

MEDICATION MONITORING and MANAGEMENT – Procedures Waiver Programs

Purpose

To support persons served in their own homes with their medication needs.

Scope

This procedure applies to all Waiver employees who have completed competency based training in medication monitoring and management.

Definitions

1. Arkansas State Board of Nursing defines “assistance with medication” as ancillary aid needed by an individual to self-administer oral medication. Ancillary aid does not include calculation of medication dosage, or altering the form of the medication by crushing, dissolving or any other method. “Medication Management” is defined as the practice of prescribing, administering, and/or dispensing medication by qualified personnel. It is considered management when personnel in any way effect dosage, including taking pills out of a bottle or blister pack; measuring liquids; or giving injections, suppository, or PRN medications. ERC does not prescribe or dispense medications.
2. “Medication Monitoring” is defined as the practice of providing a secure storage area and controlled access for medications that are brought into a program and used by the person served. The person served must take the medication without any assistance (other than ancillary aid) from personnel.

Staff Training and Staff Monitoring

A RN will provide oversight of persons served who require administration of medications under the Consumer Directed Care Act.

Waiver staff (or other staff providing direct care services in the Waiver Program) must satisfactorily complete ERC’s competency based Medication Monitoring and Management Tier Training Program before providing these types of services to persons served. Tier training is individualized based on needs of person being served by that staff member.

Tier 1: Includes an overview of medication monitoring and management and ERC medication procedures, as well as, information regarding the specific medications person served will be taking. Person served is independent with medications based on self-administration of medications assessment.

Tier 2: Includes information in Tier 1, plus the type of medication assistance (or ancillary aid) needed by the person served. Person served requires assistance (or ancillary aid) with medications based on self-administration of medication assessment.

Tier 3: Includes information in Tier 1 and 2, plus any needed health maintenance activities described under the Consumer Directed Care Act if those activities can be safely performed by a care aide (Waiver staff) as determined by the physician, advanced practice nurse or a registered nurse. The RN will provide training for Tier 3.

The Waiver Staff Supervisor (or designee) has on-going responsibility for monitoring medication plans, as well as documenting the results of the monitoring and follow up. Monitoring activities will include:

- 1) Staff at all times are aware of the medications being used by the person served;
- 2) Staff are aware of the potential side effects of the medications prescribed to persons served;
- 3) All medications, including over the counter medications consumed are prescribed or approved by the person’s Physician or healthcare practitioner;

- 4) Signed Informed Consents for prescription and PRN medications;
- 5) ERC Policy and Procedures are implemented;
- 6) Positive Behavior Support and Intervention Plans are in place for persons served taking psychotropic (or behavior modifying) medications;
- 7) Observation of medication monitoring and/or management is made at least monthly; and, Self-Administration of Medication Training Goals are implemented and documentation is collected accurately.

Medication Monitoring Plan

A current Medication Monitoring Plan includes:

- 1) Type of assistance to be provided (i.e., monitoring or administration);
- 2) The name of the medication(s) – prescription and over the counter;
- 3) The dosage, including strength or concentration;
- 4) The frequency;
- 5) The purpose of the medication;
- 6) Instructions for use, including administration route;
- 7) Potential side effects;
- 8) Drug interactions;
- 9) For prescribed medications:
 - a. The prescribing professional and phone number; and,
 - b. Dispensing pharmacy and contact information.
- 10) Drug allergies;
- 11) Self-Administration of Medication (SAM) Assessment;
- 12) SAM's Goals/Training (if needed);
- 13) Medication Monitoring Log;
- 14) Informed Consent(s);
- 15) Tier assignment and specific assistance person served will need; and
- 16) Review by RN (for Tier 3 plans).
- 17) Written evidence of any beneficiary or legal guardian electing to administer all prescribed medications themselves.

A copy of the current Medication Monitoring Plan will be maintained by the Waiver Supervisor (or designee) in the home binder of person served and/or Therap to ensure access by Waiver staff providing services.

Persons served or the responsible party is required to notify the Waiver Supervisor (or designee) of any new medications so that the Medication Monitoring Plan can be updated.

- The Waiver Supervisor (or designee) is responsible for updating and disseminating the revised Plan.
- If person served receives Case Management/Care Coordination Services from another provider, the other provider should provide a Medication Monitoring Plan; however, if they do not (or the Plan does not contain all necessary information), ERC's Waiver Supervisor (or designee) will develop the Plan.

Medication Packaging and Labeling

All medications must be contained in a properly labeled container from the pharmacy (or original container for over the counter medications). Labels must include: name, dose, quantity, administration instructions, and date filled.

Medication Storage

- 1) Medications in the homes of persons served are not required to be locked unless the person served has demonstrated unsafe behavior with the medications and there is a rights restriction in place.

