



Continuing the Connection

ENSURING ACCURACY IN MEDICATION ADMINISTRATION

10A NCAC 27G .0209

Working Together



Objectives

- ▶ Rule Content & Comprehension
- ▶ Survey Process – Specific to the rule content
- ▶ Expectations
- ▶ Understanding Deficient Practice
- ▶ Examples
- ▶ Correction



10A NCAC 27G .0209(c) - Tag V118

10A NCAC 27G .0209 MEDICATION REQUIREMENTS

(c) Medication administration:

(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.

(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.

(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.

(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration.

The MAR is to include the following:

(A) client's name;

(B) name, strength, and quantity of the drug;

(C) instructions for administering the drug;

(D) date and time the drug is administered; and

(E) name or initials of person administering the drug.

(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.

What Constitutes a MD Order?

- ▶ **A medication order** is written directions provided by a *prescribing practitioner* for a specific medication to be administered to an individual.
- ▶ The following health care professionals are "prescribing practitioners":
 - ▶ • Physicians (MD, DO)
 - ▶ • Nurse Practitioners (APRN, NP)
 - ▶ • Dentists (DMD, DDS)
 - ▶ • Physician's Assistants (PA)
 - ▶ • Optometrists (OD)
 - ▶ • Podiatrists (DPM)
- ▶ **Examples of some different types of medication orders are:**
 - ▶ • Copy of a written prescription
 - ▶ • Written order on a consultation form, signed by the practitioner
 - ▶ • Written list of medication orders, signed by the practitioner
 - ▶ • Electronic prescriptions signed electronically via a secured system

Electronic Prescriptions



- ▶ **What is an electronic prescription?**
 - ▶ computer generated prescription sent electronically from the health care provider to directly to the pharmacy.

Electronic Prescriptions



▶ How do they work?

- ▶ Sent on a private, secured and closed network
- ▶ Not via the internet or email ensuring confidentiality and security.

Transcribing Orders

▶ Tegretol 200 mg 2 tabs po bid

- ▶ a. How many milligrams of Tegretol are in each tablet?
- ▶ b. What is the dosage of Tegretol that needs to be given in milligrams?
- ▶ c. What is the route?
- ▶ d. How many times per day will you be giving the Tegretol?

Transcribing Orders

- ▶ **Acetaminophen 325 mg tabs 2 po or 650 mg pr q4h prn for headache or fever**
 - ▶ a. How many milligrams are in each Acetaminophen tablet?
 - ▶ b. What is the Acetaminophen dosage that needs to be given in milligrams?
 - ▶ c. Under what conditions would you give the Acetaminophen?
 - ▶ d. What routes could be used to administer the Acetaminophen?

Seven Important Questions

- ▶ 1. What is the name of the medication?
- ▶ 2. What is the purpose of the medication?
- ▶ 3. What effect will the medication have on the individual?
- ▶ 4. How long will it take the medication to work?
- ▶ 5. What are the side effects, adverse reactions and/or signs of over dosage of this medication?
- ▶ 6. Are there any interactions with the medications that the individual is taking?
- ▶ 7. Are there any special administration or storage instructions for this medication?

MAR

VDSS MODEL FORM - ALF

MEDICATION ADMINISTRATION RECORD

PAGE ____ OF ____

NAME OF RESIDENT _____

Month/Year: _____

INSTRUCTIONS: Use one block for each medication. In **MEDICATION** column, include drug product name, strength of drug, date prescribed, dosage, route, how often medication is to be taken, any special instructions, and name of prescribing physician.

The staff person administering the medication must initial the appropriate block to show the date and time the medication was given. In the **ADDITIONAL INFORMATION** space at the bottom of the sheet, note if a medication is discontinued or changed, any medication errors or omissions (include reason), any significant adverse effects, and the date(s) of these occurrences. The staff person making the note should initial it. On the back of the form, list the names and initials of all staff administering medication to the resident.

MEDICATION	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	31

ADDITIONAL INFORMATION:

SELF ADMINISTRATION

- ✓ DO I have an order from the physician?
- ✓ Is the client capable of safely administering their own medications?
- ✓ How are we storing the medications?
- ✓ How are we documenting the client is taking the medications?



Medication Errors

- ▶ Without adequate safeguards and supervision, medications present significant risks.
- ▶ Medication errors result if doses of medication are omitted,
- ▶ Or if medication is administered to the wrong person,
- ▶ Or given in the wrong dose.
- ▶ Controlled medications (e.g. Ritalin, Ativan) may be stolen or diverted.
- ▶ Any of your clients;
- ▶ Take 5 or more medications?
- ▶ Take medications for 3 or more health care problems?
- ▶ Get prescriptions from more than one physician?
- ▶ Had a recent hospital stay?

Survey Process

Observation

- Medication Storage
- Client Rooms

Interview

- Staff
- Clients
- Facility Management
- MD
- Pharmacist

Record Review

- Client records (FL-2, MR-2, MD orders, progress notes)
- Incident Reports
- Treatment Plan
- Dispensing Records

What is Deficient Practice?



