|  |
| --- |
| **Project Name: Medication Error Reduction**  **Problem Identified:**  **“Medication Error Rate >5%”** |

1. **Plan:**

Establish a Performance Improvement Project (PIP) Committee and assign a Project Leader. Review any relevant data before brainstorming to determine the root cause analysis. Relevant data may include, but is not limited to: medication pass observations, consultant pharmacist review of medications, medication reconciliation documents, or medication error report forms. Once the root cause of the problem has been identified, establish a goal related to what is being changed or tested during the project. Establishing this process measure will drive action planning.

1. **Do:**

Generate and implement an action plan for effecting change and monitoring response to the change. Establish timelines. Hold routinely scheduled meetings to track progress with the action plan. Develop new tools or obtain the necessary resources for carrying out the change.

1. **Study:**

Analyze response to the change. Review data to compare from baseline or to measure against established goals. Document findings.

1. **Act:**

Make decision regarding the change. If change is to be implemented as studied, revise policies and procedures and educate staff on the changes. Create storyboard. Provide ongoing monitoring through QAPI program.

|  |  |
| --- | --- |
| **Project Name: Medication Error Reduction**  **Root Cause Analysis** | |
| **Problem Identified:** Medication error rate >5% monthly for 3 months. | **Project Leader:** |
| **Data We Reviewed:** We reviewed our monthly data related to medication errors in the facility for (define time period). Reported medication error rates have been greater than 5%, which demonstrates noncompliance with federal regulations. We reviewed re-hospitalization data and medication error reports to inform our decision to proceed with a performance improvement project to address this finding. | |
| **PLAN Conduct a Root Cause Analysis and Develop the Approach to the Problem** | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Why did this occur?**  Because incorrect medications were ordered from the pharmacy. | | | | | | **Why did this occur?**  Because the orders for the medications were transcribed incorrectly. | | | | | | **Why did this occur?**  Because the handwriting was illegible and no one called the physician to clarify. | | | | | | **Why did this occur?**  Because the nurse(s) acted independently. | | | | | | **Why did this occur?**  Because there is no system in place for clarifying physician orders or cosigning physician orders. | | | | |   *During the PIP subcommittee’s investigation, the “Five Whys” method was utilized to identify the root cause of the problem so that appropriate approaches can be planned.*  **The PIP Subcommittee has concluded that the root cause of this problem is:**  Lack of procedures in place for clarifying or cosigning physician orders.  **The PIP Subcommittee established the following goals for the project:**  **Long-Term Goal:** The medication error rate will reduce to 3.0% within 1 month and remain at or below 3% for a minimum of twelve months.  **Short-Term Goal:** The facility will implement a new policy for medication reconciliation that addresses clarification and cosigning of physician orders. | |

|  |
| --- |
| **Project Name: Medication Error Reduction**  **Action Plan** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Action** | **Responsible Person(s)** | **Target  Date** | **Completion Date** |
| Develop a new medication reconciliation policy. |  |  |  |
| Educate all licensed nurses on the new policy. |  |  |  |
| Audit medication orders of new admissions within 72 hours. |  |  |  |
| Perform random audit of new medication orders weekly. |  |  |  |
| Review medication crossmatch records weekly. |  |  |  |
| Review medical records of residents observed during medication passes. |  |  |  |
| Add new admissions to pharmacy consultant’s medication pass observations. |  |  |  |
| Report final results of project to staff, residents, and governing body. |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Progress:**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Project Leader: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Project Leader: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Project Name: Medication Error Reduction**  **Problem Identified:**  **“Medication Error Rate >5%”**  **Confidential Data: Risk Management/QAA Committee Audit Form** |

**Purpose:** To identify medication errors or “near misses” as early as possible.

**Instructions:** Review medical records for evidence that medication orders have been transcribed correctly. Verify that orders have been clarified and cosigned correctly. Verify medications on hand match medication orders. Record findings below. Provide completed report to the PIP subcommittee. Use additional copies of this form as necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:** | **Reviewed By:** | | **Job Position/Title:** | |
| **Room Number/ Location** | **Observations** | | | **Comments** |
| **Medication Orders Transcribed Correctly** | **Orders Clarified and Cosigned Correctly** | **Medications on Hand Match Medication Orders** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Project Name: Medication Error Reduction**

**Problem Identified:   
“Medication Error Rate >5%”**

**Analysis Tool**

|  |  |
| --- | --- |
| What did you learn? |  |
| Were there any surprises? |  |
| Describe the measure results. |  |
| Was an improvement noted? | 🞏 Yes 🞏 No |
| Were your predictions correct? | 🞏 Yes 🞏 No |
| Did you meet your measurable goal? | 🞏 Yes 🞏 No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Medication Reconciliation** | | | | | |
| *Date Implemented:* |  | *Date Reviewed/ Revised:* |  | *Reviewed/ Revised By:* |  |

**Policy:**

This facility reconciles medication frequently throughout a resident’s stay to ensure that the resident is free of any significant medication errors, and that the facility’s medication error rate is less than 5 percent.

