

**WEST MICHIGAN COMMUNITY MENTAL HEALTH  
ADMINISTRATIVE MANUAL**

		Chapter: 2	Section: 10	Subject: 3
CHAPTER: Board Services and Program Administration				
SECTION: Medication Services				
SUBJECT: Medication Administration and Management				
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- I. **PURPOSE:** To establish policy and procedures for the supervision, documentation, storage, and administration of medications to consumers by CMH employees/contractual employees.
- II. **APPLICATION:** All programs and services contracted and/or operated by the West Michigan Community Mental Health Governing Body.
- III. **REQUIRED BY:** The Michigan Department of Mental Health Standards for Community Mental Health Services, Chapter 7, Michigan Mental Health Code 330.1719; Medical Services, MDHHS Administrative Rules R330-7158; and accrediting organizations.
- IV. **DEFINITIONS:** Not applicable.
- V. **POLICY:** It is the policy of West Michigan Community Mental Health to establish and implement procedures governing the administration of medication to customers by its employees and network providers.
- VI. **PROCEDURES:** The CMH nursing staff, under the supervision of the agency prescribers, is responsible for the implementation of this policy and its procedures in all CMH programs directly operated by the West Michigan Community Mental Health, as follows:
  1. The Team Leader and/or designated staff working with CMH nursing staff shall supervise all procedures regarding the administration and storage of medication at all CMH sites.
  2. The Health Services Team Leader/Designee shall maintain an accounting of all medications that are stored on the CMH's premises, which shall be limited to injectable medications.
  3. The Health Services Team Supervisor/Designee shall complete a monthly review at all drug storage units on the CMH's premises, to ensure that adequate precautions are taken to:
    - 3.1 Store medications under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security;
    - 3.2 Keep all drugs in double locked storage;
    - 3.3 Limit access of stored medications to only CMH staff members who have been trained to administer/manage medications;

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- 3.4 Ensure that only qualified staff, within the scope of their practice/licensure, staff nurses, MAs and/or prescribers administer intramuscular injections.
- 3.5 Ensure that poisons and external drugs are not stored in the same storage units as those designated for internal consumer medications.
4. The CMH nursing staff shall be responsible for providing medication administration training for all CMH employees responsible for administering medications to consumers.
  - 4.1 Only those CMH employees who have been trained by a registered nurse, or pharmacist, are qualified to administer medications to consumers in routes they have been trained (i.e., oral, eye, topical, etc.).
  - 4.2 At a minimum, such medication training shall consist of all required components of a DCH approved Medication Administration protocol. This training manual, and all other training information regarding medications, shall be maintained by the Health Services Team Leader.
  - 4.3 Documentation of medication training for employees shall be reviewed and maintained in the employee's professional development file by the Human Resources Department.
5. There shall be a prescriber's medication order along with Consent for Medication Treatment form (CR008) signed by consumer, parent and/or guardian for all medication administered to consumers by CMH employees.
  - 5.1 All PRN medication shall have a written/electronic prescriber's order.
  - 5.2 Written orders from the prescriber shall be maintained in the agency electronic prescribing system and the consumer's electronic clinical case record.
  - 5.3 In instances where safety or other concerns requires CMH assistance with medication management, the consumers' Person Centered Plan must include supporting documentation.
  - 5.4 Telephone/verbal/email orders are acceptable in emergency situations. Emergency orders may be accepted and transcribed by a staff nurse. The following procedure will be followed for these orders:

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- The nurse receiving the prescriber's verbal/telephone order shall read the order back to the prescriber for verification. If the order contains a sound-alike medication (i.e. Xanax vs. zantac; klonopin vs. clonidine) the nurse shall spell the medication back to the prescriber. Email orders may be accepted and will not require a read back protocol due to the format in which the order is communicated.
- Medication orders will include the consumer's name, drug name, dosage form; exact strength or concentration; the dose, frequency; route, quantity; duration if appropriate; specific instructions for use; prescriber name.
- A written progress note describing the incident, symptoms, and the prescriber's order shall be completed (this does not include standing orders).
- If the telephone/verbal/email order includes a change to the consumer's medication, the order will also be entered into the agency electronic prescribing system.
- This progress note shall be countersigned by the prescriber within 72 hours (this does not include standing orders).

