Catholic Charities Disabilities Services Agency Standard and Procedure		
Standard Title	Medication Errors	
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	14 NYCRR 624	
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	06/08/2023	
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Attachments	Notice of Medication Decertification Form	
	Notification of Medication Error Form	
Approved by:	Mantas	
Paula Jubic, Executive Director		

#### Standard:

All medication will be prescribed or ordered, obtained, provided, received, administered, safeguarded, documented, refilled and/or disposed of in a manner that ensures the health, safety, and well-being of the individuals served and in conformance with all applicable Federal and State statute or regulations. Where requirements are more restrictive in 42 CFR 483 (for ICF/DD's), they shall be controlling. All errors or unanticipated events associated with the medication system or a step in the medication process shall be reported using a General Event Record (GER).

### Definitions:

**Medication error**: any preventable event that may cause or lead to inappropriate medication use or harm to a person, including a dose of medication that deviates from the physician's order /prescription. Except for errors of omission, the medication dose must actually reach the individual. An error that is detected and corrected prior to administration to the individual is not a medication error.

**Rolling Year:** The rolling year is determined by the date of medication certification. Once certified the AMAP will start their rolling year and it will end on the date of their annual re-certification, whereas, the new rolling year will begin.

**Five Rights Medication Errors:** those medication errors that have the potential to result, or do result, in the individual being harmed. These errors include:

- Omission: failure to administer an ordered dose, before the next scheduled dose, if any.
   (Excludes refusal and when a medication is not given because the person is not present, or because the person has a test or other procedure that prohibits the individual from receiving it).
   This shall include signing for a medication not actually administered.
- Unauthorized medication: administration of a medication that requires informed consent without such consent or administration of a PRN medication without prior RN approval.

- Unordered drug given: administration of a medication to an individual for whom there is no valid prescription/order.
- Wrong administration-technique error: inappropriate procedure or improper technique in the administration of a drug (e.g.: a drug is supposed to be crushed and in applesauce that is administered whole with water.)
- Wrong dose error: any dose that is above or below the ordered dose, or administration of duplicate dose.
- Wrong person: administration of a medication to an individual that was ordered/prescribed for another individual.
- Wrong route error: administration of a drug by a route other than ordered by the physician. Also
  included are doses given via the correct route, but at the wrong site.
- Wrong time error: administration of a dose at least 30 minutes before or after its scheduled administration time unless approved by the RN.

**Procedural Medication Errors:** those errors that violate the rules and methods of administering medication. These errors include:

- Failure to sign for medication that was administered
- Failure to send prescriptions to the pharmacy
- Failure to maintain an adequate supply of medication in the residence
- Failure to sign the controlled substance chronological accounting record
- Failure to count controlled drugs
- Failure to sign the controlled substance "double count" record
- Failure to secure medications/keys properly
- Failure to transcribe physician orders correctly
- Failure to document efficacy of as needed (i.e.: PRN) medications
- Failure to accurately verify/check the Medication Administration Record as assigned by the Program Manager/shift supervisor

### Procedure:

Five Rights Medication Errors and Procedural Medication Errors will be tracked and managed separately.

## 1. MANAGING FIVE RIGHTS ERRORS:

- a) All Five Rights Medication Errors shall be reported to the Registered Professional Nurse (RN) on call immediately upon discovery.
- b) The RN on call (assigned RN or Virtual Medical Care after hours) shall determine, based on the medication, type of error, and the current status of the individual, what immediate follow up is required (e.g.: urgent care visit, monitoring for signs/symptoms of adverse effect, etc.).

