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BOARD AND CARE HOMES

Medication Mishandling Places Elderly at Risk

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SUMMARY

The House Subcommittee on Health and Long-Term Care, Select Committee on Aging, requested that GAO discuss its recent report done in response to the Committee's concerns about the possible misuse and mismanagement of residents' medications in board and care homes for the elderly. GAO's objectives were to examine (1) whether staff who work in licensed board and care homes for the elderly are knowledgeable about the proper handling of medications; (2) whether staff follow proper procedures in storing, supervising, and assisting residents with taking medications; and (3) whether residents receive the appropriate medications.

GAO performed work in three states--California, Missouri, and Washington--that the Department of Health and Human Services (HHS) and advocacy groups said are among the most active in regulating medications in homes. GAO concluded that residents in these homes are at risk of being harmed by medication errors because the staff (1) may not be properly trained or (2) do not follow state regulations. In a sample of state inspection reports, staff in about one-third of the homes did not meet their state's training requirements and staff in one-half of the homes frequently violated state regulations when storing, supervising and assisting with, and disposing of medications. Further, state inspectors found that several of the homes did not keep required records of residents' health-related conditions.

Also, state inspection procedures may not identify violations. For example, rather than directly observing staff who are assisting with medications, Washington and California inspectors, far less reliably, may count the pills left in prescription bottles to determine whether residents received correct doses. Relatedly, lax record keeping makes it difficult for staff to know how much assistance residents need with self-medication, and how much assistance was provided to them.

Records available in the homes supported the use of the medications for about one-half of the residents GAO reviewed. Because the needed information was not always available in the homes, GAO could not determine the appropriateness of medications prescribed for the rest of the residents in the review.

To minimize the risk of improper medication assistance to residents, GAO recommended that the Secretary direct HHS to develop and disseminate to states (1) guidelines for assisting with self-medication, storing and disposing of medications, and record keeping and (2) model classroom training programs for board and care home administrators, operators, staff, and state inspectors on such topics as medication types, proper storage, supervision and assistance, and adverse effects of medications. State officials said such assistance would be beneficial. HHS agreed with these recommendations, finding them consistent with its other planned technical assistance and training initiatives.

Mr. Chairman and Members of the Committee:

We are pleased to be here today to discuss our recent report done in response to your concerns about the possible misuse and mismanagement of residents' medications in board and care homes for the elderly.[1] These homes are nonmedical, community-based facilities that provide room, meals, and some protective supervision and assistance to residents, including assistance with medications.

Board and care homes have become an important long term care option as the population aged 65 and older has grown and families' capacity to keep and care for relatives at home has diminished. Currently, an estimated 75,000 homes, both licensed and unlicensed, serve over 1 million dependent residents.

We reviewed (1) whether board and care home staff are knowledgeable about the proper handling of medications, (2) whether they follow proper procedures in storing, supervising and assisting residents with taking medications, and (3) whether residents receive appropriate medications.

We did this work in three states--California, Missouri, and Washington--that are believed to more actively regulate medications in homes. We interviewed federal and state officials, reviewed

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[1]Board and Care Homes: Elderly at Risk From Mishandled Medications (GAO/HRD-92-45, February 7, 1992.)

1990 state inspection reports on homes in San Francisco, St. Louis, and Seattle, and made unannounced visits to homes in those locations. Two physicians and a pharmacist, under contract to GAO, reviewed medical information available at the homes for a sample of residents to assess the appropriateness of their medications.

In summary, we found that staff receive little medication training, they frequently violate medication-handling regulations, state inspection procedures may not identify related violations, and staff frequently did not maintain required resident records such as on the level of assistance that residents need to self-medicate. In addition, resident records supported the appropriateness of medications for about half of the 35 residents we reviewed, but were not sufficient for us to judge the others. We concluded that residents in these homes, and perhaps more so in homes in less regulated states, are at risk of medication errors such that HHS should help states address medication handling issues and develop training programs.

STAFF RECEIVE LITTLE MEDICATION TRAINING

Although board and care homes are not medical facilities, staff assist residents with medications that can have serious side effects or health consequences if not taken as ordered. Medication training can provide the skills and knowledge staff need to properly carry out routine assistance, thus lowering the risk of

adverse effects to residents. However, we found that California and Washington require little medication training. Further, over one-third of the homes in our sample of inspection reports employed staff who did not meet their state's medication-related training requirements.

Training requirements for board and care staff varied in the states we visited. State regulations for Missouri and for small homes in Washington require that staff receive training covering supervision and assistance with medications.[2] Effective January 1991, Missouri requires staff who assist residents with medications to attend 8 hours of medication-related training and pass a test on the subject. Washington requires operators of small homes to attend 4 hours of medication-related training, but they are not tested on their knowledge. Regulations for California and for large homes in Washington do not require specific classroom training on medication. However, both California and Washington require staff to have current first aid training certificates. This basic medication-related requirement helps prepare staff to properly respond to medication-related emergencies. In our sample of state inspection reports, inspectors cited 39 of 111 homes for employing administrators or staff who did not meet required medication-related training regulations.

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[2]In Washington, large and small board and care homes are regulated by different agencies. One agency regulates large homes that house three or more residents. Another regulates small homes that house six or fewer residents. Homes housing three to six residents may elect either classification.

