NATIONAL INSTITUTE *for* **MEDICAL RESPITE CARE**

Medication Support and Medical Respite Care

A Guide for Programs

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Introduction

Medical respite care is a critical opportunity for people experiencing homelessness to address acute medical needs. Medical respite care[1] is defined as "acute and post-acute medical care for people experiencing homelessness who are too ill or frail to recover from a physical illness or injury on the streets, but who are not ill enough to be in a hospital".[2] A medical respite care admission presents an opportunity for a person experiencing homelessness to focus on their health and gain stability while basic needs are met. A key piece of maintaining health is the skillset of self-managing medication.

Medication management is important to address within medical respite setting for multiple reasons:

- People experiencing homelessness are more likely to have multiple medical and mental health conditions, many of which are treated with medications.

- Those who have been hospitalized, especially multiple hospitalizations, will likely have new medications or modified medication dosages. Patients may have multiple bottles of the same medication with varying doses, expiration dates, and instructions acquired from different health care providers and pharmacies.

- People experiencing homelessness have barriers to accessing medications, including cost of medications and lack of insurance. Medical respite programs can identify resources and assist with accessing needed medications.

- The stability provided while in medical respite care provides opportunity for individuals to work with their providers, adjust medication regimens that align with their daily routines, express concerns and ask questions, and simplify.

- The stability provided while in medical respite programs allows patients to take the time to learn skills needed to follow medication regimens and health management skills to support their health once discharged from medical respite care.

Support for medication management is an important part of medical respite care and overall health management. However, it is critical that programs provide appropriate support within their staff's scope of practice and licensing, and that practices for medication storage and supervision follow state licensure and regulations. **Medical respite care programs can utilize this document to determine the most appropriate type of medication support they can provide within their program, and identify steps and strategies to provide this support in a safe and effective way.**

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[1] Medical respite care and recuperative care may be used to describe the same service.

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Note: Those receiving services in medical respite care programs may be referred to as consumers, clients, or patients. For the purposes of this document, the term patient is used.

Defining Medication Support and Management

The term medication management is often used to describe a variety of skills surrounding taking medications. However, there are actually many distinct terms that describe varying intensities of support that enable someone to take medications as prescribed. **Table 1** provides definitions of several terms to better understand how medication management and support can be addressed within the context of the medical respite care setting.

Table 1. Definitions Related to Medication

Licensed Practitioner	An individual licensed, registered, otherwise permitted by the jurisdiction in which the individual practices to prescribe drug products in the course of professional practice.[3]
Medication Administration	The direct application of a prescribed medication whether by injection, inhalation, ingestion, or other means, to the body of the patient by an individual legally authorized to do so.[4]
Medication Dispensing	The act of delivering a prescription drug product to a patient or an agent of the patient either: 1) by a licensed practitioner or an agent of a licensed practitioners, either directly or indirectly, for self-administration by the patient or outside of the licensed practitioner's direct supervision; or 2) by an *authorized dispenser* under a lawful prescription of a licensed practitioner. An *authorized dispenser* is: an individual licensed, registered, or otherwise permitted by the jurisdiction in which the individual practices to provide drug products or prescription in the course of professional practice.[3]
Medication Reconciliation	Process of making sense of patient medications and resolving conflicts between sources of information to minimize harm and maximize therapeutic effects.[5,6] Medication reconciliation is the process of comparing a patient's medication orders to all of the medications that the patient has been taking. This reconciliation is done to avoid medication errors such as omissions, duplications, dosing errors, or drug interactions. It should be done at every transition of care in which new medications are ordered or existing orders are rewritten. Transitions in care include changes in setting, service, practitioner, or level of care. This process comprises 5 steps: 1) Develop a list of current medications; 2) develop a list of medications to be prescribed; 3) compare the medications on the two lists; 4) make clinical decisions based on the comparison; and 5) communicate the new list to the patient and/or caregivers.[7,8] In medical respite care, this may include receiving medication lists from the hospital, past and current primary care providers, and any pharmacies where prescriptions may have been sent.

