacists (CNO, 1996). Similar guidelines do not exist for other professions.

3.1. When is delegation of dispensing required for nurses?

Delegation of dispensing is required for nurses in the following circumstances:

1. When filling a mechanical aid (e.g. dossette) or alternative container from a stock supply or unit dose supply for client self-administration or for another care provider to assist.
2. When providing clients with several doses of medications from a stock supply, unit dose supply or samples from pharmaceutical companies for self-administration (e.g. an ACT team member giving several doses of a medication to a client in an emergency situation or in accordance with the client's prescription for self-administration at home)
3. When repackaging large volumes of medication from stock supply, unit dose supply or pharmaceutical company samples into smaller containers for an alternate stock supply,

3.2. Controlled Acts and Delegation

The RHPA is written in such a manner that delegation may occur to any profession if it can be determined that the individual receiving the delegation is able to perform the procedure in a safe and competent manner and that the standard of care or outcome for the client would be the same regardless of whether it was performed by a pharmacist, physician, or another health professional. **Again, it is important to emphasize that just because an activity may be delegated does not mean that it is appropriate to do so.** There exists no clear standard across all disciplines to address the appropriate manner in which delegation should occur. The absence of a specific guideline should not be interpreted as approval. Employers must first determine whether the act of dispensing is an appropriate act for nurses or other disciplines to engage in on the ACT team. Decision making around this issue should occur between not only members of the organization but also the profession who will be delegating (pharmacist or physician), and the profession who will be accepting the delegation.

Dispensing has long been considered a role of the nurse in a variety of settings. The College of Nurses of Ontario and the Ontario College of Pharmacy have prepared a clear position on this. Nurses may accept delegation of dispensing, however, they cannot delegate dispensing to other disciplines as nurses have not been authorized to perform this controlled act under the RHPA. For delegation of dispensing to occur, a specific process must be followed. For further information, please see "Delegation of Dispensing" a document written by the CNO in 1996 outlining guidelines for nurses for the delegation of dispensing. The Ontario College of Social Work and Social Service Workers has not yet developed a standard on accepting delegation of a controlled act.

3.3. How is dispensing delegated?

Delegation occurs in two phases:

1. The transfer of authority from the delegator (a regulated health professional authorized to perform the act such as pharmacy or medicine) to the delegatee to perform the controlled act, in this case, dispensing;
2. Written guidelines or protocols from the delegator stating any specific directions that must be followed in performing the act

The process of delegation must be clearly established by each individual agency and, where applicable, should reflect the conditions and guidelines established by individual professional colleges. The agency's policies and procedures for delegation should take into consideration the following elements:

1. Identify the person doing the delegating,
 2. Identify the nurse or other professional who has been delegated the authority to dispense,
 3. Identify the process for delegation, and
 4. Identify guidelines for dispensing specific types of drugs
- (Adapted from: CNO. (1996) Delegation of dispensing.)

Delegation refers only to controlled acts. Delegation of the controlled act of dispensing may be done on a case-by-case basis (i.e. for each individual nurse) or on an ongoing basis. This must be specified in the agency's delegation process and each delegation activity must be documented.

For information on the responsibilities of the pharmacist in delegating dispensing, see the Ontario College of Pharmacists' "Protocol for Delegation of Dispensing in Health Care Facilities" and "Delegation of Dispensing" (CNO, 1996). For information on the responsibilities of the physician in the delegation of Controlled Acts, see College of Physicians and Surgeons of Ontario document entitled "Policy Statement: The Delegation of Controlled Acts", March/April 2000.

3.4. How to Assess Competence for Delegation?

The delegating pharmacist or physician is accountable for ensuring that the health professional receiving the delegation is competent to perform the activity in a safe manner. Assessing competence involves consideration of the following areas:

1. Establishing that the person receiving the delegation is authorized by their professional body and/or agency to accept delegation,
2. Providing the necessary instruction and, when possible, written information,
3. Developing a process for assessing competence (e.g. level of knowledge, skill and judgement),
4. Establishing and maintaining quality control measures to ensure that the individual's level of competence is maintained, and
5. Ensuring that the organization has written policies and procedures regarding who may delegate, who may accept delegation, the process for delegation and the process for monitoring on-going competence.

