Ohio Institutional Quality and Utilization Management Program

The Disposition of Unused Medications in Nursing Facilities Study - Phase 1

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Table of Contents

Executive Summary . . . 1

1. Introduction . . . 6

2. Purpose . . . 7

3. Methods . . . 7
   - 3.1. Study Population . . . 7
   - 3.2. Study Group and Tool Development . . . 7
   - 3.3. Survey . . . 7
     - 3.3.1. Survey Questions . . . 8

4. Statistical Analysis . . . 9
   - 4.1. Sample Size . . . 9
   - 4.2. Analytic Issues . . . 9

5. Results . . . 10
   - 5.1. Records Produced . . . 10
   - 5.2. Answers to Survey Questions . . . 10
     - 5.2.1. Most Common Reasons for Unused Medications . . . 10
     - 5.2.2. Most Common Unused Medications . . . 11
     - 5.2.3. Policy on Disposition of Unused Medications . . . 12
     - 5.2.4. Destruction of Unused Medications . . . 12
     - 5.2.5. Return of Unused Medications . . . 13
     - 5.2.6. Medication Storage and Handling . . . 13
     - 5.2.7. Tracking of Unused Medications . . . 13
     - 5.2.8. Basis for Disposition of Unused Medication Policies/Procedures . . . 14
     - 5.2.9. Pharmacies Supplying Medications . . . 15
     - 5.2.10. Pharmacy's Handling of Returned Medications . . . 16
     - 5.2.11. Frequency of Pharmacy Restocking . . . 16
     - 5.2.12. Additional Comments . . . 16

6. Limitations, Discussion and Recommendations . . . 17
   - 6.1. Limitations . . . 17
   - 6.2. Discussion . . . 17
   - 6.3. Recommendations . . . 20

7. Study Group Participation . . . 21

8. References . . . 22

Ohio Institutional Disposition of Unused Medications Long-term Care Facilities Study (Phase 1)

Executive Summary

Background

The cost associated with unused medications in long-term care nursing facilities (NFs) is approximately 6.7% of the total cost of medications dispensed (Paone et al., 1996). To remedy the waste associated with unused medications in long-term care NFs and to offer substantial cost savings to the health care system, the American Society of Consultant Pharmacists (ASCP), American Medical Association (AMA), and the Food and Drug Administration (FDA) support the return and reuse of medications (ASCP Public Affairs Council, 1996). However, they sanction the return and reuse of medications in NFs only if federal and state laws and regulations, payer requirements, and facility policies are met.

Ohio Administrative Code (5101:3-9-06.1.b) includes guidelines on prescription billing and record-keeping requirements. When prescriptions have been dispensed to long-term care residents and there is an unutilized portion of a legally redispensable drug remaining, the drug must either be destroyed or returned to the pharmacy to be redispensed. The product cost, not including the dispensing fee, should be credited to the department. This should be done by voiding or reversing the original claim and submitting a new claim for the utilized amount plus the dispensing fee (ASCP Government Affairs Department, 1997).

Purpose

The *Disposition of Unused Medications in Nursing Facilities Study* is part of the Ohio Department of Job and Family Services (ODJFS) Institutional Quality and Hospital Utilization Management Program. This study was a survey of NF representatives' descriptions of the policies and procedures and rationale for the disposition of unused medications for Ohio Medicaid long-term care residents. Anecdotal information was obtained from the respondents on the most common medications that are unused and the reasons why they are unused. The survey information will be used by ODJFS to evaluate the current policies and procedures and to plan strategies to reduce unused medications.

Methods

The study population for this study is long-term care NFs in Ohio. The sampling frame for this study included 823 NFs in Ohio as found in the Ohio Medicaid Provider File as of December 5, 2001. The minimal sample size of NFs was determined to be 262 records, assuming normal approximation for rates of proportion and statistical independence. After oversampling at a rate of approximately 9%, the sample size selected to be contacted for completion of the telephone survey was 285 NFs. However, based on further investigation, four facilities should not have been included in the sample frame. Therefore, 281 facilities were selected to participate in the survey. Simple random sampling was used to select NFs.

Results

Sample Disposition

Of the 281 NFs that were contacted, 263 participated in the telephone survey (93.6%). A review of facility characteristics (i.e., bed size, profit status, and location) for respondents and non-respondents did not reveal a need to adjust for non-response bias.

The title of the majority of the respondents representing the NFs was Director of Nursing (89.4%). Other titles given by more than one respondent included Assistant Director of Nursing (3%), Unit/Nurse Manager (3%), and Administrator (1.1%).

Survey Questions

NF respondents were asked to identify the top three reasons for unused medications at their facility. The three most common reasons named, determined on the basis of the percentage of NF respondents who identified a specific reason, were

- Patient transferred/discharged
- Medication discontinued
- Patient death.

NF respondents were asked to identify the top three medications that are most frequently unused at their facility. The three most common responses, determined on the basis of the percentage of NF respondents who identified a specific category of medications, were

- Analgesics
- Not known
- Other (includes Coumadin).

When asked to describe what is done with unused routine medications, 60.5% of the 263 facilities participating in the survey indicated that these medications were returned to the pharmacy and 32.7% stated that the medications were disposed of by the pharmacist/pharmacy. When asked about the destruction of unused medications, the majority of the facilities indicated that these medications were destroyed by flushing them down the sink or toilet (92.6%). Almost all the facilities returned unit-dose packaged unused medications to the dispensing pharmacy (98.5%). Fewer than half of the facilities returned medication not in unit-dose packaging (49.4%). Only 25.6% returned controlled substances to the pharmacy.

Most of the respondents stated that their facility had a policy/procedure addressing the storage and handling of medication to be returned to the dispensing pharmacy (97.7%). Approximately 75% responded that there were systems in place to track unused medications. Policies and procedures for the disposition of unused medications were in place in 95% of the facilities.

The majority of the NFs used an offsite pharmacy (97%). A total of 52 pharmacies were identified as supplying medications. Lo Med Prescription Services was used in 11% of the facilities, followed by Westhaven Pharmacy at 10.6%, and other pharmacies at 10.3% (27 different pharmacies fell into the "other" category).

The majority of facilities (81%) did not know what the supplying pharmacies did with returned medications. However, respondents stated that the pharmacies destroyed the returned medications (92.9%), credited or refunded the facility and/or resident (5.7%), redispensed the medication (5.7%), or disposed according to policy (0.4%). Respondents answered that the frequency of pharmacy restocking was monthly (83.3%) or daily (10.6%).

Additional comments were made by 94 of the 263 facilities. The comments expressed concern regarding cost and waste associated with disposing medication (67), concern with quality issues (16), and satisfaction with their facility's way of disposing of unused medication (10). One respondent commented that disposition of unused medications required too much paperwork.

