Medication Administration in the Community

Administrative Rule 116
“HOUSEKEEPING”

- Webinar 1 from 9:30 to 11:30 am
- Lunch break 11:30 to 12:45 pm
- Webinar 2 from 12:45 pm to 2:45 pm.
- I will be reading and discussing important points.
INSTRUCTORS – MASTER NURSE TRAINERS

- Kathy Brown: Kathy.A.Brown@illinois.gov
- Sherry Neal: Sherry.Neal@illinois.gov
- Sandy Ott: Sandy.Ott@illinois.gov
- Terry Viebach: Terry.Viebach@illinois.gov
- Presenter: Arden Gregory RN, PhD, CDDN
“SECTION 1 & 2, PRINT OUTS”

- Request/Approval for RN Nurse-Trainer Status
  - Complete this document.
  - Make sure it is legible as this gives us communication information

- Program evaluation
  - Complete this document at the end of the course today

- Fax or email both documents above to:
  - Fax: 217-782-9444 or
  - Email: DHS.BQM@illinois.gov
Nurse Trainer Prerequisites [116.30 b])

- RN or advanced practice nurse in Illinois with unencumbered license
- 2 years RN clinical experience in last 5 years, 1 year preferably in Developmental Disabilities
- Attend all three Webinars
- Complete & send Nurse-Trainer Application
- Test Completion with 90% or better
Overall Purpose of Rule 116
Section 116.10 – Purpose (1)

- To ensure the safety of individuals in programs funded by the Department of Human Services (DHS) by regulating the storage, distribution, and administration of medications in specific settings; training of non-licensed staff in the administration of medications.
Section 116.10 – Purpose (2)

This applies exclusively to all programs for individuals with a developmental disability in settings of 16 persons or fewer that are funded or licensed by the Department of Human Services and that distribute
Section 116.10 – Purpose (3)

or administer medications and all intermediate care facilities for the developmentally disabled with 16 beds or fewer that are licensed by the Illinois Department of Public Health.
Application Clarification

- In all cases, the individual must have a DD/ID diagnosis.
- Licensed and funded by DHS.
- Licensed by DPH & funded by DHS (ICF-DD-16 & CLFs of 16 or fewer)
- Licensed by DCFS & funded by DHS (Child Group Homes of 10 or less)
Which of the following **CANNOT** use Rule 116?

1.  CILAs
2.  Day Training Programs
3.  ICF/DD-16
4.  Child Group Homes < 10 beds

Day Training Programs
DEFINITIONS

116.20
Administer/Administration

An act in which a single dose of medication is instilled into the body of, applied to the body of, or otherwise given to a person for:

- Immediate consumption or use
- Exclusive of injection or other similar methods of transmission
Authorized Direct Care Staff (1)

- Non-licensed persons who have successfully completed a medication administration training program specified by the Illinois Department of Human Services (DHS) and conducted by a nurse-trainer.
Authorized Direct Care Staff (2)

- *This authorization is specific to an individual receiving services in a specific agency and does not transfer to another agency or individual.*
Community Residence (1)

- Any residence funded by DHS and provided by a licensed agency, or a residential setting certified or approved by DHS, or an intermediate care facility for 16 or fewer persons with developmental disabilities.
Community Residence (2)

- licensed by the Illinois Department of Public Health (DPH) as an Intermediate Care Facility for the Developmentally Disabled (ICF/DD-16), 16 beds or fewer.
Competency-Based which is tied to an identified set of skills and knowledge and requires documentation of an acceptable level of performance of a task or achievement of an outcome.
Delegation (1)

The transfer of responsibility for the performance of selected tasks by the registered nurse (RN) to qualified, competent assistive personnel in a selected situation, based upon the RN’s plan of care.
Delegation (2)

The RN retains professional accountability for the outcome of the delegated task and all the nursing care of the individual. No re-delegation by assistive personnel may occur.
Delegation & Nurse Practice Act
Delegation & the Nurse Practice Act (1)

 “Delegation” means transferring to an individual the authority to perform a selected nursing activity or task, in a selected situation.

 “Nursing Activity” means any work requiring the use of knowledge acquired by completion of an approved program for licensure,…

 (Section 50-75 Nursing Delegation)
“Task” means work not requiring nursing knowledge, judgment, or decision-making, as defined by the Department by rule.

(Section 50-75 Nursing Delegation)
Delegation & the Nurse Practice Act (3)

- c) A registered professional nurse shall not delegate any nursing activity requiring the specialized knowledge, judgment, and skill of a licensed nurse to an non-licensed person, including medication administration.
A registered professional nurse may delegate nursing activities to other registered professional nurses or licensed practical nurses.
Of the following who can perform a Nursing Activity in a CILA?

