

Medication Errors: Policies, Prevention, Remediation

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Why this presentation???

- ◆ Reportable medication errors are reported via PORII and tracked by the Regional Nurses.
- ◆ Data indicates that the number of reportable medication errors is increasing over time.

What is a Med Error?

MTTP 2: 3 - 19

- ◆ **MEDICATION ERRORS INCLUDE, but are not limited to, when:**
 - ◆ the medication was given to the **WRONG INDIVIDUAL**,
 - ◆ the **WRONG MEDICATION** was given to an individual,
 - ◆ the medication was given in the **WRONG DOSAGE**,
 - ◆ the medication was given at the **WRONG TIME**, or was not given at all,
 - ◆ a medication was administered via the **WRONG ROUTE**,

What is a Med Error?

MTTP 2:3 - 19

- ◆ **MEDICATION ERRORS INCLUDE, but are not limited to, when:**
 - ◆ the individual was given medication when there is a documented allergy to the medication (**WRONG MEDICATION**).
 - ◆ the medication administered was **EXPIRED, DISCONTINUED, or CONTAMINATED**
 - ◆ the administration of the medication was **NOT DOCUMENTED** appropriately.
 - ◆ If you are responsible for a medication error or if you identify that someone else has made a medication error, you must **IMMEDIATELY REPORT THE ERROR TO THE RN CM/DN AND APPROPRIATELY DOCUMENT THE ERROR.** According to your agency's policy, your supervisor should also be notified.

PORII Criteria:

What is a medication error?

- ◆ The failure to administer medications as prescribed and/or the administration of medication not prescribed by a licensed physician/nurse practitioner/physician's assistant, e.g. incorrect dosage, time of administration and/or route, and omission of dosages.

PORII Criteria: Internally Investigated/Not Reportable

- ◆ A medication error with **no adverse effects** and that **does not require nursing or medical interventions** including observations beyond notification of the incident.
- ◆ e.g. Missed dosage of a vitamin (Vitamin C), allergy medication (Claritin), stool softener (Colace). Documentation issues: e.g., Medication given correctly but not signed as given

PORII Criteria: Reportable Med Errors

- ◆ Any **significant medication error** that has the potential to cause **harm** or:
 - ◆ results in an individual requiring nursing, medical or dental **observation and/or treatment** by a physician, physician's assistant or nurse;
 - ◆ any medication error that results in the admission of an individual to a **hospital** or 24-hour infirmary for treatment or observation.
- ◆ e.g., the wrong dosage given to an individual over a period of time causing side effects to occur.

