



Medication Error Policy

I. POLICY

The following will be considered to be medication/treatment errors:

- A. The wrong medication/treatment is administered; medication/treatment is administered to the wrong person served, in the wrong route, in the wrong dose, at the wrong time, or on the wrong date.
- B. Medications/treatments administered to the person served with a known allergy to the medication, that exceeds the expiration date, or given in an improper form such as crushed when it should have been given whole.
- C. PRN medications given for the wrong reason or incorrectly per instructions including specific protocols as determined by the prescribing physician.
- D. Medication/treatments not administered that cannot be made up, as directed by the Program Coordinator or Designated Manager upon contacting the prescribing physician or health care professional, will also be considered errors.
- E. Medications/treatments not charted will be considered discrepancies. Medications/treatments that were not administered, but can be made up by altering medication times as directed by the Program Coordinator or Designated Manager or physician, will be considered discrepancies.

For all medication/treatment errors or discrepancies, employees will comply with the *Policy and Procedure on Documenting and Reporting Incidents, and Emergencies*.

II. PROCEDURE

- A. At the beginning of their shift, prior to the shift change, employees will check the *Medication Administration Record Sheet* to ensure the medication administration from the prior shift was completed per prescriber's orders and documented according to policy. **Employees will not leave the premise until this check has been completed.**
 1. Immediate action for medication/treatment errors
 - a. If a medication/treatment error is discovered, the employee discovering the medication/treatment error must:
 - 1) Notify the Program Coordinator or Designated Manager of the error and follow any instructions
 - 2) Call the prescriber's clinic or pharmacy and follow instructions, if the Designated Manager is unavailable
 - 3) Call Poison Control and follow instructions, if the prescriber's clinic or pharmacy is unavailable
 - 4) Document in the *Communication Log* and circle the appropriate box on the *Medication Administration Record* and chart an "X" with initials for "medication error". See if the medication/treatment can be given by adjusting medication times as directed by the Designated Manager or health care professional
 - 5) Complete a GER on Therap for "Medication Error" and notify Program Coordinator or Designated Manager.
 2. When contacted about a medication/treatment error or discrepancy, the Designated Manager will:
 - 1) Ensure that the person's health is not in danger and is receiving appropriate treatment.
 - 2) Ensure that documentation has been completed in the *Communication Log*.
 - 3) Complete necessary follow up and document in the *Medication Administration Record Review*



Sheet.

- 4) Provide or require re-training for involved employees as necessary.
- 5) Medication errors within a calendar year will be dealt with as follows:
 - a. First offense – Program Coordinator or Designated Manager will go over how the procedure should have been done.
 - b. Second offense - Program Coordinator or Designated Manager will go over how the procedure should have been done.
 - c. Third offense – employee must retake the medication training class, and the outcome is to be determined by the Program Coordinator or Designated Manager.
- B. The Program Coordinator or Designated Manager is responsible for ensuring the medications/treatments from the pharmacy are checked every two weeks to ensure accuracy and completeness. If a pharmacy error, in packaging or otherwise, is discovered prior to or after administering a medication/treatment, the Program Coordinator or Designated Manager will ensure the pharmacy has been contacted to request correction of the error.
- C. The Program Coordinator or Designated Manager will continually monitor the circumstances of medication and treatment discrepancies and errors, identify their causes, act to protect the person's health and welfare, and work to reduce the number and severity of medication/treatment discrepancies and errors to the lowest possible frequency.
- D. Medication/treatment errors will be regarded as neglect if the error causes illness or injury to the person served that necessitates seeking the care of a medical or mental health professional.
- E. Medication/treatment errors will be regarded as neglect when the error is part of a pattern.
 1. The Program Coordinator or Designated Manager will track all medication/treatment errors documented on *Medication Administration Record Review* to monitor for patterns of errors.
 2. Patterns of errors will be communicated to the Designated Manager.
 3. A group of errors will be considered a pattern when three errors are committed by one employee within a 30 day period or five errors within a 60 day period.
 4. Identified patterns may be reported and documented as possible maltreatment. Employees will follow the applicable policies on reporting maltreatment of minors and vulnerable adults.