1. LPN or RN
2. CNA
3. Specially trained authorized staff
4. Any staff person

LPN or RN
Delegation & the Nurse Practice Act (5)

- A registered nurse may delegate tasks to other licensed and non-licensed persons. A licensed practical nurse who has been delegated a nursing activity shall not redelegate the nursing activity.
Of the following who can perform a medication related Task in a CILA?

1. LPN
2. RN
3. Specially trained authorized staff
4. Any of the above

Any of the above
Delegation & the Nurse Practice Act (6)

- A registered professional nurse or advanced practice nurse retains the right to refuse to delegate or to stop or rescind a previously authorized delegation.
A TASK is work:

1. NOT REQUIRING nursing knowledge.
2. REQUIRING nursing or knowledge.
3. commonly done only by long term care RNs.
4. found only in DD agencies.

NOT REQUIRING nursing knowledge or judgment
Functional Literacy

- An individual’s ability to read, write, speak, compute and solve problems at levels of proficiency necessary to function on the job, as assessed by standardized techniques.

- TABE (ABLE, CASAS) @ 8th grade reading level (Attachment A – VIII. Special conditions, I. Professional Service Requirement, ¶ 6)
Medication Error (1) (4/29/10 Memo)

The administration of medication other than as prescribed resulting in the:

- wrong medication being taken
- medication being taken at the wrong time
- wrong dosage or via the wrong route, or by the wrong person, or omitted entirely.
Medication Error (2) (4/29/10 Memo)

It is meant to include:

- A lack of documentation of medication administration
- any error in the documentation.
- Medication errors must be reported to the DHS Bureau of Quality Management or
- Illinois Department of Public Health Regional Office (if the individual is a resident of
an ICF/DD-16) in accordance with written instructions from the Department’s Bureau of Quality Management or DPH rules (77 Ill. Adm. Code 350).

- All medication errors are subject to review by DHS or DPH, whichever is applicable. Medication errors that meet the reporting
Medication Error (4)

criteria pursuant to the Department’s rules on Office of Inspector General Investigations of alleged Abuse or Neglect or Deaths in State-Operated and Community Agencies (59 Ill. Adm. Code 50) shall be reported to the Office of Inspector General (OIG).
Medication errors are reported to which State of Illinois agency?

1. Office of the Inspector General (OIG)
2. DHS Bureau of Quality Management (BQM)
3. DPH Regional Office
4. Any of the above.

ANY OF THE ABOVE
Non-Licensed Staff Training Program (1)

- A standardized competency-based medication administration training program approved by IDHS.

- It is conducted by a nurse-trainer for the purpose of training persons employed or under contract to provide direct care or treatment to individuals receiving
Non-Licensed Staff Training Program (2)

services to:

- administer medications
- implement self-administration of medication training to individuals under the supervision and monitoring of the nurse-trainer.
- It incorporates adult learning styles, teaching strategies, classroom
Non-Licensed Staff Training Program (3)

management, curriculum overview including:

- ethical-legal aspects and
- standardized competency-based evaluations on administration of medications and self-administration of medication training programs. [20 ILCS 1705/15.4 (b)]
Normalization

A philosophy under which persons with a developmental disability are provided or restored to patterns and conditions of everyday life which are as close as possible to norms and patterns of the mainstream of society.
Patent or Proprietary Medications

Medications and household remedies that are generally considered and accepted as harmless and nonpoisonous when used according to the directions on the label and for which there are written physician orders for their use.
Self-Administration

An act in which an individual administers his or her own medications. To be considered “capable of self-administering medications”, individual residents must, at a minimum, be able to:

- identify prescribed medication by size, shape, or color
- know when it should be taken and in what amount it should be taken each time.

ILCS 1705/15.4 (b)
Substantial Compliance (1)

- Meeting the requirements set forth in this Part, except for variations from the strict and literal performance of such requirements that result in insignificant omissions and defects, given the particular circumstances and the history of those omissions and defects.
Omissions that have an adverse impact on an individual’s health and safety shall be considered significant and shall be considered substantial noncompliance.
Supervision (1)

- An active process in which the Registered Professional Nurse monitors, directs, guides, and evaluates the outcomes of an activity or task.
Supervision (2)

The registered nurse maintains the accountability for the tasks and responsibilities, as subcomponents of total patient care, delegated to qualified competent assistive personnel.
Who can teach medication administration program to non-licensed staff?

1. Only a RN-Trainer
2. Any RN
3. Specially trained LPN
4. Any of the choices

ONLY A RN-TRAINER
116.30 – Master Nurse-Trainer and Nurse-Trainers

■ b) N-T requirements

■ c) Requests for approval as Nurse-Trainer shall be submitted, in writing, to the DD Clinical Director….

■ d) Conditional Approval – may not train or authorize unauthorized staff but may direct, monitor, train authorized staff
Which criterion is necessary to become a Nurse-Trainer?