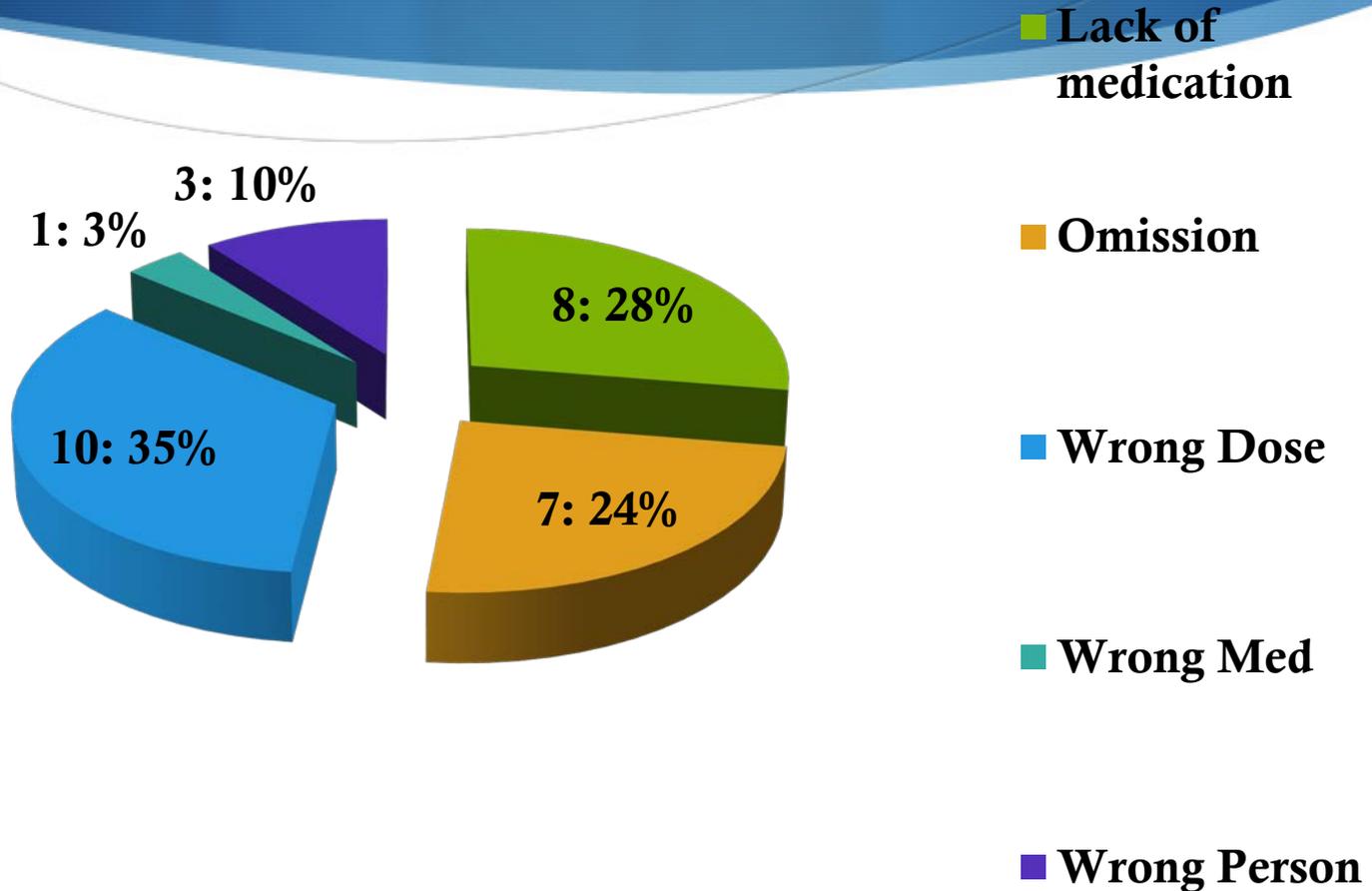
Medication Errors are tracked via PORII

Region	2012	2013	1 st Quarter 2014
CMRO	29	49	28
SMRO	8	39	10

Medication Errors: CMRO: 2012

Total	Subset
8	Lack of medication
7	Omission
10	Wrong Dose
1	Wrong Med
3	Wrong Person
29 TOTAL	
Please note this was not a complete year of data collection	