5.5 The prescriber may, in addition to the above, delegate authority to the agency staff nurse to telephone medication orders or send them electronically via the agency electronic prescribing system, to local pharmacies during emergency situations. When phoning the medication order to the pharmacy, the nurse will speak slowly and clearly, spelling out sound alike medications; and require the pharmacist to read-back the order to them thus providing verification of the order. If the order is being left on a pharmacy's automated line, the nurse shall speak slowly, clearly and spell out the medication being ordered. The nurse shall also leave the agency phone number where the pharmacy may contact them if clarification of the order is needed. When communicating directions, the nurse will pronounce digits separately (i.e. three zero instead of thirty) and avoid using abbreviations, when possible, in providing the order (i.e. take one at bedtime rather than take 1 at HS).

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- 5.6 CMH programs that receive requests from parents, guardians and/or foster care home operators to administer psychotropic medication to program consumers that are not prescribed by the CMH prescribers, and in the opinion of the assigned case manager or interdisciplinary team, are incongruent with the established diagnosis, or appear to violate CMH policy, shall refer the matter to the West Michigan Community Mental Health System's Behavior Treatment Review Committee for review, approval/disapproval and/or recommendations prior to administering medications. The CMH Medical Director is a member of this committee.
6. The administration of oral/topical/drop medications to care management services and gathering site consumers shall be from pharmacist prepared unit dose package or directly from a pharmacist prepared container which is stored on CMH's premise under the supervision of the program manager/staff nurse.
- 6.1 A written prescription shall accompany the medication to be administered, and when there are medication changes.
- 6.2 Care management consumers who have a history of being non-adherent to medication orders, or are ordered by the court to have their medication supervised, shall have their medications administered from a pharmacist prepared container.
- 6.3 Gathering sites, and other off site services with consumers who require medication supervision shall have their medication administered from a pharmacist prepared medication container. The container or medication pack, shall have the consumer's name, medication name and dosing instructions, ordering prescriber's name, amount of medication in the container, and the pharmacy, including phone number, who prepared the medication.
- 6.4 Consumers who are voluntarily authorizing the administration of their medication by CMH are to document this authorization on WMCMH Form CR009.
- 6.5 WMCMH Form CR009 is not required for those consumers ordered by the court to have their medication supervised by CMH.

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6.6 Concentrate or liquid medications shall be administered to consumers from a pharmacy prepared bottle. The label shall include the consumer's name, medication, dosage, time, and pharmacy name.

7. All CMH employees shall implement the following procedures prior to and when administering any medication to any consumer:
- 7.1 Check the medication book/electronic record to ensure there is a written order for the medication being administered.
  - 7.2 Check the medication sheet/electronic record for any allergies the consumer may have.
  - 7.3 Check the medication sheet/electronic record for the time(s) the medication is to be administered and if enough time has lapsed to administer the medication. Medication should only be administered 30 minutes prior to the prescribed time and not more than 30 minutes after the prescribed time. In cases where it is outside of this timeframe, the staff member shall contact an agency nurse for direction on how to proceed. This consultation shall be documented in a progress note.
  - 7.4 If the consumer is not routinely cared for by the staff member passing the medication, that staff member must verify the name of the consumer, by at least two of the following methods:
    - Ask consumer to state their name without prompting.
    - Have a second person verify the consumer's name.
    - If available compare consumer picture ID with name to consumer present.
    - Ask the consumer their date of birth.
    - Ask the consumer their social security number.
    - Ask the consumer their telephone number.
    - Ask the consumer their address.
    - Identify the consumer's significant physical characteristic (tattoo, scar, amputated limb), which is identified in the consumer's chart, as an identifier.
  - 7.5 If the consumer is nonverbal, the CMH employee shall observe the following:

