

Medication Pass Fundamentals: Part 1

(Resources, Resident Rights, Preparation for Medication Pass, Controlled Substances)



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This Med Pass Administration Series ("Program") has been developed entirely by Omnicare clinical nurses and is not intended to replace your nursing standards of practices and nursing requirements. Moreover, the contents of this training are guidance only and do not supersede applicable laws, guidelines and your specific employer's policies, procedures and processes.

The nature of nursing requires frequent updates. It is the responsibility of the healthcare professionals involved to remain current in his/her practice.

This Program will reference various sources of authority including but not limited to statutes, regulations, standards and treatment guidelines. It is the obligation of every training participant to review these sources of authority and exercise independent skill and judgment in the implementation of this information in the clinical setting.

This educational program is not intended to replace good professional judgment by the healthcare provider, nor is it intended to supersede the necessity for clinically sound prerogatives of a healthcare organization.

Skills validation checklists are available electronically on Omniview, Omnicare's web portal. Omnicare's provision of these tools are to assist practitioners in providing quality nursing services, however, these tools and guides do not replace independent skills and sound clinical judgment.



Objectives

- Identify resident population
- Review medication pass resources
- Describe privacy, dignity and resident rights
- Explain preparation for medication pass
- Describe controlled substance management



Who is your resident?

Frail, older adult

Have a debilitating chronic disease state

Recently had a traumatic event (e.g., hip fracture or surgery)

Have grown up in a different era, have different values and/or perceptions of dignity and privacy

Have many comorbidities (disease states)



Residents may have:

- Dementia, confusion, agitation
- Movement and mobility challenges
- Inability to perform many tasks on their own (e.g., transferring, toileting, eating)

High Risk for:

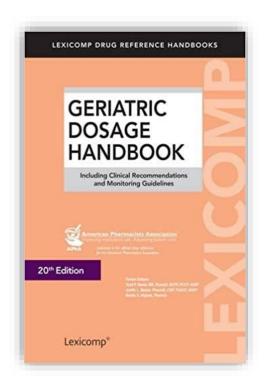
Falls and/or fracture(s)

Infection

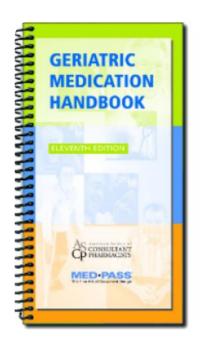
Multiple medications (polypharmacy)