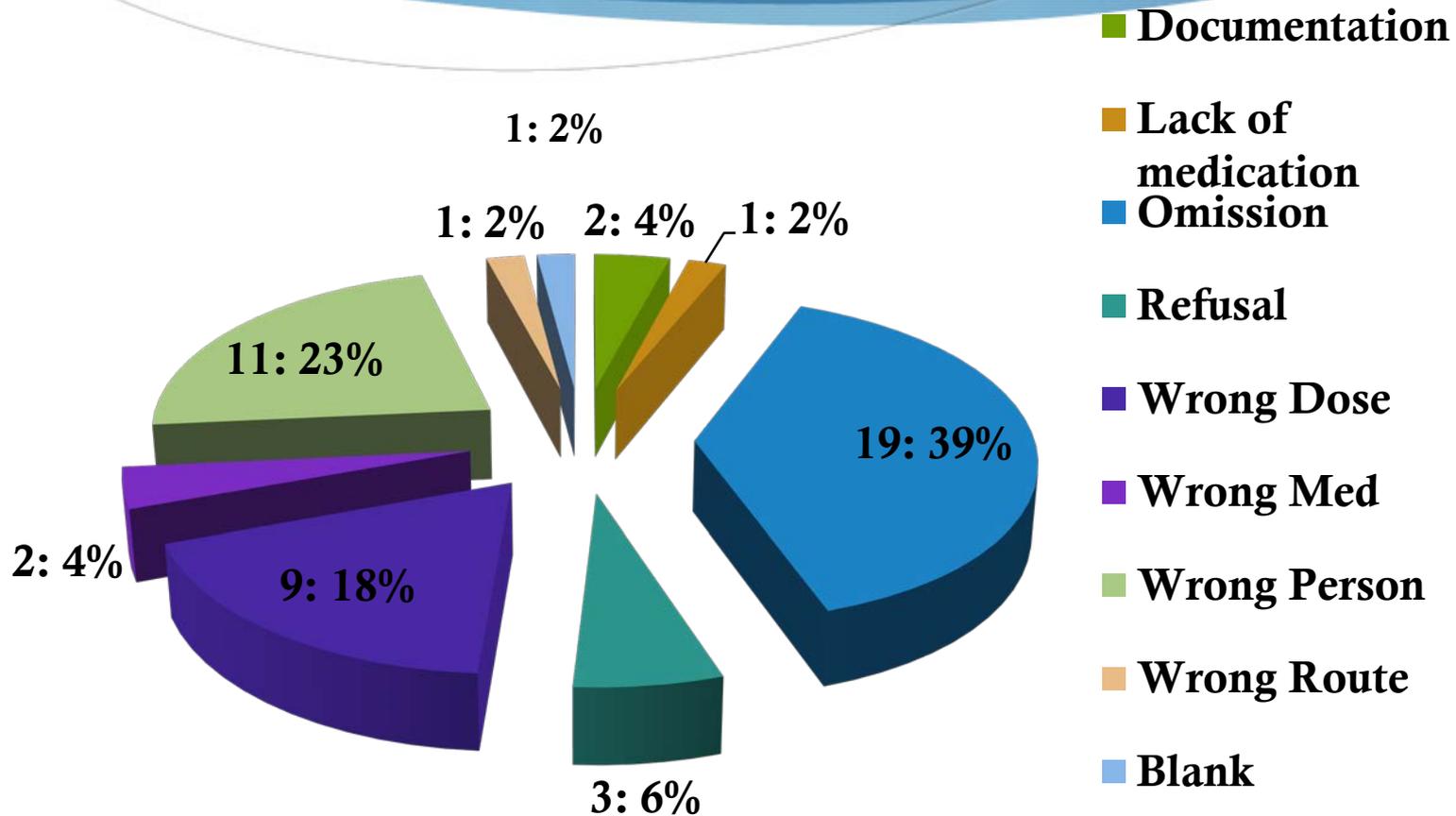
Med Errors: CMRO: 2012



Med Errors: CMRO: 2013

Total	Subset
2	Documentation
1	Lack of medication
19	Omission
3	Refusal
9	Wrong Dose
2	Wrong Med
11	Wrong Person
1	Wrong Route
1	Blank