Once teams understand how the process of delegation occurs, teams must determine whether it makes sense to delegate dispensing to staff whose primary area of competence does not include

medication administration. Considerations should include determination of the need for the delegation and consideration of service delivery, financial factors and client safety. A further consideration involves determining if by performing the delegated act, the team member will be prevented from providing services which are within their scope of practice and within their primary area of competence. For example, are a vocational rehabilitation therapist's time and skills better utilized in their area of primary competence rather than having extensive involvement in medication-related delegated acts?

4.0 Overview of Standards of Practice and Medication Administration

For a detailed review of the professional standards of practice regarding medication administration and a comparison chart for the professions found on ACT teams please see Appendix C. Similarly, please refer to the chart on this page that summarizes the roles of regulated and unregulated professions on ACT teams.

4.1. Chart Summarizing the Roles of Regulated and Unregulated Professions on ACT Teams

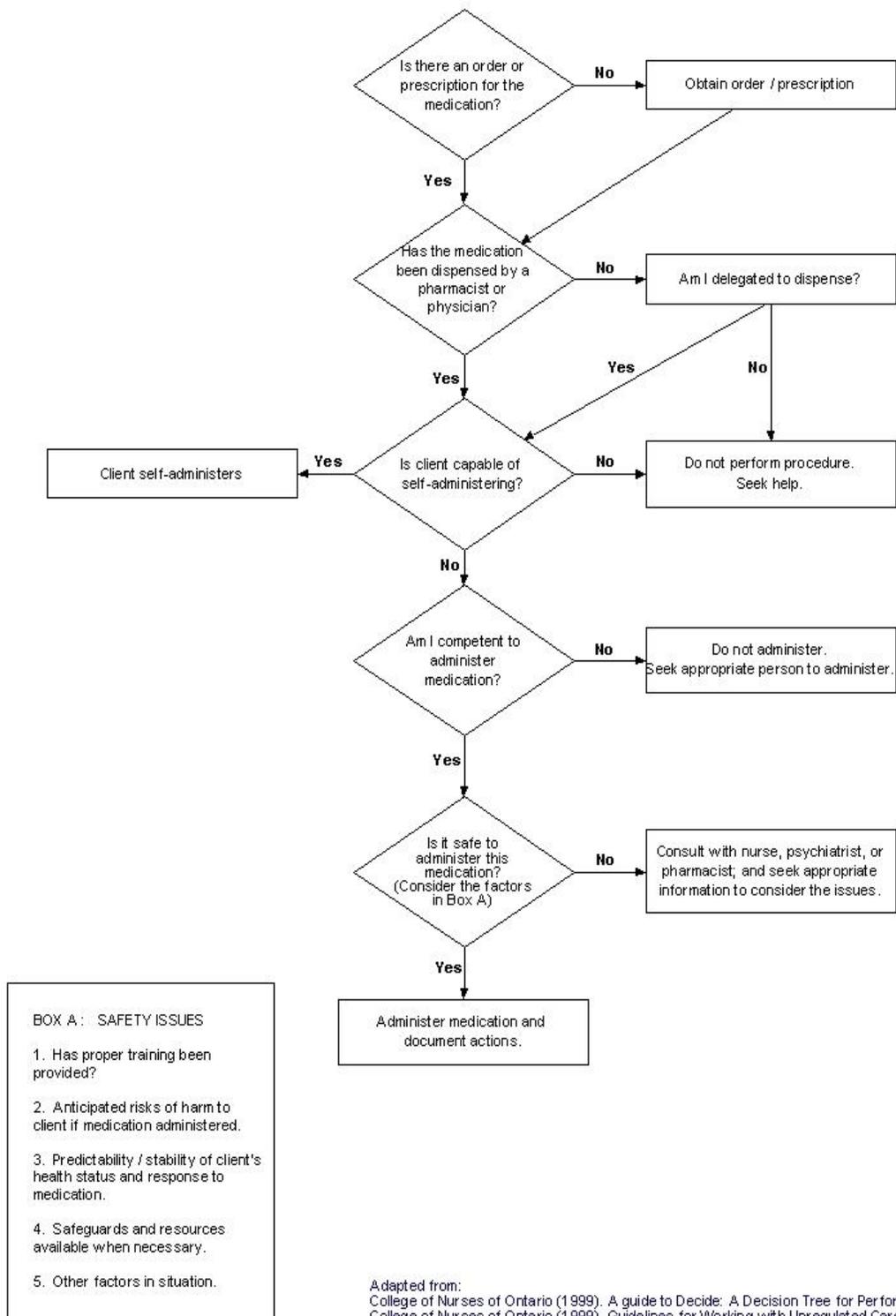
Discipline	Oral Administration	Medication by injection / inhalation	Dispensing	Delegating	Medication Administration: Primary or Secondary Competence?
Nursing	YES	YES	No, unless delegated**	May delegate the acts authorized to nursing (see Appendix B)	Primary
Occupational Therapy	YES	NO, unless delegated**	NO	NO	Secondary
Social Work and Social Service Work	YES	NO***	No* **	NO	Secondary
Physicians	YES	YES	YES	YES	Primary
*Pharmacists	YES	NO, unless delegated**	YES	YES	Primary
Unregulated Health Professionals	YES	NO, unless delegated**	No, unless delegated**	NO	Secondary

