ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE PROCEDURE

Date Issued 5/23

CHAPTER Health/Medical		**CHAPTER** 04	**SECTION** 001	**SUBJECT** 0045
SECTION Drugs and Medication	**SUBJECT** Medication Errors			
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I. APPLICATION:

- ☐ SCCCMHA Board
- ☒ SCCCMHA Providers & Subcontractors
- ☒ Direct-Operated Programs
- ☒ Community Agency Contractors
- ☒ Residential Programs
- ☒ Specialized Foster Care

II. PURPOSE STATEMENT:

St. Clair County Community Mental Health Authority (SCCCMHA) shall have procedures to ensure accurate and safe administration of all medication(s) to individuals who receive services.

III. DEFINITIONS:

A. SCCCMHA Designated Nurse: SCCCMHA Registered Nurse assigned to review medication error reports.

B. Medication: A drug used in the treatment or prevention of a disease or relief of pain, which includes prescription and over-the-counter drugs.

C. Medication Administration Record (MAR): A form (#0048) used to facilitate documentation of each medication or treatment administered. A printed original MAR, electronic MAR (eMAR) provided from a pharmacy licensed to do so, or AFC Resident Medication Record #BCAL-3267 may be used in place of SCCCMHA form #0048.

D. Medication Error: A medication error occurs when:

1. Any one of the five rights of medication administration are violated:

   a. The wrong individual was given a medication.

   b. The wrong medication was given to an individual.

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c. The wrong dose was given to an individual.

d. A medication was administered at the wrong time (earlier than 30 minutes before or later than 30 minutes after the prescribed time) to an individual, or a medication was not administered at all.

e. A medication was administered by the wrong route.

2. The wrong documentation. Either the documentation was in the wrong spot or was omitted entirely for the medication pass, there was a transcription error on the MAR, the pharmacy label was incorrect, or the prescription/prescriber order appears to have been altered. (The most recent prescription/prescriber order is the standard for the MAR/eMAR and the Rx label.)

3. Discrepancy between the Medication Count Sheet, or the Controlled Substances Count Sheet, and the quantity of medication present.

4. Prescriber-ordered special instructions are not followed. (Example: The prescriber orders that blood pressure, etc. be measured prior to administration of a medication and to hold the medication if certain criteria are present. An error would occur if the blood pressure, etc. was not measured or documented and the medication was given without this information; or if the medication was given in conflict with the prescribed parameters.)

E. Qualified Staff: A person who has been qualified to administer medications by completing and passing criteria (training procedure) set forth by the appropriate accrediting body for licensing and/or SCCCMHA. All Prescribers (doctors, nurse practitioners, etc.) and Registered Nurses (RNs and LPNs) are qualified staff according to licensure and are exempt from the training process.

F. Responsible Person: Guardian, Parent, Supervisor of a Group Home, or Foster Parent who has been designated responsible for the individual receiving services.

IV. STANDARDS:

A. When a medication error does occur, appropriate action should be taken, the error must be reported and recorded and studied to prevent the recurrence of similar errors.

B. SCCCMHA Designated Nurse may periodically provide on-site monitoring and auditing of the medication administration system and training material for community based and residential programs. Feedback may be provided if necessary.

C. It will be the standard that, when a medication error occurs and after review and discussion by designated staff, the person making the error may be required to retake medication training. This could involve an all-day training and testing or just re-testing.

D. INJECTABLE PSYCHOTROPIC MEDICATION MAY ONLY BE ADMINISTERED BY A

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REGISTERED NURSE AND/OR PRESCRIBER.

V. PROCEDURES:

Person Discovering Error

1. Calls 911 for emergency care and transport if the individual is in a life-threatening crisis.

2. Follows Prescriber's orders as per Standing Missed Medication Order administrative procedure #04-001-0075 in the case of OMISSION or LATE medication errors, ONLY.

3. Calls Prescriber if:

   a. There are no Standing Missed Medication Orders.

   b. For all other medication errors: See Special Conditions section.

4. Does the following if unable to reach Prescriber: contacts hospital emergency room Prescriber and/or Pharmacist and obtains instructions for immediate action as well as when the next scheduled medications are to be administered. If necessary and unable to reach a Prescriber and/or Pharmacist contacts Poison Control for instructions.

5. Does the following if it is a CMH prescriber after hours: call SCCCMHA main number 810-985-8900 and follow instruction to contact Mobile Crisis Unit.

Registered Nurse

6. Notifies Prescriber for all medication errors that occur in the administration of an injectable psychotropic medication and notifies Supervisor, as soon as error is discovered.