- 2) Situations involving multiple clients living in one residential unit may require locked medications in order to ensure the safety of the housemates. Clients would have access to their own medications via a key in these cases.
- 3) Med minder boxes may only be used if person served is independent with taking his/her own medications as documented in the Self Administration of Medication Assessment. Filling the med minder boxes and any issues arising as a result of using the med minder boxes will be the responsibility of the person served.

NOTE: While it is not recommended by ERC, some guardians have requested that their person served be allowed to use med minder boxes. In these cases, the guardian must sign an informed consent that outlines the risks and responsibilities of using the med minder boxes. Filling the med minder boxes and any issues arising as a result of using the med minder boxes will be the responsibility of the guardian.

- 4) The medications should be stored safely away from children and pets.
- 5) Topical and oral medications should be stored separately.
- 6) All medication will be stored according to manufacturer instructions. Questions regarding special storage requirements for particular medications will be addressed to the pharmacy and all special storage instructions will be followed. Medication transported outside the home will be stored and transported following all manufacturer/pharmacy instructions for each medication.

This will include medications requiring cold storage (will be refrigerated and temperatures maintained between 36 and 46 degrees Fahrenheit) and medications requiring protection from light (will be stored in a darkened location).

Safe Handling of Medications

Persons served are responsible for going to pick up medications. Staff may provide assistance as needed. Persons served (or guardians) may opt to choose a pharmacy that provides delivery. Staff will notify the Waiver Supervisor (or designee) immediately upon receipt of medication. Documentation of receipt of delivery of medication is scanned by the Waiver Supervisor (or designee) and saved to the Waiver drive.

Controlled medications will be counted upon receipt with the Waiver Supervisor (or designee) and a Controlled Medication form will be developed.

- Clarification of orders will be obtained if needed.
- The Consultant RN may make initial clarification if prescribing Physician is not immediately available.
- Counts will be completed on each shift thereafter.
- Medications will be counted and signed by oncoming and outgoing staff.
- Counts are to be cross-referenced with the Medication Monitoring Record.
- Any discrepancies will be immediately reported to the Waiver Supervisor (or designee).

Medication counts will not be done routinely for other medications. Incoming and outgoing staff will check the next medication packet and confirm that medications were taken during the outgoing staff shift and confirmation of when next medications are due for the oncoming staff.

Medications that are held, but not discontinued, by the doctor will be reported immediately to the Waiver Supervisor (or designee) along with rationale as to why medication was to be held and date it is to be resumed.

- The Medication Monitoring Record will be marked with an "H" for "Held" on each day the medication is to be held.

Medications, not currently listed on the Medication Monitoring Record (not currently being used/taken by the person served, will be removed from the home. If the medication is not listed on the Medication Monitoring Record; if the medication or the physician order for the medication is expired or the medication has been discontinued, staff will contact the Waiver Supervisor (or designee) for instruction. Medications will be turned in to the Waiver Office for proper disposal or guardian pick up.

No more than a 90-day supply of medication should be stored in the home of the person served. The Waiver Supervisor (or designee) will check for excess amounts of medication during their monthly medication review and follow up by removing the medication to the Waiver Office for proper disposal or guardian pick up. The Waiver Supervisor (or designee) will follow up with the physician and/or pharmacy notification regarding excess medication.

Infection control practices will be used when handling medications:

- 1) Ensure clean surface where medications will be taken.
- 2) Wash hands before assisting with medications. Person served should also wash hands.
- 3) Apply gloves if there is potential of coming in contact with medications (i.e., topicals) or if there will be direct contact made with the person served.

Medication Use Off Site

1) Community Settings:

If a person served believes he/she will not be home during the normal medication administration time, the person served, with staff assistance if needed, will place the needed dose in a properly labeled container and will carry the medication with him/her. Any specific assistance needed from staff will be listed in Medication Monitoring Plan. Documentation that the medication was taken will occur upon returning home.

2) Day Programs operated by ERC:

Persons served in ERC's Waiver programs are required to operate under the Adult Day Services Medication Monitoring Procedures when attending an ERC Day Program. Refer to those procedures.

3) Under the Consumer Directed Care Act, medications may only be **administered** in the home of the person served.

Safe Disposal of Medications

Medications that have become contaminated (i.e., dropped on floor), have expired, or have been discontinued will be turned in to the Waiver Office. The Waiver Office supervisor/designee will transport the medication to the Springdale Police Department for safe disposal by the Waiver Supervisor (or designee). Disposal will be documented on the Medication Monitoring Record.

Controlled Meds are counted by two (2) staff at time meds come to office and at time of delivery to police department – and documented (in Therap). Dispose at least monthly.