* Pharmacists are not generally members of ACT teams, however, they play an integral role in dispensing client's medications. Furthermore, ACT teams that are attached to general or provincial hospitals may work closely with the hospital pharmacist when there exists an organizational policy to delegate dispensing of medications by pharmacists to other professions

** Under the RHPA legislation, professions who are authorized to perform controlled acts may delegate those procedures to other professions if they have determined that the individual is able to perform the procedure in a competent and safe manner. Just because a procedure may be delegated does not mean that the individual receiving the delegation is the best person to perform that procedure. Please refer to body of text for discussion on this issue.

*** Under the Social Work and Social Service Work Act, social workers and social service workers are not authorized to perform controlled acts.

4.2 Decision Making Tree for the Administration of Oral Medication



5.0 Documentation Considerations

Documentation is an integral part of professional accountability. Some professions have very clear expectations from their regulating body about standards for documentation. For example, the College of Nurses of Ontario (CNO) has produced a document titled “Standards of Nursing Documentation” (1996). Nurses are responsible for documenting the care that they give. Documentation should highlight the client’s needs, goals, nurse’s actions and the outcomes, and should reflect an honest account of what occurred with the client, when and how. Documentation should reflect the activity performed regarding medication (e.g. delivered, repackaged, administered).

Documentation of medication administration in a traditional hospital setting generally involves the recording of information onto a medication administration record sheet (MAR). Although ACT teams may choose to record their medication activities on a MAR, documentation is equally acceptable if recorded in the progress notes. Regardless of the method chosen by the team, it is of great importance that all ACT team members maintain a consistent way of documenting medication administration. For registered nurses, documentation demonstrates accountability for one’s practice and meets legislative requirements that govern practice. Similar standards do not exist for all professions who work on ACT teams. Individuals are also accountable for meeting documentation requirements identified in the employer’s policies and procedures manual.

6.0 Summary of Key Implications for ACT Teams

- Individual Accountability. Team members, regardless of their disciplines, must be accountable for understanding their own professional standards and scopes of practice related to medications. This includes understanding relevant terms (e.g. controlled acts, dispensing, administration, etc.) used in the standards of practice, and being able to differentiate these tasks in order to ensure that they are engaging in appropriate tasks.
- Interdisciplinary Accountability. Flexibility and collaboration are important factors in the evolution of innovative interdisciplinary community practice models. Team members need to understand their inter-relationship with other disciplines on the team in terms of medication management. They need to know where their scopes of practice may intersect and where their scopes of practice need to bridge so that seamless, accountable service can be delivered to clients. The “Decision Tree for the Administration of Oral Medication” can serve as a useful guideline for team members.
- Practice Guidelines and Protocols for Interdisciplinary Work. Teams need to develop practice guidelines and protocols that consider both interdisciplinary and multidisciplinary approaches along the chain of interventions (i.e. from prescribing to dispensing to administration). These protocols need to recognize appropriate role overlap (e.g. all team members may administer medications to stable clients) versus role bridging (e.g. a physician dispenses a sample supply of medication from a pharmaceutical company for another team member to administer). Delegation may be used as a method of disciplinary role overlap/bridging, however, delegation should only occur to competent individuals of the appropriate discipline. The ACT team’s practice guidelines and protocols should be endorsed by management of the agency.
- Competence. Teams need to develop training protocols to ensure that all team members, regardless of disciplinary background, possess a minimal level of “secondary competence” related to medication management. Training needs to be relevant to the level of expected competence.

