

**WEST MICHIGAN COMMUNITY MENTAL HEALTH
ADMINISTRATIVE MANUAL**

		Chapter: 2	Section: 10	Subject: 4
CHAPTER: Board Services and Program Administration				
SECTION: Medication Services				
SUBJECT: Medication Errors				
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- I. **PURPOSE:** To establish policy and procedures to ensure that documented procedures are in place for the determination of medication errors and disciplinary action related to these errors.

- II. **APPLICATION:** All mental health programs and services, operated by the West Michigan Community Mental Health System Governing Body.

- III. **REQUIRED BY:** Department of Mental Health Administrative Rules R330.7158 and accrediting organizations.

- IV. **DEFINITIONS:**
 1. **Medication Errors:** All medication errors are considered serious and have the potential to be considered either abuse or neglect. Some errors are more serious than others and for this reason medication errors must be classified according to degree of seriousness. Any corrective action that may need to be taken will be related to the seriousness and/or frequency of the error.

 2. **Medication Errors are classified as follows:**
 - 2.1 Category I: Errors that could lead to the immediate dismissal and possible prosecution. These include:
 - 2.11 Deliberately charting medications as given when not given.
 - 2.12 Taking a consumer's medication for personal use.

 - 2.2 Category II: Those errors that are considered serious include:
 - 2.21 Neglecting to give psychotropic, anticonvulsant, antibiotic, narcotic, antihypertensive, cardiotonic, or any other drug class that could cause injury to the consumer.
 - 2.22 Any occasion of consumer injury resulting from a medication error.
 - 2.23 Direct care worker independently making a judgment decision on medication administration that should have included a health care provider according to procedure.
 - 2.24 Giving a consumer medication not ordered for him/her.
 - 2.25 Giving the wrong medication or wrong dosage of a medication.
 - 2.26 Passing medication when not authorized to do so.
 - 2.27 Not notifying the RN, appropriate health care provider or CSM when medications are refused (unless a specific plan related to this is in the consumer's Person Centered Plan). Refusal of medications by the

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consumer is not a medication error. Failure to report this refusal constitutes the error.

2.28 Giving medication at a time other than the ordered time (with a half hour window given before and after the prescribed time to enable the ordered time” criteria to be met).

2.3 Category III: All other medication errors which are considered less serious and are not life threatening.

V. **POLICY:** It is the policy of the West Michigan Community Mental Health to establish and implement procedures governing the documentation, review and disciplinary action for medication errors.

VI. **PROCEDURES:**

1. All agency medication errors shall be filed on a Critical Incident Report form (WMCMH Form #EC001 or EC002).
2. All agency medication errors shall be reported to an agency nurse as soon as found. The RN shall direct staff as to any actions that may be necessary. The consumer shall be closely observed for any adverse effects related to the medication error.
3. All Critical Incident Reports involving medications shall be reviewed and investigated as needed by the RN, preferably within 24 hours. All medication errors causing harm or having significant potential to cause harm to the consumer must be investigated within 24 hours. The nurse will document her findings on the Critical Incident Report when received from the Recipient Rights/Safety Officer.
4. Serious medication errors, or errors that consistently occur on one shift or with one individual shall be reviewed by the Program Team Supervisors, Deputy Director of Clinical Services, Medical Director and the Health Services Team Leader. They shall determine the severity of the error and make the appropriate recommendations for follow up. Any actions taken as a result of this review shall be documented on the Critical Incident Report form.
5. Disciplinary action related to serious medication errors (Class I and II) shall be based upon the harm or potential harm done to the consumer and the staff person’s past record related to medication administration. The Recipient Rights Office shall determine whether a medication error is also a recipient rights violation.
6. Whenever possible, while still maintaining consumer safety, disciplinary action shall be progressive and may include the following elements:

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- 6.1 Verbal reprimand and/or counseling.
 - 6.2 Inservice training on medication administration.
 - 6.3 Written reprimand which shall be maintained in employee's personnel file.
 - 6.4 Temporary suspension without pay pending an investigation of medication error or pattern of errors.
 - 6.5 Category III medication errors shall not require disciplinary action unless a pattern of errors is noted.
 - 6.6 Dismissal.
7. Network Providers: Network providers are contractual providers of mental health services that may be independent practitioners or service providing organizations.

Each network provider responsible for the administration of medications shall have a policy and procedure regarding the process of how medication errors are handled, which is in accordance with the DCH contract and Recipient Rights regulations. Their policy and procedure shall include documentation of errors in the consumer's record, and the notification process to WCMCHS regarding medication errors and the form that will be used.