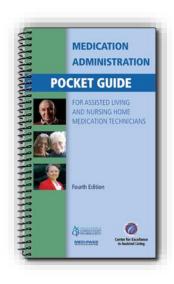


Medication Pass Resources: Common Drug References



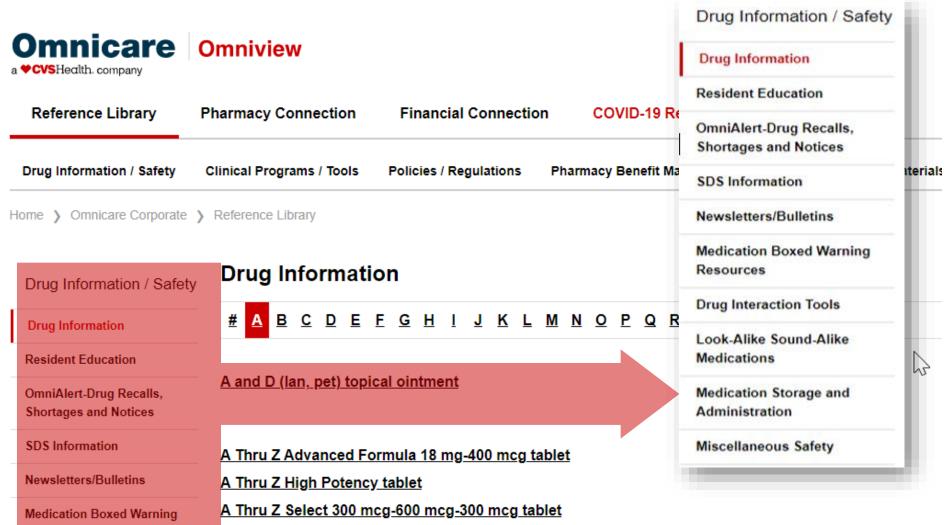






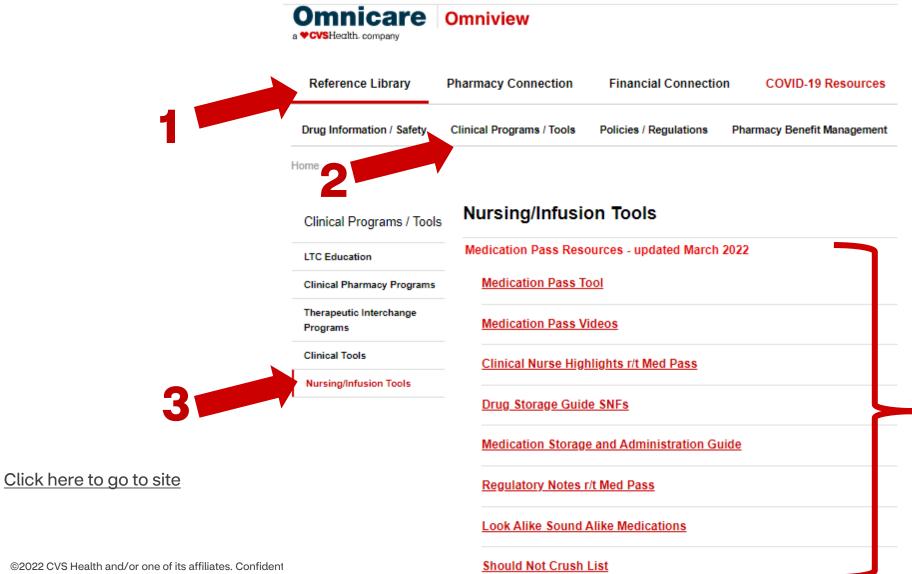


Common Drug References on Omniview





Omniview: Medication Pass Resources





Begin with the Basics: Resident Rights

Medication administration involves preserving dignity and resident's rights which include, but are not limited to, the right to:

Be treated with respect

Refuse medications or treatments

Be given privacy during medication pass

Be free from physical and chemical restraints



Resident Rights

The right to:

Be treated with respect, including:

- How the resident is addressed
- Do not interrupt the resident while eating for the administration of medications without an order
- Do not awaken a resident to administer a medication that could be scheduled or administered at other times
- Explain medications, and any procedure about to be performed
- Answer questions the resident may have about the medication

Refuse medications or treatments

- · A resident has a right to refuse
- Never force a resident to take a medication
- The facility should have policies and procedures for refusals including timely notification of the prescriber



Resident Rights

The right to:

Be given privacy during medication pass

- Knock on doors before entering and identify yourself
- Do not administer medications when the resident is receiving personal care or in the bathroom
- Medications are ideally given in the privacy of the resident's room
- Do not administer medications that require privacy in common areas (e.g., those given via tube, eye, nasal, inhalers, injections, vaginal/rectal administrations, dressing changes, treatments or patch application requiring removal /adjustment of clothing)

Be given privacy during medication pass, this includes HIPAA related practices

- Cover MAR or go to privacy screen on computer
- Be aware of the methods and tools that will allow you to give residents privacy and respect during a medication pass (e.g., screens, curtains, doors)



Resident Rights

The right to:

Be free from physical and chemical restraints

- Medications, especially psychoactives, are not to be administered for staff convenience
- Physical restraints should not be used to hold a resident in order to administer medications



Medication Pass: Slow Down, Get Prepared



Preparing for Medication Pass

Professionalism

Supplies

Infection Control

Organization



Professionalism

- Name tag displayed
- Nurse with professional appearance
- Med cart clean, stocked and organized