Limitations, Discussion, and Recommendations

Surveys are used extensively to assess attitudes and opinions on a variety of issues pertaining to a defined subject. This survey was a non-experimental, descriptive approach to obtaining data by means of questionnaires. Although the *Phase 1* sample was drawn, with the greatest accuracy and fewest biases possible, to represent NFs serving Medicaid consumers, not every aspect of the survey could be controlled. Several questions required subjective responses from respondents, such as the top three reasons for unused medications at their facility. It is most likely that the respondents' answers were based on their own experience or anecdotal information. Further, the assignment of responsibility for responding to the survey was completely left to the NF administration and was not controlled by Permedion. Inevitably, that responsibility fell to a range of personnel, from administrators to unit nurses. In general, the respondents were knowledgeable about the disposition of unused medications in their facilities; however, it is likely that their respective areas and levels of expertise varied.

Opportunities to minimize significant amounts of unused medications can be identified from the information obtained in this report. Medication waste for the reasons expressed in the survey can be affected by monitoring the prescribing and dispensing quantities more closely. System-wide processes and individual practitioner prescribing patterns may need to be studied and changed to reduce medication waste and costs.

Survey respondents indicated that the top three reasons for unused medications at their facility were patient transfer or discharge (77%), medication discontinued (50.2%), and patient death (49%). In *Phase 2* of this study (Permedion, 2003), a retrospective review of disposition of unused medication for Ohio Medicaid NF residents revealed that 35% of medications went unused because the resident was discharged (e.g., transferred, discharged to home, expired, or not in the facility). Medications changed and medication discontinued were found to be reasons for unused medications 2.9% and 6.3% of the time, respectively. Comparison of the survey results to the retrospective review results should be made with caution since for 33% of the cases in which medications went unused in the medical record review, the reason was "unable to determine." In a study published by Paone et al. (1996), which documented the reasons given by nurses as to why medications were destroyed, the most frequent reasons were very

similar to those cited in our survey: patient death; medication discontinued; or patient hospitalized, transferred, or discharged. Paone's study did not report an "unable to determine" category since it was a prospective study.

The results of our study show that the majority of the respondents indicated that their facility's policy for unused medications is to return the medications to the pharmacy (60.5%). One of the criteria necessary for these organizations to support the return and reuse of medications is that NF policies meet federal and state laws and regulations (e.g., U. S. Pharmacopeial Official Standards, Drug Enforcement Administration [DEA] regulations, Environmental Protection Agency [EPA] standards). These stringent standards and regulations reduce the number of unused medications that can be returned and reused and the number of pharmacies that can receive returned medications and restock the NFs with unused medications.

Medications in unit-dose and/or tamper-evident packaging that are not controlled substances are eligible to be returned to the dispensing pharmacy for reuse. This study found that 98.5% of the facilities return unused medications in unit-dose packaging to the dispensing pharmacy. Almost half of the respondents (49.4%) indicated that unused medications in non-unit-dose packaging are returned by their facilities to the dispensing pharmacy. Only 25.6 % of the respondents in our study indicated that controlled substances are returned by their facility to the dispensing pharmacy. The DEA requires that controlled substances be returned or transferred only between DEA registrants, such as a "reverse distributor" (Code of Federal Regulations, 2001). Since the majority (97.7%) of the facilities in our sample used offsite pharmacies and since long-term care facilities are not typically DEA registrants, the indication that approximately one-fourth of the responding facilities returned controlled substances seems unusually high.

Currently, controlled substances and medications not in unit-dose or tamper-evident packaging are not eligible for return and reuse. Therefore, many unused medications are discarded and/or destroyed. In fact, our study results show that 72.2% of the facilities indicated that unused medications are destroyed. For those facilities that destroy medications, 92.6% destroyed the unused medications by flushing them down the toilet into the sewer system. Typically, regulations established by states on the disposal of unused medications in NFs have focused on who performs and witnesses the disposal (ASCP Government Affairs Department, 1997). However, with increasing concerns about the environment, state EPA offices and state board of pharmacies are creating regulations to prevent the use of the sewer system for disposal of unused medications (ASCP Government Affairs Department; Daughton, 2003).

The frequency of pharmacy restocking plays a major role in the amount of medication waste. *Phase 2* of this study (Permedion, 2003) included pharmacy questionnaires that revealed that 78% of NFs had all routine medications dispensed monthly. Our survey revealed that in 85% of the facilities, pharmacies restocked medications monthly or every 30 days. Only 11% had pharmacies that restocked daily. Limiting quantities of medications dispensed would result in a significant reduction in unused medications. Paone et al. (1996) found that the impact of limiting the quantity of medication dispensed on new orders to a 10-day supply, before dispensing a full 30-day quantity, would result in an approximate 5.5% reduction in wasted drug costs. However, such a reduction in medications might result in increased dispensing time and more frequent ordering.

The survey results suggest the Ohio Medicaid program could reduce costs associated with drug waste by continuing to develop strategies to reduce the amount of unused medications and allow the reuse of unused medications. The findings of the survey on the disposition of unused medications support the following recommendations:

- Limit quantities of medications dispensed in patients at risk for a terminal episode, newly ordered medications, and medications that are not usually given long term.
- Continue to examine prescribing patterns to decrease unexpected changes and discontinuation of medications to help eliminate unused and "wasted" medications.
- Investigate further the pharmacy contracts with NFs regarding dispensing time, refunding and crediting, and labeling and relabeling to determine how pharmacies handle returned medications. This information could assist in developing cost-effective strategies to reduce medication waste while limiting adverse cost effects on the pharmacies.
- Determine and evaluate the actual costs and the rate and percentage of drug waste costs in Ohio Medicaid long-term residents.
- Monitor changes in regulations and legislation affecting return policies for controlled substances and develop strategies to reduce waste accordingly.
- Encourage communication between NFs, the Ohio EPA, and the State Board of Pharmacy to understand the volume of controlled substances flushed into the sewer system and the environmental impact.
- Conduct a trial study to determine the viability of using automated drug dispensing systems in nursing homes that only allow single-dose packages of medication to be dispensed.

1. Introduction

The cost associated with unused medications in long-term care nursing facilities (NFs) is approximately 6.7% of the total cost of medications dispensed (Paone et al., 1996). To remedy the waste associated with unused medications in long-term care NFs and to offer substantial cost savings to the health care system, the American Society of Consultant Pharmacists (ASCP), American Medical Association (AMA), and the Food and Drug Administration (FDA) support the return and reuse of medications (ASCP Public Affairs Council, 1996). However, they sanction the return and reuse of medications in NFs only if federal and state laws and regulations, payer requirements, and facility policies are met.