- c) The staff person who discovers the medication error will complete and submit a GER.
- d) Each Five Rights Medication Error shall be counted as a medication error.
- e) In the instance where an individual did not receive all of their medication at a scheduled time, the staff person responsible will be assigned a medication error. A single GER will be generated that will list all medication missed.
- f) If more than one individual in the residence did not receive their medication at a scheduled time, the staff person responsible will receive a medication error for each individual who did not receive medication. A separate GER will be generated for each individual who did not receive their medication.
- g) Medication errors will be accumulated on a "rolling year" basis. Staff who, in any twelve consecutive months, accumulate medication errors in excess of those established below shall have action taken in accordance with the following:

# Med Errors	Action
1-3	GER completed. Regional Program Manager, or designee notified. One-on-one retraining with RN as needed.
4	GER completed. Staff will immediately stop administering medications until cleared by nursing staff. The RN, in conjunction with the Regional Program Manager, or designee, prepares and gives the staff a formal written counseling a copy of which is placed in the staff's personnel record. Staff person may not administer medication until staff has completed two (2) medication passes with 100% accuracy with the RN.
5 or more.	GER completed. Immediate withdrawal of medication certification. Documentation placed in the staff's personnel record. Staff person may not administer medication until a period of 6 months is completed, staff has attended and passed the medication administration course, and completed three (3) medication passes with 100% accuracy with the RN. Additional disciplinary action may also be taken based upon input from the Nurse Manager, or designee, the Director of Residential Services, or designee, and Human Resources Agency Partner & Manager, or designee.

## 2. MANAGING PROCEDURAL ERRORS:

- a) All procedural errors will be reported to the RN on call upon discovery. The RN will determine what action, if any, is required.
- b) The individual discovering the procedural error will complete and submit a GER.

c) Each procedural error will be assigned points in accordance with the following:

Procedural Error	Points
Failure to sign for medication that was administered.	
Failure to accurately verify/check the Medication Administration Record as assigned by the Program Manager/Shift Supervisor.	
Failure to sign the controlled substance "double count" record.	
Failure to sign the controlled substance chronological accounting record.	
Failure to document efficacy of as needed (i.e. PRN) medications.	
Failure to count controlled drugs.	
Failure to secure medications/keys properly.	
Failure to send prescriptions to the pharmacy.	
Failure to maintain an adequate supply of medication in the residence.	
Failure to transcribe physician orders correctly.	

d) Points will be accumulated on a "rolling year" basis. Staff who, in a consecutive twelve month period, accumulate points in excess of those established below shall have action taken in accordance with the following:

Points Accumulated	Action
1-5	GER Completed. Informal verbal counseling from the RN; one-on-one retraining as needed.
5-10	GER completed. RN discusses errors with the staff person and issues formal verbal counseling. Another staff person assigned to review MAR at the end of each shift to ensure that documentation and procedures are followed.
10-14	GER completed. RN prepares a formal written counseling and provides same to the staff person. Staff person may not administer medication until they have completed a medication pass with 100% accuracy with the RN. Another staff person assigned to review MAR at the end of each shift to ensure that documentation and procedures are followed.
15 or more.	GER completed. Immediate withdrawal of medication certification until staff has attended and passed the medication administration course and completed three (3) medication passes with 100% accuracy with the RN. Disciplinary action may also be taken based upon input from the Nurse Manager, or designee, the Director of Residential Services, or designee, and Human Resources Agency Partner & Manager, or designee.

3. Each medication certified staff member will be administering medications under the assigned RN's New York State Registered Nurse License. The assigned RN whose license a staff member is

working under, has the right to use their discretion in eligibility of medication certification. This will be decided by the assigned RN and the Nurse Manager, or designee. In the event that a medication certification has been revoked, once re-certified, they will have a 30-day probationary period. If the Med Cert receives one Five Rights Medication Error within that thirty days, their medication certification will be revoked and that AMAP will not be eligible for recertification which may result in further disciplinary action up to and including termination of employment.

- 4. Automatic Withdrawal of Medication Certification. Any of the following errors will result in the immediate withdrawal of the person's medication administration certification:
  - a) Any error that results in an emergency room/urgent care visit;
  - b) Any intentional error;
  - c) Any intentional failure to comply with a written order; or
  - d) Any other serious error that in the judgment of the RN disqualifies the person from administering medication.
- Permanent decertification. A staff person will be permanently decertified if:
  - a) The medication certification has been withdrawn and re-instated once, and the staff subsequently has committed an egregious error that would cause them to automatically lose their certification.
  - b) The medication certification has been withdrawn and re-instated once and the staff has subsequently accumulated sufficient points to have the certification withdrawn a second time.
  - c) Due to the professional judgment of the RN, the staff is determined unable to consistently administer medications correctly, or if in the professional judgment of the RN allowing the staff person to continue to administer medications would put the individuals supported in jeopardy.