Supplies

- Medication administration record (MAR)
- Controlled substance count book
- Keys to cart and medication storage area(s)
- Pen (black or blue)
- Medications, dietary supplements
- Crackers/food items (e.g., applesauce)
- Thickening agents

- Drinking water and/or juice
- Beverage cups and medication cups (rims down)
- Straws (covered)
- Spoons and mixing spatulas/tongue depressors (handles up)
- Oral syringes for measuring liquid doses (e.g., irregular or small doses, narrow therapeutic index medications)
- Pill crusher and souffle cups or plastic pouches



Supplies:

- Alcohol-based hand sanitizer, at least 60%
- Sanitizer to clean glucometers
- Glucometer, lancets, other insulin administration supplies
- Alcohol swabs
- Gloves
- Blood pressure cuff
- Stethoscope
- Tissues

- Paper towels
- Drug reference,
 "Should Not Crush" and storage
 parameters lists
- Notebook/paper
- Trash bag and receptacle
- Sharps container



Supplies

Handling Food and Beverages

- Only food and beverages used for the medication pass should be on the cart, no personal food or drink
- All food and beverages should be labeled with the date and time opened, none should be expired
- Protect against contamination:
 - All food, beverages and straws should be covered
 - Spoons and mixers handles up, med and water cups rims down and not touching contaminated surfaces
- Ensure you have a process to access and properly maintain refrigerated items
- Do not allow refrigerated items to remain on the cart between medication passes





Infection Control

- Clean pill counters, pill crushers, med cart, glucometers (special cleaning agents may apply)
- Perform hand hygiene and have at a minimum 60% alcohol-based hand sanitizer (check expiration)
- Tissues, paper towels, gloves, masks, gowns available
- Recall and always practice proper administration techniques to prevent infection



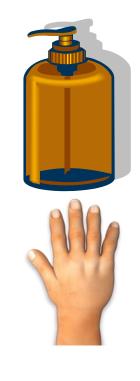


Organization

- Separate internals from externals in all medication storage areas and separate medications from sanitizers or cleaners (see Omnicare's recommended storage document for reference)
- If possible, separate all medications by route of administration (e.g., eye, ear, nose, topical, oral) to further decrease the risk of medication errors













Additional Medication Pass Responsibilities:

- Controlled Substances
- Counting
- Shift to Shift Sheet
- Security



Med Pass Responsibilities: When do they start?

Med pass responsibilities begin as the nurse takes charge of the cart

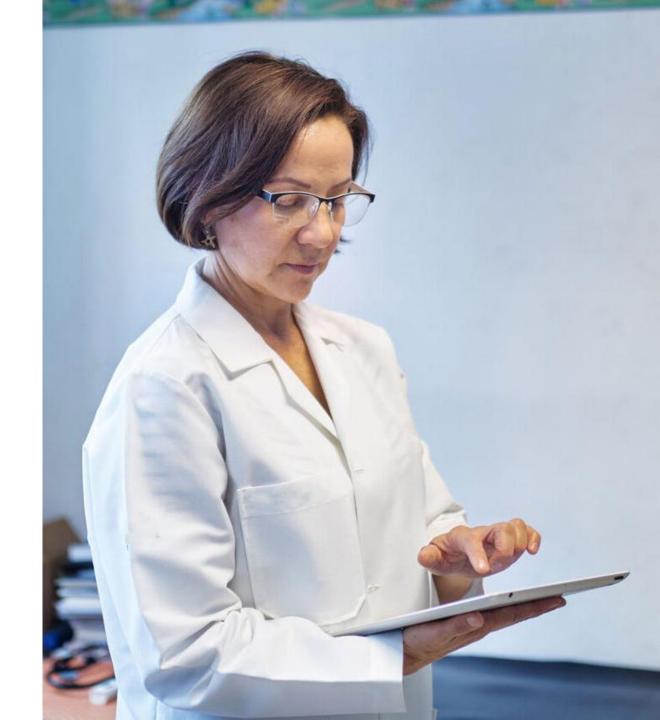
- As the nurse takes over the cart from the previous shift, any controlled substances stored in the cart must be counted
- Person leaving and person taking over the cart should read the number from the sheet, and both should check the actual inventory
- Both people sign the shift count book if the count is correct



