Medication Pass Fundamentals Part 1:

Preparation, Errors, Safety, Security and Controlled Substances

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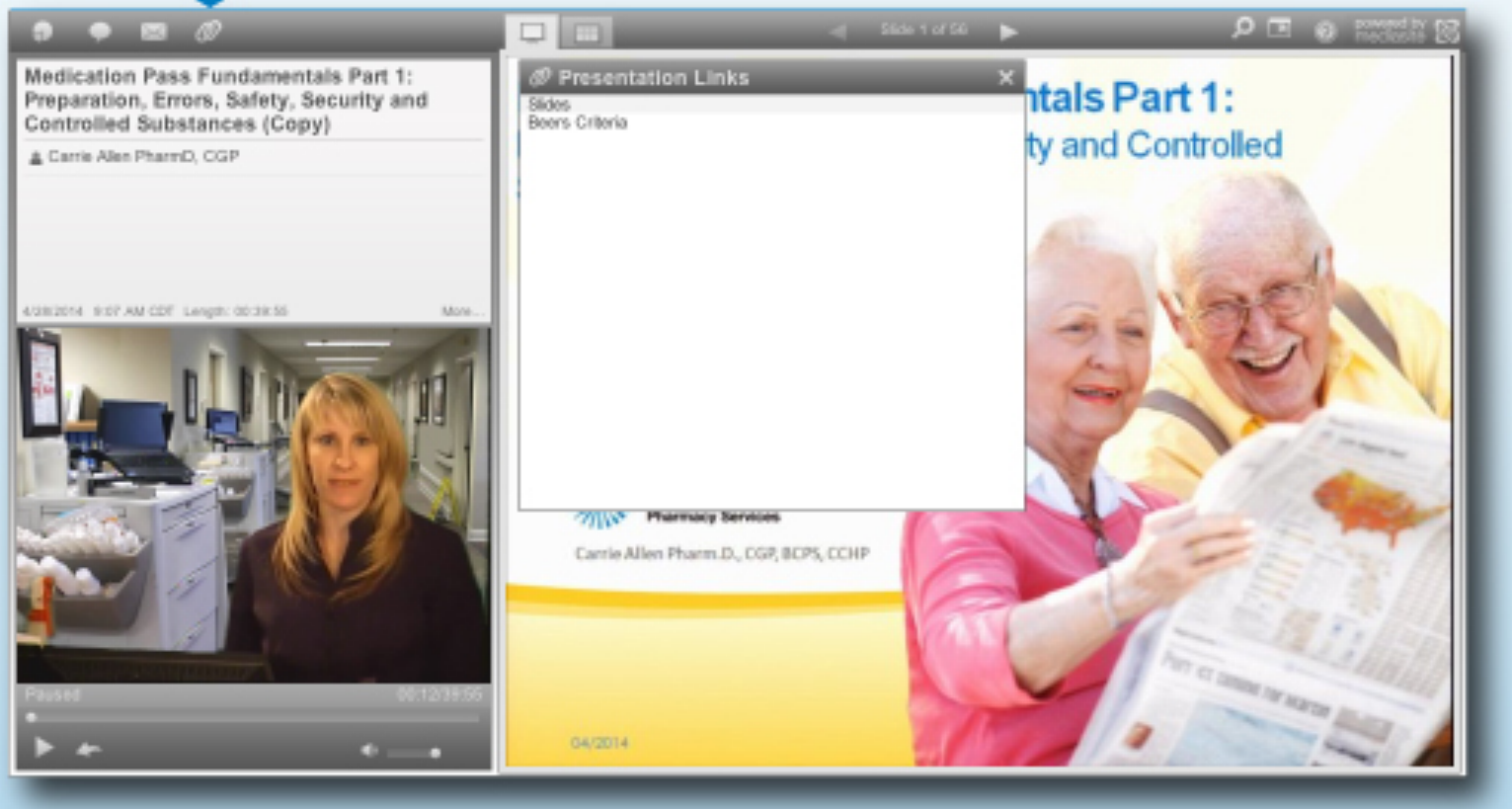
To Access Resources:

Click on the "paperclip" button above the video player to open links to resources.



This Program Contains Chapters

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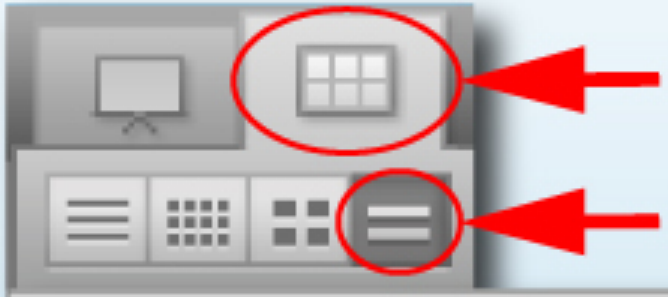

1. Click on the '**Slide List**' button.

2. Click on the '**Chapters**' button.

Chapter 1	00:00	Preparation and Errors
Chapter 2	23:53	Train the Trainer and Resident Rights
Chapter 3	34:43	Getting the Cart Prepared
Chapter 4	45:27	Medication Pass Responsibilities