1. Advanced Practice Nurse
2. 5 years of experience in DD
3. Licensed RN in Illinois
4. 5 years of RN experience

BE LICENSED AS AN RN IN ILLINOIS
116.40 Training and Authorization of Non-Licensed Staff by Nurse-Trainers
116.40 Training and Authorization of Non-Licensed Staff (1)

a) **Only a nurse-trainer** may delegate and supervise the task of medication administration to direct care staff.

b) **Prior to training non-licensed staff to administer medication, each nurse-trainer shall perform the following for each**
116.40 Training and Authorization of Non-Licensed Staff (2)

b) …individual to whom medications will be administered by non-licensed staff [20 ILCS 1705/15.4 (c)] once they are trained and authorized direct care staff:

1) An assessment of the individual’s physical and mental status and medical history.
116.40 Training and Authorization of Non-Licensed Staff (2)

2) An evaluation of the medication order(s) and medication(s) prescribed.
116.40 c) Non-licensed Direct Care Staff Requirements (1)

c) Non-licensed direct care staff who are to be authorized to administer medications under the delegation of the registered professional nurse shall meet the following criteria:

1) be age 18 or older;
116.40 c) Non-Licensed Direct Care Staff Requirements (2)

c) Non-licensed direct care staff….criteria:

2) complete high school or its equivalency (G.E.D.);

3) demonstrate functional literacy;
116.40 c) Non-licensed Direct Care Staff Requirements (2)
c) Non-licensed direct care staff….criteria:

4) satisfactorily complete the Health and Safety component of the Direct Support Persons Core Training Program or a DHS approved equivalent Developmental Disabilities Aide Training Program;

(Attachment A; I. Professional. Service Requirements ¶ 7.)
116.40 c) Non-Licensed Direct Care Staff Requirements (4)

c) Non-licensed direct care staff…. criteria:

5) be **initially trained** and **evaluated** by a nurse-trainer in a competency-based, standardized medication curriculum specified by DHS;
116.40 c) Non-Licensed Direct Care Staff Requirements (4)
c) Non-licensed direct care staff .... criteria:

6) receive specific additional competency-based training and assessment by a nurse-trainer as deemed necessary by the nurse-trainer whenever a change of medication or dosage occurs or a new individual that requires medication enters the program;
116.40 c) Non-Licensed Direct Care Staff Requirements

(5)

c) Non-licensed direct care staff....criteria:

7) pass the written portion of the comprehensive examination furnished by DHS based on the information conveyed to them; and
116.40 c) Non-Licensed Direct Care Staff Requirements (5)

c) Non-licensed direct care staff….criteria:

8) Score on a written or oral competency-based evaluation specifically pertinent to those medications that such staff are responsible to administer.
BEFORE staff can administer meds the Nurse-Trainer must assess the:

1. present physical & mental status
2. medical history
3. medication orders & meds prescribed
4. All the above.

ALL THE ABOVE.
116.40 d) Initial competency-based training toward delegation for medication administration shall include:

1) **Best practice standards** related to the rights of individuals, legal and ethical responsibilities, agency procedures and **communication pertaining to medication administration**.

2) **Best practice nursing techniques** associated with medication administration.
116.40 d) Initial competency-based training toward delegation for medication administration shall include: (continued)

3) **Classes** of drugs and their **effects** and **common side-effects**.

4) **Specific information** regarding the **individuals** to whom the staff will administer medication and the **medication** the staff will administer.
116.40 d) Initial competency-based training toward delegation for medication administration shall include: (continued)

5) Techniques to check, evaluate, report and record vital signs when those skills are necessary for the safe administration of medication to that individual.
116.40 d) Initial competency-based training toward delegation for medication administration shall include:  (continued)

6) A final, individual-specific, competency-based evaluation performed by a nurse-trainer for each medication administered to persons at the program for whom the staff provide supports.
116.40 Training and Authorization of Non-Licensed Staff

e) Authorized direct care staff shall be re-evaluated by a nurse-trainer at least annually or more frequently at the discretion of the registered professional nurse. Any retraining shall be to the extent that is necessary to ensure competency of the authorized direct care staff to administer medication [20 ILCS 1705/15.4 (c)], as judged by a nurse-trainer.
116.40 Training and Authorization of Non-Licensed Staff

f) Direct care staff who **fail to qualify** for competency to administer medications shall be given **additional education and testing** to meet criteria for delegation authority to administer medications. Any **direct care staff person who fails to qualify** as an authorized **direct care staff after initial training and testing** must, within 3 months **be given another**
116.40 Training and Authorization of Non-Licensed Staff

f) **opportunity** for retraining and retesting. A direct care staff person who fails to meet criteria for delegated authority to administer medication, including, but not limited to, failure of the written test on two occasions, shall be **given consideration for shift transfer or reassignment, if possible.**
f) No employee shall be terminated for failure to qualify during the three month time period following initial testing. Refusal to complete training and testing required by this Section may be grounds for immediate dismissal. [20 ILCS 1705/15.4(h)]
116.40 Training and Authorization of Non-Licensed Staff

g) No authorized direct care staff person delegated to administer medication shall be subject to suspension or discharge for errors resulting from the staff person’s acts or omissions when performing the functions unless the staff person’s actions or omissions constitute willful and wanton conduct.
h) Authorization of staff to administer medication shall be revoked if, in the opinion of the registered professional nurse-trainer, the authorized direct care staff person is no longer competent to administer medication [20 ILCS 1705/15.4 (c)] The degree of retraining and
116.40 Training and Authorization of Non-Licensed Staff (2)

h) reassessment of competency should occur at the discretion of the nurse-trainer.
How often should staff be evaluated?