STAFF FREQUENTLY VIOLATE MEDICATION-HANDLING REGULATIONS

Requirements to safeguard medications, supervise assistance, and log actions related to medications decrease the potential for errors. Such errors may include residents taking a medication prescribed for another resident or taking duplicate doses. Half of the homes in our sample of inspection reports contained medication-handling violations. In our view, state inspectors could further reduce the likelihood of such errors and the subsequent risk to residents if they observed staff supervising and assisting with medications to help assure that proper procedures are followed.

Regulations for storing medications, supervising and assisting with residents' self-medication, and disposing of medications are similar in the three states we reviewed, except for the degree of assistance that staff are authorized to give residents in self-medicating. In each state, regulations stipulate that all medications, both over-the-counter and prescription, must be stored so that they are inaccessible to other residents and in labeled containers provided by the manufacturer or the pharmacist. The regulations generally require that medications be taken according to the label instructions and that logs be kept of dispensed and disposed of medications. In Missouri, trained nonmedical staff can administer doses, unlike in California and Washington, where nonmedical staff cannot do so. In our sample of state inspection reports, inspectors cited 56 of 111 homes for violating storage,

supervision, or disposal-of-medication regulations.

STATE INSPECTION PROCEDURES MAY NOT IDENTIFY VIOLATIONS

Rather than observing staff who are supervising and assisting with medications, California and Washington inspectors may use "pill counts" to determine whether medications were taken as ordered. That is, the number of pills remaining in a bottle is compared to the prescription fill date to determine whether the number is correct. Pill counts, however, do not confirm that residents received the medications as ordered. In contrast, practical nurses responsible for medication inspections in St. Louis systematically observe staff when they are supervising and assisting residents with medications. The nurses check whether all aspects of physicians' orders are followed, including whether the medications are taken in the prescribed doses and at the indicated time of day.

STAFF DO NOT ALWAYS MAINTAIN REQUIRED RESIDENT RECORDS

States require staff to maintain limited records that document the level of assistance that residents require to self-medicate. Staff also use these records to document residents' conditions and, in some cases, required drug reviews.[3] The reviews provide some

[3]Drug reviews are checks by licensed medical professionals for medication problems, such as improperly prescribed doses or mixes of medications. Drug reviews are required for all residents in Missouri and for certain residents in large homes in Washington.

protection to residents from taking improper medications. Several homes in our sample of inspection reports were cited for record-keeping violations.

Regulations in the states we visited require homes to maintain updated records that include information about a resident's medical condition and physical and mental capabilities. These records differ from medical records in that they may be filled out by staff in the homes, or a resident's social worker or family member, and may contain only very general medical information. Generally, medical records are maintained by outside private physicians in their own offices, and should include such information as diagnoses, examination, and test results. In our sample of state inspection reports, inspectors cited 18 of 111 homes for violating record keeping regulations.

RECORDS SUPPORTED THE APPROPRIATENESS OF MEDICATIONS FOR ABOUT HALF OF THE RESIDENTS REVIEWED

In the homes we visited, resident records contained sufficient medical information to indicate that medications were appropriately prescribed for 20 of the 35 residents in our sample. For the other 15 residents, the records were insufficient for us to draw a conclusion. States do not require homes to keep the type of medical information we needed, so it was not always available in the homes.

All three states restrict the use of chemical restraint.[4] For five residents, we identified drugs capable of functioning as chemical restraints in the doses prescribed. We could not establish whether the medications were being used for that purpose for four residents because the medications could also serve therapeutic purposes. For the fifth, resident records were sufficient to support the use of the medications for medical treatment. The use of chemical restraint did not appear to be a problem in the homes we visited, nor was it cited by inspectors in our sample of inspection reports.

HHS ASSISTANCE NEEDED

States would benefit from HHS technical assistance in the form of guidance and training related to medication handling. Officials of the three states we visited told us that HHS guidelines and model training programs on medication assistance and handling could help them improve their oversight of board and care homes. Our visits to homes and our review of state inspection reports also underscored the need for this type of assistance.

HHS has developed a long-term strategy for addressing board and care issues and concerns in response to its expanded role that resulted from recommendations made by the HHS Inspector General and

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[4]Chemical restraint is the use of drugs affecting a person's mental state that are administered to discipline an individual or for the convenience of the caretaker and not required to treat medical symptoms.

GAO, and certain provisions of the 1990 Omnibus Budget Reconciliation Act (OBRA). HHS has three efforts underway. In response to the Inspector General's recommendation, HHS is establishing a board and care home task force, chaired by the Assistant Secretary for Planning and Evaluation, to oversee its board and care initiatives. In response to GAO's recommendation, it is evaluating the effects of regulation on the quality of care by studying conditions in licensed and unlicensed homes. As required by OBRA, it is developing regulations that set minimum quality standards and compliance mechanisms for homes and community-based care to disabled persons under Medicaid including board and care home operators.

HHS has other initiatives planned. It will develop a data base on board and care home operations for use in examining the impact of proposed HHS and congressional policies. It will also provide short-term technical assistance and training initiatives to assist practitioners in responding to day-to-day problems.

Development and dissemination of medication-related guidelines and model training programs are consistent with HHS's planned initiatives and can be incorporated into its technical assistance and training activities. Thus, we recommended that HHS develop and disseminate to states (1) guidelines for assisting with self-medication, storing and disposing of medications, and record keeping, and (2) model training programs for board and care home

administrators, operators, staff, and state inspectors on such topics as medication types, proper storage, supervision and assistance, and adverse effects of medications. HHS agreed with our recommendations.

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Mr. Chairman, this concludes my prepared statement. We will be happy to answer any questions you or members of the Committee may have.

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