Person Discovering Error

7. Continues to observe the individual and documents observations of the individual's condition on Medication Error Report and in their health record (HCC, progress note, note in OASIS, etc.).

8. Completes SCCCMHA form #0051 Medication Error Report within twenty-four hours of discovery. (Form #0051 can be found in SCCCMHA Forms Index.)

NOTE: If hospitalization or a life-threatening crisis occurs as a result of the medication error: an Incident Report must be completed (form #0057) in addition to the Medication Error Report. If the medication error occurs on site at SCCCMHA and EMS is called, an Emergency Event Form (form #0910) must be completed, as well, and submitted to the Safety Chairperson.

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Supervisor/Designee/ Responsible Party/RN

9. Notifies the responsible person in a timely manner, and informs them of the medication error and any instructions obtained.

Person Discovering Error

10. Notifies Primary Case Holder as soon as possible, or no later than the next business day.

11. Does the following if it appears that an error has occurred on a previous shift, i.e. initials were not entered on the Medication Administration Record (MAR) where they should have been or medication counts are inaccurate:

    a. Contacts the staff person who was assigned to administer medications on the shift the error occurred, to determine if an error in administration was made.

    b. Counts the medications to determine if medication was likely to have been given or not.

    c. Assumes medication was not given, if medication cannot be counted, such as liquid, cream, ointment, drops, etc.

12. Follows steps 1 through 6 above upon verification of an error of medication administration.

13. Does the following if it is **DEFINITELY** determined that the staff person on a previous shift gave the medication accurately, however, did not initial the Medication Administration Record (MAR), proceeds by following steps 13 through 15 below.

14. Circles the appropriate box on the Medication Administration Record (MAR) where the initials were omitted.

15. Documents on the Medication Error Report (SCCCMHA form #0051) by checking the box for [ ] wrong documentation, and includes the conversation held with the staff person who omitted his/her initials on the Medication Administration Record (MAR).

16. Contacts prescribing person if there is <u>any</u> doubt that the medication was administered.

Staff Who Omitted Initials

17. Registers his/her initials on the Medication Administration Record (MAR) on their next working day. Documents on the Medication Error Report that the medication(s) was in fact given and the omission was in documenting, not the administration of the medications.

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Supervisor/Responsible Party

18. Reviews all completed Medication Error Forms to ensure all pertinent facts are documented and that all necessary signatures are included within seven (7) calendar days, and submits it to the SCCCMHA Designated Nurse.

SCCCMHA Designated Nurse

19. Reviews copy of Medication Error Report and makes determination with appropriate medical staff (i.e. Medical Director) if person who made the error is required to attend a full day of training, or just re-testing at the next scheduled time.

Supervisor/Responsible Party

20. Disseminates Medication Error Report as follows:

    a. Original - files in the Administrative record for one (1) year.

    b. Copy to Home if medication error occurred in program.

    c. Copy to Primary Case Holder.

    d. Copy to personnel file of staff who made the medication error.

    e. Fax report to SCCCMHA fax number found on Medication Error report (form #0051)

SCCCMHA Designated Nurse

21. Reviews submitted Medication Errors Reports. Can provide written recommendation to Home /Facility/Program Supervisor to prevent reoccurrence of similar errors. Forwards copies of significant medication errors to Recipient Rights Director with recommendations for follow up.

Recipient Rights Director

22. Reviews Medication Error Reports for Recipient Rights violations and processes accordingly.

Assigned Clerical/SCCCMHA Designated Nurse

23. Enters data from Medication Error Reports and submits quarterly data report to Safety Chairperson to be reported at QIC.

SCCCMHA Designated Nurse

24. Reviews quarterly data reports to identify patterns occurring and training needs.

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SPECIAL CONDITIONS:

It is not required to contact the Prescriber when:

a. The following medications or treatments used for minor symptom control are omitted: ointments, creams, lotions, foot care treatments, medicated shampoos, vitamins, stool softeners or routine laxatives, antacids, or earwax removal preparations.

b. If medications or treatments referred to in Step A are missed, proceed as usual with next scheduled dose.

VI. REFERENCES:

None Available

VII. EXHIBITS:

None Available

VIII. REVISION HISTORY:

Dates issued 08/87, 12/89, 10/91, 10/94, 09/97, 08/99, 09/01, 09/03, 08/05, 04/09, 10/11, 07/13, 07/14, 07/15, 07/16, 09/17, 09/18, 03/19, 03/20, 03/21, 05/22.