What is deficient practice as it relates to this rule?



Statement of Deficiencies (SOD)

1. Regulatory Reference/ Rule Cited

- The rule/regulation that the provider has violated.

2. Deficient Practice Statement

- Written specifically to allow the reader to understand the part of the rule/statute that was not met.
- Identifies how many clients &/or staff were affected (scope).
- Includes what the provider “failed to” do to cause the noncompliance.

3. Relevant Findings/ Evidence

- Facts that allow the provider to compare what was done (or failed to be done) with what is required.
- How the problem was determined and how it relates to the requirement
- What was the non-compliant practice
- Who were the clients and staff involved
- Where the problem occurred
- When and for how long the problem occurred

Example

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL000-000	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	
NAME OF PROVIDER OR SUPPLIER TEST FACILITY MHL		STREET ADDRESS, CITY, STATE, ZIP CODE 805 BIGGS DRIVE RALEIGH, NC 27603		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)	

Citation One

Based on record reviews and interviews the facility failed to keep the MAR current affecting one of three current clients (#1).
The findings are:

Review on 12/19/18 of Client #1's record revealed the following:

- Admission date of 6/14/18.
- Diagnoses of Catatonia; Psychosis; Aggression; Benign Essential Hypertension; Personal History of Urethral Stricture; Moderate Retardation; Overweight; Seborrhea Capitis; Vitamin D Deficiency; Testicular Hypofunction; Autism Spectrum Disorder.

Review on 12/19/18 of Client #1's physician's order revealed the following:

- Order dated 12/11/17
 - Diphenhydramine 50 mg- one capsule as needed for sleep.

Observation on 12/19/18 at 11:05 am of Client #1's medication packs revealed:

- Medication pack containing Diphenhydramine 50 mg was available.
- Medication pack containing Diphenhydramine 50 mg was dispensed 12/17/18
- Medication pack containing Diphenhydramine 50 mg had three empty bubbles.

Review on 12/19/18 of Client #1's MARS for December 2018 revealed blanks on the following dates:

- Diphenhydramine 50 mg- 12/1/18 through 12/19/18.

Interview on 12/19/18 with Client #1 revealed:

- He took his medication daily as given by staff.
- He had never had any trouble receiving his medication.

Interview on 12/19/18 with the Owner/Qualified Professional revealed:

- He had administered Diphenhydramine 50 mg on 12/17/18, 12/18/18 and 12/19/18, but forgot to log it in the MAR.
- He confirmed staff failed to keep the MAR current for Client #1.



Citation Two

Based on record review and interview the facility failed to administer medication on the written order of a physician for one of three audited clients (#2). The findings are:

Review on 12/13/18 of client #2's record revealed:

- admitted to the facility on 8/24/15
- diagnoses of Mild Intellectual Developmental Disorder; Seizures and Hypertension
- a physician's order dated October 16, 2018 to discontinue Cetirizine 10mg daily (allergies)

Review on 12/13/18 of client #2's December 2018 MAR revealed:

- Cetirizine had been signed by staff daily from December 1-13, 2018

During **interview** on 12/13/18 staff #1 reported:

- the Cetirizine was discontinued
- she was not sure why the pharmacy still had the medication on the MARs
- she would contact the pharmacy
- the Qualified Professional (QP) reviewed the MARs twice a month
- the QP reviewed the MARs last week

During **interview** the Licensee reported:

- it was a medication error
- it will be corrected
- she understood MARs are signed immediately after the administration of medications



Analysis and Decision Making

Scope is how many clients are affected by the non-compliance?

HOW BIG IS IT?

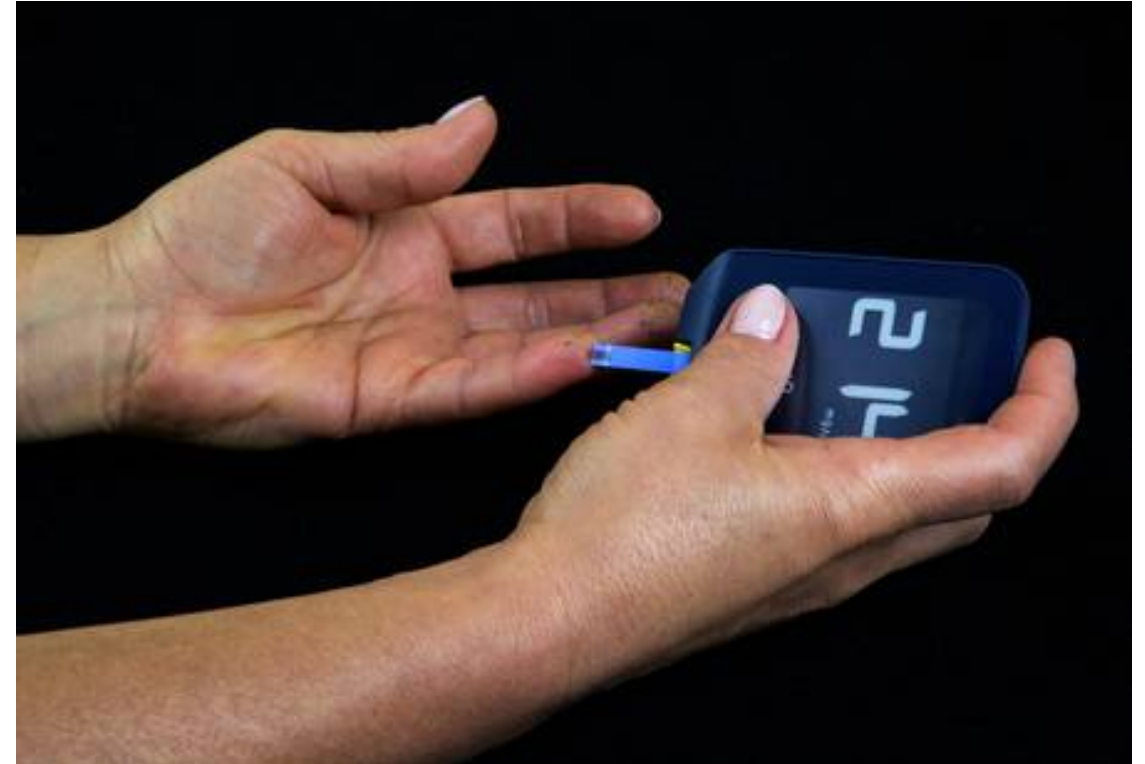
Severity is how grave is the impact of the non-compliance on clients?