1. At least yearly
2. At least monthly
3. Only when they make a mistake
4. Once authorized, no more evaluations are required.

At least yearly.
Can authorization be revoked by the Nurse-Trainer?

1. Yes
2. No

Yes.
116.40 Training and Authorization of Non-Licensed Staff

i) Clear documentation of training, retraining, and evaluation shall be kept in each staff or contractual person’s personnel file by each agency where authorized direct care staff are employed.
116.50 Administration of Medications
116.50 Administration of Medications

a) Medications shall be administered in accordance with the Mental Health and Developmental Disabilities Administrative Act [20 ILCS 1705] and the Illinois Nursing Practice Act [225 ILCS 65]

b) Non-licensed staff shall not administer any medication in an injectable form.
116.50 Administration of Medications

c) A registered professional nurse, advanced practice nurse, physician licensed to practice medicine in all of its branches, or physician assistant shall be on duty or on call at all times in any program covered by this Part. [20 ILCS 1705/15.4 (j)]
116.50 Administration of Medications

d) Authorized direct care staff shall **not** administer PRN medications **unless** there is a written protocol approved by a nurse-trainer and prescribing practitioner for each individual and for each medication. A written protocol shall include the following information:  (Information Bulletin DD.13.027)
116.50 Administration of Medications

d) … protocol … information:

1) the name of the individual;
2) the name, route, and dosage form of the medication;
3) dosage or quantity to be taken;
4) frequency or times of administration;
5) Conditions for which the medication may be given;
116.50 Administration of Medications (3)

d) …protocol …information:

6) Contraindications for the medications;
7) A maximum or stop dosage;
8) Any necessary special directions and precautions for the medication’s preparation and administration;
116.50 Administration of Medications (4)

d) …protocol information:

9) Common severe side or adverse effects or interactions & the action required if they occur; and

10) Proper storage
What ISN’T included in a PRN protocol?

1. Nurse-Trainer’s qualifications
2. Drug contraindications
3. Common severe side effects
4. Proper storage

Nurse-Trainer’s qualifications
116.50 Administration of Medications

e) A facility may stock for use as PRN medications, and in accordance with subsection (d) above, only drugs that are regularly available without prescription at a commercial pharmacy, such as: uncontrolled cough syrups, laxatives, and analgesics. These shall be given to an individual only upon the written order of
116.50 Administration of Medications

e) the physician, dentist, or podiatrist; shall be administered from the original containers; and shall be recorded in the individual’s medication administration record (MAR).
How are stock prn medications stored?

1. Divided into vials for each individual.
2. In their original containers.
3. In medication envelopes.
4. In “pill minders” as necessary.

In their original containers.
116.60 Medication Self-Administration
116.60 Medication Self-Administration

a) As part of the normalization process, in order for each individual to attain the highest possible level of independent functioning, all individuals shall be permitted to participate in their total health care program [20 ILCS 1705/15.4(d)].
116.60 Medication Self-Administration

a) Every program shall include, but not be limited to, individual training in promoting wellness, prevention of disease and medication self-administration procedures.
116.60 Medication Self-Administration  a)  (1)

1) Every program shall adopt written policies and procedures for assisting individuals in obtaining preventative health and medication self-administration skills in consultation with the registered professional nurse [20 ILCS 1705/15.4 (d)].
2) **Individuals shall be evaluated to determine their self-administration of medication capabilities** by a nurse-trainer through the use of DHS required, standardized screening and assessment instruments.
116.60 Medication Self-Administration  a) (2)

3) When the results of the screening and assessment indicate an individual not to be independently capable to self-administer his or her own medications, programs shall be developed in consultation with the Community Support Team (CST) or Interdisciplinary Team (IDT) to provide individuals with [20 ILCS 1705/15.4 (d)]
116.60 Medication Self-Administration  a) (2)

3) (continued) medication self-administration training as identified in each individual’s treatment/service plan.
116.60 Medication Self-Administration

b) Each individual shall be presumed to be competent to self-administer medications if he or she has been determined to be:

1) capable by a registered professional nurse or advanced practice nurse.

2) approved to self-administer medication by the individual’s Community Support Team (CST) or Interdisciplinary Team (IDT); and

3) Authorized by a written order by a physician…
Who decides if an individual can independently administer their own medication?