ASCP and AMA support the return and reuse of controlled medications only if specific criteria are met (Paone et al., 1996; ASCP Public Affairs Council, 1996). The criteria address the type of packaging; appropriate storage; and transport, receipt, and security of medications from the NF to the dispensing pharmacy. The criteria also calls for a system to be in place to track, reuse, and allow medications to be recalled if required. A mechanism for billing only the number of doses used or crediting the number of doses returned regardless of payer source is recommended. Finally, the medications should meet all federal and state standards of product integrity.

Additional FDA criteria include requirements that the dispensing pharmacy is affiliated by contract with the long-term care facility and that the pharmacy and responsible pharmacist are licensed and in good standing (ASCP Public Affairs Council, 1996). Other FDA guidelines require that the dispensed medications do not leave the control of the nursing home after they are received from the pharmacy and that only medication that has been dispensed in the original manufacturer's packaging may be returned. The storage, handling, and record-keeping systems of the NF should be adequate to document how the returned medications have been handled.

Under the Controlled Substance Act, controlled substances may only be returned between Drug Enforcement Administration (DEA) registrants (AMA, 1997). Long-term care facilities are not DEA registrants, therefore, pharmacies may not accept controlled substances returned from such facilities. The Code of Federal Regulations § 1300, 1301, 1304, 1305, and 1307 (2001), uses the term "tamper-evident" instead of "unit-dose" to convey that any packaging is acceptable for reuse as long as the tamper-evident seal is intact.

Ohio Administrative Code 5101:3-9-06.1.b includes guidelines on prescription billing and record-keeping requirements. When prescriptions have been dispensed to long-term care residents and there is an unused portion of a legally redispensable drug remaining, the drug must either be destroyed or returned to the pharmacy to be redispensed. The product cost, not including the dispensing fee, should be credited to the department. This should be done by voiding or reversing the original claim and submitting a new claim for the used amount plus the dispensing fee (ASCP Government Affairs Department, 1997).

This study was a survey of NF representatives' descriptions of the policies and procedures and their rationale for the disposition of unused medications for Ohio Medicaid long-term care residents. Anecdotal information was obtained from the respondents on the most common medications that are unused and the reasons why they are unused. The survey information will be used by the Ohio Department of Job and Family Services (ODJFS) to evaluate the current policies and procedures and plan strategies to reduce unused medications.

2. Purpose

The *Disposition of Unused Medications in Nursing Facilities Study* is part of the ODJFS Institutional Quality and Hospital Utilization Management Program. The purpose of this study is to describe current policies/procedures of NFs regarding disposition of unused medication for Medicaid long-term care residents.

The specific objectives are as follows:

- To describe why medications are unused in NFs.
- To describe facilities' policies/procedures for disposition of unused medications.

3. Methods

3.1. Study Population

The study population for this study is long-term care NFs in Ohio as of December 2001.

3.2. Study Group and Tool Development

The Disposition of Unused Medications Study Group convened in December 2001 to construct the charge and survey questions for *Phase 1*. Selected members of the group developed the survey information collection tool and determined the sampling methodology. See *Section 8* for a complete list of study group members. WordPerfect versions of the survey collection tool and accompanying data dictionary were developed. A study group member completed three practice surveys to test the survey tool and dictionary and identify necessary modifications. After discussion with the study group, the modifications were made. Three registered nurses (RNs), experienced in data collection, were trained to use the survey tool (see Appendix A).

3.3. Survey

An introductory letter describing the purpose of the survey, the survey questions, and information on the RN interview for completion of the survey were sent to the directors of nursing in the selected NFs (see *Section 4.1* for selection method). The RN reviewer telephoned the NFs within ten days after the letters were sent. The interviews were scheduled to be completed prior to December 29, 2001.

The RN reviewers called each of the 22 NFs that did not complete the survey at least 3 times before excluding them from the study. The number of telephone calls per facility ranged from three to seven.

3.3.1. Survey Questions

The NF representative was asked the following questions.

1. What are the top three reasons for unused medications at your facility?
2. What are the top three most frequently unused medications at your facility?
3. Describe what is done with unused routine medications at your facility?
    - 3A. Does your facility destroy unused medications?
        - 3A1. If yes, how are the medications destroyed?
    - 3B. Does your facility return unused medications in unit-dose packaging to the dispensing pharmacy?
    - 3C. Does your facility return unused medications not in unit-dose packaging to the dispensing pharmacy?
    - 3D. Does your facility return controlled substances to the dispensing pharmacy?
    - 3E. Does your facility address storage and handling of medications to be returned to the dispensing pharmacy?
    - 3F. Does your facility have a system in place to track unused medications?
        - 3F1. If yes, how is this tracking information used?
4. What is the basis for your policies and procedures for the disposal of unused medications?
5. What pharmacy(ies) supplies your medications?
    - 5A. Is your pharmacy on-site?
6. What does your pharmacy do with returned medications?
7. How often are your medications routinely refilled by the pharmacy?
8. Do you have a written policy and/or procedure on disposition of unused medications?
9. Is there anything additional you feel is important regarding the disposition of unused medications?

4. Statistical Analysis

4.1. Sample Size

The study population for this study is long-term care NFs in Ohio. The sampling frame for this study included 823 NFs in Ohio as found in the Ohio Medicaid Provider File as of December 5, 2001. The minimal sample size of NFs was determined to be 262 records, assuming normal approximation for rates of proportion and statistical independence. The minimum sample size was calculated to determine 95% confidence intervals with bandwidths of +/- 0.05 for the quality indicators, assuming an underlying population proportion of 0.50. After oversampling at a rate of approximately 9%, the sample size selected to be contacted for completion of the telephone survey was 285 NFs. However, based on further investigation, four facilities should not have been included in the sample frame. Therefore, 281 facilities were selected to participate in the survey. Simple random sampling was used to select NFs.

4.2. Analytic Issues

Descriptive analysis was performed on the sample of Ohio NFs to estimate rates of proportion for the statewide population of NFs. For each survey question applicable to the entire population of NFs, 95% confidence intervals are reported around each survey question response. Confidence intervals are not reported on small subsets of the entire population due to minimal sampling requirements.

5. Results

5.1. Records Produced

Of the 281 NFs that were contacted, 263 participated in the telephone survey (93.6%). A review of facility characteristics (i.e., bed size, profit status, and location) for respondents and non-respondents did not reveal a need to adjust for non-response bias. The title of the majority of the respondents representing the NFs was Director of Nursing (89.4%). Other titles given by more than one respondent included Assistant Director of Nursing (3%), Unit/Nurse Manager (3%), and Administrator (1.1%).

5.2. Answers to Survey Questions

5.2.1. Most Common Reasons for Unused Medications

NFs were asked to identify the top three reasons for unused medications at their facility. *Table 5.2.1* provides the predefined reason categories and the percentage of respondents who chose each reason. Please note that the percentages in *Table 5.2.1* do not sum to 100% since each facility was allowed up to three responses to this question. Seventeen facilities (6.5%) did not identify a third reason for unused medications.

