

Ministry of Long-Term Care

Medication Management in Long-Term Care

As of April 11, 2023, new and amended provisions in [Ontario Regulation 246/22](#) (the “Regulation”) under the [Fixing Long-Term Care Act, 2021](#) (the “Act”) will come into effect related to long-term care medication management (see also *Fact Sheet: Drug Administration in Long-Term Care*).

Background and Purpose

Changes related to medication management have been made to clarify medication safety processes and embed practices in medication administration in Regulation to better respond to current needs, trends, and emergency situations, enhance medication safety for residents, and provide greater specificity in reporting, data collection, and tracking of incidents of severe hypoglycemia and unresponsive hypoglycemia.

These amendments have been informed by extensive consultation and valuable feedback received from stakeholder groups, residents and families from the long-term care sector.

Use of Glucagon and Incidents of Severe Hypoglycemia and Unresponsive Hypoglycemia

In April 2020, the Minister of Long-Term Care issued a directive to the sector regarding glucagon, severe hypoglycemia, and unresponsive hypoglycemia. The directive put in place best practices for safe insulin policies, including clear expectations on training for and reporting of insulin-related medication incidents.

The requirements contained in the Minister’s Directive have now been embedded into the Regulation and the directive has been revoked.

*This document is for informational purposes only. Licensees are responsible for ensuring compliance with the requirements of the Fixing Long-Term Care Act, 2021 and its regulation. In the event of a conflict or inconsistency between this document and the Act or Regulation, the Act or Regulation will prevail. **This document does not constitute legal advice or interpretation. Users should consult their legal counsel for all purposes of legal advice and interpretation.***

Long-term care home licensees are required to submit reports regarding glucagon, severe hypoglycemia, and unresponsive hypoglycemia directly through the Critical Incident Reporting System, but under the new categories:

- Use of glucagon which results in the resident being taken to hospital [FLTCA O.Reg s.246/22 s.115. (3)6.]
- Severe hypoglycemia/unresponsive hypoglycemia which results in the resident being taken to a hospital [FLTCA O.Reg 246/22 s.115. (3)7.]

This will allow for greater specificity in reporting, data collection and tracking of these incidents.

24-Hour Admission Care Plan – Resident Medication Information

The Regulation requires that every long-term care home licensee develop a [24-hour admission care plan](#) for each new resident, and ensure that it is communicated to direct care staff within 24-hours of the resident's admission to the home. It is important to note that the components of the 24-hour admission care plan may be captured in different tabs of the home's electronic health record.

New Medication Information Required for 24-hour Admission Plan of Care

The amendments to the Regulation will require long-term care home licensees to include two additional pieces of information in the 24-hour admission plan of care related to a new resident's medications. These are:

5. Drugs and treatments required, ***including, with respect to drugs, the clinical reason for which the drug is being used, where known.***
6. Known health conditions, including allergies, ***adverse drug reactions and other conditions of which the licensee should be aware upon admission, including interventions.***

Licensees will now be required to include, as part of the 24-hour admission plan of care, the clinical reasons for each drug a new resident is receiving, where it is known. Including this information in the admission plan of care will help enhance resident safety and provide care staff with additional detail about a resident's medications and the reason they are being administered.

As this information is not always available within the first 24 hours of a resident's admission, licensees are asked to include this information where known. There can be logistical and practical challenges to obtaining this information within 24 hours that would prevent it being available (for example, if admission occurs on a weekend and a physician isn't readily available).

Plan of Care – Medication Reconciliation

The amendments to the Regulation also include the requirement that a medication reconciliation be part of each resident's plan of care, including the initial plan of care.

For many homes, this has been a standard practice for some time. Embedding medication reconciliation as part of each resident's plan of care in regulation will bring uniformity across all long-term care homes while enhancing medication safety for residents.

It is important to note that this requirement is part of a resident's plan of care, **NOT the 24-hour admission care plan**. Long-term care home licensees have 21 days to complete a resident's plan of care.

The plan of care must be based on an interdisciplinary assessment of subsection 29 (3) which now includes:

17. Drugs and treatments.
 - 17.1. Medication reconciliation.

Further Resources

For additional information, please also see *Fact Sheet: Drug Administration in Long-Term Care*.