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| COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN | <i>Policy and Procedure</i> <i>Medication Administration, Medication Storage & Other Medical Treatment</i> |
| Department: Clinical Author: | Local Policy Number (if used) |
| Regional Operations Committee Approval Date 02/04/2019 | Implementation Date 03/15/2019 |

I. PURPOSE

To establish regional guidelines regarding the administration of psychotropic and other medications, storage of medications, and medical treatment procedures for the Community Mental Health Partnership of Southeast Michigan (CMHPSM)

II. REVISION HISTORY

| DATE | REV. NO. | MODIFICATION |
|--------|----------|---------------------|
| 2/4/19 | 1 | New regional policy |
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III. APPLICATION

This policy applies to all staff and contractual organizations within the provider network of the Community Mental Health Partnership of Southeast Michigan (CMHPSM).

IV. POLICY

Medication and medical treatments shall be administered only at the order of a physician, or a prescriber who is a medical professional with vested legal authority through professional licensing or certification to prescribe medications, using the highest standards of medical practice.

V. DEFINITIONS

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that serves as the Prepaid Inpatient Health Plan (PIHP) for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Delegated Prescribing Authority: When a licensed physician delegates the authority to prescribe medications and medical treatment procedures to a Nurse Practitioner, Clinical Nurse Specialist or Physician Assistant. The physician shall supervise the performance of this delegated function in accordance with the Michigan Public Health Code (1978 P.A. 368), including, but not limited to Section 16109(2); 16215; 17076; 17210; 17708(2).

Medication Training Program: Training for the CMHPSM, CMHSPs, and contract provider staff on the standards for administering, and maintaining medications. This training is conducted by a person qualified to train on this topic.

Medical Treatment Procedures: Treatment procedures that are ordered by a physician or prescriber with delegated prescribing authority prior to implementation by staff (e.g. hot wet soak to left foot). Exceptions include emergency situations where injury is apparent and first aid by trained individuals does not require orders from a physician or prescriber with delegated prescribing authority prior to initiation.

Medication: A drug or medical treatment prescribed by a physician or nurse practitioner, clinical nurse specialist or physician assistant with delegated prescribing authority for the therapeutic benefit of a patient.

Medication Administration: The provision of a prescribed and prepared dose of an identified medication to the individual for whom it was ordered to achieve its pharmacological effect. This includes directly introducing the medication into or onto the individual's body.

Medication Dispensing: Providing, furnishing, or otherwise making available a supply of medications to the individual for whom it was ordered (his or her representative) by a licensed pharmacy according to a specific prescription or medication order, or by a licensed independent practitioner authorized by law to dispense. Dispensing does not involve providing an individual a dose of medication previously dispensed by the pharmacy.

Medication Order: A written direction provided by a prescribing practitioner for a specific medication to be administered to an individual. The prescribing practitioner may also give a medication order verbally to a **licensed person** such as a pharmacist or a nurse.

Examples of some different types of medication orders are:

- Copy of a written prescription
- Written order on a consultation form, signed by the practitioner
- Written list of medication orders, signed by the practitioner
- Copy of a pharmacy call-in order, given to you by the pharmacist
- A verbal order given to a **licensed** person
- Electronic prescriptions signed electronically via a secured system

Nurse Practitioner or Clinical Nurse Specialist: An individual licensed to practice as a registered nurse and certified in a nursing specialty by the State of Michigan.

Physician: An individual who is licensed to practice medicine or osteopathic medicine in the State of Michigan under article 15 of the Public Health Code, Act No. 368 of the Public Acts of 1978, being sections 33.16101 to 333.18838 of the Michigan Compiled Laws. The "practice of medicine" means the diagnosis, treatment, prevention, cure, or relieving of a human disease, ailment, defect, complaint, or other physical or mental condition, by attendance, advice, device, diagnostic test, or other means, or offering, undertaking, attempting to do, or holding oneself out as able to do, any of these acts (MCL 333-1978-15-170).

Physician Assistant: An individual licensed to practice as a physician assistant by the State of Michigan.

Prescriber: A physician who is licensed to prescribe medications and medical treatment procedures, or nurse practitioner, clinical nurse specialist, or physician assistant with delegated prescribing authority who is licensed to prescribe medications and medical treatment procedures. A licensed physician may delegate the authority to prescribe medications to a nurse practitioner, clinical nurse specialist or physician assistant in accordance with the Michigan Public Health Code (1978 P.A. 368) Section 16109(2), 16215, 17076; 17210, 17708(2).

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports for people with mental health, developmental disabilities, and substance use disorder needs.

Stop Order: An order by a physician or nurse practitioner, clinical nurse specialist, or physician assistant with delegated prescribing authority, to discontinue the administration of a medication or medical treatment procedure.