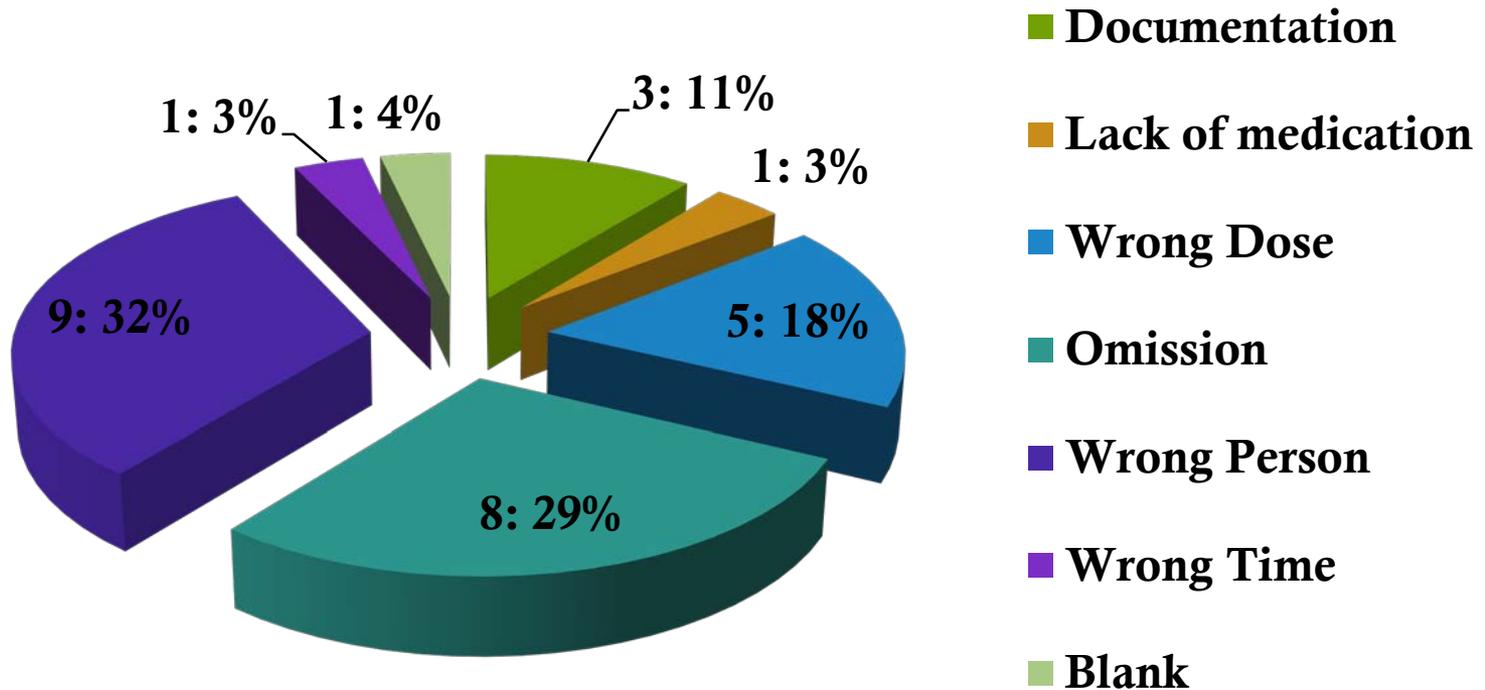
Med Errors: CMRO: 2013



Med Errors: CMRO: 1st Quarter 2014

Total	Subset
3	Documentation
1	Lack of medication
5	Wrong Dose
8	Omission
9	Wrong Person
1	Wrong Time
1	Blank

Med Errors: CMRO: 1st Quarter 2014



CMRO: 3 Year Comparison

2012	2013	2014	Subset
-	2	3	Documentation
8	1	1	Lack of medication
7	19	8	Omission
-	3	-	Refusal
10	9	5	Wrong Dose
1	2		Wrong Med
3	11	9	Wrong Person
Please note this was not a complete year of data collection	1	-	Wrong Route
-	-	1	Wrong Time
-	1	1	Blank

Other Med Errors

- ◆ Expired PMOFs
- ◆ Meds Pre-poured and taken by the wrong person
- ◆ Wrong Route
- ◆ **No 3 Way Check!!!**

What to do if CMT makes med errors?

- ◆ Know and follow your agency's P/P re Medication Errors
- ◆ Consider 1:1 retraining
- ◆ Consider suspension of delegation until remediation is satisfactorily completed
- ◆ Consider need for increased supervision
- ◆ Consider withdrawal of delegation if remediation is ineffective
 - ◆ **IF DELEGATION IS WITHDRAWN, THE MBON MUST BE NOTIFIED!**

Resources for Med Error Remediation

- ◆ MTTP
- ◆ MTTP Study Guides
- ◆ Retake 2 Year Clinical Update 4 Hour Course
- ◆ Retake MTTP (do not file with the MBON as it is for remediation only)

4 Basic Rules

MTTP 1: 1 - 4

- ◆ **UAP may administer medications ONLY after the successful completion of the MTTP and certification by the MBON as a CMT.**
- ◆ **Only RN CM/DN may delegate the administration of medications to CMTs who are staff of or under contract with the DD community based program.**
- ◆ **All medications must have a current HCP order and a pharmacy label to be administered. An exception to this would be those OTC medications that are selected, recommended and authorized for use by the RN CM/DN.**
- ◆ **All “OTC” medications must have a current HCP order and a pharmacy label to be administered. An exception to this would be those OTC medications that are selected, recommended and authorized for use by the RN CM/DN.**

Principles in the Use of Medications

MTTP 2: 3 - 4

- ◆ **Each individual should be involved in the decision to receive medication and should be given an explanation by the HCP of the medication's indications, purpose, actions and potential unwanted/side effects.** When the cognitive ability of the individual precludes his/her understanding of the HCP's explanations, an appropriate advocate for the individual should be involved in the health care decision making process.

Principles in the Use of Medications

MTTP 2: 3 - 4

- ◆ Only medications which have been **prescribed by a HCP** for the specific individual can be given to that individual.
- ◆ Medication can only be given for the **benefit of that individual** - not for the convenience of staff or as a substitute for programming.
- ◆ A **positive approach** should be taken when giving medication. The use of **trickery or physical force to administer medication is prohibited**.
- ◆ Each individual has the **right to refuse** the medication.

