

 <p style="text-align: center;"><b>DIVISION OF ADULT INSTITUTIONS</b></p> <p style="text-align: center;"><b>POLICY AND PROCEDURES</b></p>	<b>DAI Policy #:</b> 500.80.16	<b>Page</b> 1 of 6
	<b>Original Effective Date:</b> 11/01/08	<b>New Effective Date:</b> 12/19/12
	<b>Supersedes:</b> BHS800:16	<b>Dated:</b> 02/01/11
	<b>Administrator's Approval:</b> Cathy A. Jess, Administrator	
<b>Required Posting or Restricted:</b>		
<input checked="" type="checkbox"/> <b>Inmate</b> <input checked="" type="checkbox"/> <b>All Staff</b> <input type="checkbox"/> <b>Restricted</b>		
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Medication Occurrence Reporting		

**POLICY**

Each Health Services Unit and Central Pharmacy Services shall document all medication occurrences to assure appropriate review and identification of opportunities to improve the safety of the medication system in the Department of Corrections.

**REFERENCES**

Standards for Health Services in Prisons, National Commission on Correctional Health Care, 2008, P-D-01, Pharmaceutical Operations and P-D-02 Medication Services

**DEFINITIONS, ACRONYMS, AND FORMS**

ACP – Advanced Care Provider-Provider with prescriptive authority

BHS – Bureau of Health Services

CPS – Central Pharmacy Services

CQI – Continuous Quality Improvement

DOC – Department of Corrections

HSU – Health Services Unit

DOC-2466 – Incident Report (WICS)

DOC-3021 – Progress Notes

DOC-3023 – Prescriber's Orders

DOC-3340 – Medication Occurrence Report

DOC-3340A – Central Pharmacy Error Report

Medication Occurrence – Any preventable event that may cause or lead to inappropriate medication use or potential patient harm while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to professional practice; health care products, procedures and systems, including prescribing, order communication, product labeling, packaging and nomenclature; compounding; dispensing; distribution; administration; education,

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monitoring and use. Copyright 1998-2005, National Coordinating Council for Medication Error Reporting and Prevention. NOTE: In the DOC, a medication occurrence also includes an event that occurs during the delivery of medication by non-licensed staff.

## PROCEDURE

### I. Reporting

- A. Events relating to patient behavior are not reportable on a DOC-3340 – Medication Occurrence Report. These include:
  - 1. Failure to request refills in a timely manner resulting in missed medication.
  - 2. Refusal or abuse/hoarding by the patient to take a prescribed medication.
  
- B. Examples of reportable occurrences include:
  - 1. Wrong rate.
  - 2. Wrong dose.
  - 3. Wrong medication.
  - 4. Wrong dose.
  - 5. Wrong time.
  - 6. Wrong patient.
  - 7. Wrong route.
  - 8. Calculation error.
  - 9. Delayed medication.
  - 10. Allergy related.
  - 11. Sound-a-like.
  - 12. Look-a-like.
  - 13. Unauthorized medication.
  - 14. Tampering with medications.
  - 15. Missing medications.
  
- C. Non-health care staff shall report any medication occurrence to licensed healthcare staff immediately.
  
- D. The HSU staff member who discovers the medication occurrence or to whom the incident/occurrence was reported to shall complete the DOC-3340 – Medication Occurrence Report and gather and attach the necessary documentation related to the occurrence. This includes occurrences originated at CPS.
  
- E. The HSU Manager shall be notified of all medication occurrences.
  
- F. Missing medications in CPS shall be reported as a medication occurrence and documented on a DOC-3340 – Medication Occurrence Report.
  - 1. A DOC-2466 – Incident Report (WICS) shall also be completed and forwarded to the Pharmacy Supervisor.
  - 2. A copy of the DOC-2466 shall be submitted to the BHS Medical Director, the BHS Bureau Director and the BHS Director of Nursing.

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- G. Missing medications in a correctional facility (warehouse, HSU or housing unit) shall be:
  - 1. Reported as a medication occurrence and documented on a DOC-3340 – Medication Occurrence Report.
  - 2. Documented on a DOC-2466 – Incident Report (WICS) and submitted to the facility Warden/Superintendent/designee and HSU Manager for the facility, with a copy to the BHS Medical Director, BHS Bureau Director, BHS Director of Nursing and assigned BHS Nursing Coordinator for the facility.