1. Nurse  
2. Interdisciplinary Team  
3. Doctor  
4. All the above.

All the above.
116.60 Medication Self-Administration

c) **Training** of individuals to self-administer medication shall **minimally** include instruction, for each medication prescribed, in the following areas:

1) **name** of the **medication** or identification within the existing agency pharmacy protocol;

2) **dosage** or quantity to be taken;
116.60 Medication Self-Administration

c) **Training** …to self-administer… **minimally include** instruction:

3) **route** of administration;

4) **frequency** or times of administration

5) **Purpose** of medication, special **instructions**, common **side-effects** & potential **consequences** of not taking the medication **properly** and
c) **Training** ...to self-administer... *minimally include* instruction:

6) **when to seek medical assistance** and any action to be taken in the event of a missed dose, medication error, or adverse reaction.
Individual’s training to take their own medications must include:

1. What “normalization is”.
2. The doctor’s name.
3. The drug cost.
4. Medication purpose.

Medication purpose
d) When requested to do so by an individual, authorized direct care staff may assist an individual in the self-administration of medications by taking the medication from the locked area where it is stored and handing it to the individual. If the individual is physically unable to open the container, a staff member may open the container for the individual.
d) Agency staff may also assist physically impaired individuals, such as those who have arthritis, cerebral palsy, or Parkinson’s disease, in the removal of the medication from the container and in consuming or applying the medication.
116.60 Medication Self-Administration

e) Each individual shall remain under observation by authorized direct care staff and be assisted by the staff to correct or prevent medication errors and to safeguard against adverse drug reactions. All observation and assistance shall be noted in the progress section of the individual’s clinical record.
116.60 Medication Self-Administration

f) Individuals specifically determined to be competent, by a physician who has issued a written order, to self-administer their own medications may maintain possession of the key or combination of the lock to their own medication storage area.
116.60 Medication Self-Administration

f) A duplicate key or a copy of the combination shall be kept by the program in a secure location for emergency use, such as:

- if the individual should lose or misplace the key
- forget the combination.
g) A medication administration record need not be kept for those individuals for whom the attending physician has given permission to have access to their own medications and to be fully responsible for taking their own medications.
When can staff assist with self-administration?

1. Only when directed by the RN
2. When asked by the individual
3. Any time.
4. Never.

When asked by the individual.
116.70 Medication Administration Record and Required Documentation
a) All medications, including patent or proprietary medications (e.g., cathartics, headache remedies, or vitamins, but not limited to those) shall be given only upon the written order of a physician, advanced practice nurse, or physician assistant. Rubber stamp signatures are not acceptable.
116.70 Medication Administration
Record and Required Documentation (2)

a) All orders shall be **given as prescribed by** the physician and **at the designated time**. **Telephone orders** may be **taken by a registered professional nurse** or licensed practical nurse.
a) All orders shall be immediately written on the individual’s clinical record or a “telephone order form” and signed by the nurse taking the order. These orders shall be countersigned or documented by facsimile prescription by the physician within ten working days.
b) Medication Administration Record

1) An individual **medication administration record** shall be kept for each individual for medications administered and **shall contain** at least the following:

A) the individual’s name;
116.70 Medication Administration
Record and Required Documentation (2)

b) 1) MAR shall contain:

B) the name and dosage form of the drug;

C) the name of the prescribing physician, physician assistant, dentist, podiatrist, or certified optometrist;

D) dose;

E) frequency or times of administration
b) 1) MAR shall contain:

- F) route of administration;
- G) date and time given;
- H) most recent date of the order
- I) allergies to medication; and
- J) special considerations
Do OTC medications need a physician order?

1. Yes
2. No

Yes
116.70 Medication Administration Record and Required Documentation

2) The medication administration record for the current month shall be kept with the medications or in the individual’s clinical record. If logs are kept in the individual’s clinical record, the record shall be present when and where the medications are taken so that the appropriate notation can be made in the log.
3) The medication administration record shall be completed and initialed immediately after the medication is administered by the authorized direct care staff. Each medication administration record shall have a section that contains the full signature and title of each individual who initials the medication administration record.
4) **All changes** in medication shall be noted on the medication administration record by:

- licensed practical nurse
- registered professional nurse
- advanced practice nurse
- pharmacist
116.70 Medication Administration
Record and Required Documentation

4) … physician

- physician assistant
- dentist
- podiatrist
- certified optometrist and

reported to the registered professional nurse in charge of the program prior to the next dose.
Where should the MAR be kept?