Transcription of Medication Orders Must Include:

- ◆ name of the medication.
- ◆ prescribed dose of the medication.
- ◆ route of the administration.
- ◆ times (frequency) of administration should be documented twice (once in abbreviated form with the medication and once in the hour column). Specific hours of administration may be specified by the HCP, pharmacist and/or the delegating nurse.

Transcription of Medication Orders Must Include:

- ◆ start date is the most recent date on the signed HCP order. This is entered into the “start date” column.
- ◆ the HCP must write a discontinuance order (D/C) for all medications/treatments. This discontinued date is to be documented in the D/C column. (i.e., antibiotics to be given for 10 days)
- ◆ draw a horizontal line and arrow up to the exact date and time(s) the medication is to start.
- ◆ This information **MUST** be recorded in blue or black permanent ink. **THE MAR IS A LEGAL DOCUMENT. DO NOT ERASE. DO NOT USE WHITEOUT.** Be sure to enter all this information **BEFORE** you store the medication.

6 Rights of Medication Administration

MTTP 2: 3 – 5-8

- ◆ The **RIGHT PERSON**
- ◆ Receives the **RIGHT MEDICATION**
- ◆ In the **RIGHT DOSE**
- ◆ At the **RIGHT TIME**
- ◆ By the **RIGHT METHOD/ROUTE**
- ◆ Followed by the **RIGHT CHARTING/DOCUMENTATION** procedures.
- ◆ Each time you administer ANY medication to any individual, your procedure must include verifying these “Six Rights.” Medication orders may change frequently and verifying the “Six Rights” ensures that errors do not occur.
- ◆ **ANY violation of these rights is considered an error in the medication administration procedure.**

3 Way Check!!

- ◆ **Complete the 3 way check with the HCP's order, MAR and pharmacy label.** Check each item three times to make sure they all agree. If the directions disagree or are unclear, **STOP!** Call your RN CM/DN to get clarification/direction.

Right Person

- ◆ Make sure the individual to whom you are going to administer medications is the “Right Person.” If you are not sure of the person, **STOP!** Call your RN CM/DN and get directions from him/her.
- ◆ *Agency Specific Information: Review your agency’s system for identifying each individual (e.g., labeled photographs in the living unit with each individual’s name placed in the MAR book).*

Right Medication

MTTP 2: 3 - 6

- ◆ To make sure you are administering the “Right Medication,” have the HCP’s signed order in front of you. **Compare the HCP order, the Medication Administration Record (MAR) and the pharmacy label. This is called the 3 way check.** Be sure you read the pharmacy label carefully. Triple check each item and make sure they all agree. If they do not agree, **STOP!** Call your RN CM/DN and get directions from him/her. If they do agree, continue. Always check the expiration date of the medication which is found on the pharmacy label. If the medication has expired, **STOP!** Call your RN CM/DN and get directions from him/her.

Right Dose

MTTP 2: 3 - 7

- ◆ Be sure you give the “Right Dose” of medication. **Complete the 3 way check.** Compare the HCP’s signed order, MAR, and the **pharmacy label.** Triple check each item and make sure they all agree. Carefully measure or count the right dose. If the directions seem unclear and you have questions, **STOP!** Call your RN CM/DN and get directions from him/her.

Right Time

MTTP 2: 3 - 7

- ◆ HCP will specify how often the medication is to be taken. This directive by the HCP designates the “**Right Time.**” If specific times are not designated by the HCP (i.e., if the label or HCP order says “once a day” or “in the morning”), call your RN CM/DN to get clarification/direction.
- ◆ In order to comply with regulations, all drugs should be administered **WITHIN ONE HOUR BEFORE OR AFTER THE PRESCRIBED DOSE TIME.** If you anticipate that a medication may not be administered within the acceptable time frame, contact the agency nurse prior to the administration time to receive instruction for administration. However, some medications have highly specific timeframes which cannot be altered. In these cases, follow the directions from your RN CM/DN. Examples of medication that are dose time sensitive include, but are not limited to, insulin, anticonvulsant medications, and antibiotics.

Right Route/Method

MTTP 2: 3 - 8

- When the HCP prescribes a medication, she/he will specify the “Right Route” (or method) of medication administration. **Complete the 3 way check comparing the signed HCP order, the MAR and the pharmacy label.** Check each item three times to make sure they all agree. If they do not match, **STOP!** Call your RN CM/DN for further instructions.