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Intended Audience*

- Skilled Nursing Facilities (SNF), Assisted Living Facilities/Communities (ALF/ALC), any facility or community setting that offers medication pass as part of their services
- Clinical and non-clinical management: Directors of Nursing, Assistant Directors of Nursing, Regional Nurse Managers, Administrators
- Staff that are involved in performing medication passes or who are in training to perform medication pass: Registered Nurses (RN), Licensed Vocational or Professional Nurses (LVN, LPN), Certified Medication Aides or Technicians (CMA, CMT), etc.
- Staff that may require a refresher or re-training secondary to a medication error
- Facilities who have been permitted by their state governing body to use the training as part of a Plan of Correction

*Though much of this information is derived from regulations for SNF, these practices will decrease medication errors in any type of facility

Topics Covered

- Resident population
- Safety and common medication errors
- Privacy, dignity and resident rights
- State survey and associated F-tags
- Error rate calculation for med pass
- Med pass observation: facility goals and approach
- Preparation for med pass and controlled substance management

Who is your resident?

- Frail elderly or someone with a debilitating chronic disease state

  (or both)
- Person who recently had a traumatic event (e.g., hip fracture) or surgery
- Person who likely grew up in a different era than you, has different values and perceptions of dignity and privacy
- Many comorbidities (disease states)

Who is your resident?

- Multiple medications
- High risk of fall and/or fracture
- Dementia, confusion, agitation
- Movement and mobility problems
- Unable to perform many tasks on their own (e.g., transferring, toileting, eating)
- At high risk for:
  - infection
  - medication related problems
  - problems associated with their frailty or situation

Safety and Medications

Medication Error[1] - A medication error is any **preventable event** that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer.

Such events may be related to professional practice, health care products, procedures and systems, including:

- prescribing
- order communication
- product labeling, packaging, and nomenclature
- compounding
- dispensing
- distribution

- **administration**
- **education**
- **monitoring**
- **use**

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Safety and Medications - Common Drug References

Do <u>not</u> administer any medication that is unfamiliar to you

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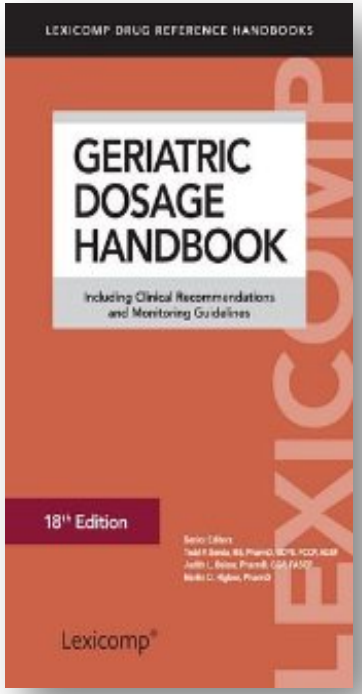
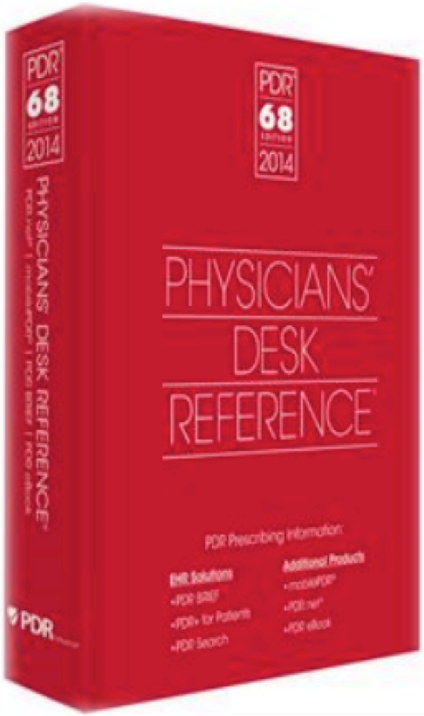
Safety and Medications - Common Drug References