1. With the individual’s clinical record.
2. In the individual’s room.
3. In the Nurse-Trainer’s possession.
4. With the medications

With the medications
5) Individual refusal to take medications shall be noted in the medication administration record. A progress note by authorized direct care staff shall be written in the individual’s clinical record indicating the reasons for refusal and the registered professional nurse shall be notified.
6) For individuals who are independently self-administering medications, no medication administration record shall be required. However, any medication that individuals take shall be listed in their clinical records, including dosage, frequency, and identity of the prescribing physician, physician
116.70 Medication Administration
Record and Required Documentation

6) … assistant, dentist, podiatrist or certified optometrist. Each agency shall develop and implement a quality assurance system to ensure that self-administered medications are taken in accordance with prescribed orders.
116.70 Medication Administration Record and Required Documentation (1)

c) In the event of a medication error, authorized direct care staff shall immediately report the error to the registered professional nurse, advanced practice nurse, physician, physician assistant, dentist, podiatrist, or certified optometrist to receive direction on any action to be taken.
116.70 Medication Administration
Record and Required Documentation

(2)

c) … All medication errors shall be documented in the individual’s clinical record and a medication error report shall be completed within eight hours or before the end of the shift in which the error was discovered, whichever is earlier. The medication error report shall be sent to the nurse-trainer for review and further action.
116.70 Medication Administration Record and Required Documentation (3)

c) …. A copy of the medications error report shall be maintained as part of the agency’s quality assurance program. Medication errors must be reported to the DHS Bureau of Quality Enhancement (or the Illinois Department of Public Health Regional Office if an individual of an ICF/DD-16 is involved) in accordance with written
116.70 Medication Administration Record and Required Documentation (4)

c) .... instructions from the Department’s Bureau of Quality Management or DPH rules (77 Ill. Adm. Code 350). All errors are subject to review by DHS or DPH, whichever is applicable. Medication errors that meet the reporting criteria pursuant to the Department’s rules on Office of
c) .... Inspector General Investigations or Alleged Abuse or Neglect or Deaths in State-Operated and Community Agency Facilities (59 Ill. Adm. Code 50) shall be reported to the Office of Inspector General. (4/29/10 Memo)
116.70 Medication Administration
Record and Required Documentation

\( ^{(1)} \)

d) In the event of a suspected drug reaction, authorized direct care staff shall *immediately* report the signs and symptoms to the registered professional nurse, advanced practice nurse, physician, physician assistant, dentist, podiatrist, or certified optometrist.
d) .... To receive direction on any action to be taken. All adverse drug reactions shall be documented in the individual’s clinical record and an adverse drug reaction report shall be completed within eight hours or before the end of the shift in which the reaction was discovered,
d) whichever is earlier. The adverse drug reaction report shall be sent to the prescriber and nurse-trainer for review and further action. A copy of the adverse drug reaction report shall be maintained as part of the agency’s quality assurance program.
e) An **inventory** and a record of use of **controlled substances** shall be maintained by the registered professional nurse in the program, and **each** **substance** shall require a **separate** **sheet** indicating the:

1) *name of the individual*;

2) *name of the prescriber*;
e) … inventory …. indicating:
   3) serial number of the prescription;
   4) name of the drug and strength;
   5) amount used;
   6) amount remaining;
   7) time and date administered;
116.70 Medication Administration
Record and Required Documentation (3)

e) … inventory …. indicating the:

8) name of the individual who administered the medication; and

9) documentation of a shift count done by authorized direct care staff. Any discrepancies shall be reported to the nurse-trainer for review and action in accordance with written policy.
How many staff persons are required for a shift count?

1. One
2. Two
3. Three
4. No shift count is required

One
Storage and Disposal of Medications

116.80
116.80 Storage and Disposal of Medications

a) All drugs shall be stored in locked compartments or within the locked medicine container, cabinet or closet.

b) Access to medications shall be limited to licensed and authorized direct care staff. Each program shall maintain an up-to-date list of authorized direct care staff on its premises.
116.80 Storage and Disposal of Medications

c) Each program shall have a written procedure for safeguarding medications kept in an individual’s room or possession and shall require medications to be stored when individual safety cannot otherwise be assured.

d) All medications shall be stored in their original containers.
e) All prescription medications that are given to individuals at the direction of the physician, registered professional nurse, advanced practice nurse, pharmacist, physician assistant, dentist, podiatrist, or certified optometrist shall have a label with the same information as would appear on
116.80 Storage and Disposal of Medications

e) a pharmacy label in accordance with Section 22 of the Illinois Pharmacy Practice Act [225 ILCS 85] to show:

1) the name and address of the pharmacy where the prescription is sold or dispensed;
116.80 Storage and Disposal of Medications

e) ... pharmacy label ... to show:

2) the name or initials of the person authorized to practice pharmacy;

3) the date on which the prescription was filled;

4) the name of the patient;
116.80 Storage and Disposal of Medications

e) …pharmacy label … to show:

5) the serial number of the prescription as filled in the prescription files;

6) the last name of the practitioner who prescribed the prescription;

7) the directions for use as contained in the prescription; and
116.80 Storage and Disposal of Medications

e) …pharmacy label … to show:

8) the proprietary name or names or the established name of the drugs, the dosage and the quantity.