Right Documentation

MTTP 2: 3 – 8; 2: 4

- ◆ “**Right Charting**” means that immediately after administering the medication, the CMT documents that the medication was administered by initialing the correct block on the MAR. The MAR is a legal document and documentation must be done using blue or black ink. Be sure to enter any written comments/explanations, if necessary, in the appropriate space. Date and initial these comments. DO NOT use White Out.

Beyond the 6 Rights

MTTP 2: 3 - 9

- ◆ **Wash hands** before and after administering medication to each individual.
- ◆ **ALWAYS** give your full attention to the task of medication administration.
- ◆ **PREPARATION** is done at the time of administration. **Never “pre-pour” medications before the scheduled time.**
- ◆ **PREPARE AND ADMINISTER** medication for only one person at a time. **Never “pre-pour” medications.**
- ◆ **ADMINISTER** medications that only **YOU** have prepared (poured).
- ◆ **CHART** immediately after you have given each dose of medication.

Beyond the 6 Rights

MTTP 2: 3 - 9

- ◆ **CHART** only medications that you have given. Never chart for another staff.
- ◆ **COMPLETE** the **3 way check**. Compare the information on the signed HCP prescription/PMOF, MAR, and pharmacy label.
- ◆ **CHECK FOR MEDICATION/FOOD ALLERGIES**, indicated on the HCP order and MAR, before giving medication.
- ◆ **DO NOT TOUCH** medications with your hands. Shake out into a cup or into a container cap or place blister pack hole over medicine cup to punch out.
- ◆ **READ** each medication label three (3) times before administering – when the medication is obtained from the storage area, when the medication is poured, and prior to administering.
- ◆ **NEVER** return unused medication to the bottle/container/blister.

Beyond the 6 Rights

MTTP 2: 3 - 9

- ◆ **NEVER** leave medication for the individual to take later.
- ◆ **BE SURE** the medication is swallowed with an adequate amount of liquid, 6-8 ounces of fluid (juice glass or bigger). Stay with the individual the entire time while s/he takes the medication and verify that the medication has been swallowed
- ◆ **AVOID** distractions and interruptions while preparing and administering medications.
- ◆ **NEVER** leave medications unattended.

Beyond the 6 Rights

MTTP 2: 3 - 9

- ◆ **DO NOT** give outdated/expired medications. Always check the EXPIRATION date/STOP Date before pouring the medication.
- ◆ **DO NOT** administer medications beyond the order stop date or without a current HCP order.
- ◆ **DO NOT** administer medications that have changed color or consistency.
- ◆ **ADMINISTER** only those medications that you have taken from a properly labeled container.
- ◆ **NEVER HIDE A MEDICATION ERROR.**

Medication Administration Process

MTTP 2: 3 - 14

- ◆ **Wash hands** before preparing and administering medication.
 - ◆ Maintain clean, organized work area
- ◆ **Locate most recently signed HCP order/PMOF**
 - ◆ Complete the 3 way check. Compare the Rx/PMOF, MAR, and Pharmacy label.
- ◆ **Check for drug allergies**
- ◆ **Assemble necessary equipment**
 - ◆ Work alone, avoid distractions/interruptions

Medication Administration Process

MTTP 2: 3 - 14

- ◆ For each dose of medication **read the pharmacy label three times.**
 - ◆ **Read Pharmacy label:**
 - ◆ Upon removing the container from the storage area
 - ◆ Upon pouring the measured amount of medication
 - ◆ After pouring and before administering the medication
- ◆ **Pour the accurate dose of medication.**
 - ◆ Do not touch medication with hands
 - ◆ Do not soil or deface the Rx label

Medication Administration Process

MTTP 2: 3 - 14

- ◆ **Administer medications to the individual**
 - ◆ Verify 6 Rights
 - ◆ Upright positioning
 - ◆ Verify that medication is swallowed
- ◆ **Discard used med cups**
 - ◆ Maintain clean environment
- ◆ **Chart/document medication administration**
 - ◆ Write legibly and accurately
 - ◆ Blue/Black ink
 - ◆ No erasures/white out
- ◆ **Clean all equipment and medication area**

When Not to Give Meds

MTTP 2:3 - 18

- ◆ **if any of the following required items are missing**
 - ◆ a signed HCP prescription/PMOF current within 90 days
 - ◆ MAR
 - ◆ legible pharmacy label
- ◆ **if the medication has expired**
- ◆ **if the individual exhibits behavioral and/or physical changes**
 - ◆ follow earlier instructions for observing and reporting changes
- ◆ **if any of the “Six Rights” are violated**
 - ◆ if there is a problem with the RIGHT person, medication, dose, time, route or charting.