Reason	Number of Responses (n = 263)	Percent (95% C.I.)
Patient transferred/discharged	203	77.2 (73.0–81.4)
Medication discontinued	132	50.2 (45.2–55.2)
Patient death	129	49.0 (44.1–54.0)
Medication change	116	44.1 (39.1–49.1)
Other	61	23.2 (19.0–27.4)
Patient hospitalization	46	17.5 (13.7–21.3)
Dose change	37	14.1 (10.6–17.5)
Medication expired	26	9.9 (6.9–12.9)
Unknown	17	6.5 (4.0–8.9)
Medication defective	0	0.0 (0.0– 1.1)

Table 5.2.1. Most Common Reasons, Unused Medications

A relatively large number of respondents (23.2%) identified reasons that were not covered by the predefined categories and were thus coded as "other." The following are the most common "other" reasons:

- Patient refusal to take medication (36 facilities)
- PRN (as needed) medication not used (25 facilities)
- Drug allergy/adverse reaction (7 facilities)
- Overstocking/over-ordering (5 facilities)
- Change in payer (4 facilities)
- Vital signs unstable (4 facilities)
- Drug ineffective (2 facilities).

Additional "other" reasons noted verbatim are as follows:

- C-box
- No order for medication
- Comfort care.

5.2.2. Most Common Unused Medications

NF respondents were asked to identify the top three medications that are most frequently unused at their facility. *Table 5.2.2* provides the predefined medication type categories and the percentages of respondents who chose each category. The percentages do not sum to 100% because each facility had up to three responses for this question. Medication types were obtained from information provided by *Lexi-Comp's Clinical Reference Library* (*CRL*).*

Medication Type	Number of Responses (n = 263)	Percent (95% C.I.)
Analgesics	169	64.3 (59.5–69.0)
Not known	100	38.0 (33.2–42.9)
Other	86	32.7 (28.0–37.4)
Anti-anxiety	52	19.8 (15.8–23.8)
Gastrointestinal	43	16.3 (12.7–20.0)
Antipsychotic	38	14.4 (10.9–18.0)
Antibiotics	30	11.4 (8.2–14.6)
Cardiovascular	19	7.2 (4.6–9.8)
Diuretic	18	6.8 (4.3–9.4)
Hypnotic	13	4.9 (2.8–7.1)
Antidepressant	7	2.7 (1.1–4.3)
Central nervous system	1	0.4 (0.0–1.0)

Table 5.2.2. Most Common Types of Unused Medications

As seen in *Table 5.2.2*, 86 (32.7%) of the respondents identified medications that fell into the "other" category. The other medications or medication types mentioned more than once included the following:

- Coumadin (36 facilities)
- Ointments (11 facilities)
- PRNs (11 facilities)
- Cough medications (10 facilities)
- Insulin (5 facilities)
- Vitamins (5 facilities)
- Albuterol (4 facilities)
- Potassium (4 facilities)
- Aspirin (3 facilities)
- Eye medications (2 facilities)
- Over-the-counter medications (2 facilities).

* *Lexi-Comp's Clinical Reference Library* is a comprehensive collection of highly regarded drug information collective databases that include the following: *Drug Information Handbook, Drug Information Handbook for the Allied Health Professional*, *Drug Information Handbook for Cardiology*, *Drug Information Handbook for Dentistry*, *Drug Information Handbook for Nursing*, and *Drug Information Handbook for Mental Health*.

5.2.3. Policy on Disposition of Unused Medications

The respondents participating in the survey were asked to describe what is done with unused routine medications. The responses are presented in *Table 5.2.3*.

Response	Number of Responses (n = 263)	Percent (95% C.I.)
Returned to pharmacy	159	60.5 (55.6–65.3)
Disposed of by pharmacist/pharmacy	86	32.7 (28.0–37.4)
Credited by pharmacy	12	4.6 (2.5–6.6)
Destroyed (by pharmacy/facility not specified)	2	0.8 (0.0–1.6)
Recycled	1	0.4 (0.0–1.0)
"(Medications) are all used up"	1	0.4 (0.0–1.0)

Table 5.2.3. Policy on Disposition of Unused Medications

5.2.4. Destruction of Unused Medications

Respondents indicated that, of the 263 facilities participating in the survey, 190 (72.2%, 95% C.I.: 67.8%–76.7%) destroy unused medications. The majority of the facilities destroy unused medications by flushing the medication down the sink or toilet (92.6%). *Table 5.2.4* summarizes the number of respondents who identified each predefined method for destroying unused medications.

Method	Number of Responses (n = 190)	Percent
Flushed down sink/toilet	176	92.6
Placed in biohazard container	13	6.8
Not known	5	4.2
Other	8	2.6

Table 5.2.4. Methods for Destroying Unused Medications

The responses for five facilities fell into the "other" category. Two respondents indicated that unused medications were "thrown away" or destroyed by pharmacy. The other three respondents did not identify a method but commented on what types of medications are destroyed (i.e., controlled substances, liquid, and creams).

5.2.5. Return of Unused Medications

The survey contained a series of three questions to identify facilities that return unused medications to the dispensing pharmacy. The questions addressed unit-dose packaged unused medications, non-unit-dose packaged unused medications, and unused controlled substances. *Table 5.2.5* provides the percentages of facilities that return unused medications to the dispensing pharmacy.

Unused Medication Type	Return Unused Medications to Dispensing Pharmacy	
	Number of "Yes" Responses (n = 263)	Percent (95% C.I.)
Unit-dose	259	98.5 (96.2–99.6)
Not unit-dose	130	49.4 (44.4–54.4)
Controlled substances	68	25.6 (21.5–30.2)

Table 5.2.5. Return Unused Medications to Dispensing Pharmacy

One respondent was unable to determine whether unused medications in unit-dose packaging are returned to the dispensing pharmacy. The respondents for ten facilities did not know whether unused medications in non-unit-dose packaging are returned to the dispensing pharmacy.

5.2.6. Medication Storage and Handling

The percentage of NFs that have a policy or procedure addressing the storage and handling of medications to be returned to the dispensing pharmacy was 97.7% (95% C.I.: 96.2%–99.2%). Only one respondent did not know whether their facility addressed storage and handling of medications to be returned to the dispensing pharmacy.

5.2.7. Tracking of Unused Medications

Of the 263 NFs, 196 (74.5%, 95% C.I.: 70.2%–78.9%) have a system to track unused medications. One respondent did not know whether their facility had a system to track unused medications. The 196 respondents who reported that their facilities have tracking systems were asked to provide information on how the tracking systems were used. *Table 5.2.7* summarizes the responses into six categories.