- **Client Best Interest and Risk Management.** Teams need to develop processes to review their clients' stability of health status and level of predictability of response to medications. These assessments should guide the selection of appropriate team members to administer clients' oral medications. In situations where risk is high, it may be necessary to select team members in which medication management is seen as a primary competence (e.g. nurses, physicians) to ensure that they possess the necessary knowledge, skills and judgement to monitor the situation.
- **Quality Monitoring and Improvement.** Teams need to monitor the successful implementation of medication management procedures. Inadequate training, competence, and inadequate protocols need to be examined as possible sources of medication administration errors in the program.

7.0 Clarifying Practice Scenarios: Questions & Answers

The following commonly asked questions have been amalgamated from a survey sent to Toronto ACT teams. The answers have been listed in order to help clarify the information already presented in this document.

Question 1 An OT or vocational rehabilitation worker is asked to deliver daily medications to a client. This involves taking medications out of the client's blister pack, transferring them to an individual envelope and writing a new label. Is this dispensing?

No, this is not the controlled act of dispensing. Medication is only dispensed once, in this situation, the pharmacist dispensed the medication to a blister pack. The ACT team member is simply repackaging and relabeling the medication for delivery to the client. The team member may also assist the client in taking the medication appropriately.

Question 2 Do non-medical professions administer oral medications under the supervision of registered nurses?

No, oral medication administration falls within the public domain of practice as it is not a controlled act. Oral medication administration does not require delegation. Other disciplines may be involved in oral medication administration if the agency permits. Clear practice expectations must be established by the agency and must include, where relevant, standards of practice from individual professional colleges. Employees are accountable for their practice. The employers are also responsible to monitor and supervise medication administration competence. Nurses, however, are in a position to assist with training and to act as consultants when questions arise due to the depth of their education in pharmacology.

Question 3 Can only registered nurses take medications from a "stock" bottle and give to the client?

Taking multiple doses of medication from the stock bottle for a client to self-administer or another care provider to administer involves the controlled act of dispensing. Taking one dose from a stock bottle in order to administer the medication is not dispensing. Nursing, occupational therapy, social work or any of the unregulated professions are not authorized to perform the act of dispensing. Nurses can perform this act only if it has been properly delegated to them. Dispensing may be delegated to other disciplines, with the exception of occupational therapists, if the person with the authority to delegate believes the person accepting the delegation has the appropriate knowledge, skill and judgment to perform the act being delegated. In addition, delegation activities must meet the practice expectations outlined by the employer.

Question 4 Can only registered nurses take verbal orders for medication?

Taking a verbal order for oral medication is not a controlled act. Nurses have received greater depth of education in the area of pharmacology that prepares them to have the necessary knowledge, skill and judgment to perform this activity. The potential for error is greatly increased when persons unfamiliar with the issues and actions of drugs are involved. The agency must determine whether it makes sense for other disciplines to engage in this activity. It is also advisable for the agency to have in place a policy and procedure that outlines parameters of this practice. Nurses are held to a different level of accountability and expectations as outlined in the CNO "Medication Administration Standards".

Question 5 What are the accountability issues when delivering medications that have been packaged by someone else?

Each professional is accountable for his/her actions when performing any activity with a client, including medication delivery or administration, whether prepared by themselves or someone else. Accountability exists to the client, to the employer and to one's regulating body (where applicable). It is important, before engaging in any activity, to reflect on the knowledge that is needed to perform the activity, the risks involved and awareness of standards of practice or guidelines outlined for that activity. In addition, accountability and risk management should be reflected in documentation practices. It is important to always document the activity performed regarding medication as well as the outcome. Refer to section 5.0 on documentation considerations for further information.

Question 6 Does a doctor's order delegate dispensing?

No. A separate process for the delegation of dispensing must be established by each agency. In situations where the ACT team is affiliated with a hospital, delegation of dispensing should come from a pharmacist. In the absence of a pharmacist, the ACT physician may delegate dispensing. Refer to section 3.3. and 3.4. for further discussion on the process of delegation of dispensing of medications.

Question 7 Are peer support workers unregulated?

Yes. Many questions have arisen in relation to the role of the peer support worker. Refer to discussion section 4.0 for further information on the role of unregulated professions.

Question 8 Can intra-muscular injections be delegated by registered nurses or physicians to non-medical professions?

Technically, yes. Consideration must be given to whether this is in the client's best interest, the best use of resources and whether the individual is the best person to perform the activity. As discussed previously, just because an act may be delegated does not mean that it is appropriate to do so. Decision making around this issue should occur at the agency level, individual level and, where relevant, should reflect the professional standards of practice of each discipline. Refer to section 3.2. for further discussion on this issue.