Medication Adherence	"The extent to which a person's behavior—taking medication, . . . corresponds with agreed recommendations from a health care provider." [9]
Medication Management by a Health Care Provider	The practice of prescribing, administering, and/or dispensing medication by qualified personnel and monitoring for efficacy and toxicity. It is considered management when personnel in any way affect dosage, including taking pills out of a bottle or blister pack; measuring liquids; or giving injections, suppository, or PRN medications.
Medication Management by Individuals	The instrumental activity of daily living (IADL) of taking medications as prescribed. Medication management is a complex activity with many components, including negotiating with the provider for a prescription, filling the prescription at the pharmacy, interpreting complicated health information, taking the medication as prescribed, and maintaining an adequate supply of medication for ongoing use.[10]
Program Medication Storage	Practice of providing a secure storage area and controlled access for medications that are brought into a program and used by the patient. The patient takes the medication without any assistance from staff.
Individual Medication Storage	Practice of allowing patients to safely store their medications. This can include: individual lock boxes that are secured/not removeable, individual locked cabinets or dressers that are secured/not easily moved, or individual rooms that lock and are not accessible to others. The patient is responsible for managing the lock/key to the storage unit.

Types of Medication Support within Medical Respite Care

All programs should clearly identify the type of medication support they provide. They should also have written policies and procedures that are in alignment with the identified type of support. The following section defines the different types of medications support within medical respite care programs. Table 2 and Table 4 later in this document provide more specific details and examples of how each type is implemented.

1. Individual Medication Storage

Individual medication storage is a type of medication support that focuses on the **patient managing their own medications**. Individuals will be responsible for keeping their medications secure in a safe, locked storage that is provided by the medical respite care program. The patient is responsible for administering their own medications. This is often a model used by medical respite programs that do not have onsite clinical staffing, and the focus of care will be on care coordination, connection to outpatient and primary medical care, and supporting the patient in communicating with their medical providers. The care coordination will also support the patient in navigating barriers to accessing their medications and identify strategies to address these barriers (such as finding a pharmacy that provides prescription vouchers or accepts the patient's insurance). Care coordination may also include education to navigate systems, how to ask questions of providers and pharmacists, and self-advocacy for the patient to address questions and needs related to medications.

> ✓ Patient stores medications.
> ✓ Patient manages and administers medication.
> ✓ Program provides care coordination.

2. Program Medication Storage

Program medication storage means that the medical respite care program follows state board of pharmacy regulations to **safely and securely store the patient's medications on behalf of the patient**. Medication administration does not have to occur under the supervision of staff (this is especially true if the program does not have licensed clinical staff on-site). Within this type of support, the patient independently manages and administers their medications. In order to safely store patients' medications, programs will need to ensure their facility meets guidelines of the state board of pharmacy, and also develop policies and procedures to direct the process. These documents should specify who is able to access medications, how medication dispensing is documented, and what to do should there be an error or problem (reported by staff and patients).

> ✓ Program stores medications.
> ✓ Patient manages and administers medication.
> ✓ Program provides care coordination.

Although the medical respite staff may observe whether a patient is administering their medications as prescribed, communication between the medical respite program staff and the patient's medical providers is only able to occur if the patient has signed release of information forms. In addition to storage of medications, the medical respite program staff will support the patient through care coordination to address issues related to medication access (such as retrieving medications), health education (such as how to call-in a prescription re-fill), and self-advocacy to address needs related to health and medications.

3. Medication Management by Health Care Providers

Medication management by providers within the medical respite program requires more onsite **clinical staffing to provide a higher intensity of support.** Programs will need to meet state board of pharmacy requirements to hold and dispense medications in a secure, locked space. Additionally, programs will need to have licensed clinical staff to provide education and instruction to patients while at the program. The type of education and support will vary depending on the type and licensure of providers, which could be inclusive of but not limited to:

- Instruction on how to take medications,
- Education on dosing and medication schedules,
- Support to administer medications,
- Medication reconciliation,
- Medication prescribing,
- Monitoring for the effectiveness of the medication,
- Monitoring for side effects and/or serious adverse effects,
- Assessment of ability to understand medication information.

✓ Program stores medications.
✓ Program manages medications and reconciliation.
✓ Patient administers medication.
✓ Program provides care coordination.

The program will also need to ensure they have a system in which to document not only medication dispensing, but the clinical encounters regarding medication management and education along with other health care procedures. Most often, an electronic medical or health record is the most appropriate way to document these activities. Programs providing medication management will also need to have processes for providers to communicate with the patient's other health care providers, especially in the admission and discharge process. Patients newly prescribed medications after a hospital discharge need to be effectively educated on medications and in medical respite, having a licensed professional that can recognize and appropriately respond to these parameters are key.

