

BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

Chapter: 6	Medication Management		
Section: 1	Operational		
Topic: 1	Medication Management and Administration		
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Policy

Bay-Arenac Behavioral Health Authority (BABHA) is fully committed to carrying out its services in a manner consistent with its Mission, Vision, Values, and Strategic Plan and to include a high standard of consumer safety practice as it relates to medication management and administration.

Purpose

This policy and procedure is established to ensure that appropriate standards and practices are maintained regarding the management and administration of medications for the safety of consumers.

Education Applies to:

- All BABHA Staff
- Selected BABHA Staff, as follows: Clinical Provider Supervisors, Agency Nurses - Clinical, Agency Nurses - Residential, Direct Care, and ACT, ABA providers
- All Contracted Providers: Policy Only Policy and Procedure
- Selected Contracted Providers, as follows: Licensed Independent Practitioners, Primary Care/Outpatient Providers, Residential Providers, SIAP Staff, Contracted Nursing Providers, and Day Program Providers
- Policy Only Policy and Procedure
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- Other:

Definitions

N/A

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Procedure

A. Medication Management

1. Medications will be administered only at the order of a licensed, prescribing professional.
2. The licensed professional prescribing the medications will have full responsibility for his/her prescribing practices, to include review of pertinent lab work, etc.
3. All medication orders will be legible, complete (e.g., brand name or generic name with dose), have times to take medication (may include length of time to take medication, e.g. for 7 days), route of the medication to be administered, include a reason or indication for use, and include the prescriber’s name and office contact number .
4. If there are circumstances that any special precautions should be taken, they will be included in the medication order (e.g., watch for dizziness, etc.).
5. If a medication order would appear to be incomplete in any way (e.g., illegible, unclear, etc.) the prescribing professional will be called to verify the order and the “read-back” method will be implemented (order written, then read back to the prescriber).
6. BABHA employees or contracted personnel shall comply with the orders of a prescribing professional in administering and/or stopping medications and shall comply with the Licensing Regulations regarding storing and securing consumer medications.
7. All personnel will report medication errors and adverse reactions immediately to their supervisor and/or prescribing professional, or both, and complete an Incident Report.
8. If appropriate, a consumer will be evaluated at an emergency department and all adverse drug events will be reported to the appropriate authorities (e.g., FDA).
9. Telephone orders in the Specialized Residential Homes shall only be accepted in emergency situations and will use the “read-back” method after transcribing. These orders may ONLY be accepted by a Registered Nurse (RN) and will be signed by the prescribing professional within 7 days, or as soon thereafter as possible.
10. Orders for medications will be effective only for the specific number of days indicated by the prescribing professional.
11. In the event the prescribing professional is not available to provide a medication review, or if a medication needs to be renewed at the clinic sites, the RN/LPN supervised by the prescribing professional can refill an active medication order one time (1x), after completing a brief med review/assessment. Controlled substances may not be renewed for more than 30 days. The consumer will be rescheduled for an appointment with the

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prescribing professional as soon as possible, but not longer than 3 months, or will keep an already scheduled appointment. There may be few exceptions at the discretion of and after consultation with the prescribing professional.

12. Specific criteria for medication renewal:

- The person is considered stable (no changes in dose or medications for 3 months)
- An appointment has been scheduled
- A review of all medications prescribed to include any medications prescribed by the primary care professional
- A MAPS has been completed and reviewed per discretion of the nurse or prescriber but at least in the last 3 months (nothing outstanding noted) for those people on controlled substances without having concerning behaviors:
 - Taking more than prescribed medications and running out early
 - Lost/stolen prescriptions
 - Making appointments early for early refills
 - Asking for a 3-day refill restriction to be lifted
 - Other suspicious behavior
- The person is compliant with their treatment plan (per utilization review process)
- Benzodiazepines and stimulants may only be renewed upon direct consultation and approval of prescribing professional and then for only 30 days without a face to face visit. In some cases, an RN med review may satisfy the requirement for a face to face visit when appropriate.
- ALL prescriptions **may not** be renewed more than 1 time without the person being seen by the primary prescribing professional, or a face to face appointment with an RN for an RN med. review. There may be few exceptions at the discretion of the prescribing professional.