**Definitions:**

***“Medication reconciliation”*** refers to the process of verifying that the resident’s current medication list matches the physician’s orders for the purposes of providing the correct medications to the resident at all points throughout his or her stay.

**Policy Explanation and Compliance Guidelines:**

1. Medication reconciliation involves collaboration with the resident/representative and multiple disciplines, including admission liaisons, licensed nurses, physicians, and pharmacy staff.
2. Resident identifiers will be verified on all medication labels and documents containing medication information to verify the correct person and that the documents are placed in the correct resident’s medical record.
3. Pre-Admission Processes:
   1. Obtain current medication list from referral source (i.e. hospital, home health, hospice, or primary care provider).
   2. Obtain current medication/admission orders.
   3. Verify resident identifiers.
   4. Forward to nursing unit accepting the resident.
4. Admission Processes:
   1. Verify resident identifiers on the information received.
   2. Compare orders to hospital records, etc. Obtain clarification orders as needed.
   3. Transcribe orders in accordance with procedures for admission orders.
   4. Have a second nurse review transcribed orders for accuracy and cosign the orders, indicating the review.
   5. Order medications from pharmacy in accordance with facility procedures for ordering medications.
   6. Verify medications received match the medication orders.
   7. Obtain home list of medications from resident/representative. Place on chart for physician review and revision of medication regimen, if warranted.
5. Daily Processes:
   1. Address any clinically significant medication irregularities reported by pharmacy consultant.
   2. Verify medication labels match physician orders and consider “rights” of medication administration each time a medication is given.
   3. Obtain and transcribe any new orders in accordance with facility procedures. Obtain clarification as needed.
      1. New orders require a second nurse to cosign the orders, indicating review of the orders for accuracy.
      2. Perform 24 hour chart checks to verify all new orders have been addressed.
   4. Order medications from pharmacy in accordance with facility procedures for ordering medications.
   5. Verify medications received match the medication orders.
6. Weekly Processes:
   1. Perform medication crossmatch of medications to verify medications on hand match physician orders.
   2. Address any clinically insignificant irregularities reported by pharmacy consultant.
7. Monthly Processes:
   1. Provide pharmacy consultant access to all medication areas and records for completion of pharmacy services activities.
   2. Respond to any medication irregularities reported by pharmacy consultant within relevant time frames.
   3. Verify orders printed on new monthly physician order forms and medication administration records match current medication orders.
8. Processes for Transfer to Another Unit:
   1. Take all medication records and medications to the new unit. Check medication refrigerators and storage areas to ensure all medications are removed from the old unit.
   2. Licensed staff from new unit to verify that all medications are accounted for, and that medications on hand match physician orders.
9. Processes for Transfer to Emergency Department/Hospital:
   1. Copy current medication administration record and physician orders.
   2. Send copies with resident to the receiving facility.
10. Processes for Discharge:
    1. Obtain medication orders for discharge.
    2. Create a list of medications for resident/representative with instructions for when and how to take the medications.
       1. Have second nurse verify accuracy of the discharge medication list.
       2. If sending medications home with resident, verify medications match physician orders.
    3. For short stay residents:
       1. Determine if any home medications need to be resumed.
       2. Indicate on medication list which medications are new or changed from home medications, and indicate which home medications should not be taken.

**References:**

Centers for Medicare & Medicaid Services. *State Operations Manual, Appendix PP: Guidance to Surveyors for LTC Facilities*:   
42 CFR 485.45(f)(1), F759, November 2017 revision.

Centers for Medicare & Medicaid Services. *State Operations Manual, Appendix PP: Guidance to Surveyors for LTC Facilities*:   
42 CFR 485.45(f)(2), F760, November 2017 revision.

**“Medication Reconciliation”**

***In-Service Training Guide***

**Gather Educational Tools:**

* Equipment, if any
* Forms staff are expected to utilize as a result of the project
* New/revised policies and procedures as a result of the project
* Storyboard

**Review Educational Materials:**

Performance Improvement Project: background information related to the project, actions taken, and results

Policies and Procedures: *Medication Reconciliation*

Forms:

* *QAA Audit Form: Medication Order Transcription/Cross Match (from PIP packet)*
* *Medication Error Report Form*

**Equipment Demonstration:**

If applicable

**Record of Training:**

Complete *Record of In-service Training and Attendance Form*. Be sure all participants sign-in.

**“Medication Reconciliation”**

*Record of In-Service Training and Attendance Form*

The following personnel attended this in-service training program on .

|  |  |  |
| --- | --- | --- |
| **Printed Name** | **Signature** | **License Number  (as applicable)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Time Started: |  | Instructor (Printed Name) | Instructor (Signature) |
| Time Ended: |  |  |  |

*Use additional sheets as necessary.*

# 