When providing medication management, care coordination remains equally important to support the patient in accessing resources to support their independent medication management. Even when a program provides medication management, the program should support and work towards the patient being able to independently manage their medications to prepare for their transition out of the medical respite program and into the community.

> *In medical respite programs where the medical services are provided by a partner organization, health care provider medication management can be overseen by the partner organization. However, the program will need to follow the guidelines for storage and dispensing that is applicable to the onsite staffing and facility.*

Licensing and Regulation

Storing and Dispensing Medications

The regulatory board that oversees a facility's ability to store and dispense medications is the State Boards of Pharmacy. There is not a federal body to provide this guidance, therefore, it is critical for programs to reach out to their state boards to determine procedures and if is licensing required to be able to store their patients' medications. Additionally, State Boards of Pharmacy will provide direction on requirements for dispensing and administering medications.

The guidance provided by the State Board of Pharmacy will be dependent on the licensure of your facility. Programs that are designated as an Assisted Living Facility may have different rules and regulations than programs that are registered as Emergency Shelters or Transitional Housing.

Table 2 provides examples of facility requirements for the different levels of medications support provided in medical respite care.

Steps for Providing Medication Storage

For programs that opt to store their patients' medications, these steps should be followed:

1 **Contact State Board of Pharmacy to determine applicable regulations and steps for facility modifications to store medications.**

2 **Identify a safe and secure location where medications can be kept and meet the state guidelines for storage.**

- Storage areas will also need to include temperature-controlled areas for medications that require refrigeration or specific temperatures for storage. This is important for programs that provide individual medication storage and/or program storage.

- Programs will need to work with their state board of pharmacy to address potentially different levels of storage and security for varying types of medications and supplies (such as controlled substances or syringes).

3 **Determine staff that will have access to patient medications and be able to dispense medications.**

- Staff roles should fall within scope of practice and licensure.

4 **Identify policies and procedures regarding medication access.**

5 **Train all staff on policies and procedures.**

Developing Policies and Procedures for Medication Storage

Policies and procedures for medical respite programs' practices for medication storage and management will be specific to each program. The following section provides recommendations for programs to include in their policies and procedures.

Policies should incorporate guidance to support patients in individually managing their medications:

- Regardless of program facilities, patients should have the option to store their own medication at any time, and should be provided a private, locked, and secure space to keep them.

- It is recommended that patients have access to their medications 24/7 even if stored by the facility.

- Patients ultimately have the right to decline or not take prescribed medications. Medical respite providers and staff should engage with patients using motivational interviewing to address hesitation regarding medications. Further intervention, such as health education or advocacy skills for talking to providers may be needed.

- Programs may need additional training on harm reduction strategies and support for developing policies for controlled substances.

Documentation of medication dispensing:

- Identify staff that are able to access medication storage areas and procedures to guide documentation of when medications are entered or removed from a storage area.

- Proper storage and documentation is critical to prevent medication errors.
    - Programs need to develop organizational strategies, such as storing medications by last name, and documenting every time/date medications are removed from storage, dispensed to the patient, and returned. This may also include that the patient requested their medications (if at not regularly accessed times).
    - There should also be space to document any errors in storage or dispensing, and how these errors were addressed.

- It is also important to differentiate what staff may access the medications for patients to take independently, versus what staff may provide instructions, education, or recommendations on their medications.

Communication of a patient's medication to outside providers:

- Information regarding prescribed medications, administration, and supports needed can only be shared ONLY if appropriate release of information forms have been signed by the patient.

- Programs can encourage patients to share medication lists with providers if information release forms are not signed.

Patient protection:

- Written policies should include processes for reviewing illegal or unethical practices with patient medications, such as if a medication goes missing.
- There should also be a process for patients to express concerns and file complaints.

> *Until these policies and processes are in place and align with state guidelines and regulations, programs should not store or dispense patient medications and focus on providing individual secure storage for medication.*

Licensure of Staff for Medication Management and Support

In addition to facility regulations to store and dispense medications, programs need to determine the licensure of staff required to handle medications and provide different levels of medication support and management. The level of support given will vary by staff scope of practice and licensure. For example, a variety of staff may be allowed to retrieve a person's medication from a locked storage unit, but only registered or licensed nursing staff can provide education or instructions regarding dosing. Staff who are not licensed to provide medication education or instruction should refrain from doing so, as medication errors can have significant health consequences for patients. Instead, procedures should be in place to contact health care providers should medication questions arise when clinical staff are not present.