Use of Tracking System	Number of Responses (n = 196)	Percent
Inventory management	92	46.9
Reimbursement	77	39.3
Not known	22	11.2
Quality assurance	19	9.7
Education	13	6.6
Other	10	5.1

Table 5.2.7. Use of Tracking System

"Other" responses to how the tracking systems are being used (noted verbatim) included the following (each of which applies to only one facility):

- Federal guidelines
- Guard against theft
- Info given to physicians
- D.O.N. keeps for one year
- Reason why meds are returned
- Medication circled
- Record keeping
- Only with controlled drugs
- Medication control
- Other.

5.2.8. Basis for Disposition of Unused Medication Policies/Procedures

Of the 263 NFs, 243 (92.4%, 95% C.I.: 89.7%–95.0%) have a written policy for the disposition of unused medications.

Table 5.2.8 provides the percentages of NF respondents who reported that they used specific guidelines as the basis for policies and procedures for the disposition of unused medications. The percentages in *Table 5.2.8* do not sum to 100% since each facility was given up to four responses to this question.

Basis	Number of Responses (n = 263)	Percent (95% C.I.)
Ohio State Pharmacy Board	94	35.7 (31.0–40.5)
Pharmacy policy	83	31.6 (26.9–36.2)
Not known	72	27.4 (22.9–31.8)
Nursing Home Board Regulations	35	13.3 (9.9–16.7)
Corporate policy	8	3.0 (1.3–4.8)
Other	3	1.1 (0.2–3.3)
State and Federal regulations	3	1.1 (0.2–3.3)
Joint Commission	2	0.8 (0.1–2.7)
Ohio Administrative Code	2	0.8 (0.1–2.7)
Drug Enforcement Administration	2	0.8 (0.1–2.7)
Food and Drug Administration	2	0.8 (0.1–2.7)
American Medical Association	0	0.0 (0.0–1.1)
American Society of Consultant Pharmacists	0	0.0 (0.0–1.1)

Table 5.2.8. Basis of Disposition for Unused Medication Policies

One facility indicated that there were no policies or procedures for disposition of unused medications. The following three responses fell into the "other" category (one facility each):

- Kentucky Pharmacy Board
- Jennings Hall Regulations
- Quality assurance reasons.

5.2.9. Pharmacies Supplying Medications

The majority of the NFs use an offsite pharmacy (97.7%, 95% C.I.: 96.2%–99.2%). *Table 5.2.9* presents the percentages of NF respondents who identified specific pharmacies as supplying medication for their facility. The percentages in *Table 5.2.9* do not sum to 100% because a facility may use more than one pharmacy. Twenty-seven different pharmacies fell into the "other" category.

Pharmacy	Number of Responses (n = 263)	Percent (95% C.I.)
Lo Med Prescription Services	29	11.0 (7.9–14.2)
Westhaven Pharmacy	28	10.6 (7.6–13.7)
Other	27	10.3 (7.2–13.3)
Nursing Center Services	23	8.7 (5.9–11.6)
OmniCare	17	6.5 (4.0–8.9)
Skilled Care Pharmacy, Inc.	17	6.5 (4.0–8.9)
Neighborcare Broadview Heights	17	6.5 (4.0–8.9)
Pharmerica	13	4.9 (2.8–7.1)
Home Care Pharmacy, Inc.	12	4.7 (2.5–6.6)
Beeber Institutional Pharmacy	10	3.8 (1.9–5.7)
Modern Pharmacy Consultants, Inc. (NCS)	8	3.0 (1.3–4.8)
ICP, Inc.	8	3.0 (1.3–4.8)
Healthcare Pharmacy	7	2.7 (1.1–4.3)
Pharmacy Management Group of Ohio	7	2.7 (1.1–4.3)
Heartland Health Care Services	6	2.3 (0.8–3.8)
Kindred Pharmacy	6	2.3 (0.8–3.8)
Absolute Pharmacy Services	5	1.9 (0.5–3.3)
Bay Pharmacy	5	1.9 (0.5–3.3)
MediRx	4	1.5 (0.4–3.8)
Pharmco, Inc.	3	1.1 (0.2–3.3)
Health Raise	3	1.1 (0.2–3.3)
Hytree	3	1.1 (0.2–3.3)
Stakers Pharmacy	3	1.1 (0.2–3.3)
Northside Pharmacy	3	1.1 (0.2–3.3)
Omnicare Wadsworth	2	0.8 (0.1–2.7)
Watchhill	2	0.8 (0.1–2.7)

Table 5.2.9. Pharmacies Supplying Medications

5.2.10. Pharmacy's Handling of Returned Medications

Table 5.2.10 summarizes responses to what facilities' supplying pharmacies do with returned medications. The majority (81.0%, 95% C.I.: 77.1%–84.9%) of the NFs did not know what their pharmacies did with returned medications. A NF may have had more than one response; therefore, the percentages in *Table 5.2.10* may sum to more than 100%.

Pharmacy	Number of Responses (n = 263)	Percent (95% C.I.)
Not known	213	81.0 (77.1–84.9)
Destroy	34	12.9 (9.6–16.3)
Credit/refund facility and/or patient	15	5.7 (3.4–8.0)
Re-dispense	14	5.3 (3.1–7.6)
Dispose according to policy	1	0.4 (0.0–2.2)

Table 5.2.10. Pharmacies' Handling of Returned Medications

5.2.11. Frequency of Pharmacy Restocking

Table 5.2.11 lists the respondents' responses to how often their facilities' medications are restocked by their supplying pharmacies. Three facilities indicated that a punch card or sticker system was used. These responses were placed in the "other" category.

Frequency	Number of Responses (n = 263)	Percent (95% C.I.)
Monthly	219	83.3 (79.5–87.0)
Daily	28	10.6 (7.6–13.7)
As needed	12	4.6 (2.5–6.6)
Weekly	7	2.7 (1.1–4.3)
Biweekly	5	1.9 (0.5–3.3)
Other	3	1.1 (0.2–3.3)
Twice a month	2	0.8 (0.0–2.7)
Unknown	2	0.8 (0.0–2.7)

Table 5.2.11. Frequency of Pharmacy Restocking

5.2.12. Additional Comments

Respondents for 94 of the 263 facilities (36%) had additional comments as part of the survey. Although the comments received varied, 67 of the facilities with comments expressed concern regarding the cost and waste associated with disposing medication. Sixteen comments dealt with quality issues. Ten respondents expressed satisfaction with their facilities' disposition of unused medications. One respondent commented that disposition of unused medications required too much paperwork. A list of the additional comments is included in Appendix B.

6. Limitations, Discussion and Recommendations

6.1. Limitations

Surveys are used extensively to assess attitudes and opinions on a variety of issues pertaining to a defined subject. This survey was a non-experimental, descriptive approach to obtaining data via questionnaires. The major limitation of this approach is that it relies on a self-report method of data collection. Intentional deception, poor memory, or misunderstanding of the questions can all contribute to inaccuracies in the data. Furthermore, this method is descriptive, not explanatory, and therefore cannot offer any insights into cause-and-effect relationships.