8.0 Resources

<u>Professional Colleges</u>	<u>Web Site Address</u>	<u>Address & Phone number</u>
College of Nurses of Ontario	www.cno.org	101 Davenport Road Toronto, ON M5R 3P1 Phone: (416) 928-0900 Fax: (416) 928-6507
College of Occupational Therapists of Ontario	www.coto.org	10 Bay Street Suite 340 Toronto, ON M5J 2R8 Phone: (416) 214-1177 Fax: (416) 214-1173
College of Physicians and Surgeons of Ontario	www.cpso.on.ca	80 College Street Toronto, ON M5G 2E2 Phone: (416) 967-2600 Fax: (416) 961-3330
Ontario College of Social Workers and Social Service Workers	www.ocswssw.org	80 Bloor St. West, Ste 700 Toronto, ON M5S 2V1 Phone: (416) 972-9882 Fax: (416) 972-1512
Ontario College of Pharmacists	www.ocpharma.com	483 Huron Street Toronto, ON M5R 2R4 Phone: (416) 962-4861 Fax: (416) 962-1619

Information on Legislation

Drug and Pharmacies Regulation Act
Available at: www.e-laws.gov.on.ca

Health Professions Regulatory Advisory Council.
Available at: www.hprac.org

RHPA Legislation
Available at: www.e-laws.gov.on.ca

Social Work and Social Service Work Act
Available at: www.e-laws.gov.on.ca

9.0 References

College of Nurses of Ontario. (2000). The Regulated Health Professions Act. Part A: An Overview for Nurses.

College of Nurses of Ontario. (2000). The Regulated Health Professions Act. Part B: Scope of Practice, Controlled Acts Model.

College of Nurses of Ontario. (1999). A Guide to Decide: A Decision Tree for Performance of Procedures.

College of Nurses of Ontario. (1999). Guidelines for Working with Unregulated Care Providers.

College of Nurses of Ontario. (1999). Medication Administration Standards.

College of Nurses of Ontario. (1996). Delegation of Dispensing.

College of Nurses of Ontario. (1996) Standards of Nursing Documentation.

College of Occupational Therapists of Ontario. (2000). Guideline on the Controlled Acts and delegation.

College of Physicians and Surgeons of Ontario. (2000). Policy Statement: The Delegation of Controlled Acts.

Ontario College of Pharmacists. Standards of Practice. Available at:

www.ocpharma.com/standards_practice

Ontario College of Social Workers and Social Service Workers. (2000). Code of Ethics and Standards of Practice.

Regulated Health Professions Act (1991). Available at: www.e-laws.gov.on.ca

Satin, D. (1994). A conceptual framework for working relationships among disciplines and the place of interdisciplinary education and practice: clarifying muddy waters. Gerontology and Geriatrics Education. 14(3): 3-24.

Social Work and Social Service Work Act (1998). Available at: www.e-laws.gov.on.ca

St. Michael's Hospital. (2000). Policies and guidelines: controlled acts and delegation under the Regulated Health Professions Act. Available at: www.smhweb.

10.0 Appendix A: Controlled Acts

Controlled acts are acts that are considered to be potentially harmful if performed by unqualified persons. The 13 Controlled Acts are:

1. Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis.
2. Performing a procedure on tissue below the dermis, below the surface of a mucous membrane, in or below the surface of the cornea, or in or below the surface of the teeth, including the scaling of teeth.
3. Setting or casting a fracture of a bone or a dislocation of a joint.
4. Moving the joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust.
5. Administering a substance by injection or inhalation.
6. Putting an instrument, hand or finger,
 - i. beyond the external ear canal,
 - ii. beyond the point in the nasal passages where they normally narrow,
 - iii. beyond the larynx,
 - iv. beyond the opening of the urethra,
 - v. beyond the labia majora
 - vi. beyond the anal verge, or
 - vii. into an artificial opening into the body.
7. Applying or ordering the application of a form of energy prescribed by the regulations under this Act.
8. Prescribing, dispensing, selling or compounding a drug as defined in subsection 117(1) of the Drug and Pharmacies Regulations Act, or supervising the part of a pharmacy where such drugs are kept.
9. Prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eye glasses other than simple magnifiers.
10. Prescribing a hearing aid for a hearing impaired person.
11. Fitting or dispensing a dental prosthesis, orthodontic or periodontal appliance or a device used inside the mouth to protect teeth from abnormal functioning.
12. Magaging labour or conducting the delivery of a baby.
13. Allergy challenge testing of a kind in which a positive result of the test is a significant allergic response