13. MAPS is a Michigan Automated Prescription Service and is protected by the Michigan Public Health Code and is NOT to be scanned into a person's medical record unless a compelling concern is noted and then only based upon the prescriber's decision. If the decision to scan has been determined, the document should be scanned as an attachment to the related note (Med Review or Progress Note). Whenever a MAPS has been completed, it should be so noted in the Medication Review and any coordinating progress note

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14. The individual prescriber may abbreviate this time frame, but not lengthen the time frame.
15. The administration of psychotropic medications should be reviewed at least every 90 days or whenever possible, to determine appropriateness of continuing use, including Discus testing.
16. Medications will only be prepared and administered by the appropriate trained staff, within the scope of their practice, using 2 unique identifiers (in day care areas and residential homes, if appropriate, a picture of the consumer will be attached to a medication administration card or sheet).
17. All medication administrations will be documented in the consumer's medical record and will include the time of administration, the identification of the person administering.
18. All medications will be kept in a locked cabinet with limited access.
19. Medication cards, record, or other approved systems will be used in the preparation and administration of medications.
20. All medications that are given to a consumer, guardian, or significant other, upon leave for a visit or discharge, will be in compliance with state and federal regulations pertaining to labeling and packaging, including a signed release of responsibility form with the medication package inserts or pertinent educational materials and any significant safety concerns.
21. All medications brought into the system for consumer use (e.g., North Bay, Arenac, ACT) will be visually inspected, identified/verified against the order, ensured that they are labeled according to state and federal laws and regulations and stored in a secure area until ready for administering. Medications shall not be left open and/or unattended at any time. If there appears to be a discrepancy in any way with the medication, it will be returned to the appropriate site and the prescriber and consumer family and/or guardian (at North Bay) will be notified.
22. All medications administered in a Specialized Residential Home must be prepared for administration and administered to the consumer inside the designated medication room if the home has a designated medication room available. Medications may only be passed at an alternate location (outside of the home's designated medication room) if the home does not have a designated medication room available. An exception to this would be made if the home staff obtains a professional order from the nurse to pass medications outside the med room, or if it is written in the nursing care plan or the IPOS.

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23. All medications taken from a BABHA facility (includes day programs, SIPs, SIAPs, AFCs and Specialized Residential Homes) for off-site administration by a BABHA employee to a consumer will be placed in an appropriately labeled secure container and transported in a secure device.
24. All medications removed from a BABH facility such as Specialized Residential for a leave of absence (LOA) will be divided between the original and the duplicate pharmacy labeled container following the 5 rights of medication administration.
 - a. A licensee shall assure that the resident, or in the alternative, the person who assumes responsibility for the resident has all of the appropriate information, medication, and instructions. When medication is sent out of the home the medication needs to be placed in the corresponding pharmacy labeled container.
 - b. A Leave of Absence form is to be filled out by staff with dosage and administration instructions and should be signed by the individual taking responsibility for the resident's medications.
25. All medications brought for children to take at any BABH contracted ABA provider location will be provided to staff in a pharmacy labeled, secure container. The parent or guardian will sign the related medication authorization form.
26. As appropriate, the number of the poison control center will be readily accessible at the BABHA sites that prescribe medications and will be made available for those persons served and, program personnel.

B. Medication Administration

To pass medications effectively and efficiently, the following steps must be taken:

1. Clean off work area.
2. Wash hands or preferably use the alcohol-based hand disinfectant.
3. Positively identify the person receiving the medication (using 2 unique identifiers, e.g., verbal response to name, second person identifying consumer, name band, picture, etc.).
4. Explain to the person what the medication administration process will be (even if the person is non-verbal).
5. Provide privacy, if needed.
6. Compare the label of the medication container with the medication record and/or medication order (if you are unfamiliar with a medication you are giving, check with a pharmacist or current drug book).

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7. Complete a “visual inspection” of the medications and ensure there are no contraindications and the expiration date is valid.
8. Prepare the right medication in the right dosage at the right time by the right route for the right person (the five rights).
9. Advise the consumer, or appropriate personnel regarding potential clinically significant reactions.
10. Follow special instructions written on label or attached to the container (e.g., shake, warm, do not take with milk).
11. Assist the person in taking the medication, if appropriate:
 - a. Positioning the head correctly will aid in the swallowing process.
 - b. Give adequate water to aid in swallowing tablets, capsules or liquids.
 - c. If a person has difficulties swallowing the tablet, capsule or liquid, notify the nurse consultant.
12. Remain with the person until he or she swallows the medication.
13. Observe, record, and report any response to the medication and its effect by the consumer or family member (use their own words), especially those concerns that are unresolved or appear to be significant or as it may relate to significant lab results, etc.