Much like the State Board of Pharmacy, state licensing boards for health care providers can provide guidance on what falls within the role and scope of practice. A practical place for programs to start is with state licensing boards for nursing, which can provide specific guidance on the types of licensure for nursing staff, and the ability to address medication needs within each licensure type. Additional certifications may be required to provide education and direction for taking medications or to complete medication reconciliation.

Table 2. Facility Requirements for Medication Support

Individual Medication Storage	Program Medication Storage	Provider Medication Management
The MRC program provides a safe space for the patient to store and administer their own medications.	*The MRC program has the ability to store medications on behalf of the patient. The patient is responsible for medication administration.*	*The MRC program has the ability to store and administer medications (as needed) and provide medication education and instruction.*

☐ Safe and secure space for individuals/patients to store medications. This can include:
 	
   o Individual lock boxes that are secured/not removeable, individual locked cabinets or dressers, or individual rooms that lock and are not accessible to other patients.
 	
   o Individual lockboxes should be large enough to secure all of someone's medications.
 	
   o Processes should also be in place to provide secure storage for refrigerated and temperature-controlled medications.
 	
☐ The facility provides a safe place to discard medications/related instruments and supplies.
 	
☐ Medications are accessible to the patient 24/7.
 	
☐
	☐ Storage of medications by the facility in a secure location and follows all state regulations issued by the board of pharmacy.
	
	   o Area where medications are stored should be secured, locked, and accessible only by designated personnel.
	
	☐ Medications are dispensed by authorized and licensed staff.
	
	☐ Medication dispensing should occur in a private area, and patients should have private space to administer medications.
	
	☐ Medications stored by the facility must be accompanied by an individual record of medications which list the person's name, medication name, physician's name, dosing instructions, purpose of medication, and expiration date.
	
	☐ System for documenting when the person accessed their medications (date, time, and medications taken).
	
	☐ Personnel (even if non-clinical) able to retrieve and dispense medications should be onsite 24/7.
		☐ Storage of medications by the facility in a secure location and follows all state regulations issued by the board of pharmacy. Area where medications are stored should be secured, locked, and accessible only by designated personnel.
		
		☐ Medications are dispensed by authorized and licensed staff.
		
		☐ There should be private space for medication dispensing, medication administration, and health/medication education.
		
		☐ Medications stored by the facility must be accompanied by an individual record of medications which list the person's name, medication name, physician's name, dosing instructions, purpose of medication, and expiration date.
		
		☐ System for documenting when the person accessed their medications (date, time, and medications taken), including logs and/or an electronic medical record.
		
		☐ Personnel (even if non-clinical) able to retrieve and dispense medications should be onsite 24/7.

Medication Support Throughout the Medical Respite Care Process

Medication support and management occurs throughout the medical respite care process, including how medications are stored, dispensed, and support provided to patients to independently manage and administer medications. **Table 4** details how each level of support is implemented throughout the medical respite care process.

The Standards for Medical Respite Care Programs (*the Standards*) also identify the importance of medications as part of health management and provides guidance on how to address medications within the medical respite process. *The Standards* can be referenced when developing policies and procedures and determining how the medical respite program will support medication management. **Table 3** provides a brief overview of which Standards include specific criteria regarding medications.

Table 3: Standards that Address Medication

	Associated Standard	Criteria Number
Admission	3. Medical respite program manages timely and safe care transitions to medical respite from acute care, specialty care, and/or community settings.	3.1c, 3.2e
During Medical Respite Care Stay	1. Medical respite program provides safe and quality accommodations.	1.5
	2. Medical respite program provides quality environmental services.	2.1, 2.2
	4. Medical respite program administers high quality post-acute clinical care.	4.2b, 4.3b, 4.3c
Discharge	6. Medical respite program facilitates safe and appropriate care transitions out of medical respite care.	6.3bi, 6.3diii

Table 4. Medication Support During the Medical Respite Care Process

	Individual Medication Storage	Program Medication Storage	Provider Medication Management
	The MRC program provides a safe space for the patient to store and administer their own medications.	*The MRC program has the ability to store medications on behalf of the patient. The patient is responsible for medication administration.*	*The MRC program has the ability to store and administer medications (as needed), and provide medication education and instruction.*

Admission

Communication with the hospital	☐ Ensure the program receives the active medication list from the hospital, including what patient received in the hospital and medications to be continued in the community. ☐ Ensure the program has adequate facilities and staffing to provide needed level of medication support and safely store discharge medications.
Access to medications and medication lists	☐ Request the medication list from the patient's primary care provider and pharmacies visited within the past 6 months. ☐ Support the patient in accessing at least 1 weeks' worth of medications if they were not given medications with discharge from hospital or emergency department.