When Not to Give Meds

MTTP 2:3 - 18

◆ if the individual refuses to take medication

- ◆ explain why the medication should be taken and encourage the individual to participate. If s/he still refuses, do not force him/her to take the medication.
- ◆ Call RN for directions.

◆ if the medication is contaminated

- ◆ if it is dropped
- ◆ if it is spilled
- ◆ if it is touched by someone other than the individual for whom it is prescribed

Remediation Suggestions

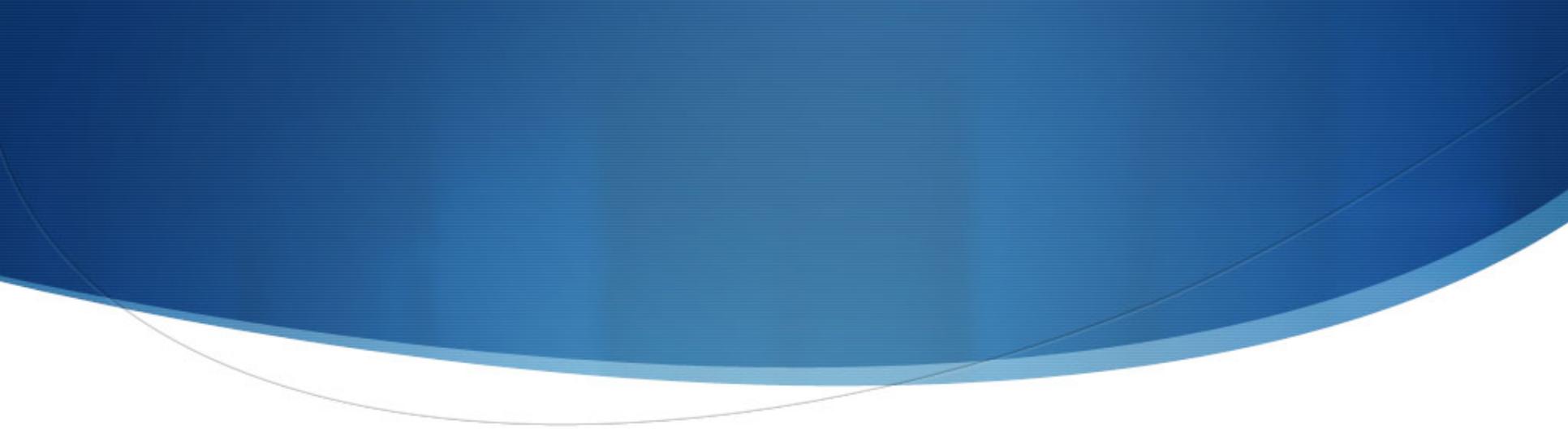
- ◆ Know agency P/P re medication errors
- ◆ Consider using study guides as found on Instructors disc.
- ◆ Supervision: frequency individualized; not q2years
- ◆ Reporting to the MBON: if withdraw delegation
- ◆ Med reconciliation; 63% of reported errors leading to death to sentinel event database: due to breakdown in communication and > half could have been avoided thru effective med reconciliation.
- ◆ Identify agency policy on how quickly new/renewed orders are reviewed by the RN

Abbreviations that cause Problems

Eliminate	Instead Use
U	Unit
IU	International unit
Qd	Every day
QOD	Every other day
Trailing zero	Use zero after a decimal point
BID	Twice a day
TID	3 times per day
Gm	Gram
>/<	Greater than or Less than
@	At
cc	ml
ug	Micrograms

Consider

- ◆ 60% of errors r/t communication
- ◆ Regularly review your agencies P/P on med orders, RN notification, med errors
- ◆ 8 rights includes reason/indication and response
- ◆ Where meds are prepared is critical. Reduce noise, improve lighting, reduce distractions
- ◆ Med errors must be reported. Analyze to prevent errors in future.
- ◆ What is the RN's role in the incident reporting process?
- ◆ What is the RN's role in the incident investigation process?

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QUESTIONS???