The Network Coordinator shall make annual site visits to contractual residential site to review these policies and procedures and make a written report of the findings.

The Recipient Rights Office monitors all Critical Incident Reports and investigates any issues that might constitute abuse and neglect related to medications. These reports are also routed to the consumer's case manager and agency nurse if appropriate.

VII. SUPPORTING DOCUMENTS:

Appendix 2-10-4A: Critical Incident Report (WCMCHS Form #EC001)

Appendix 2-10-4B: Medical Progress Notes (WCMCHS Form #364)

Appendix 2-10-4C: Critical Incident Report for Residential Services (WCMCHS Form EC002) Revised 09091

**WEST MICHIGAN COMMUNITY MENTAL HEALTH SERVICES
 HEALTH SERVICES PROGRESS NOTE**

CUSTOMER INFORMATION

CONSUMER NAME:		DOB:	CASE #
DOCUMENT DATE:		NEXT REVIEW DATE:	
Plan Type: <input type="checkbox"/> MI Adult <input type="checkbox"/> MI Child <input type="checkbox"/> DD Adult-Child		Provider:	
Population:	Level of Care	Level of Care	Level Care
<input type="checkbox"/> MI-Adult <input type="checkbox"/> MI-Child <input type="checkbox"/> DD-Adult <input type="checkbox"/> DD-Child	<input type="checkbox"/> Medication Only <input type="checkbox"/> MI Adult Moderate Brief OP <input type="checkbox"/> MI Adult Moderate TSS <input type="checkbox"/> MI Adult Enhanced Level I <input type="checkbox"/> MI Adult Enhanced Level II	<input type="checkbox"/> MI Child Moderate Brief OP <input type="checkbox"/> MI Child Moderate TSS <input type="checkbox"/> MI Child Enhanced Level I <input type="checkbox"/> MI Child Enhanced Level II	<input type="checkbox"/> DD Level 1 <input type="checkbox"/> DD Level 2 <input type="checkbox"/> DD Level 3 <input type="checkbox"/> DD Level 4 <input type="checkbox"/> DD Level 5
Typical Authorization Package:			
Who Attended the Meeting:			
Number Attended:			

Service Information:

Start Time: _____ **AM/PM** **End Time:** _____ **AM/PM** **Date:** _____

Facility: _____ **Cost Center:** _____

Service: _____ **Service Code:** _____

Provider: _____ **Provider ID:** _____

Location: In Office B H L (circle) Home Day Program School Jail Hospital
 Group Home: _____ Nursing Home Other: _____

Modality: Phone Contact Face to Face Contact Consultation/Case Staffing No Show
 Therapist Cancel Consumer Cancel

Other: _____

Law Enforcement/Jail Diversion:

Was Law Enforcement involved? Yes No
 If yes, what Law Enforcement agency was involved? Sherriff Police State Police Court Magistrate
 What was the charge? _____

Was the individual diverted from possible incarceration? Yes No

DIAGNOSIS:

COD Quadrant and Stage : Quadrant: MI Stage: SU Stage:	
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Suicide Risk Assessment Completed: Yes(Attached) No

If yes: Acute: High Medium Low
 Chronic: High Medium Low
 Overall: High Medium Low

Homicide/Physical Assault Assessment Completed: Yes No

Threatens to harm other: Yes No

If yes: Yes No Possesses or has access to mean
 Yes No Victim(s) identified

Hallucinations commanding to harm others:

If yes: Yes No Possesses or has access to mean
 Yes No Victim(s) identified

Appropriate to Transport by CMH Staff: Yes No NA

Goals and Outcomes: ____ (Goals & Outcomes populate from the consumers PCP and you choose one you're working on during the session.)

Outcome #:			
The steps I have taken and the changes that have happened so far are: (Summary of Progress)	Customer Scale Rating	Clinician Scale Rating	
*0 Unable to evaluate 1 Regression 2 baseline – what customer started with 3 Improvement			

A change that I would like to see in **my life** **our family life is:**

(Goal)

Outcome #:			

Customer Involvement: The services are meeting the expectation of the consumer: Yes No NA

Service changes, options and alternatives suggested and/or discussed with consumer: _____

ADDITIONAL INFORMATION:

INJECTION INFORMATION:

REFERRALS/INFORMATION PROVIDED:

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Customer Service:	Date:
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Safety Officer:	Date:
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RMHA Rep:	Date:
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Distribute within 24 hours, as follows: **Copy for the home** **Copy for WCMHS**
WCMHS Form (EC002) **Critical Incident Report for Residential Services** revised 090911