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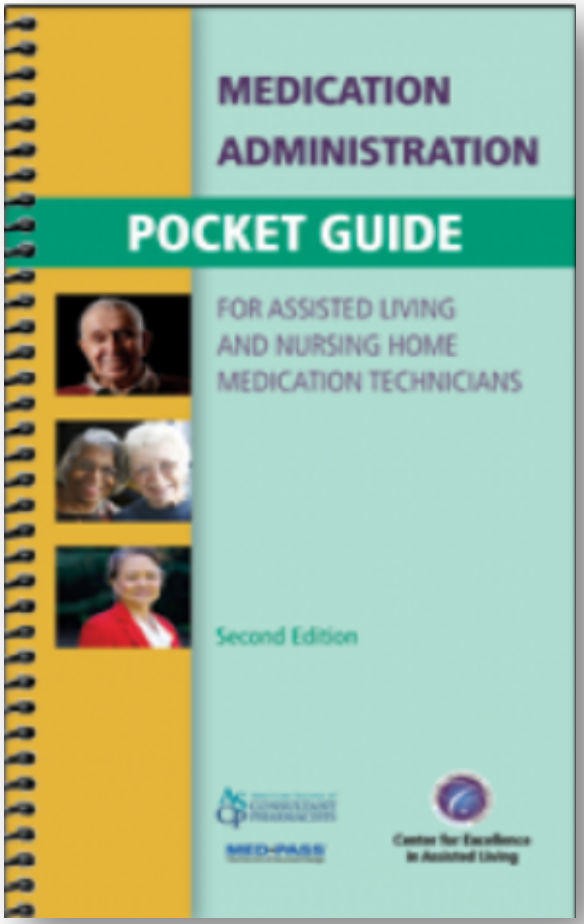
Safety and Medications – Medication Administration Guide for Medication Technicians (ALF and SNF)



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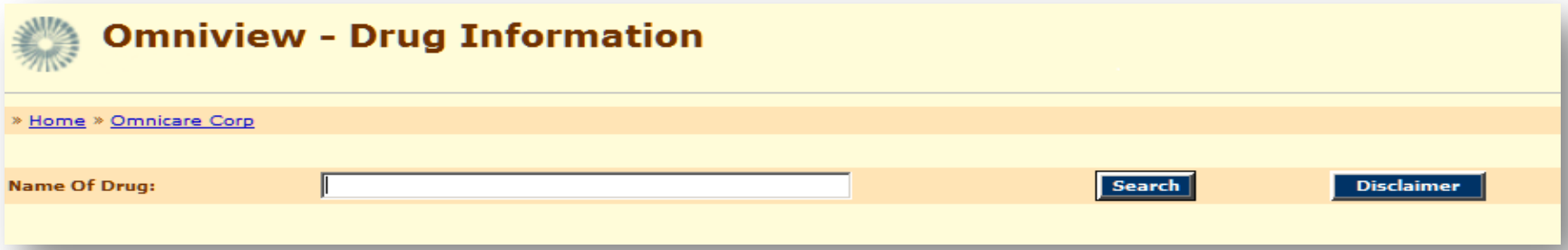
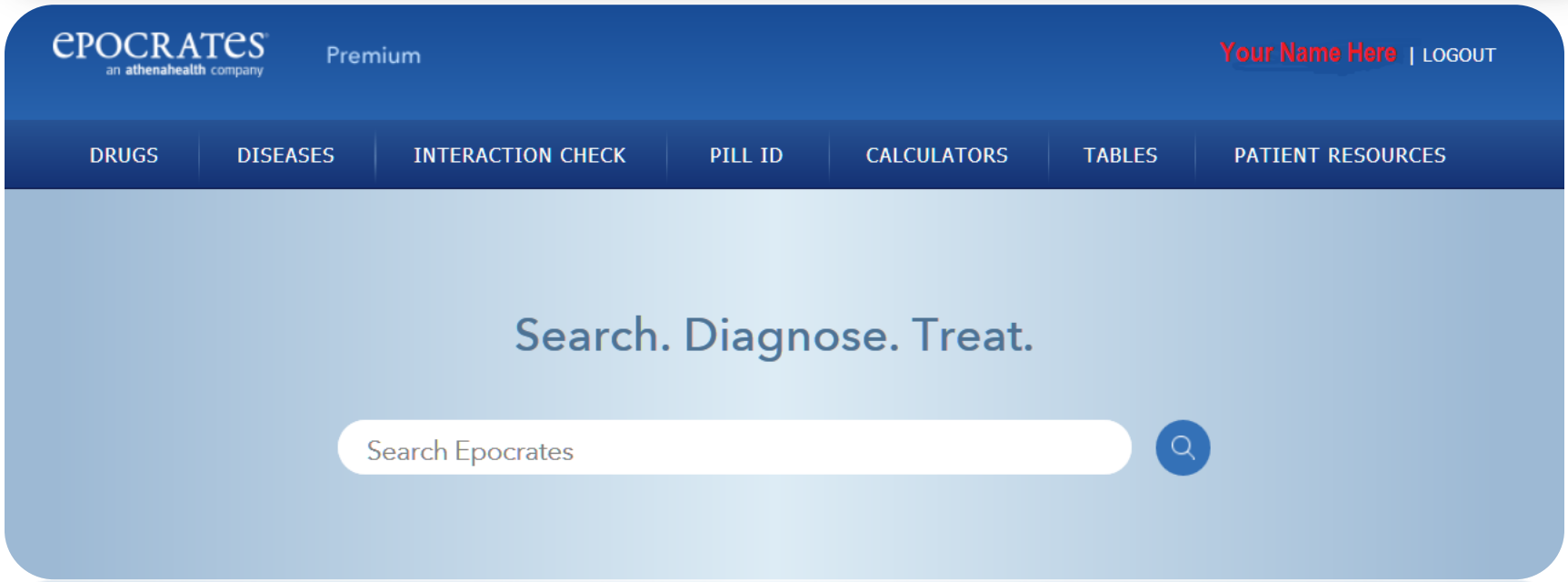
Safety and Medications - Common Drug References
Omniview and epocrates Link from Omniview





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Safety and Medications – *The Geriatric Pharmaceutical Care Guidelines® (GPCG)* on Omniview

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Safety and Medications – *GPCG*® Clinical Tools Example

DRUG ADMINISTRATION RECOMMENDATIONS REGARDING FOOD

Brand name, generic name and recommended guidance are provided.

