

EDUCATION RESOURCE:

Provider responses to Aging Services of Minnesota survey requesting examples of “best practices” initiated to prevent Drug Diversion – January 2013

Practices Related to Education:

All medication handling providers prior to performing any medication administration will be provided an orientation that includes instruction on controlled substance ordering, procurement, delivery, storage and security, administration, documentation, effectiveness of medication, witnessed counting, reconciliation, discontinuation, disposal, medication error or dropped medication reporting and destruction

All licensed staff, TMAs and ALHC non-licensed staff are taught the six rights of medication administration and return demonstration observed

Consultant pharmacist provides annual in-service for nursing staff regarding medication administration, storage, documentation and drug diversion

All staff assigned to administer medication for the shift are not to give narcotics to be destroyed to anyone unless it is 2 RNs and with the approved documents. No RN can pick up a drug without the proper destruction document

Practices Related to Delegation:

A licensed nurse or trained non-licensed personnel will administer all medications in the facility unless a physician orders self-administration. Only a licensed nurse administers narcotics

A non-licensed employee must have the licensed nurse assess the resident for any PRN controlled medication administration prior to the medication being given. Trained non-licensed and staff can administer controlled substance with consent of supervising licensed nurses

A licensed nurse or trained non-licensed care giver in administration will administer all medications in Assisted Living Home Care unless the client self-administers

Resident / tenant ability to self administer is based on assessment and care plan intervention

Practices Related to Procedure:

At no time is borrowing of medication from one client to another practiced whether it is for one time orders or because of delay in drug delivery

Practices Related to Documentation:

The medication nurse documents when a medication is administered on the MAR or electronic MAR. And for Schedule II medications records the count of medication remaining

The medication nurse checks and documents narcotic patch placement on each shift

Narcotics are signed out and given by the trained medication nurse

Controlled medications are initialed on the MAR as well as logged in the bound narcotic book when given.

Utilize an automated dispensing machine where each narcotic is automatically signed out for the nurse and only the quantity to be administered is dispensed thus preventing tampering of any solid medications

All medications administered for pain control PRN must have a documented pain assessment and a recorded follow-up regarding effectiveness

Practices Related to Assignments:

When possible a consistent person is assigned to administer medications to given group of SNF residents and ALHC tenants

Staff assigned to administer medications for the shift will be the only one with access to the cart or medication storage site

Practices Related to Witness and Counts:

The assigned medication nurse and plus one staff witness the narcotic set-up and administration followed by both signing off for administration.

Practices Related to Audits:

Medication amounts reconciled and imbalance records must be routed to the director of nursing and as appropriate consulting pharmacist.

Conduct audits to ensure delivery, storage, disposal and administration is done according to policy

Audit types and frequency

- At the end of every shift narcotic counts are conducted by the off-going and on-coming nurse. And any discrepancies need to be corrected before out-going shift can leave.
- Random audits occur twice each week of the narcotic counts
- Any discrepancy is immediately reported to the DON