The GeriJournal

Volume 18, Number 7
July 2023
A publication of GeriatRx Pharmacy

It's MST Time

On July 11th, the Assistant Deputy Minister sent a Medication Safety Technology (MST) Program memo to all LTC homes. It reviews the program details and asks facilities to indicate money spent on MST-eligible technologies last year (ended March 31, 2023) and make projections for next year. The main component of the submission is an Excel chart to show dollars spent or to be spent on each technology. This resembles submissions for the prior two years.

There have been some revisions, however. The main change is the addition of a section on Clinical Decision Support Tools (CDST). PCC's Nursing Advantage package https://rnao.ca/bpg/implementation/clinicalpathways is one example of this. Each home is allotted $10,000 over and above the MST cap through the CDST option. You should take advantage of this funding.

Another new element this year is an MST Program survey. It asks for the number of resident hospitalizations due to medication events and/or adverse drug reactions over four one-year periods. MST benefits are also of interest. If real efficiencies and added resident safety can be demonstrated, the program will hopefully continue beyond the March 31, 2024 end date.

As in the past, I will assist with the submission process. Please provide me with your responses to the CDST and MST Survey sections and costs/projections related to non-GeriatRx MST programs you are using. I will take care of everything else (Needs Assessment, MST Review, and Year 3 Funding) regarding our programs (*Scriberly*, digital Drug Record Book, Online Incident and Hypoglycemic Event). I will then send the document back so you can attest to the contents and submit it.

Beyond that, ISMP's MSSA Questionnaire must be done before September 15th, when the entire package must be submitted. Please arrange to complete this with your consultant pharmacist.

BP – How to and How Much

When I look at resident vitals, I often see BPs that are all over the map. There are two reasons for this; BPs vary widely (all over the map), and BPs are not being measured properly. We can and should do a better job of controlling the second variable by measuring correctly.

Most healthcare facilities use automated BP measuring devices nowadays. The device must be approved by *Hypertension Canada* (check their website or the device's packaging) and the cuff must fit properly. Frail residents will need to use a separate device with a smaller cuff if the standard device does not accommodate them.

There are eight requirements to taking a proper BP. They are to support the arm at heart level, put the cuff on a bare arm, use the correct cuff size, support the feet, keep the legs uncrossed, ensure the bladder is empty, support the back, and don't converse. The resident should be at rest for 3-5 minutes before taking their BP. Ideally, three readings are taken at least one minute apart. That may be impractical, but two readings should be the minimum. As per Hypertension Canada, the first reading is to be discarded (it's almost always higher) and later readings should be averaged.

There are lots of BP targets out there – 130/80, 135/85, 140/90, 150/80, etc. I like the 2023 guidelines released by the *European Soc. Hypertension* for seniors over 80. Systolic BP is their focus, with a target of 140-150. Readings of 130-139 are preferred, but dizziness and falls make this unattainable for some.

Prepared by Randy Goodman
Board Certified Geriatric Pharmacist