SUGGESTED LABORATORY MONITORING PARAMETERS FOR SELECTED MEDICATIONS

This resource provides suggested laboratory monitoring parameters for commonly used medications (generic/brand).

MEDICATIONS WITH THE POTENTIAL FOR SIGNIFICANT ANTICHOLINERGIC SYMPTOMS

Complete list of drugs organized by therapeutic class.

COMMON ORAL DOSAGE FORMS THAT SHOULD NOT BE CRUSHED

Table organized by brand name of medicines that should not crushed. Includes the reason to avoid crushing and, when appropriate, alternative ways of administering.

MEDICATIONS FOR WHICH BLOOD PRESSURE AND PULSE MONITORING ARE RECOMMENDED

A list of drugs where monitoring blood pressure, pulse or both blood pressure and pulse are recommended (brand/generic).

NONPHARMACOLOGIC INTERVENTIONS

Suggested nonpharmacological considerations for common conditions in long-term care.

ORAL SOLID MEDICATIONS WITH THE SUGGESTION THAT THE PATIENT REMAIN UPRIGHT AFTER ADMINISTRATION

A list of drugs that recommend the patient to remain upright after administration.

RECOMMENDED MINIMUM MEDICATION STORAGE PARAMETERS

A comprehensive table that provides storage recommendations for brand name/generic drugs.

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Medication Errors: State Operations Manual (SOM)[2]

Medication Error - The observed preparation or administration of drugs or biologicals which is not in accordance with:

1. Physician's orders
2. Manufacturer's specifications regarding the preparation and administration of the drug or biological
3. Accepted professional standards and principles which apply to professionals providing services

Actual harm or significant potential for harm	Lower likelihood of resulting in harm
Significant 	**Non-significant** 

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Medication Errors: State Operations Manual (SOM)[2]

The facility must ensure that-

1. It is free of medication error rates of 5 percent or greater [F332]
2. Residents are free of any significant medication errors [F333]

Actual harm or significant potential for harm	Lower likelihood of resulting in harm
Significant 	**Non-significant** 

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Medication Errors: Significant and Non-significant Examples

Drug Order	Error	Significance
Ibuprofen (Motrin) 400mg by mouth three times a day	Missed morning dose	Non-significant
Digoxin (Lanoxin) 0.125mg by mouth daily	Missed dose	Significant
Natural Tears 2 Drops in both eyes three times a day	Gave 3 drops instead of 2 in each eye during morning dose	Non-significant
Insulin glargine (Lantus) 20 units sub-Q nightly	Gave 40 units instead of 20 units	Significant
Multivitamin one tablet by mouth daily	Gave to wrong resident, resident has no orders	Non-significant
Warfarin (Coumadin) 5 mg by mouth every evening	Gave to wrong resident, resident has no orders	Significant
Miralax 17 g by mouth every morning with 8 ounces of water	Gave 2 hours early	Non-significant
Glipizide (Glucotrol) 10 mg by mouth a half-hour before AM meal	Gave 2 hours early	Significant

Medication Timing

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Medication Errors: State Operations Manual (SOM)[2]

"A medication error rate of 5% or greater includes both significant and non-significant medication errors. It indicates that the facility may have systemic problems with its drug distribution system and a deficiency should be written."

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Medication Error Calculation: State Operations Manual (SOM)[2]

Medication Error Rate (%) =

Number of Errors Observed

÷ **X 100**

Opportunities for Errors

(doses given and doses ordered, but not given)

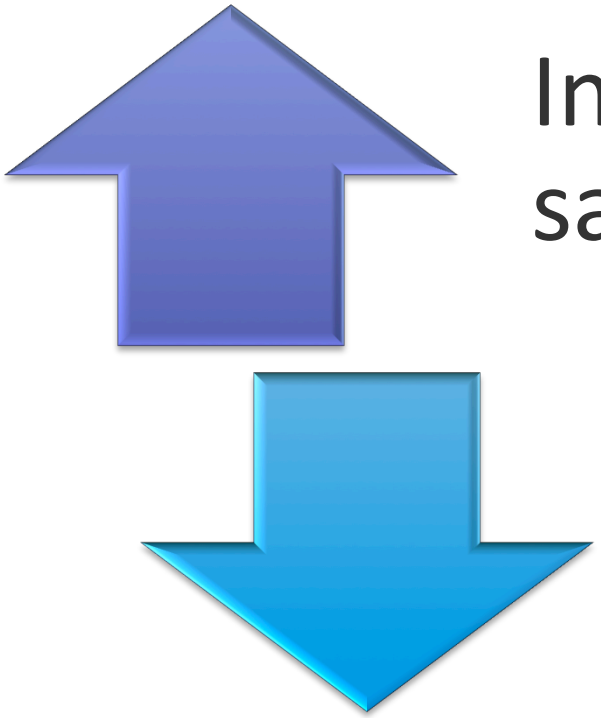
Medication Errors: ISMP / TJC / AHRQ

No one makes a medication error on their own, it is the process, the organization and all the issues associated with it that ultimately cause med errors