11.0 Appendix B: Summary Chart of Controlled Acts as Identified in the Individual Professional Acts under the Regulated Health Professions Act

Health Professions Act \ Controlled Act	AUDIOLOGY & SPEECH PATHOLOGY	CHIROPODY	PODIATRY	CHIROPRACTIC	DENTAL HYGIENE	DENTAL TECHNOLOGY	DENTISTRY	DENTURISM	DIETETICS	MASSAGE THERAPY	MEDICAL LAB TECH	MEDICAL RAD TECH	MEDICINE	MIDWIFERY	NURSING	OCCUPATIONAL THERAPY	OPTICIANRY	OPTOMETRY	PHARMACY	PHYSIOTHERAPY	PSYCHOLOGY	RESPIRATORY THERAPY	
1. Diagnosis				•	•		•						all									•	
2. Procedure on tissue			•	•		•	•					•	•	•	•								•
3. Set a fracture							•						all										
4. Moving joints					all								all								all		
5. Injection/Inhalation			•	•			all						all	•	all								all
6. Insert Instrument					•								•	all	•	all				•			•
7. Form of energy							all						all					•					
8. Pharmacy			•	•			•						•	•					•				
9. Vision Care													all				•	all					
10. Hearing Care	all												all										
11. Dental Care						•	all	•															
12. Manage Labour													all	•									
13. Allergy testing													all										

Adapted from The College of Nurses of Ontario (April 1994)

Notes:

All – indicates that the Authorized Acts are written as they read in the Controlled Acts section (may have conditions attached)

• - indicates that the profession has a part of or modified version of the Controlled Act

Social Workers and Social Service Workers are regulated by The Social Work and Social Service Work Act. They do not have authorization to perform any Controlled Acts

11.0 Appendix C: Professional Standards of Practice: Medication Administration Comparison Chart

Name of Profession	Legislation and Regulatory Body	Authorized Controlled Acts	Medication Administration	Delegation of Dispensing
Nursing	Legislated by the RHPA and regulated by the College of Nurses of Ontario (CNO)	<ul style="list-style-type: none"> ▪ May perform 3 of 13 controlled acts ▪ All three acts involve an activity below the dermis, mucous membrane or bodily orifice 	<ul style="list-style-type: none"> ▪ CNO outlines clear standards for medication administration ▪ Administration is a basic nursing competency ▪ Can provide in-service education on medication administration to other regulated and unregulated health professionals ▪ Nurse remains responsible for on-going assessment of health care needs, assessment of changes related to health instability or unpredictability, treatment plan review, evaluation of health status, effectiveness of medication and documentation of process ▪ Only registered nurses may delegate any of the controlled acts authorized to nursing if person is found competent to safely perform procedure ▪ Nurse is accountable to client, to regulating body and to employer 	<ul style="list-style-type: none"> ▪ Nurses must be delegated the authority to dispense medication as it is controlled act #8 ▪ Prior to accepting delegation of dispensing, nurses' competence must be assessed by delegator (e.g. pharmacist or physician) or by someone approved by the delegator in accordance with the agency's policy and procedures
<p>SUMMARY</p> <p>Nurses must be able to demonstrate that they have the necessary knowledge, skills and judgment to:</p> <ol style="list-style-type: none"> 1) administer, and/or repackage oral medications 2) administer medications by injection (intramuscular, intradermal, subcutaneous), by inhalation, by vagina or by rectum 3) teach medication administration to other regulated or unregulated professionals <p>Only registered nurses may delegate the following procedures to other professionals: procedures below the dermis or mucous membrane, administration of medications by injection or inhalation, or putting a finger, hand or instrument into a body orifice or artificial opening into the body. However, this delegation should only be done if it is in accordance with the agency's policies and procedures. Agency consideration should be given to best role allocation for each profession and consider client's needs and best interests.</p>				