f) Disposal of all medication shall be in accordance with federal and state laws.
116.80 Storage and Disposal of Medications

www.EPA.state.il.us/medication_disposal/faq.html
www.DisposeMyMeds.org
www.drug-buster.com/home.html
www.rxdestroyer.com
116.90 Individual Health Supports and Assessment

a) The registered professional nurse shall assess an individual’s health status at least annually or more frequently at the discretion of the registered professional nurse.
b) A physician shall assess an individual’s health status at least annually or more frequently at the discretion of the physician or at the request of the agency or the registered professional nurse.
116.100 Quality Assurance
a) A registered professional nurse, advanced practice nurse, licensed practical nurse, pharmacist or physician shall review the following for all individuals:

1) medication orders;

2) Medication labels & medications listed on the medication administration record to ensure that they match the physician orders; and
116.100 Quality Assurance

a) A nurse shall review for all individuals:

3) Medication administration records (for persons who are not self-medicating to ensure that they are completed appropriately for:

A) Medication administer as prescribed
B) refusal by the individual; and
C) full signatures provided for all initials used
116.100 Quality Assurance

b) Reviews shall occur at least quarterly, but may be done more frequently at the discretion of the registered professional nurse and/or advanced practice nurse.

c) A quality assurance review of medication errors for the purpose of monitoring and recommending corrective action shall be conducted within seven days after occurrence and included in the annual review.
116.100 Quality Assurance

d) **Documentation** of the review and the review date shall be retained for at least five years.

e) All quality assurance records shall be **confidential** and may only be disclosed in accordance with the provisions of Part 21 of Article VIII of the code of Civil Procedure [735 ILCS 5/8-2101 through 8-2105].
Nothing in this Part shall limit or restrict the reporting of medication errors as possible abuse or neglect or the investigation by the Office of Inspector General of possible abuse or neglect in accordance with the Department’s rules.
116.100 Quality Assurance

116.110 Administrative Requirements
a) **Written policies and procedures** shall be developed by each agency that **include**:

1) Provisions for **on-going supervision and monitoring of authorized direct care staff.**

2) Provisions for **annual review and any necessary retraining of authorized direct care staff in theory and practice of medication administration.**
116.110 Administrative Requirements

a) ...policies and procedures...include:

3) Provisions for a systematic review of all medication errors, adverse drug reactions, and incidents to identify contributing factors and plan corrective action.
116.110 Administrative Requirements

a) ...policies and procedures ...include:

4) Provisions for recording and reporting of all instances of retraining and retesting for failure to qualify as an authorized direct care staff.
116.110 Administrative Requirements (1)

b) Each program shall have written policies and procedures to include the governing of:

1) distribution of medications, including controlled substances, and persons authorized to distribute medications;

2) administration of medications;

3) quality assurance medication review;
b) Each program … written policies and procedures to include the governing of:

4) Storage and safekeeping of medications;

5) Disposal of medication including controlled substances; and

6) training, review and necessary retraining of authorized direct care staff.
116.110 Administrative Requirements

c) Policies and procedures shall be consistent with applicable rules regulations, and federal and State law.

d) Each program shall have a copy of all policies and procedures related to medication administration on file and readily available to all programs at all times.
DATE: April 29, 2010

TO: Executive Directors of CILA, Developmental Training, and Child Group Home Programs

FROM: Michael Hurt, Chief
Bureau of Quality Management

SUBJECT: Quality Assurance, Injury and Medication Error Reporting

Various administrative rules, as well as the Division of Developmental Disabilities Community Services Agreement (CSA) Attachment A, require written quality assurance plans and ongoing activities by providers to review and evaluate services (including injuries and medication errors). That review must include the collection of data and review of circumstances leading to any adverse event as well as the identification and implementation of improvements to prevent such injury or other adverse event in the future. See Rules 115 (115.320 g)); 116 (116.100, b) and c)); 116.370 c)); 119 (119.260 g) and h)) and the CSA Attachment A (section VIII. M. 4.) for more details.

For the past several years, residential providers with settings of 16 persons or fewer (CILAs and, more recently, Child Group Homes) have been further required to submit evidence of their review of injuries and medication errors on a quarterly basis and Developmental Training (DT) programs have been required to submit evidence of their review of injuries on a semi-annual basis. The Division had communicated these additional reporting expectations through memoranda, typically from the former Bureau of Quality Assurance and System Improvement. “That oversight was not intended to duplicate agencies’ internal review processes, but rather confirm the presence and effectiveness of said systems as they relate to the health and safety of persons receiving services.