- http://www.ismp.org/ Institute for Safe Medication Practices
- http://www.jointcommission.org/ The Joint Commission (formerly JCAHO)
- http://www.ahrq.gov/ Agency for Healthcare Research and Quality

Facility Goal for Medication Pass

Work together, with staff at all levels providing input to develop a facility culture that:



Increases resident safety

Decreases medication errors

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F-Tags Often Cited in Relation to Med Pass[2]

F281	• Professional Standards of Quality
F309	• Quality of Care
F329	• Unnecessary Drugs
F332-333	• Medication Errors
F425	• Pharmacy Services
F431	• Storage, Labeling and Controlled Medications
F151	• Resident Rights

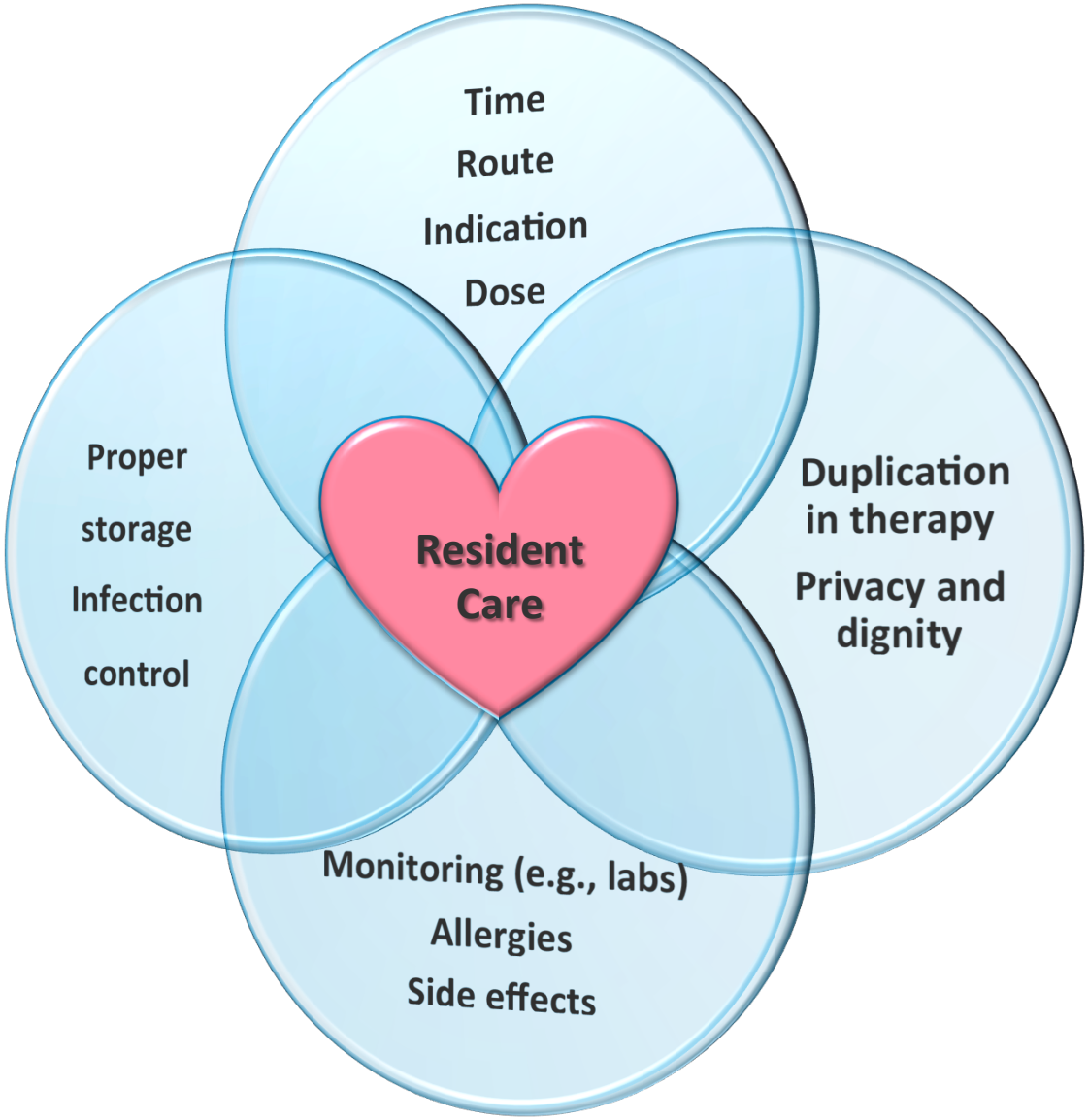
F-Tags Often Cited in Relation to Med Pass[3]