PROFESSIONAL STANDARDS OF PRACTICE MEDICATION ADMINISTRATION COMPARISON CHART

Name of Profession	Legislation and Regulatory Body	Authorized Controlled Acts	Medication Administration	Delegation of Dispensing
Occupational Therapy	Legislated by the RHPA and regulated by the College of Occupational therapists of Ontario (COTO)	<ul style="list-style-type: none"> ▪ Not authorized to perform any controlled acts 	<ul style="list-style-type: none"> ▪ COTO does not have a statement outlining standards for medication administration ▪ Administration of oral medications is permitted as this is considered within the public domain, therefore, it is not a controlled act ▪ The occupational therapist is accountable to the client, the regulatory body and the employer 	<ul style="list-style-type: none"> ▪ Occupational therapists may accept delegation for some procedures but COTO has a clear position that the occupational therapist should not accept delegation of dispensing of medication
<p style="text-align: center;">SUMMARY</p> <p>Occupational therapists must be able to demonstrate that they have the necessary knowledge, skills and judgment to:</p> <ol style="list-style-type: none"> 1) administer and/or repackage oral medications in keeping with the policies/procedures of the agency 2) accept delegation for the administration of medications by injection, by inhalation, by vagina and by rectum if given the appropriate training. However, this delegation should only be done if it is in accordance with the agency's policies and procedures. Agency consideration should be given to best role allocation for each profession and consider client's needs and best interests. 				

PROFESSIONAL STANDARDS OF PRACTICE MEDICATION ADMINISTRATION COMPARISON CHART

Name of Profession	Legislation and Regulatory Body	Authorized Controlled Acts	Medication Administration	Delegation of Dispensing
Psychiatry / Medicine	Legislated by the RHPA and regulated by the College of Physicians and Surgeons of Ontario (CPSO)	<ul style="list-style-type: none"> ▪ May perform 12 of the 13 controlled acts ▪ Physicians may prescribe, dispense sell or compound a drug 	<ul style="list-style-type: none"> ▪ CPSO has not yet developed a standard regarding medication administration but they do have a policy statement outlining the delegation of controlled Acts ▪ A physician may delegate any of the controlled acts authorized to medicine if it is determined that it is clinically appropriate to do so and if it is determined that the delegation conforms to the policies or guidelines of the regulatory body or health profession of the individual ▪ The physician who delegates is responsible for ensuring that the delegatee has the appropriate knowledge, skill and judgement to perform the procedure safely. ▪ The physician who delegates should also ensure that the delegation process is in keeping with the agency's policy and procedures as well as ensure that adequate documentation and quality control measures are in place ▪ Physician is accountable to the client, the regulatory body and, where applicable, to the employer 	<ul style="list-style-type: none"> ▪ Authorized to perform the controlled act of delegating dispensing * ▪ Delegation can occur within an agency or within the community. If the ACT team is affiliated with a hospital, delegation should come from a pharmacist. If the ACT team is affiliated with a community agency, delegation should come from the treating physician.
<p style="text-align: center;">SUMMARY</p> <p>Physicians may:</p> <ol style="list-style-type: none"> 1. Prescribe, dispense, administer, repackage any drug (e.g. oral, by injection, by inhalation, etc) 2. Teach medication administration to other regulated or unregulated professionals 3. Physicians may delegate and/or teach any of the controlled acts authorized to them to another professional (regulated or unregulated) provided he/she assess the person's level of competence in performing procedure and the delegation is in accordance with the policy and procedures of the agency and regulatory body/health profession 				

**PROFESSIONAL STANDARDS OF PRACTICE
MEDICATION ADMINISTRATION COMPARISON CHART**

Name of Profession	Legislation and Regulatory Body	Authorized Controlled Acts	Medication Administration	Delegation of Dispensing
Social Work and Social Service Work	Legislated by the Social Work and Social Service Work Act and regulated by the Ontario College of Social Worker and Social Service Workers (OCSWSSW)	<ul style="list-style-type: none"> ▪ Not authorized to perform any controlled acts 	<ul style="list-style-type: none"> ▪ The Ontario College of Social Workers and Social Service Workers has not yet developed standards regarding medication administration. Members are advised to review the Code of Ethics and Standards of Practice Handbook for guidance about practice decisions. While the document should be read in its entirety, particular attention should be paid to Principle II: Competence and Integrity: 2.1.1. "College members are responsible for being aware of the extent and parameters of their competence and their professional scope of practice and limit their practice accordingly". ▪ The social worker and social service worker is accountable to the client, to regulatory body and to the employer. 	<ul style="list-style-type: none"> ▪ The OCSWSSW has not yet developed a standard on accepting delegation of a controlled act.
			<p>SUMMARY</p> <p>Registered social workers and social service workers must be able to demonstrate that they have the necessary knowledge, skills and judgment to administer and/or repackage oral medications in keeping with the policies/procedures of the agency.</p>	