Although the *Phase 1* sample was drawn, with the greatest accuracy and fewest biases possible, to represent NFs serving Medicaid consumers, not every aspect of the survey could be controlled. For example, several questions required subjective responses, such as asking the respondents to give the top three reasons for unused medications at their facility. It is most likely that the respondents' answers were based on their experience or anecdotal information. *Question 9* was a request for additional comments that the respondent felt was important regarding the disposition of unused medications. These comments varied greatly, and although the answers were categorized, results could not be generalized. This is a common problem with subjective questions in surveys. Further, the assignment of responsibility for responding to the survey was completely left to the NF administration and was not controlled by Permedion. Inevitably, that responsibility fell to a range of personnel, from administrators to unit nurses. In general, the respondents were knowledgeable about the disposition of unused medications in their facilities; however, it is likely that their respective areas and levels of expertise varied.

6.2. Discussion

Opportunities to minimize significant amounts of unused medications can be identified from the information obtained in this report. The descriptions of and reasons for unused medications as expressed in the survey can be affected by monitoring the prescribing and dispensing quantities more closely. System-wide processes and individual practitioner prescribing patterns may need to be studied and changed to reduce medication waste and costs.

The survey respondents were asked to give the top three reasons for unused medications at their facility. The reasons were then coded by using 12 different reason codes, which included "other" and "not known." The top three reasons were patient transfer or discharge (77%), medication discontinued (50.2%), and patient death (49%). In *Phase 2* of this study (Permedion, 2003), a retrospective review of disposition of unused medication for Ohio Medicaid NF residents revealed that 35% of medications went unused because the resident was discharged (e.g., transferred, discharged to home, expired, or not in the facility). Medications changed and medication discontinued were found to be reasons for unused medications 2.9% and 6.3% of the time, respectively. Comparison of the survey results to the retrospective review should be made with caution since, according to the medical record review, the reason was "unable to determine" in 33% of the cases in which medications went unused. A study published by Paone et al. (1996) documented the reasons given by nurses as to why medications were destroyed. The most frequent reasons were very similar to those cited in our survey: patient death; medication discontinued; or patient hospitalized, transferred, or discharged. Paone's study did not report an "unable to determine" category since the study was prospective.

In identifying the three most common types of unused medications, the respondents for the facilities in our sample most frequently identified medications in the category “analgesics” (64.3%). The second most common response was “not known.” A total of 38% of the respondents for the facilities did not know the top three unused medications in their facility. The third most common type of unused medications fell into the “other” category, with 32.7% of respondents indicating a medication such as coumarin, ointments, PRNs, and over-the-counter medications, all of which were categorized as “other.” All responses were categorized into medication types based on the *Lexi-Comp’s Clinical Reference Library*.

Research on the most common unused medication types in NFs is limited. A 1992-1994 study (Paone et al., 1996) on drug waste in 17 Massachusetts NFs identified the following medication types as representing 70% of the costs of medications destroyed: antidepressants, tranquilizers, nonsteroidal anti-inflammatory agents, anti-ulcer drugs, antihypertensive medications, cephalosporins, and quinolone antibiotics (Paone). The current study used the American Hospital Formulary Services categories of medication types.

This study found that the majority of respondents indicated that their facility’s policy for unused medications is to return the medications to the pharmacy (60.5%). The ASCP (1996) and AMA (1997) released statements on the return and reuse of medications in long-term care facilities. One of the criteria necessary for these organizations to support the return and reuse of medications is that NFs’ policies meet federal and state laws and regulations (e.g., U. S. Pharmacopeial Official Standards, DEA regulations, Environmental Protection Agency [EPA] standards). These stringent standards and regulations reduce the number of unused medications that can be returned and reused and the number of pharmacies that can receive returned medications and restock the NFs with unused medications.

Medications that are not controlled substances in unit-dose and/or tamper-evident packaging are eligible to be returned to the dispensing pharmacy for reuse. Our study found that 98.5% of the facilities return unused medications in unit-dose packaging to the dispensing pharmacy. Almost half of the facilities (49.4%) return unused medications in non-unit-dose packaging to the dispensing pharmacy. Only 25.6 % of the respondents in our study indicated that their facilities returned controlled substances to the dispensing pharmacy. The DEA requires that controlled substances be returned or transferred only between DEA registrants, such as a “reverse distributor” (Code of Federal Regulations, 2001). Since the majority (97.7%) of the facilities in our sample used offsite pharmacies and long-term care facilities are not typically DEA registrants, the indication that approximately one-fourth of the responding facilities returned controlled substances seems unusually high.

Currently, controlled substances and medications not in unit-dose or tamper-evident packaging are not eligible for return and reuse. Therefore, many unused medications are discarded or destroyed. In fact, our study results showed that 72.2% of the facilities destroy unused medications. Of those facilities that destroy unused medications, 92.6% flush them down the toilet into the sewer system. Typically, regulations established by states on the disposal of unused medications in NFs have focused on who performs and witnesses the disposal (ASCP Government Affairs Department, 1997). However, with increasing concerns about the environment, state EPA offices and state board of pharmacies are creating regulations to prevent the use of the sewer system for disposal of unused medications (ASCP Government Affairs Department; Daughton, 2003).

Approximately three-fourths of the respondents (74.5%) stated that their facilities have a system in place to track unused medications. Of those respondents, 46.9% indicated that the primary use of the tracking systems is for inventory management.

Additional information on pharmacies serving the NFs was collected. The majority of the NFs, 97.7%, used offsite pharmacies. NFs frequently used more than one pharmacy to supply medications. A total of 53 different pharmacies were identified in the survey. Lo Med Prescription Services and Westhaven Pharmacy served 23% of the facilities and the 27 pharmacies in the "other" category served 10% of the facilities.

The majority of the respondents (81%) did not know what their pharmacies did with returned medications. Thirteen percent answered that the drugs were destroyed, 5.7% answered that the drugs were credited to the facility or patient for a refund, and 5.7% answered that the drugs were redispensed by their pharmacies. Further investigation of pharmacy contracts with the NFs regarding dispensing time, refunding and crediting, and labeling and relabeling may shed more light on exactly how pharmacies handle returned medications and help to develop cost-effective ways to reduce medication waste.

The frequency of pharmacy restocking plays a major role in the amount of medication waste. Limiting quantities of medications dispensed would result in a significant reduction in unused medications. However, this reduction in medications could potentially result in increased dispensing time and more frequent ordering. Our survey revealed that in 85% of the facilities, pharmacies restocked medications monthly or every 30 days. Only 11% had pharmacies that restocked daily. *Phase 2* of this study (Permedion, 2003) included pharmacy questionnaires which revealed 78% of NFs had all routine medications dispensed monthly. Paone et al. (1996) found that the impact of limiting the quantity of medication dispensed on new orders to a 10-day supply before dispensing a full 30-day quantity would result in an approximate 5.5% reduction in wasted drug costs.