## II. **Care of the Patient and Documentation**

- A. Nurses shall notify an ACP of the medication occurrence if it is a variance from the patient's current medication regimen.
- B. Timing of the ACP notification is based on the severity of the occurrence.
- C. All medication occurrences that have reached the patient require a patient assessment.
- D. All medication occurrences that have reached the patient shall be discussed with the patient.
- E. Document the circumstances of the medication occurrence, the ACP notification, and the assessment of the patient in the medical chart.
- F. Provide medical care to the patient for the occurrence as needed, and directed by the ACP.
- G. The ACP shall document medical care provided on the DOC-3021 – Progress Notes and any orders on the DOC-3023 – Prescriber's Orders.
- H. Complete the DOC-3340 – Medication Occurrence Report thoroughly and accurately.
- I. The name(s) of those involved with the occurrence is not reported on the DOC-3340 – Medication Occurrence Report.
- J. Obtain an occurrence report number from CPS and document the number in the box (Occurrence Report #) provided in the upper right hand corner of DOC-3340 – Medication Occurrence Report.
- K. Route the completed DOC-3340 – Medication Occurrence Report to the ACP or the HSU Manager in their absence.
- L. The ACP shall complete the following sections of the DOC-3340 – Medication Occurrence Report:
  - 1. Prescriber Statement.

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2. Medical/Lab Findings.
  3. Patient Outcome-Severity Index.
  4. Signature and date.
- M. Route the completed DOC-3340 – Medication Occurrence Report to the HSU Manager.
- N. The HSU Manager shall:
1. Complete the following sections of the DOC-3340 – Medication Occurrence Report if the ACP was not notified :
    - a. ACP Statement.
    - b. Medical/Lab Findings.
    - c. Patient Outcome-Severity.
    - d. Sign and date the form.
    - e. Determine action to be taken to prevent recurrence.
    - f. Document actions taken to prevent recurrence.
  2. Sign and date the form as the HSU Manager.
- III. **Distribution of Completed DOC-3340 – Medication Occurrence Report**
- A. Original goes to CPS Director.
  - B. Copy goes to HSU Manager.
  - C. Copy goes to BHS if the indices are C through I or any missing medications.
- IV. **Completion of DOC-3340A – Central Pharmacy Error Report**
- A. When the Pharmacy Supervisor determines that the occurrence originated in the CPS the Pharmacist Supervisor designates appropriate staff to complete a DOC-3340A.
  - B. This form is initiated by CPS upon receipt of a DOC-3340 – Medication Occurrence Report indicating that Central Pharmacy may have been involved in the occurrence.
  - C. The name(s) of those involved with the occurrence are not reported on the DOC-3340A – Central Pharmacy Error Report.
  - D. The completed form shall be reviewed and signed by the Pharmacy Supervisor.
  - E. A copy of the completed DOC-3340A – Central Pharmacy Error Report shall be maintained with the corresponding DOC-3340 – Medication Occurrence Report.
- V. **Quality Improvement Initiatives**
- A. Error report data shall be reviewed at least annually with the BHS Management Team for quality improvement.

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- B. Each facility shall review all medication occurrences at Warden/Superintendent meetings to identify appropriate processes and plans to improve patient safety.
- C. The HSU Manager shall track and trend all medication occurrences and review them with the designated Nurse Coordinator and at facility/unit staff meetings.
- D. A CQI plan shall be implemented for significant problems, trends and patterns that are identified.

**Bureau of Health Services:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

James Greer, Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_

Dr. David Burnett, Medical Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_

Mary Muse, Nursing Director

**Administrator's Approval:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

Cathy A. Jess, Administrator

**DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES**

<b>Facility:</b> Name		
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<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Medication Occurrence Reporting		
<b>Will Implement</b> <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
<b>Warden's/Center Superintendent's Approval:</b>		

**REFERENCES****DEFINITIONS, ACRONYMS, AND FORMS****FACILITY PROCEDURE**

VI.

- A.
- B.
  - 1.
  - 2.
    - a.
    - b.
    - c.
  - 3.
- C.

VII.

VIII.

**RESPONSIBILITY**

- I. Staff
- II. Inmate
- III. Other