

Highlights of Revisions to Chapter XXIV - Medication Administration Regulations

This document is a work in progress. It is intended to provide basic information and initial guidance regarding the application of these revised regulations and is subject to change. There are some outstanding issues that must be finalized in coordination with Medication Administration Program staff. Additional information will be shared through the web portal as soon as it is available. If you have questions regarding the Medication Administration Program, please contact Val Peake at 303-692-2992.

Section 3.1 - There must a qualified medication administration staff member onsite at all times. *Staffing schedule and personnel records will be reviewed for regulatory compliance*

Section 3.3 - A database of qualified medication administration persons who have successfully passed the competency evaluation can be accessed on the division's website: www.healthfacilities.info
The facility must check the database to ensure staff that are administering medications have a valid certificate. Print off a copy from the online verification and place it in the employee's personnel file.

Section 3.5 - Reporting of medication errors. Medication errors that meet the elements for occurrences involving death or neglect must be reported to the department within one business of the occurrence or no later than one business day after the facility becomes aware of the occurrence. The process for reporting such medication errors has not yet been finalized. Until further guidance is issued, follow the existing occurrence reporting process.

During the course of a survey or investigation it a medication error has been identified that met the criteria for a reportable occurrence and the error was not reported deficient practice would be cited. Other areas of deficient may also be cited such as failure to comply with physician orders, failure to protect from neglect, failure to investigate neglect, failure to follow the facility policy for investigating neglect.

Section 4.2 - Policy and procedures for investigating and evaluating any drug related offenses revealed in the criminal background check. The investigation and evaluation must be done prior to employment. The policies and procedures must address the criteria for investigating and evaluating any drug related offenses, monitoring any person hired with prior drug related offenses and how the facility will document it's investigation, evaluation and monitoring.

Policy and procedure will be reviewed for regulatory compliance. Criminal background checks will be reviewed. If is determined that employee has been hired with drug related offenses, further investigation will be done to ascertain whether or not the facility followed its policy.

Section 4.3 (A) (B) - QMAPs must retest every five years. QMAPS have until 1/1/12 to come into compliance with this requirement. If the QMAP fails the test, or does not complete the training within the required timeframe, the facility must cancel the QMAPs medication administration responsibility and so notify the department.

A sample of QMAPs personnel records will be reviewed for regulatory compliance. The QMAP database will be checked for the sample employee's to ensure that their QMAP qualification is valid. If it is determined that a QMAP retested and failed the test, and continued to give medications, without a valid certificate, deficient practice will be cited.

The regulation also requires that the facility document satisfactory completion of on-the- job training and the QMAP certificate in the employee's personnel file.

This is not a new requirement.

Section 5.2 (A) - Following an inpatient hospitalization new orders must be obtained. The intent of this requirement is to ensure that there is coordination of care and that the resident's primary care physician is aware of any potential medication changes and how that may impact other medications. *A medication review will be conducted for a sample of residents. If an inpatient hospitalization occurred the record will be reviewed to determine whether new signed orders were obtained.*

Section 5.5 (A) - The facility cannot administer medications through a gastrostomy tube.

Section 5.5 (B) - The facility cannot prepare, draw or administer injections into the blood stream or skin, including insulin pens.

This is not a new requirement. It was previously specified in statute and it now it is clarified in regulation.

Section 6.3 (A)(B) - When administering medications from an medication reminder boxes each medication must be documented as given on a medication administration record that contains complete instructions for administration including specific entry for each medication.

This was added for clarification.

A medication review will be conducted on a sample of residents. Medication administration records (MAR) will be reviewed to ensure that each medication is accurately and completely transcribed on the MAR and documented as required.

Section 7.1 - All medication must be stored onsite including medication that is places in a MBR by family or others designated person.

A medication review will be conducted on a sample of residents. The medication supply will be checked as part of the review to determine whether or not the medications are stored onsite.

Section 7.2 - Controlled substances must be stored under double lock and counted and signed for at the end of each shift in the presence of either two QMAPS or a QMAP and qualified manager. If that is not possible, then the QMAP going off duty must count for the controlled substances and the next on duty QMAP must verify the count and sign. If the count cannot be verified, the discrepancy must be reported immediately to the administrator.

Providers have asked for a user friendly list of controlled substances. This request has been shared the Medication Administration Program staff. Facilities are encouraged to work with their pharmacy and to consult their drug reference manuals when in doubt. As a general rule, consider narcotics, anti-anxiety, hypnotics and sedatives.

Medication supply will be observed for regulatory compliance with doubling locking requirement. System for counting and verifying the count will be reviewed for regulatory compliance. Any discrepancies in the counts will be reviewed to ascertain actions taken to rectify the problem. Other areas of deficient practice may be considered such as reporting occurrences of drug diversion, and compliance with physician orders.

Section 9.1 - Disclosure statement must be signed by each QMAP and qualified manager stating that he or she has never had a professional license to practice nursing, medicine or pharmacy revoked

related to the administration of medications. Misrepresentation or falsification is grounds for the department to rescind the medication administration qualification. The facility must notify the department within ten days of any change in information previously disclosed.

Previously the disclosure statement was required only for qualified managers and QMAPs responsible for the filling and oversight of medication reminder boxes. This requirement now pertains to all QMAPs.

A sample of QMAPs personnel records will be reviewed for regulatory compliance. During the course of a survey or investigation, if it is determined that the disclosure was falsified, appropriate Division Medication Administration Program staff will be notified. Deficient practice may be cited if it is determined that the facility had knowledge that that disclosure was untruthful and failed to take appropriate action.

Section 9.2 - The department shall rescind a QMAPs qualified to administer medications if it is determined that the QMAP committed a pattern of medication errors that caused or has the potential to cause harm to a resident, until the individual undergoes retraining, retesting and successfully completed the competency examination.

There are outstanding issues that must be decided in regard to the application of this requirement. Further guidance will be forthcoming.