Many state Medicaid programs are developing strategies to reduce prescription drug costs that include methods to reduce the cost and waste of unused medications (Smith, Ellis, Gifford, Ramesh, & Wachino, 2002). The use of automated dispensing and distribution systems is being proposed as an effective method for reducing medication waste. Examples of successes in the use of automated dispensing systems include United Pharmacy Services, with 63 facilities in Georgia and South Carolina, and the State of Texas (Saffel, 1999; Texas Department of Health, 2003).

After answering the questions in the survey, the respondents were asked if there was any additional information they felt was important regarding the disposition of unused medications. Only 94 (36%) had any additional comments. Although, the comments were varied, they were organized into four categories: cost and waste associated with disposing medication, quality issues, satisfaction, and other. The cost and waste category included 67 comments, with statements such as "I think it is a waste of money to destroy the narcotics"; "There is a lot of waste, Medicaid drugs are not credited to Medicaid"; and "I think not being able to return controlled substances for credit is not cost effective and too much money is thrown away." The quality category included 16 comments, with statements such as, "We make sure requirements are met and they (medications) are disposed of safely and properly"; "I question

whether they are actually destroyed or not"; and "Important to track and destroy properly." The ten statements in the satisfaction category included, "our method works well"; "we work well with the consulting pharmacist and this system works out well"; and "I like the system in place." The one comment in the other category was, "I wish there was a way to decrease the paperwork."

Since over 95% of the respondents to the survey were nurses, it is not surprising that their comments and concerns are similar to the American Nurses Association's position (2000) on elimination of medication waste in long-term care facilities. The American Nurses Association supports the return and reuse of medications to the dispensing pharmacy to reduce waste associated with unused medication. Policies and procedures for appropriate storage, handling of medications, transfer, receipt, and security of medications; a system to track restocking and reuse; and a mechanism for billing only the number of doses used, regardless of payer source, should be in place.

6.3. Recommendations

The survey results suggest the Ohio Medicaid program could reduce costs associated with drug waste by continuing to develop strategies to reduce the amount of unused medications and allow the reuse of unused medications. The findings of the survey on the disposition of unused medications support the following recommendations:

- Limit quantities of medications dispensed in patients at risk for a terminal episode, newly ordered medications, and medications that are not usually given long term.
- Continue to examine prescribing patterns to decrease unexpected changes and discontinuation of medications to help eliminate unused and "wasted" medications.
- Investigate further the pharmacy contracts with NFs regarding dispensing time, refunding and crediting, and labeling and relabeling to determine how pharmacies handle returned medications. This information could assist in developing cost-effective strategies to reduce medication waste while limiting adverse cost effects to the pharmacies.
- Determine and evaluate the actual costs and the rate and percentage of drug waste costs in Ohio Medicaid long-term residents.
- Monitor changes in regulations and legislation affecting return policies for controlled substances and develop strategies to reduce waste accordingly.
- Encourage communication between NFs, the Ohio EPA, and the State Board of Pharmacy to understand the volume of controlled substances flushed into the sewer system and the environmental impact.
- Conduct a trial study to determine the viability of using automated drug dispensing systems in nursing homes that only allow single-dose packages of medication to be dispensed.

7. Study Group Participation

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Appendix A

Survey Tool

Survey Tool (Phase 1)

1. What are the top three reasons for unused medications at your facility?

2. What are the top three most frequently unused medications at your facility?

3. Describe what is done with unused routine medications at your facility.

   3A. Does your facility destroy unused medications?

   — If yes, how are the medications destroyed?

   3B. Does your facility return unused medications in unit-dose packaging to the dispensing pharmacy?

   3C. Does your facility return unused medications not in unit-dose packaging to the dispensing pharmacy?

   3D. Does your facility return controlled substances to the dispensing pharmacy?

   3E. Does your facility address storage and handling of medications to be returned to the dispensing pharmacy?

   3F. Does your facility have a system in place to track unused medications?

   — If yes, how is the tracking information used?

4. What is the basis for your policies and procedures for the disposal of unused medications?

5. What pharmacy(ies) supplies your facility medications?

   5A. Is your pharmacy onsite?

6. What does your pharmacy do with returned medications?

7. How often are your medications routinely refilled by the pharmacy?

8. Does your facility have a written policy and/or procedure for disposition of unused medications?

9. Is there anything additional you feel is important regarding the disposition of unused medications?

Appendix B

Additional Comments

Additional Comments	Count	Percent
I think it is a waste of money to destroy the narcotics.	1	0.4%
If you are a Medicare resident that we have to discontinue meds when discharged and get prescriptions to get filled outside. Very redundant. "Families are getting more educated and starting to use eastern medicine which is not covered."	1	0.4%
A waste of money to destroy meds.	1	0.4%
I hate to see controlled drugs flushed. It is a tremendous waste of money.	1	0.4%
I think it is a crying shame that you have to destroy narcotics.	1	0.4%
I think that it is appalling that so many controlled medications are destroyed.	1	0.4%
I think unopened controlled drugs should be sent back and re-used.	1	0.4%
It does seem like a waste of money to destroy meds.	1	0.4%
It is a shame that the Medicaid Rxs cannot be reused by other low income pts.	1	0.4%
It would be nice to decrease the waste.	1	0.4%
Make sure requirements are met and they are disposed of safely and properly.	1	0.4%
Question whether they are actually destroyed or not.	1	0.4%
Really a waste to flush narcotics. It's very expensive.	1	0.4%
System is pretty good.	1	0.4%
The waste of destroying narcotics is very costly.	1	0.4%
There is a lot of waste. Medicaid drugs but not credited to Medicaid.	1	0.4%
They do [a] pretty good job.	1	0.4%
Narcotic/analgesic dispense too many, causing waste.	1	0.4%
Amount of credit given for returned medication. Only receive credit for 8 or more tabs (pills) returned.	1	0.4%
As long as patient is appropriately credited for returned meds, all is OK.	1	0.4%
Controlled meds are destroyed by pharmacy. Too costly.	1	0.4%
Controlled meds have to be destroyed which is very costly.	1	0.4%
Destroyed narcotics are a waste of money.	1	0.4%
Destroying meds wastes a lot of money.	1	0.4%
Done by inhouse pharmacy, so no trouble.	1	0.4%
Extremely costly to destroy controlled drugs. A lot of people need drugs and cannot afford. I throw [out] $50-75,000 worth of drugs per month.	1	0.4%
Extremely wasteful to destroy medications. "Should only fill narcotic prescriptions for seven days."	1	0.4%
He wishes that they would send a smaller amt. of controlled meds at a time because they send a 30 day supply & there is much waste in this because they flush the unused controlled meds.	1	0.4%
I think Medicaid people should get credit for returned meds.	1	0.4%
I think it is a shame to flush narcotics because it is so costly.	1	0.4%
I wish somebody could [benefit] from unused meds. Destroying them is extremely costly.	1	0.4%
Like system in place.	1	0.4%
NCS is very thorough.	1	0.4%
Narcotics need rigid procedure to dispose of them correctly.	1	0.4%
Narcotics disposal is very wasteful & expensive.	1	0.4%
Never know if meds other than narcotics are safely returned to pharmacy.	1	0.4%
No.	21	8.0%
No comments.	142	54.0%
Number of narcotics destroyed is very costly. Would like to return for credit.	1	0.4%