VI. STANDARDS

- A. All licensed contract providers must:
 - 1. Adhere to licensing regulations related to the administration and management of medications,
 - 2. Follow all outlined responsibilities of the licensed setting as determined by the Individual Plan of Service.
- B. Staff involved in providing medication administration or medical treatment-related services shall follow the standards in the Individual Plan of Service and/or any related documents.
- C. Medication reviews should occur as specified in the Individual Plan of Service, or as required based on clinical status.
- D. Staff administering medications must:
 - 1. Satisfactorily complete a CMHPSM-approved medication training program that is provided by a qualified professional
 - 2. Demonstrate knowledge of medication doses, expected actions, and side effects of medications administered.
- E. Medication shall not be used as punishment, for the convenience of staff, or as a substitute for other appropriate treatment.
- F. Any use of medication to address behavioral issues must be approved by the local CMHSP Behavior Treatment Committee.
- G. Current medication and medical treatment orders shall be maintained on-site.
- H. The CMHSP is responsible for ensuring that medication reconciliation is done at least quarterly.

- I. Controlled substances stored on-site will be documented on a controlled medication log.
- J. The medication administration record must be updated whenever a medication is prescribed, changed, or discontinued, and should be signed or initialed by staff.
- K. Discontinued, expired, recalled, or unused medications stored on the premises shall be destroyed according to the site procedure.
- L. Any destroyed medications or medications returned to the pharmacy shall be documented on the Expired, Recalled or Discontinued Medication Inventory Sheet, and documented on an Incident Report if required in that county.
- M. Staff will use at least two of the following identifiers whenever administering medication(s) or treatment(s):
 - 1. Consumer photograph attached to the medication and treatment record or medication injection record
 - 2. Staff who knows the individual identifies the consumer.
 - 3. Consumer states his/her name and staff compares the name to the medication and treatment record or medication injection record
 - 4. Consumer states his/her birth date and staff compare it to the medication and treatment record or medication injection record.
- N. Each time a medication or medical treatment is administered, the administration shall be documented on the medication and treatment record.
- O. Medication errors and adverse reactions must be:
 - 1. Reported immediately to the prescriber
 - 2. Documented according to procedures for the completion of the medication and treatment record
 - 3. Documented on an Incident Report.
 - 4. Reviewed according to the CMHPSM Critical Events policy, if the medication error resulted in a medical emergency.
- P. Medication errors that result in an adverse reaction will be reported according to the CMH's medication training.
- Q. Only medications for which there is an active prescription shall be given to a consumer upon leave or discharge. Enough medication is to be made available to ensure the consumer has an adequate supply until he/she can become established with another provider.
- R. If outlined in the Individual Plan of Service, consumers may self-administer medication in a licensed contract provider setting upon completion of an independent self-medication module. Home staff will assure the medications are safely stored and provide monitoring of an independent self-medication activity.
- S. Medications that are stored at a CMH site or a licensed residential site shall be stored on the premises only to facilitate the delivery of services to consumers and shall be safeguarded as follows:

1. A "double-locked" system shall be employed, such as a locked medication box in a locked file.
 2. Keys to locked storage areas shall be available only to staff who are authorized to have access to medications.
 3. The CMHSP will implement a process to record and review the medication inventory quarterly either through internal reviews or external provider audits, unless the CMHSP has an agreement with a pharmacy to do so.
 4. If a consumer had received a recalled or discontinued medication, the consumer will be notified as soon as possible, and an Incident Report will be completed.
 5. When a medication is recalled or discontinued outside the standard inventory schedule, the consumer will be notified as soon as possible, and an Incident Report will be completed.
 6. Medication requiring storage in a refrigerator is governed by the same standards as other medications for security, control and inspection.
- T. Any consumer receiving services in his or her own home shall have medication administration or medication storage needs identified in the Individual Plan of Service.
- U. All medication stored at CMH sites or a licensed residential site must be in the original container which is labeled as follows:
1. Name of recipient
 2. Name of prescriber
 3. Name of medication
 4. Strength of medication
 5. Dosage of medication
 6. Schedule of administration
 7. Dispensing pharmacy: lot number and expiration information.

VII. EXHIBITS

None

VIII. REFERENCES

| Reference: | Check if applies: | Standard Numbers: |
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| The Joint Commission | X | MM 4.10-5.20 |
| MDHHS Administrative Rules | X | AR 7158 |
| MDHHS Policy | X | Psychotropic Medications, III-7158-R-GL |
| CMHPSM Policy: <u>Training</u> | X | |
| CMHPSM Policy: <u>Behavior Treatment Committee</u> | X | |

IX. PROCEDURES

None