F441

- **Infection Control**

The CDC has a website specific to long term care and infections

They state that, “Data about infections in Long Term Care Facilities are limited, but it has been estimated in the medical literature that:
1 to 3 million serious infections occur every year in these facilities.” [2]



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Facility Approach

The day to day business of caring for residents in SNF, or ALF, is heavily reliant on medications as the primary mode of treatment. This is why it is important to:

Train the Trainer

Facility Approach

Facilities should adopt a consistent process to perform a med pass and continually monitor it **on their own** to achieve the safest environment and the lowest medication error rate possible

Other Facility Approaches to Decrease Medication Errors

Lead by Walking Around[4]

Peer Review and Shadowing

Report, Discuss and Correct Medication Errors

All departments must communicate and remember to involve pharmacy in the discussion

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Begin with the Basics – Resident Rights

Medication administration involves preserving dignity and resident's rights which include, but are not limited to, the right to:

Be treated with respect

Refuse medications or treatments

Be given privacy during medication pass

Be free from physical and chemical restraints

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Resident Rights, the right to

Be treated with respect, including:

How the resident is addressed

Do not interrupt the resident while eating for the administration of medications without an order

Do not awaken a resident to administer a medication that could be scheduled or administered at other times

Explain medications, and any procedure about to be performed

Answer questions the resident may have about the medication

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Resident Rights, the right to:

Refuse medications or treatments

A resident has a right to refuse

Never force a resident to take a medication

The facility should have policies and procedures for refusals including timely notification of the prescriber

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Resident Rights, the right to:

Be given privacy during medication pass

Knock on doors before entering and identify yourself

Do not administer medications when the resident is receiving personal care or in the bathroom

Medications are ideally given in the privacy of the resident's room

Do not administer medications that require privacy in common areas (e.g., those given via tube, nasal, injections, vaginal and rectal administrations, dressing changes, treatments or patch application requiring removal /adjustment of clothing)

Resident Rights, the right to:

Be given privacy during medication pass, this includes HIPAA related practices

Cover MAR or go to privacy screen on computer

Be aware of the methods and tools that will allow you to give residents privacy and respect during a medication pass (e.g., screens, curtains, doors)

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Resident Rights, the right to:

Privacy, this includes HIPAA and technology

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Resident Rights, the right to:

Be free from physical and chemical restraints

Medications, especially psychopharmacologic, are not to be administered for staff convenience

Physical restraints should not be used to hold a resident in order to administer medications

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Getting the Cart Prepared

Professionalism, supplies, infection control and organization

Med Pass: Slow Down, Get Prepared

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Begin with the Basics

Professionalism: Name tag on, professional appearance, med cart clean, stocked and organized

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Begin with the Basics

Infection Control:

- **Clean pill counters, pill crushers, med cart, glucometers (special cleaning agents may apply)**
- **Hands washed and hand sanitizer available**
- **Tissues, paper towels, gloves, masks, gowns available**
- **Recall and always practice proper administration techniques to prevent infection**

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Begin with the Basics

Medication Security and Safety:

- Medications are not expired
- Medications are stored correctly
- Controlled substances are double locked in a permanently affixed container
- Cart locked and keys secured

Have the proper supplies available on the cart to avoid the following issues:

- Interrupting the medication pass and increasing the risk of making a medication administration error
- Leaving the cart unattended to retrieve supplies
- Increasing the time it takes to complete the medication pass

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Medication Pass Setup: Supplies

- ❑ Medication administration record (MAR)
- ❑ Controlled substance count book
- ❑ Keys to cart and medication storage area(s)
- ❑ Pen (black or blue)
- ❑ Medications, dietary supplements
- ❑ Crackers/food items (e.g., applesauce)
- ❑ Thickening agents
- ❑ Drinking water and/or juice
- ❑ Beverage cups (8 oz.) and medication cups (rims down)
- ❑ Straws (covered)
- ❑ Spoons and mixing spatulas/tongue depressors (handles up)
- ❑ Oral syringes for measuring liquid doses (e.g., irregular or small doses, narrow therapeutic index medications)
- ❑ Pill crusher and soufflé cups or plastic pouches
- ❑ Alcohol-based hand sanitizer
- ❑ Sanitizer to clean glucometers
- ❑ Glucometer, lancets, other insulin administration supplies
- ❑ Alcohol swabs
- ❑ Gloves
- ❑ Blood pressure cuff
- ❑ Stethoscope
- ❑ Tissues
- ❑ Paper towels
- ❑ Drug reference, “Should Not Crush” and storage parameters lists
- ❑ Notebook/paper
- ❑ Trash bag and receptacle
- ❑ Sharps container