Maintenance of Adequate Supply of Medications

Once person served is down to a five (5) day supply of medication(s), or medically necessary supplies, the staff person responsible for monitoring and/or administering medications will assist person served with notifying the Waiver Supervisor (or designee) to reorder medications.

Medication Assistance / Ancillary Aid

An unlicensed person assisting with the self-administration of medication may only do the following:

- 1) Remind the person served when to take the medication and observe to confirm that the person served follows the directions on the container;
- 2) Assist an individual in the self-administration of medication by taking the medication in its container from the area where it is stored and handing the container with the medication to the individual.
- 3) If the person served is physically unable to open the container, the unlicensed person may open the container for the person served; and,
- 4) Assist, upon request by or with consent of, a physically impaired but cognitively able person served, in removing oral medication from the container and in taking the medication.

- 5) If a person served is physically unable to place a dose of oral medication in the individual's mouth without spilling or dropping it, an unlicensed person may place the dose in another container and place that container to the mouth of the person served.

All needed assistance will be documented in the persons served Medication Monitoring Plan.

Health Maintenance Activities (under the Consumer Directed Care Act of 2005)

- 1) Health maintenance activities may be provided by Waiver Staff for a competent adult at the direction of the adult or for a minor child or incompetent adult at the direction of a caretaker.
- 2) Caretaker means a person who is directly and personally involved in providing care for a minor child or incompetent adult, and the parent, foster parent, family member, friend, or legal guardian of the minor child or incompetent adult receiving care.
- 3) Health maintenance activities mean activities that the person served is unable to perform for himself or herself.
- 4) The attending physician, advanced practice nurse, or registered nurse must determine that a Waiver Staff under the direction of a competent adult or caretaker can safely perform the activity in the minor child's or adult's home.
- 5) Home shall not include nursing home, assisted living facility, residential care facility, an intermediate care facility, or hospice care facility.
- 6) Health maintenance activities that may be provided:
 - a) Catheterization to include Foley catheterization;
 - b) Enemas; and
 - c) Rectal administration of Diastat or other administration such as suppositories or creams.
- 7) Health maintenance activities that are not exempted by the Consumer Directed Care Act of 2005 include:
 - a) Physical, psychological, and social assessment which requires nursing judgment, intervention, referral, or follow-up;
 - b) Formulation of the plan of nursing care and evaluation of the client's response to the care rendered;
 - c) Tasks that require nursing judgment or intervention;
 - d) Teaching and health counseling;
 - e) Administration of any injectable medications (intra dermal, subcutaneous, intramuscular, intravenous, or any other form of injection) or intravenous therapy;
 - f) Receiving or transmitting verbal or telephone orders.
- 8) The Waiver Staff must demonstrate the ability to safely perform the health maintenance activity.

All activities needed will be documented in the persons served Medication Monitoring Plan.

Documentation of Medication Use

- 1) Staff will document the monitoring of self-administration of medications in Waiver Monthly Medication Monitoring Record, by initialing in ink, and documenting the correct date and time the medication was taken.
- 2) Staff will note if person served refused to take medication or other reasons why the medication was not taken on the back of the Waiver Monthly Medication Monitoring Record. A legend will be provided in the record to indicate method of documenting information in the record.
- 3) Documentation errors will be corrected by marking one line through the error, initialing and dating. White out may not be used.
- 4) Medications discontinued mid-month will be marked through from last date self-administered to end of month in the paper form. Staff will document on back of form why the medication was discontinued.

- 5) New medications or dosage changes will be updated on the Waiver Monthly Medication Monitoring Record. Staff will document why the medication was added or changed.
- 6) Staff will document any new symptoms or any observed possible side effects to a medication for the first 48 hours after the start of a new medication in a t-log.
- 7) Medication monitoring documentation is not required on persons served who have been assessed and have been deemed by the IDT that they are independent with medication administration. Refer to Individual Program Plan. Staff will continue to have access to list of medications with information and side effects, etc.
- 8) Medication errors will be documented in a GER.
- 9) Medications forgotten by person served (staff not responsible) will be documented in a GER.
- 10) Medications refused by person served will be documented in a GER.

