

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE PROCEDURE

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I. APPLICATION:

- SCCCMH Board
- SCCCMH Providers & Subcontractors
- Direct-Operated Programs
- Community Agency Contractors
- Residential Programs
- Specialized Foster Care

II. PURPOSE STATEMENT:

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

III. DEFINITIONS:

- A. SCCCMH Designated Nurse: SCCCMH 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 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 SCCCMH [form #0048 Medication Administration Record](#).
- 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.
 - c. The wrong dose was given to an individual.

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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, the medication count documented 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 procedures) set forth by the appropriate accrediting body for licensing and/or SCCCMH. All Prescribers (doctors, nurse practitioners, etc.), Registered Nurses (RNs), and Licensed Practical Nurses (LPNs) are qualified staff according to licensure and are exempt from the training process unless otherwise directed by employer.

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, recorded, and studied to prevent the recurrence of similar errors.

B. SCCCMH 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 re-testing.

D. Injectable psychotropic medication may only be administered by a Registered Nurse (RN) or a Prescriber (e.g., physician, nurse practitioner).

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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 in cases of omission, refusal, or late medication errors, only, as per [Administrative Procedure #04-003-0075, Standing Missed Medication Orders \(SMMO\)](#).
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 when unable to reach a Prescriber or Pharmacist, contacts Poison Control for instructions.
5. Does the following if it is a SCCCMH prescriber after hours: calls the SCCCMH main number 810-985-8900 and follows 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 SCCCMH [form #0051 Medication Error Report](#) within twenty-four (24) hours of discovery.

NOTE: If hospitalization or a life-threatening crisis occurs as a result of the medication error, [form #0057 Incident Report](#) must be completed in addition to form #0051 Medication Error Report. If the medication error occurs on site at SCCCMH and EMS is called, [form #0910 Emergency Event](#) must also be completed and submitted to the Safety Chairperson.

Supervisor/Designee/ Responsible Party/RN

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

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instructions obtained.

Person Discovering Error

11. Does the following if it appears that an error has occurred on a previous shift, e.g., initials were not entered on the Medication Administration Record (MAR) where they should have been, medication counts are inaccurate, etc.:
 - a. Contacts the staff person who was assigned to administer medications on the shift in which the error occurred to determine if an error in administration was made.
 - b. Counts the medications to determine whether 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 Procedures steps 1 through 6 above upon verification of an error of medication administration.
13. Completes steps 14 and 15 below 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).
14. Circles the appropriate box on the Medication Administration Record (MAR) where the initials were omitted.
15. Documents on form #0051 Medication Error Report by checking the box next to [] wrong documentation and documents the conversation held with the staff person who omitted their initials on the Medication Administration Record (MAR).
16. Contacts the prescriber if there is any doubt that the medication was administered.

Staff Who Omitted Initials

17. Registers their 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 and not in the administration of the medications.

Supervisor/Responsible Party

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

SCCCMH Designated Nurse

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

Supervisor/Responsible Party

20. Disseminates form #0051 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 Caseholder.
- d. Copy to personnel file of staff who made the medication error.
- e. Fax report to SCCCMH fax number found on form #0051 Medication Error Report.

SCCCMH Designated Nurse

21. Reviews submitted Medication Error Report forms. Provides 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. Submits form #0051 Medication Error Report to scanning department.

Recipient Rights Director

22. Reviews Medication Error Report forms to identify Recipient Rights violations and processes accordingly.

Assigned Clerical/SCCCMH Designated Nurse

23. Enters data from Medication Error Reports and submits quarterly data report to Safety Chairperson to be reported at Quality Improvement Committee meeting.

SCCCMH Designated Nurse

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

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,

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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.
- c. If the error is in documentation only, notifies supervisor of documentation error including pill count discrepancies. Notifies supervisor **immediately of controlled substances discrepancy.**

VI. REFERENCES:

- A. [#0048 Medication Administration Record](#)
- B. [#0051 Medication Error Report](#)
- C. [#0057 Incident Report](#)
- D. [#0910 Emergency Event](#)
- E. [Administrative Procedure #04-003-0075, Standing Missed Medication Orders \(SMMO\)](#)

VII. EXHIBITS:

N/A

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, 05/23.