Medication Pass Setup: Supplies

Handling Food and Beverages

- **Only** food and beverages used for the medication pass should be on the cart, no personal food or drink
- **All** food and beverages should be labeled with the date and time opened, none should be expired
- **Protect against contamination:**
  - All food, beverages and straws should be covered
  - spoons and mixers handles up, med and water cups rims down and not touching contaminated surfaces

Medication Pass Setup: Supplies

Handling Food and Beverages

- Ensure you have a process to access and properly maintain refrigerated items
- Do not allow refrigerated items to remain on the cart between medication passes

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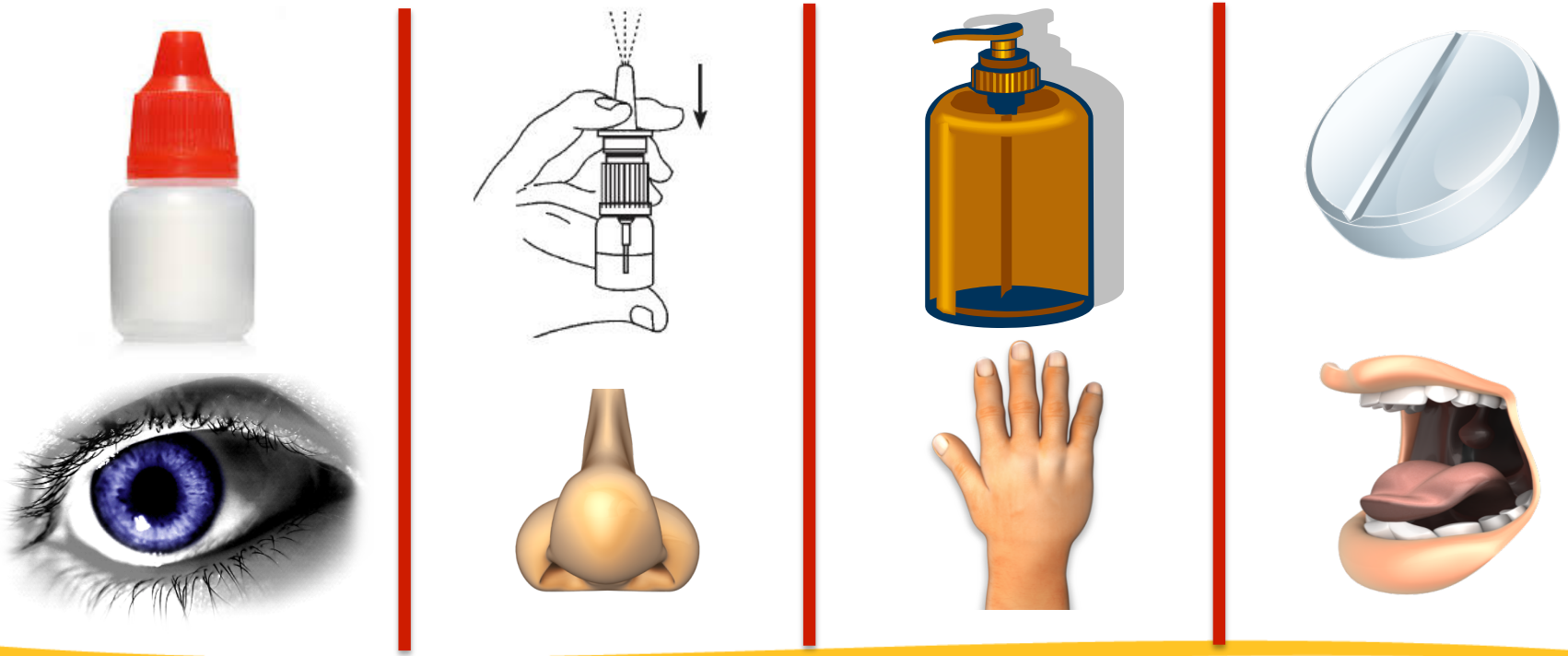
Medication Pass Setup: Supplies

- Separate **internals from externals** in all medication storage areas and separate medications from sanitizers or cleaners (see Omnicare's recommended storage document for reference)
- If possible, separate all medications by **route of administration** (e.g., eye, ear, nose, topical, oral) to further decrease the risk of medication errors



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Medication pass responsibilities

Controlled substances counting, shift to shift sheet, security

Med Pass Responsibilities: When do they start?