Incorrect Count

If an incorrect count occurs:

- Do not leave
- Immediately investigate
- Contact the supervisor
- Follow the facility's procedure for an incorrect count



Incorrect Count

Survey Implications¹: If surveyors identify misuse or diversion of a controlled substance, the following requirements will be considered/investigated:

F684	Quality of care, for evidence and/or potential outcomes, such as unrelieved pain
F755	Pharmacy Services, for policies for safeguarding and access, monitoring, administration, documentation, reconciliation and destruction of controlled substances
F761	Pharmacy service consultation, for drug records and reconciliation of controlled drugs
F842	Clinical Records, accuracy of medical record and for the documentation of the administration of the medication and outcomes
F866	Quality assessment and assurance, for how the QAA committee monitors the administration, reconciliation and disposition of controlled substances in the facility



Incorrect Count

In addition, if the investigation identifies diversion of a resident's medication, the surveyor must review for F602 - Misappropriation of Resident's Property. ¹

If it is determined that a resident's medications were diverted for staff use, the State Agency must make referrals to appropriate agencies, such as:

Local law enforcement

Drug
Enforcement
Administration

State Board of Nursing

State Board of Pharmacy

State Board of Nursing Home Administration

¹ DHHS, CMS Center for Clinical Standards and Quality/Survey & Certification Group Memorandum to State Survey Agency Directors. Clarification of guidance related to Medication Errors and Pharmacy Services. Ref: S&C: 13-02-NH. 11-02-12. http://www.cms.gov/Medicare/Provider-Enrollment-and-Cert-Letter-13-02.pdf



Medication Security and Safety



- Medications are not expired
- Medications are stored correctly
- Controlled substances are double locked in a permanently affixed container
- Cart locked and keys secured



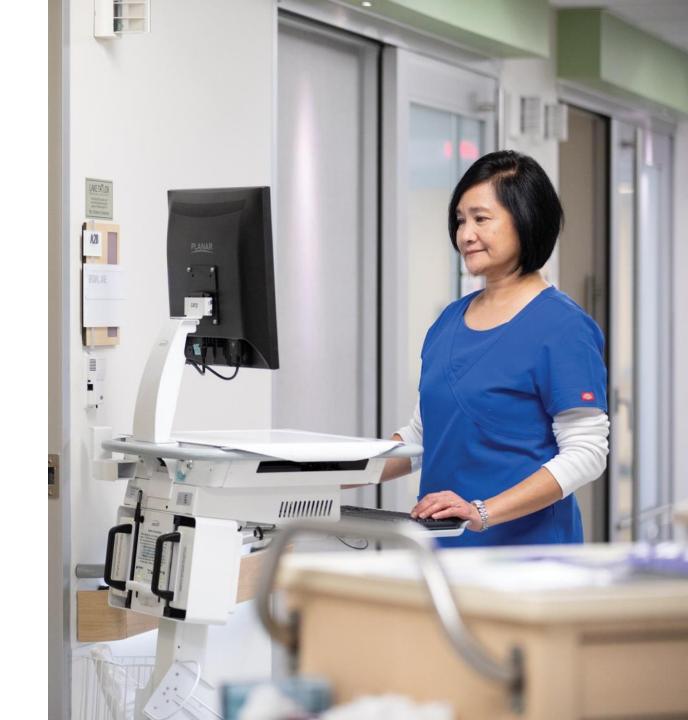
Med Pass Responsibilities: Security

- If the count is correct and the nurse has signed the book: the cart, its contents and the keys are now his/her responsibility
- Do not give the keys to anyone, the nurse must keep them with him/her, do not hide them in the medication book or elsewhere
- Keep the cart locked when it is out of the nurses' control (if he/she cannot see it or touch it)



