

# TotalCare

Homecare & Nursing Services

## TESTIMONY FOR THE HUMAN SERVICES PUBLIC HEARING

### **SB 30 Medication Administration**

**March 1, 2012**

My name is Laurie Schopick and I am a Clinical Nurse Supervisor/Behavioral Health Team at TotalCare Visiting Nurse Agency located in New Haven. This testimony addresses my serious concerns about the medication administration proposals in the Governor's budget, specifically those allowing Home Health Aides to administer medications to the behavioral health population. I have been a Psychiatric Nurse for 25+ years, having worked at every level of the continuum of care, including psychiatric inpatient intensive care, locked and unlocked inpatient psychiatric units, partial hospital programs, outpatient care, and home health Care. I know from my many years of experience the skill required of the nurse who administers meds to behavioral health patients.

To understand the high level of skill underlying medication administration to the behavioral health patient, one must know a little about mental illness. Lack of insight, impaired judgement, disorganization, and distorted and non-reality thinking are symptoms of many mental illnesses. To a large extent, it is because of these symptoms, that behavioral health patients have very high rates of non-compliance with their medication regimen. Historically, non-compliance has resulted in very high recidivism rates, and the cost of frequent hospitalizations in the behavioral health population has been very high.

At the agency where I currently work, the behavioral health population is composed of many chronic schizophrenics and bipolar patients, many with substance abuse as a co-morbidity. Anecdotally, I can state that the re-hospitalization rate for these patients has been significantly decreased through medication administration visits. The level of skill required to make these visits effective (i.e, decrease relapse and re-hospitalization) speaks to the need for experienced, educated, licensed nurse to provide the service.

Let me give a scenario that will illustrate many of the ways a skilled practitioner is critical to the success of a medication administration visit.

Clozaril is a highly effective anti-psychotic medication chronic paranoid schizophrenics. The difficulty with clozaril, however, is that it can have serious, even fatal, adverse reactions, and needs to be monitored closely. In order to decrease the chance of adverse reactions and

increase effectiveness, clozaril must be given consistently, with even one missed dose causing the patient to need to start dosing all over again.

Patients have many strategies to make it look like they took the medication when they actually did not. They can "cheek" the med (not swallow, hold in their cheek, and spit out when the med administrator turns away), "palm" the med (make it look like they put in their mouth, but actually hold in their palm), or spit out the med in a non-clear fluid (i.e., if they ask for milk instead of water to take the pill with).

With the behavioral health population, evaluating that a patient has not taken medications, and then to intervene appropriately requires sophisticated skill. It takes a skilled practitioner to firmly and appropriately ask a psychotic patient to open their mouth for inspection. The patient may have a history of being assaultive if the nurse enters their personal space. A skilled practitioner must make a decision about intervention based on the need to maintain safety for patient and staff.

Let us, therefore, look at all the ways in which a Home Health Aide may be unsuccessful in administering clozaril:

- 1) They may not notice that patient did not actually take med.  
Consequence: Relapse of illness and rehospitalization  
Need to restart clozaril at beginning dose
- 2) Home Health Aide tries to do mouth check  
Consequence: Patient becomes assaultive, may hurt self or others
- 3) Skilled nurse alternates visits with Home Health Aide. Patient does not take clozaril consistently.  
Consequence: Relapse of illness and rehospitalization  
Need to restart clozaril at beginning dose  
Possible adverse reaction – aplastic anemia resulting in serious illness or death

The above is just one illustration of the sophisticated skill of the psychiatric nurse in administering medications. Asking a Home Health Aide, even with some additional training, makes as little sense as asking a Home Health Aide to manage an intravenous line or apply a wound vac.

The cost savings realized from having Home Health Aides administer medications would be eaten up by higher rehospitalization rates and higher medication costs. Patients not correctly medicated also increases the risk of injury to all the dedicated home health providers, including

nurses and home health aides. In addition, the cost in suffering and anguish to patients and families from increased relapse rates would be very high. The residents of the State of Connecticut deserve better!

Thank you for your time. If you have further questions, I can be reached at 203-777-4900 or by email at [laurie@totalcarenursing.net](mailto:laurie@totalcarenursing.net) .