# **Notice of Medication Decertification**

Employee Full Name:			
Date Employee Presented Notice:			
Effective Date of Decertification:	<del></del>		
Effective Date of Pay Rate Reduction:	_		
30-Day Probation Timeframe (if applicable):			
Date Eligible for Recertification (if applicable):			
Reason for Decertification:			
Reason for Decertification.			
Per the CCDS Medication Error Standard and Procedure, the employee nan to administer medications to the individuals in the program, due to the following			
☐ 5- Five Rights Medication Errors within a "rolling year" timeframe			
$\square$ 15- Procedural Medication Errors within a "rolling year" timeframe	e		
☐ 1- Five Rights Medication Error during a 30-day probationary period			
<ul> <li>RN's professional judgment — the employee is determined unable to consistently administer medication correctly.</li> </ul>			
☐ RN's professional judgment — allowing the employee to continue put the individuals supported in jeopardy	to administer medications will		
Employee — Signature & Date	For HR Dept. Use		
Site Supervisor/Program Manager — Signature & Date	HR Action Form EE Letter EE WTPA		
Nurse Manager - Signature & Date	HR initials & date:		

Standard: Medication Errors, 2014.12.19.

Human Resources Manager - Signature & Date

## <u>Catholic Charities Disabilities Services</u> <u>Notification of Medication Error</u>

From: Copy to: Copy to: Copy to: Cotal in the last 12 months:
Copy to: Date: The medication error points assigned: Five rights error(s) Procedural error (s) points  Fotal in the last 12 months: Five rights error(s): Procedural error points
The medication error points assigned: Five rights error(s) Procedural error (s) points  Fotal in the last 12 months: Five rights error(s): Procedural error points
Five rights error(s)  Procedural error (s) points  Fotal in the last 12 months:  Five rights error(s):  Procedural error points
Five rights error(s)  Procedural error (s) points  Fotal in the last 12 months:  Five rights error(s):  Procedural error points
Procedural error (s) points  Fotal in the last 12 months:  Five rights error(s):  Procedural error points
Fotal in the last 12 months: Five rights error(s): Procedural error points
Five rights error(s): Procedural error points
Procedural error points
N.B.: this is a "rolling" year; that is count backwards from the date of this error 12 months to
determine the total number of five rights errors/points the person has.)
ndividual's Name <u>:</u>
Residence:
Date of Error:
Time of Error:
Note all issues that apply:
ive Rights Medication Errors (each time one of the following occurs it is to be assigned one five rights
error
Wrong person
Wrong person Wrong dose
Wrong dose
Wrong dose Wrong date/time
Wrong dose Wrong date/time Wrong route
Wrong dose Wrong date/time Wrong route Wrong medication
Wrong dose Wrong date/time Wrong route Wrong medication Omission – (includes failure to follow the bowel protocol/behavior support plan protocol)
Wrong dose Wrong date/time Wrong route Wrong medication

## **Procedural medication errors:**

	POINTS
ERROR	
Failure to sign for medication that was administered	1
Failure to accurately verify/check the Medication Administration Record as assigned by the Program Manager/shift supervisor	
Failure to sign the controlled substance "double count" record	
Failure to sign the controlled substance chronological accounting record	
Failure to document efficacy of as needed (i.e.: PRN) medications	
Failure to count controlled drugs	2
Failure to secure medications/keys properly	
Failure to send prescriptions to the pharmacy	3
Failure to maintain an adequate supply of medication in the residence	3
Failure to transcribe physician orders correctly	3

Employee – Signature & Date	
Site Supervisor/Program Manager – Signature & Date	
Residential Nurse – Signature & Date	For HR Dept. Use
Nurse Educator - Signature & Date	HR Action Form □
	EE Letter □
cc: attach conv to incident report	EE WTPA 🗆