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- 7.5.1 Unusual behaviors such as head banging, hitting self, pointing at body part, loss of appetite, facial expressions.
- 7.5.2 Obvious signs of distress such as painful injury, open wounds, elevated temperature, running nose, body chills, gastrointestinal upset, grimacing with body movements, etc.
- 7.7 If during the administration of a medication, the medication becomes contaminated and needs to be destroyed, the following procedure shall be implemented:
  - 7.7.1 The medication shall be provided to a CMH Health Services Team Staff member for disposal according to the agency procedure for medication disposal.
- 8. The administration of medications to consumers shall be documented by the CMH employee administering the medication.
  - 8.1 All programs operated by CMH shall maintain the following medication documentation procedures:
    - 8.1.1 Gathering sites will maintain a medication notebook containing medication flow sheets (WMCMH Form #CR054) for each consumer receiving medication.
    - 8.1.2 Drug information sheets for each medication being administered will be available by electronic means or by a drug reference book that will be kept on site. The drug information sheets/reference book contains a list of potential side effects and other related information.
    - 8.1.3 For care management consumers, a progress note (WMCMH Form #CR014 or CR015) shall be completed on each consumer receiving medications by the employee administering the medication as part of his/her clinical record. The progress note shall indicate if the consumer received his/her medication, appeared to have or complained of medication side effects, if the consumer failed to show up to receive his/her medication or refused to take their medication and the stated reason of the refusal. The responsible care manager shall inform the assigned staff nurse or prescriber of all reported or observed medication side effects. Consumers

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receiving an injectable medication from a CMH staff nurse shall have the receipt of medication documented in the Health Service Team Progress note. Consumers who fail to keep injection appointments will have this action documented on the Health Team Progress Notes (WMCMH Form #CR015), which shall also indicate that the prescriber and care manager were notified.

- 8.2 Gathering sites will work with the program's Team Leader/designee to appoint one qualified employee for each program day to administer medications.
9. Assigned care managers, in consultation with a parent, spouse, guardian, physician, or other primary care provider, shall determine if consumers are capable of administering their own medication while at a gathering site or other service location. If determined to be capable, the following procedures are to be followed:
  - 9.1 Medications shall not be kept in lunch bags/boxes, consumer lockers, or other unsecured places.
  - 9.2 Capable consumers may choose to keep their medication on their person and/or give it to a gathering site staff member for storage in a locked cabinet. The bottle shall be labeled with the consumer's name, medication, dosage, time/s of administration, and prescriber. At the correct time, the gathering site staff will return the medication to the consumer. The consumer, after taking the medication, shall keep the medication bottle and take it home at the end of the program day.
  - 9.3 Consumer medication found in unsecured places at gathering sites shall be confiscated and placed in a locked cabinet. The gathering site staff member shall attempt to determine the identity of the consumer. The consumer's responsible care manager shall be notified immediately. The care manager shall again determine whether or not the consumer is capable of administering his/her own medication. If not, the consumer shall have his/her medication administered per the procedures of this policy.
10. The pharmacist consultant shall review the following:
  - 10.1 Written policies and procedures governing the storage, preparation, distribution, and administration of drugs in accordance with applicable laws and regulations on an annual basis.

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10.2 Gathering site medication flow sheets on a quarterly basis.

10.3 Inspection of all drug storage units on a quarterly basis.

11. Network Providers: Network providers are contractual providers of mental health services that may be independent practitioners or service providing organizations.

11.1 Training: Individuals that prepare and administer medications in contractual residential settings are required to successfully complete training on Medication Administration and documentation through the Lakeshore Learning Management System (LMS) and face to face training in the home.

11.2 Storage: Storage of medications in contractual residential settings is to meet the instructions identified in an approved DCH Group Home curriculum and applicable Adult Foster Care Licensing rules.