During the Medical Respite Care Stay

Care Coordination	☐ Support the patient in accessing all prescribed medications such as:
	   ○ Ensuring hospital discharges patient with medications or needed prescriptions;
	   ○ Connecting with local pharmacies;
	   ○ Providing vouchers for medication co-payments.
	☐ Support the patient in ensuring all new and community-based providers are aware of current medications and prescriptions.
	☐ Support the patient in attending appointments with prescribing providers.
	☐ Assist patients in organizing and preparing questions or advocating for their needs regarding their medications.

	Individual Medication Storage	Program Medication Storage	Provider Medication Management
Medication Management by a Health Care Provider	☐ Occurs with the patient's primary care/outpatient providers or partnering medical provider/organization.	☐ Occurs with the patient's primary care/outpatient providers or partnering medical provider/organization. ☐ Qualified staff dispense medications, but the patient self-administers. ☐ Documentation of dispensing of medications for facility records.	☐ Medication reconciliation by licensed prescribing providers. ☐ Qualified staff dispense medications, but the patient self-administers. ☐ Documentation in the EMR regarding what medications were taken, dosage of medications taken, and if the patient declined or opted not to take any medications. ☐ Medication administration from licensed health care provider and with consent of the patient, either due to the patient being temporarily unable to administer the medication themselves, or for the purposes of learning how to administer the medications safely.
Support for Individual Medication Management	☐ The patient is responsible for storage of all medications. ☐ The patient is responsible for self-administering all medications. ☐ Identifying need for and assisting with referrals to more intensive health management support for health and medication education (such as weekly RN visits, home health care). ☐ Providing education regarding safe disposal of medications, and appropriate supports to dispose of medications/ devices (e.g. sharps container).	☐ The patient self-administers all medications. ☐ Identifying need for and assisting with referrals to more intensive support for health and medication education (such as weekly RN visits, home health care). ☐ Providing education regarding safe disposal of medications, and appropriate supports to dispose of medications/devices (e.g. sharps container). ☐ Assist with accessing strategies such as pillboxes, reminders to take medications, or asking the pharmacy for blister packs.	☐ The person self-administers all or most medications but may occur under supervision of staff. ☐ Education and skill development to self-manage and administer medications (such as education on dosing or side-effects, when to take medications, etc.). ☐ Assessment of medication management skills (such as assessing ability to read and apply medication information).

	Individual Medication Storage	Program Medication Storage	Provider Medication Management
	☐ Assist with accessing strategies such as pillboxes, reminders to take medications, or asking the pharmacy for blister packs.		☐ Identifying and implementing strategies to support independence in medication management (such as modifying pillboxes, setting up refill reminders). ☐ Providing education regarding safe disposal of medications, and appropriate supports to dispose of medications/devices (e.g. sharps container).

At Discharge

	Individual Medication Storage	Program Medication Storage	Provider Medication Management
Preparation	☐ Patient has all needed medication. ☐ Patient has list of medications. ☐ Patient has medication refill information and instructions. ☐ Patient is able to demonstrate understanding of how to call for prescription refills and/or contact providers with questions.		
	☐ Patient reports ability to take medications independently, or has been connected with outpatient medication supports.	☐ Patient reports ability to take medications independently, or has been connected with outpatient medication supports.	☐ Patient is able to demonstrate ability to read and follow medication instructions independently, or patient has been connected with outpatient medication supports.
Care Transition	☐ Patient has shared active and most recent medication list with outpatient medical providers.	☐ Patient has shared active and most recent medication list with outpatient medical providers.	☐ The medical respite care program has shared/communicated medication information and changes to the patient's outpatient medical providers.

Additional Considerations

Partnerships

Many medical respite programs are established with partnerships between multiple organizations. Programs may work with external health care organizations and teams to provide clinical services to patients while they are in medical respite care. These organizations may come onsite to the medical respite program, or programs may be able to directly refer and connect patients for visits at an outpatient location. In these cases, partnering health care organizations can provide medication management that fits within the scope and licensure of their providers. Although the medical respite program staff may not be directly providing medical care, the staff make critical connections to medical providers for more intensive support for medication management.