C. When not to give Medications

1. If at any time there is doubt as to the status of the consumer (e.g., signs of unconsciousness, difficulty breathing or swallowing etc.).
2. Legibility of the order, label, or medication record.
3. Doubt as to the right consumer, right drug, right dosage, right time, or the right route.
4. The consumer refuses to take the medication (explanation to the consumer often encourages them to cooperate).
5. Suspected or known allergy or sensitivity to medications in certain classes, or known contraindications, or potential for adverse outcome.

D. Medication Administration at the SIAP for Intensive SIAP Consumers (prior to any transition into a lesser intensive case):

1. There will be an order or a print out from the pharmacy for all medications being taken by the consumer (needs to be continually updated) at the SIAP and kept in each consumer book.

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2. All medications brought to the apartment will be checked prior to being given to the consumer for their use or being placed in the lock box for that consumer (all consumer medications, whether intensive SIAP case, or a lesser intensive case with the consumer having all responsibility for medication administration).
3. Medications being taken by the consumer will be transcribed onto a medication delivery record (see the attached example) or a label will be printed at the pharmacy to be adhered to the medication delivery record.
4. As medications are being set up by the consumer or staff, they will be checked for the five (5) rights (person, medication, dose, time and route) by comparing the label on the medication to the medication delivery record.
5. After the accuracy is confirmed, the medication will be placed in a pill box to be taken at the prescribed times (usually set up for a week at a time).
6. The observer (Direct Care Worker) will initial the medication delivery record along with the consumer verifying the accuracy of the medications.
7. All prn medications will be counted periodically, but at least monthly to determine the level of use of the medication (may be using too much or too little).
8. All unused or discontinued medications will be crushed and added to kitty litter or old coffee grounds, bagged, sealed and sent with the trash.
9. All remaining medications will be returned to the individual served or his/her guardian upon transfer or discharge from the program.

Ensure this information is documented and the prescribing personnel are notified for any appropriate clarifications.

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Attachments

N/A

Related Forms

- Medication Delivery Record-(EHR)
- Incident Report Form-(Intranet)
- AIMS assessment-(EHR)
- Leave of Absence form (MCF) (Used by Residential Homes)

Related Materials

N/A

References/Legal Authority

- CARF Accreditation
- Michigan Public Health Code
- MI Dept of Licensing and Regulatory Affairs
- Bureau of Community and Health Systems Adult Foster Care and Camp Licensing Division, "Licensing Rules for Adult Foster Care Small Group Homes (12 or Less)
- Michigan DHS "Licensing Rules and Adult Foster Care Group Home Technical Assistance Handbook

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SUBMISSION FORM				
AUTHOR/ REVIEWER	APPROVING BODY/COMMITTEE/ SUPERVISOR	APPROVAL /REVIEW DATE	ACTION (Deletion, New, No Changes, Replacement or Revision)	REASON FOR ACTION - If replacement list policy to be replaced
M. Bartlett	MMPRC	06/16/09	Revision	To ensure a safe environment for the SIAP of overseeing administration of medications.
M. Bartlett	MMPRC	08/17/09	Revision	Updated for current practices
M. Bartlett	MMPRC	02/16/10	Revision	Updated to meet current requirements
M. Bartlett	MMPRC	04/20/10	Revision	To ensure both consumers and staff are reviewing the 5 rights
M. Bartlett	MMPRC	06/15/10	Revision	To ensure children can receive medications at the summer program
M. Bartlett	MMPRC	04/19/11	Revision	To allow prescribers abbreviate time frames for the renewal of medications
M. Bartlett	MMPRC	06/19/12	Revision	Triennial review
M. Bartlett	MMPRC	12/19/12	Revision	To detail the MAPS process and in what instances nursing can renew medications.
		06/01/15	No Changes	Triennial reviewed
S. Van Paris	HPC	5/17/17	Revision	To reflect current practices regarding refilling benzodiazepines
S. Van Paris	HPC	10/17/17	Revision	To reflect current practices regarding med passing in a designated med room when available.
S. Van Paris	HPC	6/18/18	Revision	To meet accreditation requirements and reflect current practice-Triennial Review
S. VanParis	HPC	11/22/19	Revision	Added information about medications when there is a resident LOA