PROFESSIONAL STANDARDS OF PRACTICE MEDICATION ADMINISTRATION COMPARISON CHART

Name of Profession	Legislation and Regulatory Body	Authorized Controlled Acts	Medication Administration	Delegation of Dispensing
Pharmacy	Legislated by the RHPA and regulated by the Ontario College of Pharmacists (OCP)	<ul style="list-style-type: none"> ▪ Authorized to dispense, sell or compound a drug or supervise the part of a pharmacy where drugs are kept 	<ul style="list-style-type: none"> ▪ A pharmacist may delegate any of the controlled acts authorized to pharmacy if it is determined that it is clinically appropriate to do so and if it is determined that the delegation conforms to the policies or guidelines of the regulatory body or health profession of the individual ▪ The pharmacist who delegates is responsible for ensuring that the delegatee has the appropriate knowledge, skill and judgement to perform the procedure safely. ▪ The pharmacist who delegates should also ensure that the delegation process is in keeping with the agency's policy and procedures as well as ensure that adequate documentation and quality control measures are in place ▪ Pharmacist is accountable to the client, the regulatory body and, where applicable, to the employer <p style="text-align: center;">SUMMARY</p> <p>Pharmacists may:</p> <ol style="list-style-type: none"> 1) Dispense, repackage, sell or compound any drug 2) Teach medication administration to other regulated or unregulated professionals 3) Pharmacists may delegate and/or teach any of the controlled acts authorized to them to another health professional provided he/she assess the person's level of competence in performing procedure and the delegation is in accordance with the policy and procedures of the agency and regulatory body/health profession 	<ul style="list-style-type: none"> ▪ As of 1996, pharmacists are authorized to delegate and/or teach the controlled act of dispensing to another health professional* ▪ Delegation can occur within an agency or within the community. If the ACT team is affiliated with a hospital, delegation should come from a pharmacist. If the ACT team is affiliated with a community agency, delegation should come from the treating physician.

PROFESSIONAL STANDARDS OF PRACTICE MEDICATION ADMINISTRATION COMPARISON CHART

Name of Profession	Legislation and Regulatory Body	Authorized Controlled Acts	Medication Administration	Delegation of Dispensing
Unregulated Health Professionals (e.g. addictions counselor, vocational rehabilitation counselor, peer support worker, case manager, recreation therapist)	These professions are not governed by legislation, nor do they have a regulatory body.	<ul style="list-style-type: none"> ▪ Not authorized to perform any controlled acts 	<ul style="list-style-type: none"> ▪ Administration of oral medications is permitted as this is considered within the public domain and, therefore, not a controlled act ▪ There is no regulating body for persons in these roles, therefore, job descriptions and role expectations would need to be negotiated by individual employers ▪ Accountability is to the client and to the employer 	<ul style="list-style-type: none"> ▪ They may accept delegation of dispensing if this is the policy of the practice setting*
<p style="text-align: center;">SUMMARY</p> <p>Unregulated health professionals must be able to demonstrate that they have the necessary knowledge, skills and judgment to administer and/or repackage oral medications in keeping with the policies/procedures of the agency. Technically, unregulated health professions may accept delegation for the administration of medications by injection, by inhalation, by vagina and by rectum if given the appropriate training. However, this delegation should only be done if it is in accordance with the agency's policies and procedures. Agency consideration should be given to best role allocation for each profession and consider client's needs and best interests.</p>				

* Delegation of dispensing has been traditionally transferred to nurses, however, the legislation is written such that delegation of dispensing can be given to any health professional that the pharmacist or physician assesses to be competent according to the established protocol or policy of the organization. For more information about delegation of dispensing, see CNO's Delegation of Dispensing (November 1996), OCP's Protocol for Delegating, Dispensing and Compounding in Health Care Facilities (June 1995) and CPSO The Delegation of Controlled Acts policy statement (September 1999).

**CONTACT Mental Health Outreach Service
St. Michael's Hospital
194 GERRARD ST. EAST
Toronto, Ontario
M5A 2E6**

**Telephone: (416) 864-3095
Fax: (416) 864-5026**