HOW BAD IS IT?

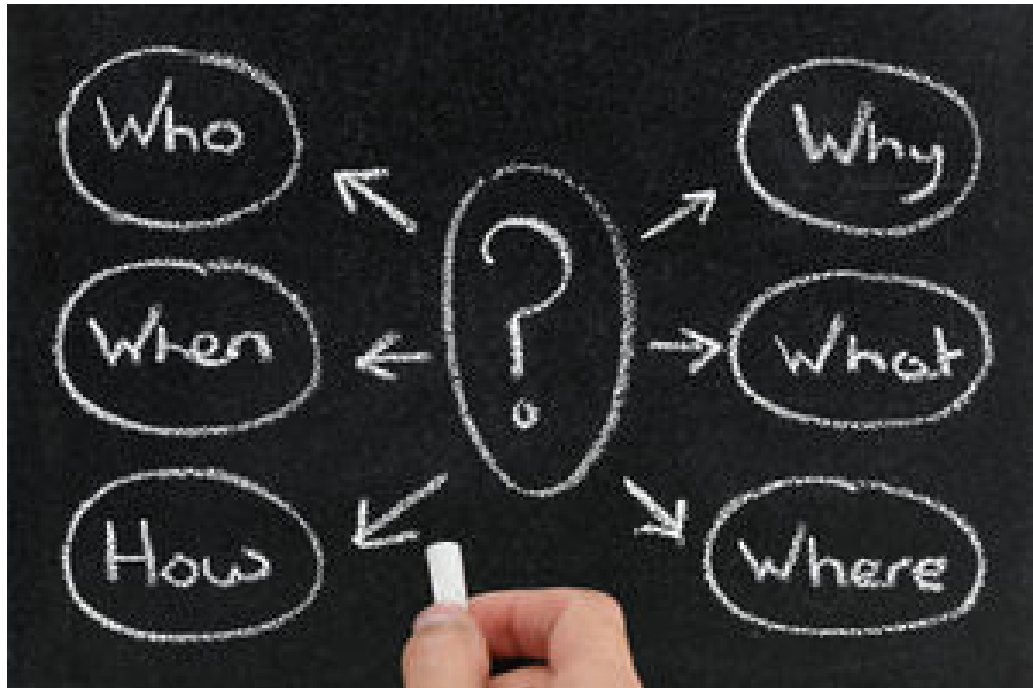
Meet Deborah

Findings are:

- ▶ Insulin dependent diabetic
- ▶ Order to check blood sugar TID
- ▶ Order for Lantus insulin injection daily
 - ▶ Lantus 100 units/ml Take 10 units QHS
- ▶ Sliding scale order:
 - ▶ BG 150-199: 1 unit Lispro
 - ▶ BG 200-249: 2 units Lispro
 - ▶ BG 250-299: 3 units Lispro
 - ▶ BG 300-349: 4 units Lispro
 - ▶ BG Over 350: 5 units Lispro



Plan of Correction



- ▶ The survey results are documented in the SOD. The SOD is a report of the what, as a provider you want to determine **why**.
- ▶ Don't just refill the clients medication, determine **why** they ran out so you can develop a plan so you don't run out in the future.
- ▶ Simply fixing the example in the SOD, will not fix the overall system problem.

Expectations

DHSR



Provider



Smooth
survey with
minimal
disruption
to clients

Approaching Your Next Survey

Ensuring you can
achieve,
demonstrate and
maintain
compliance



Additional Resources:

<https://www2.ncdhhs.gov/dhsr/mhlcs/mhpage.html>

<http://www.ncbop.org/>

<https://www.ncbon.com/>