11.3 Surveillance:

11.31 The responsible case manager shall review medication logs monthly at sites that prepare and administer medications

11.32 CMH Nursing staff shall review health care plans and medication orders and logs in accordance with a consumer's PCP

11.33 The Network Coordinator shall make annual site visits to contractual residential sites to:

11.33.1 Review staff training records for documentation of training

11.33.2 Inspect the medication orders and log book

11.33.3 Inspect the storage area

11.33.4 Make a written report of the findings

**VII. SUPPORTING DOCUMENTS:**

Appendix 2-10-3A: Consent to Have Medications Supervised (WMCMH Form #CR009)

Appendix 2-10-3B: Day Program Medication Sheet (WMCMH Form #CR054)

Appendix 2-10-3C: Consent for Medication Treatment (WMCMH Form #CR008)

**WEST MICHIGAN COMMUNITY MENTAL HEALTH SYSTEM  
CONSENT FOR ADMINISTERING AND/OR SUPERVISING MEDICATION**

<b>CUSTOMER NAME:</b>	<b>CASE #:</b>
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I give West Michigan Community Mental Health System permission to (check one and/or both):  
 **administer**    **supervise** the following medications to:    **myself**    **my child**    **my ward:**

<b>Name of Medication:</b>	
<b>Special Instructions:</b>	

<b>Name of Medication:</b>	
<b>Special Instructions:</b>	

<b>Name of Medication:</b>	
<b>Special Instructions:</b>	

<b>Name of Medication:</b>	
<b>Special Instructions:</b>	

<b>Name of Medication:</b>	
<b>Special Instructions:</b>	

<b>Name of Medication:</b>	
<b>Special Instructions:</b>	

<b>Name of Medication:</b>	
<b>Special Instructions:</b>	

<b>Name of Medication:</b>	
<b>Special Instructions:</b>	

I understand that the above medications will be prescribed by a psychiatrist and passed to me according to the physician's orders. I understand that the above medications will come in the container they were prescribed or purchased in, unless I have a weekly/biweekly medication box. I understand that it is my responsibility to be on time and arrange transportation to the medication-passing site. I understand that if I do not show up for my medications, my Customer Services Manager will be informed and If I am receiving community mental health services by order of the court, the court will also be informed.

\_\_\_\_\_

Customer or Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

WCMCHS Translator Signature (If applicable)

\_\_\_\_\_

Date

\_\_\_\_\_

WCMCHS Staff Signature

\_\_\_\_\_

Date





**WEST MICHIGAN COMMUNITY MENTAL HEALTH SYSTEM  
CONSENT FOR MEDICATION TREATMENT**

<b>CUSTOMER NAME:</b>	<b>CASE #:</b>
<b>DATE:</b>	

I hereby grant consent for:  **myself**  **my child**  **my ward** to receive the following prescribed medication/medications under the supervision of West Michigan Community Mental Health System's physician and staff:

<b>Name of Medication Prescribed</b>	<b>Average Range</b>	<b>Medication Instruction Sheet Provided/Offered</b>	<b>Discontinued Date</b>
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

I certify that the proper use and potential side effects of the above medication/medications have been explained to my satisfaction and that written material has been given to me explaining the proper use and potential side effects of the above medication/medications.

I acknowledge understanding that if the West Michigan Community Mental Health System's physician should change the medication(s), a new medication consent shall be obtained.

I acknowledge understanding that it is the customer's responsibility to attend all scheduled medication review appointments to enable the physician to evaluate the customer's response to medication, and monitor for potential side effects.

I acknowledge that it is my responsibility to notify West Michigan Community Mental Health System and/or physician of any suspected medication side effects.

I understand that I may revoke this consent at any time without prejudice to my further treatment.

This medication consent expires when the WCMHS physician discontinues medication, or one (1) year from the date it is signed.

\_\_\_\_\_  
Customer or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
West Michigan CMH System Health Care Professional

\_\_\_\_\_  
Date