**Assisted Living Memory Care and Supportive Living Best Practice Model**

Clinical pharmacist service to provide medication management for all residents living in Hancock Village Senior Services

1. Establish relationships with licensed nursing staff and administrators at facilities and share characteristics of clinical pharmacist service
2. Establish relationships with area primary care providers (provider in-service meetings, one-on-one meetings with providers, etc.) and share characteristics of clinical pharmacist service
3. Create collaborative practice agreements (CPAs) in accordance with current national guidelines for each intended disease state as established from evidence-based medicine. Get CPAs signed by participating primary care providers
4. Provide education to residents on a one-on-one basis upon admission – have resident sign acknowledgement that this information has been reviewed and what they should expect
5. Upon admission of resident – get medication list from family and doctor’s office, visually inspect medication vials when feasible, and complete medication reconciliation before medications lists are sent to pharmacy for dispensing (this cleans up the process moving forward)
6. Upon admission of resident – complete an initial chart review to familiarize with past medical history (History & Physical), more recent laboratory results, allergies, current co-morbidities, and main health concerns
7. Meet with resident for assessment and evaluation of current medication utilization by the resident (Initial meeting up to 45 minutes, and follow-up meetings 20-30 minutes)
   1. Formulate a medication management care plan
   2. Review plan with resident, licensed nursing staff, and provider
   3. Send medication therapy management plan to dispensing pharmacy
8. Follow-up – monthly clinical pharmacist chart review to assess for changes in health status and medications and face-to-face meeting with resident. In addition, quarterly face-to-face pharmacist and nursing physical assessments with resident/lab review/discussion would be coordinated with licensed nursing staff
   1. Make further recommendations to medication management care plan as warranted
   2. Update medication management care plan and inform nursing staff, providers, and dispensing pharmacy
      1. Updates will be relayed to provider via electronic record
9. The cycle continues

**Goals/Objectives**

1. Demonstrate feasibility and financial sustainability of clinical pharmacist service to manage disease states in partnership with rural primary care providers
2. Create process for best practice in the supportive living and assisted living setting to be used as a model for other like facilities
3. Evaluate the impact of active pharmacist participation on patient care
   1. Track the number of doctor/emergency room visits
   2. Track the number of acute hospital admissions/readmissions in local health system
   3. Track turnover of resident apartments/empty apartments
   4. Track ability of pharmacist to recognize early changes in health status and interventions made to prevent further deterioration
   5. Track interventions made to maximize correct medication utilization (administration and technique)

**System Analysis/Quality Assurance Program**

The Quality Assurance team will consist of the pharmacist, facility administrator, lead clinical nurse, medical director, and facility staff nurses. The team will meet at least annually and more often as needed for one hour.

1) Compile pharmacist interventions (identify proposed drug therapy problem recommendations and accepted vs. declined and the trend thereof)

2) Evaluate therapeutic response secondary to medication adjustment

3) Make process improvement recommendations as identified to outline best practice model (based on the results of the quality assurance meetings the process will be modified to meet the needs of the residents)

4) Ensure sustainability – track expenses (pharmacist time vs. revenue), be diligent in finding new methods to stay financially current