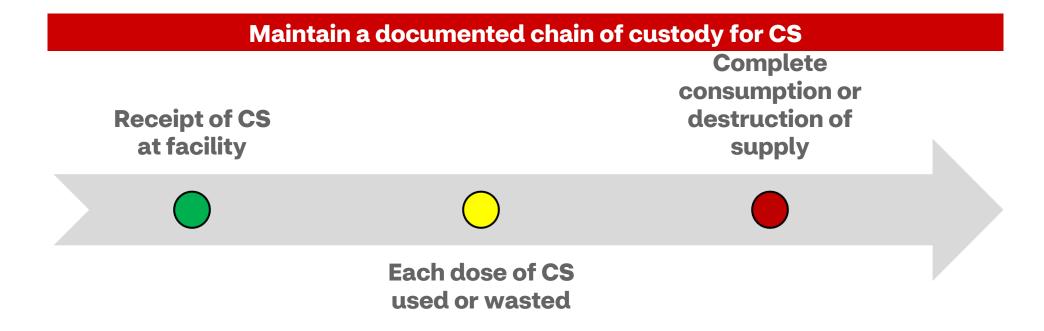
Med Pass Responsibilities: Controlled Substance Security

- Follow federal and state regulations on keeping controlled substances (CS) secured in a separate, locked, permanently affixed area
- If there is a lock box for controlled substances inside the cart, it should remain locked when the nurse is not removing controlled substances from it

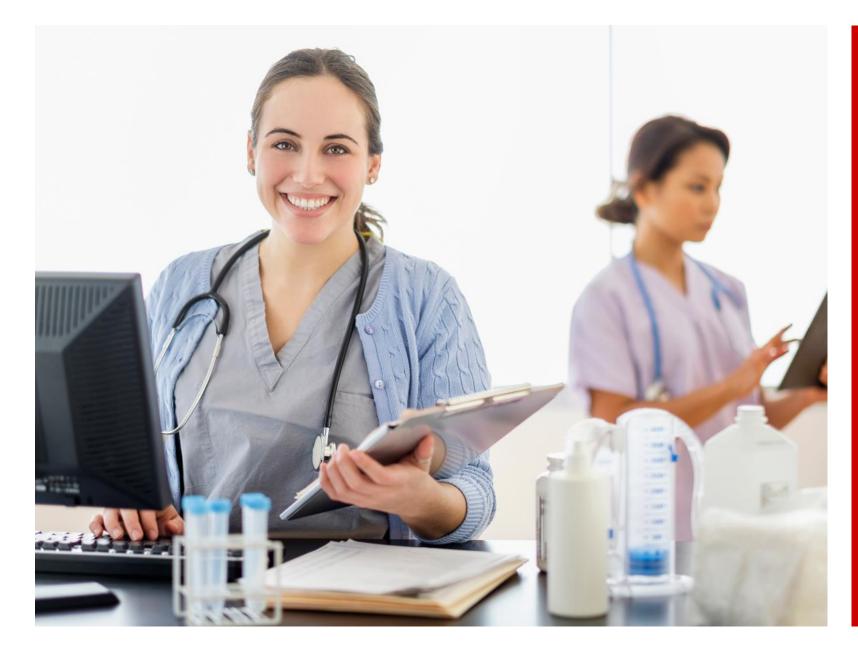


Med Pass Responsibilities:

Controlled Substance (CS) Security Chain of Custody







Medication Pass Fundamentals 3-Part Series



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Resources

DHHS, CMS Center for Clinical Standards and Quality/Survey & Certification Group Memorandum to State Survey Agency Directors. Clarification of guidance related to Medication Errors and Pharmacy Services. Ref: S&C: 13-02-NH. 11-02-12. http://www.cms.gov/Medicare/Provider-Enrollment-and-Cert-Letter-13-02.pdf



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