As Needed or PRN Medications

- 1) Physician orders (also referred to as Standing Orders) for prn OTC medications must be on file for any persons served who take OTC medications. Refer to Medication Monitoring Plan.
- 2) The use of prn OTC medications require pre-approval for use by persons served who are not independent with administration of medications from Waiver Supervisor (or designee).
- 3) The monitoring of over the counter medications must be documented on the Waiver Monthly Medication Monitor form. Documentation must include the reason (circumstances and symptoms) why the medication was taken. Thirty minutes after the as needed medication was taken, staff must also document a follow-up that indicates if the reason why the medication was taken was resolved or condition improved.
- 4) Physician orders for prn controlled medications (i.e., pain medication) must be very specific as to what condition is being treated (i.e., back pain), when (to include a specific frequency) and how much medication should be used.
- 5) PRN psychotropic medications may only be used if all of the following conditions are met:
 - a) The IDT has determined that the person served is able to independently request the medication.
 - b) The HRC has approved the use of the medication.
 - c) The physician prescribing the medication specifies when the medication should be given and what symptoms the medication is used to treat.
 - d) The PBSI Plan addresses the use of the medication.
 - e) The Waiver Supervisor (or designee) will monitor prn usage and report to the prescribing physician.

Adverse Medication Reactions and Side Effects

An adverse medication reaction may be either:

- a) A secondary effect of a medication that is usually undesirable and different from the therapeutic effect of the medication.
- b) Any response to a medication that is noxious and unintended and occurs at a normal dose amount.

Adverse medication reactions should not be confused with side effects. A side effect is an expected, well-known reaction that occurs with a predictable frequency and may or may not constitute an adverse consequence. One type of adverse medication reaction is an allergic reaction.

- 1) Staff must notify the Waiver Supervisor (or designee), who will then notify the prescribing physician if a side effect or an adverse reaction is suspected. Staff will closely monitor the person served until direction is given by the

physician. "911" will be called if the person served has difficulty breathing, becomes unconscious/unresponsive, or the staff person believes the symptoms could be life threatening.

- 2) Guardians, responsible parties, Waiver Supervisor (or designee) will also be notified as quickly as possible.
- 3) A General Event Record (GER) will be completed. Identified drug allergies must be documented on the persons served face sheet and on the Medication Monitoring Plan.

Medication Errors

Medication errors occur any time a medication was not given as it was prescribed (or any of the six rights were violated).

Six (6) Rights:

- 1) Right person served
- 2) Right dose
- 3) Right route
- 4) Right medication
- 5) Right time (1 hour before or after time listed on prescription)
- 6) Right documentation
- 7) Any medication administration errors occurring or discovered must be recorded in the medication log and immediately reported to a supervisor. "Medication administration errors" include, but are not limited to, the loss of medication, unavailability of medication, falsification of medication logs, theft of medication, a missed dose, wrong dose, a dose being administered at the wrong time or by the wrong route, the administration of the wrong medication, and the discovery of an unlocked medication lock box that is supposed to be locked at all times.
- 8) If a medication error occurs, notify the person served, the guardian, the Waiver Staff Supervisor and the prescribing pharmacists/physician for further direction.
- 9) Closely monitor the person until direction is given by the Pharmacists or Physician.
- 10) A General Event Record (GER) must be completed.
- 11) The Waiver Staff Supervisor will report medication errors as required to DDS Quality Assurance in accordance with Section 300 for any medication administration error that caused or had the potential to cause serious injury or illness to a beneficiary

NOTE: See below (Section: Medication Refusals and/or Forgotten Medications) for occasions in which six rights may have been violated but the occurrence will not be treated as a medication error.

Medication Refusals and/or Forgotten Medications

- 1) Medication refusals will not be treated as a medication error. Persons served have the right to refuse medication.
 - a. If a person served refuses to take the medication, the Waiver Supervisor (or designee) will be contacted for assistance.
 - b. If the person served continues to refuse, a GER will be completed and will include the reason, if any, stated by the person served.
 - c. The Waiver Supervisor (or designee) will investigate reason for refusing medication and will attempt to resolve issues with the person served.
 - d. The Waiver Supervisor (or designee) will also monitor for trends in refusing medications and will address via the Interdisciplinary Team process which will include the prescribing physician.
 - e. The Team may wish to revise the persons served Individualized Service Plan and/or Positive Behavior Support and Intervention Plan to give staff direction on what to do if refusals continue.

- 2) If person served forgot to take his or her medications and he/she was responsible for taking the medications independently (i.e., no staff), staff will document the discovery in a GER, and the Waiver Supervisor (or designee) will address via the Individualized Service Plan.
- 3) Medications not taken while out on pass (i.e., not in the care of ERC) and therefore was not a result of staff error (i.e., medications not sent), will not be treated as a medication error. The discovery will be documented in a GER, and the Waiver Supervisor (or designee) will follow up with the person served/family/friend to discuss ways of ensuring medications are taken as prescribed while out on pass. Follow-up will be documented in the GER.

Review/Revision/Approval Information

- List all review/revision dates made by P&P Review Committee: 3/2014, 4/2014, 7/2014, 1/2016, 8/2017, 11/2019.
- Approved by:

Zaran Reed
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11/13/19
Date

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11/13/19
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