Med pass responsibilities begin as you prepare to take charge of the cart

As you take over the cart from the previous shift, if there are controlled substances, or other items the facility mandates that you count, you must count them

- Person leaving and person taking over the cart: both individuals should read the number from the sheet and both should check the actual inventory
- Both people: sign the shift count book if the count is correct

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INCORRECT COUNT

If incorrect counts exist: do not leave, immediately investigate, contact your supervisor and follow the facility's procedure for an incorrect count

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INCORRECT COUNT

Survey Implications[5]: If surveyors identify misuse or diversion of a controlled substance, they should consider and investigate these requirements:

- **F309 - Quality of care**, for evidence and/or potential outcomes, such as unrelieved pain
- **F425 - Pharmacy Services**, for policies for safeguarding and access, monitoring, administration, documentation, reconciliation and destruction of controlled substances
- **F431 - Pharmacy service consultation**, for drug records and reconciliation of controlled drugs
- **F514 - Clinical Records**, accuracy of medical record and for the documentation of the administration of the medication and outcomes
- **F520 - Quality assessment and assurance**, for how the QAA committee monitors the administration, reconciliation and disposition of controlled substances in the facility

INCORRECT COUNT

- In addition, if the investigation identifies diversion of a resident's medication, the surveyor must review for **F224- Misappropriation of Resident's Property.** [5]

- If it is determined that a resident's medications were diverted for staff use, the State Agency must make referrals to appropriate agencies, such as:
  - Local law enforcement
  - Drug Enforcement Administration
  - State Board of Nursing
  - State Board of Pharmacy
  - and possibly, the State licensure Board for Nursing Home Administrators.[5]

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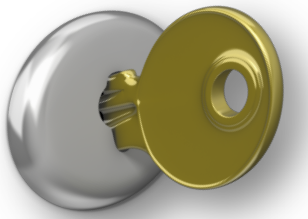
Med Pass Responsibilities: Security

- If the count is correct and you sign the book, the cart, its contents and the keys are now your responsibility
- Do not give your keys to anyone, keep them with you, do not hide them in the med book or elsewhere
- Keep the cart locked when it is out of your control
  - cannot see it or touch it

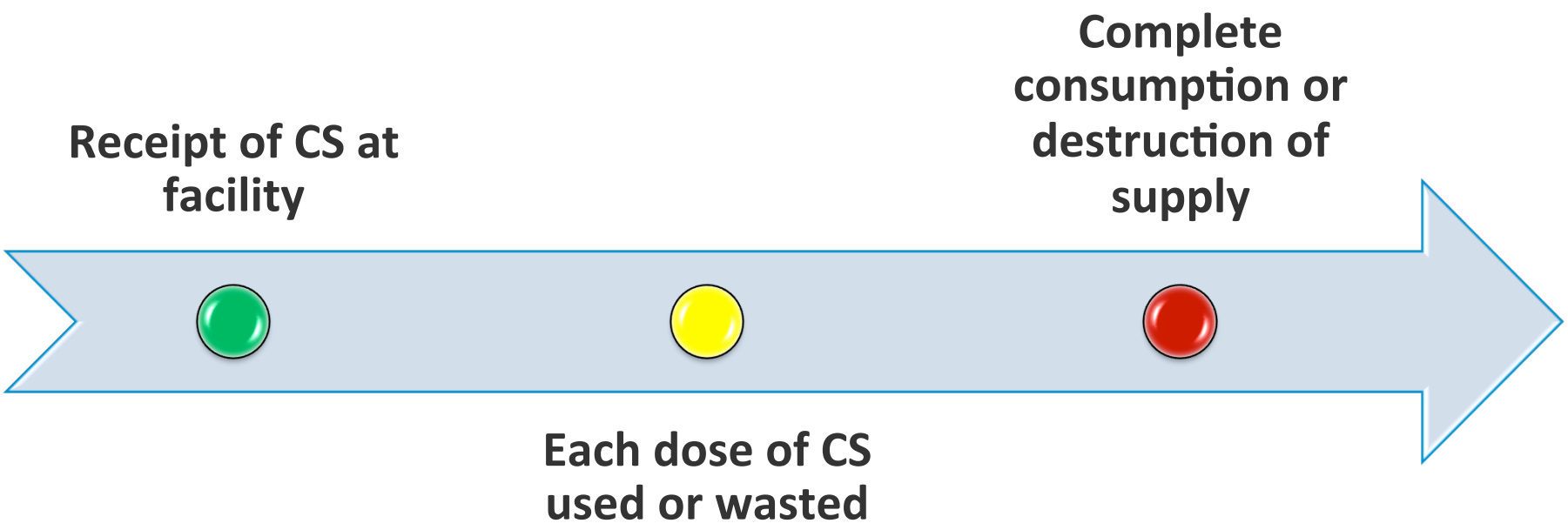


Med Pass Responsibilities: Controlled Substance Security

- Follow federal and state regulations on keeping controlled substances (CS) secured in a separate, locked, permanently affixed area
- If you have a lock box for CS inside the cart, it should remain locked when you are not removing CS from it

Med Pass Responsibilities: Controlled Substance Security Chain of Custody

Maintain a documented chain of custody for CS



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References

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3) CDC Website for Long Term Care Facilities http://www.cdc.gov/longtermcare/
4) Allen, JE. Nursing Home Administration. 6th Edition. 2011.
5) DHHS, CMS Center for Clinical Standards and Quality/Survey & Certification Group Memorandum to State Survey Agency Directors. Clarification of guidance related to Medication Errors and Pharmacy Services. Ref: S&C: 13-02-NH. 11-02-12. http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-13-02.pdf