PERMEDION

Additional Comments	Count	Percent
Occasionally, unsure whether medications returned to pharmacy actually getting back to pharmacy.	1	0.4%
Pharmacy onsite does it all.	1	0.4%
Residents want to take meds home with them when discharged and cannot do that per nursing home policy. Also, very concerned about the waste of destroying meds and narcotics which could be used by others who cannot afford their drugs.	1	0.4%
Send everything back to pharmacy.	1	0.4%
Should make sure meds are destroyed properly.	1	0.4%
So much money wasted by destroying medications when they are returned to pharmacy.	1	0.4%
There is a safety factor that unused meds at facility are a danger factor.	1	0.4%
Tremendous waste in return of meds and having controlled meds destroyed. Medicaid will pay for a certain medication and then changes what they will cover, requiring med orders be changed to meet their requirements. This is all very wasteful of meds.	1	0.4%
Waste of controlled substances.	1	0.4%
A big waste to destroy the medications.	1	0.4%
Amount of money that gets wasted.	1	0.4%
Controlled substances are destroyed at the nursing home by flushing them down the toilet.	1	0.4%
D.O.N. [director of nursing] feels it is a waste of tax payers money that the pharmacy destroys returned meds.	1	0.4%
Could be more timely.	1	0.4%
Dispose of too many narcotics.	1	0.4%
Do not understand why Medicaid can't be credited when meds. are returned in their original sealed wrappers. Medicare and private pay receive credit for returned meds.	1	0.4%
Don't like the law on narcotics. Too much waste.	1	0.4%
Feel a horrible waste of money to have to destroy the medications. Should use the pps system.	1	0.4%
Feel it is a waste to destroy scheduled medications. Should be able to reuse the meds.	1	0.4%
Feel the government needs to look at what is being wasted.	1	0.4%
Feel there is too much waste, especially narcotics.	1	0.4%
Feels it is a waste of money that some meds. need to be destroyed, such as Darvocet.	1	0.4%
Feels the biggest problem is the wasting of medications instead of crediting to Medicaid.	1	0.4%
I think not being able to return controlled sub. for credit is not cost effective and too much money is thrown away that could be credited to resident accounts or Medicaid.	1	0.4%
Important to track and destroy properly.	1	0.4%
Like the system they are using. Feel some narcotic waste.	1	0.4%
Medicaid doesn't monitor money, drug use close enough. Make physicians more accountable. A consultant pharmacist doing drug reviews would be helpful. Pharmacies often don't have time to credit Medicaid patients.	1	0.4%
Medications are so expensive, it is wasteful to destroy narcotics and other meds.	1	0.4%
Narcotics are being wasted too often. Should be able to reuse them.	1	0.4%
Narcotics sent in bubble pack-why can't they be returned. Medicaid pts. don't receive credit. Pharmacy sends a 30-day supply of meds. even if prn-don't think Medicaid credits the pt. when the meds. are returned. Seems pharmacies making $$.	1	0.4%
Need better tracking systems.	1	0.4%
No mechanism in place to credit the state for med. use. There should be a system in place. Narcotic use is tremendous and I have worked with my pharmacy to send small amts. for the patients.	1	0.4%
No, a lot of waste, at least with unit dose the resident does get some credit.	1	0.4%

Additional Comments	Count	Percent
No, not really. Waste with the narcotics.	1	0.4%
No, the survey seems to [have] covered it all.	1	0.4%
No. Our method works well.	2	0.8%
No. Wish there was a way to decrease the paperwork.	1	0.4%
Nothing comes to mind. Safer now with controlled drugs.	1	0.4%
Per our phone conversation, nursing home uses the policies of the pharmacy re: disposition of unused meds.	1	0.4%
Per Tracey, re: controlled substances, someone from pharmacy and herself destroy the medications.	1	0.4%
She states there was an issue regarding tracking sending back medications. Now all medications, including narcotics are listed on a requisition and the patients are credited for all meds. returned.	1	0.4%
Should be able to credit the narcotics.	1	0.4%
Smart to think about doing something about the meds that are being destroyed.	1	0.4%
So much money is wasted with unused narcotics. There has to be a better way.	1	0.4%
Some pts. are able to use mail order refill system-much cheaper. If a doctor orders a med. and then changes the order the next day, we are still charged a $10.00 handling fee.	1	0.4%
The destroying of narcotics is wasteful.	1	0.4%
The pharmacist was on-site when survey was conducted, and states the pharmacy is developing a written policy about disposition of meds. at present time. Also, re: Q.6, pharmacy credits insurance, if able, then redispenses if they can't credit, destroy.	1	0.4%
The policies have worked well from the pharmacy.	1	0.4%
Think it is a crime that the meds must be destroyed.	1	0.4%
Tracking and locked until able to be destroyed.	1	0.4%
Tracking is important.	1	0.4%
Try not to waste any more than is needed.	1	0.4%
Waste of money [to those] that cannot afford med., we should be able to help other people.	1	0.4%
Waste of money to destroy the medications. Especially with duragesic patches. They cost 200 dollars a box.	1	0.4%
Waste of money to waste the narcotics.	1	0.4%
We should be able to be reimbursed for the medications that are being destroyed. Dr. need to be better educated about what is covered or not covered by Medicaid.	1	0.4%
We think it is a waste of money to destroy narcs. and any meds. Medicaid will pay for an expensive med. and not a cheaper med.	1	0.4%
We work well with the consulting pharmacist at LOMED bi weekly and this system works out well.	1	0.4%
With narcotics, they are kept in locked medicine cart and are locked by the DON ASAP.	1	0.4%
With prn narcotics, the pharmacy sends a thirty-day supply of maximum ordered dose. Often there is a lot of wasted medication that needs to be destroyed. Is wasteful to Medicaid.	1	0.4%
Works closely with pharmacist. Nsg. home receives monthly reports re: med. usage and unused meds. and this info is shared with nsg. staff and physicians. Pharmacist also recommends meds. and tracks side effects.	1	0.4%
Yes. There is a great deal of money lost to the state for meds. that can't be credited when meds. are discontinued due to non-compliance, death, d/c. It would be an enormous savings for the taxpayer to be able to receive a credit.	1	0.4%