Even if medication and clinical oversight occurs by an external or partnered entity, medical respite programs will still need to follow guidelines to ensure their facilities are equipped to provide a safe space to store medications. The program and building itself will still need to adhere to the state board of pharmacy regulations for storage and oversight of medications, including security and documentation of medication dispensing, and ensuring patients have access to their medications. A partnership program may opt to have patients store their own medications but be able to provide medication education and instruction through their partnership. The best option for each individual program is the one that is sustainable, safe, and meets the needs of their patients and community.

What If the Patient Needs More Support?

Medical respite care is an essential link in the transition from the hospital to the community for people with acute medical needs and experiencing homelessness. In some cases, medical respite care offers the first opportunity to specifically focus on the patient's health care needs and may occur after receiving a new medical diagnosis. Continuing stability achieved within the hospital and inpatient setting is a primary goal of medical respite. However, because medical respite programs are community-based, they do not provide the same level of structure found within the hospital setting. It may become evident to medical respite providers and/or the patients that they are having difficulty with medication management in the less structured, community space. Programs that have providers completing medication management may be able to assess for issues impacting individual medication management (such as cognition) more comprehensively or will recognize problems as medication education is being provided. Programs that provide medication storage or individual medication support may also recognize when patients have difficulty navigating resources or have identified limitations when assessing health literacy. The patients themselves may report to trusted providers that they feel overwhelmed, have a hard time understanding, or don't feel capable of managing medications themselves. Programs can address these limitations through increasing the support provided in the medical respite program, identifying available community supports, and health care advocacy.

Increasing Medication Support

Programs may initially opt to provide patients with the most independence in managing their medications. However, if patients appear to demonstrate difficulty in following medication regimens or request additional support, the intensity of medication support may increase. Clinical providers in the program may opt to provide more intensive monitoring, education, and intervention. Some patients may require increased time, individualized teaching, and opportunities to practice skills with oversight and feedback from providers. If a patient is not progressing in skills or independence, providers need to consider additional options to prepare the person for discharge. If a person is not independent in medication management while in medical respite, they may need additional long-term supports through community resources.

Programs should avoid providing more intensive support if they are not equipped to provide it. Instead, program staff should seek out available community supports to safely assist the patient in medication management.

Community Supports

When a patient demonstrates difficulty managing their medications, programs and providers will need to seek out additional, community-based supports for the patient for the medical respite stay and after discharge. Patients may be eligible for home health nursing visits, which can provide medication and health education for a set period of time. Health centers may also offer medication support and nursing visits where patients can meet regularly with a nurse to address and practice medication skills. Patients may also be eligible for more intensive community supports through their specialty care clinic (such as cardiac or kidney centers) or through diagnostic-specific services (such as for HIV or an Assertive Community Treatment [ACT] team). Local pharmacies may offer modifications to how medications are dispensed, such as supplying bubble packs, which pre-organize the medications by dosing instructions for a week or month at a time. The care coordinators of the medical respite program can assist the patient in identifying and connecting with potential resources that are equipped to provide more intensive or long-term support.

Health Care Advocacy

Programs can also support patients in advocating with their medical providers regarding medication needs. Medical providers within the medical respite program can immediately address if a patient is having difficulty following a complex medication regimen by adjusting medications, dosing, and types of medications as appropriate to simplify the regimen. Program staff may be able to help patients communicate their concerns with medical providers or provide additional insights on what they have observed.

Providers outside of medical respite or Health Care for the Homeless programs may not be fully aware of how homelessness impacts a person's ability to follow medication instructions. Regimens may be able to be simplified or adjusted to be more manageable and respond to the resources a patient has available. Case Managers and Community Health Workers can assist and encourage patients to identify these barriers and share them with their providers, as well as advocating for adjustments to be made. This can overall increase the likelihood a patient will be able to follow through on medication recommendations long-term.

Conclusion

Medications are a critical component of managing one's health. Medical respite care provides an opportunity for patients to address their health care needs, including increasing medical stability and developing routines around their medications. Providing space for safe medication management is essential for medical respite programs and should occur within state regulations and the scope of practice of their staff. Medical respite care programs can utilize this document to determine the most appropriate type of medication support they can provide within their program, and identify steps and strategies to provide this support in a safe and effective way. Ultimately, these practices will contribute to patients' ability to safely improve and maintain their health, both within and beyond the medical respite care setting.

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