The purpose of this memorandum is to advise you that the Division of Developmental Disabilities has examined agency reporting practices and has determined that submission of your quarterly/semi-annual medication error and/or injury reports to the Division’s Bureau of Quality Management (BQM) is no longer required. At least quarterly, providers must continue to conduct and document their own internal review of all adverse events (including but not limited to injuries, medication errors and deaths) in an effort to reduce demands on provider agencies and improve efficiencies within BQM. Verification of provider agencies’ systemic internal reviews, required at least quarterly, will occur in conjunction with periodic quality assurance and/or medication administration review visits by BQM.
Medication errors for which there is an adverse outcome to the person receiving services must continue to be reported, via fax, within 7 calendar days of discovery to the Bureau of Quality Management. A copy of a suggested medication error reporting form is enclosed. Use of this specific form is not required. Providers may use their own agency-developed form for purposes of documenting all medication errors, provided the agency-developed form provides the same information.

These reporting requirement changes are specific only to the Division of Developmental Disabilities and do not impact any requirements to report events to the DHS Office of the Inspector General.

In summary, CILA, DT and Child Group Home providers should:
- Conduct analysis of all adverse events, including medication errors, injuries, and deaths, at least quarterly.
- Maintain documentation of adverse event review and analysis at the agency but do not submit it to the Division of Developmental Disabilities, Bureau of Quality Management.
- Fax adverse outcome medication errors to the Bureau of Quality Management (217) 782-9444 within 7 calendar days of discovery.
- Continue to report events to the Office of the Inspector General, as required by Rule 50.

Please feel free to contact the Bureau of Quality Management at (217) 782-9438 if you need further clarification.

Enclosure
Illinois Department of Human Services
Division of Developmental Disabilities
Bureau of Quality Management

Medication Error Report

Directions: In accordance with Rule 116, CLA providers must document all medication errors. In addition, all medication errors for which there is an adverse outcome to the person receiving services must be reported to the Division of Developmental Disabilities/Bureau of Quality Management. This form must be completed for each such error. Adverse outcome errors must be faxed to (217) 782-9444 within 7 calendar days of discovery. It is not necessary to notify BQM of errors for which there is no adverse outcome. However, errors for which there is no adverse outcome must be documented, reviewed by the RN-Trainer and summarized/analyzed on at least a quarterly basis by the agency. If assistance is needed, phone BQM at (217) 782-9444.

<table>
<thead>
<tr>
<th>Agency Name:</th>
<th>Telephone #:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Person Receiving Services:</th>
<th>Date of Error:</th>
<th>Date of Discovery:</th>
<th>Discovered by:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CLA Address:</th>
<th>Medications Involved:</th>
<th>Does the person receiving services independently administer his/her own medications?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Notification:</th>
<th>Contributing Factors:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor (name):</td>
<td>__________</td>
</tr>
<tr>
<td>RN-Trainer (name):</td>
<td>__________</td>
</tr>
<tr>
<td>Pharmacy (name):</td>
<td>__________</td>
</tr>
<tr>
<td>Physician (name):</td>
<td>__________</td>
</tr>
<tr>
<td>O.T.G. (name):</td>
<td>__________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Events:</th>
<th>Contributing Factors:</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________</td>
<td>__________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medication Error Type:</th>
<th>Staff/Patients Involved:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wrong Consumer:</td>
<td>Authorized Staff Name:</td>
</tr>
<tr>
<td>Wrong Drug:</td>
<td>Unauthorized Staff Name:</td>
</tr>
<tr>
<td>Wrong Dose:</td>
<td>Med. Change not initiated</td>
</tr>
<tr>
<td>Wrong Time:</td>
<td>Transcription Error:</td>
</tr>
<tr>
<td>Wrong Route:</td>
<td>Pharmacy Error:</td>
</tr>
<tr>
<td>Wrong Consistency:</td>
<td>Documentation Error:</td>
</tr>
<tr>
<td>Wrong Technique:</td>
<td>Omission:</td>
</tr>
<tr>
<td>Other (explain):</td>
<td>Refusal:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Corrective Action Taken:</th>
<th>Additional Action Needed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________</td>
<td>__________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Person served did not require medical intervention:</th>
<th>Person served required medical attention: (Explain: ______)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person served required hospitalization: (Explain: ______)</td>
<td>Person served sustained permanent harm: (Explain: ______)</td>
</tr>
<tr>
<td>Person served died as a result of this error: (Explain: ______)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Form Completed By:</th>
<th>Name:</th>
<th>Title:</th>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Reviewed by RN-Trainer Signature:</th>
<th>Date:</th>
<th>Phone:</th>
</tr>
</thead>
</table>

Revised 2012
TO: Providers of Residential Services in Settings of 16 Persons or Fewer

FROM: Lilia Tanistry, Director
Division of Developmental Disabilities

DATE: December 2, 2008

RE: PRN Medications

The intent of Rule 116 is to ensure the safe administration of medications, unless excluded by Rule or Bureau of Clinical Services direction, to persons with developmental disabilities served in specific community settings of 16 persons or fewer. Regarding PRN ("as needed") medications, it is important to understand that administering a PRN medication to someone for a seemingly mild condition may mask important signs and symptoms that would otherwise alert service providers to seek appropriate medical intervention. In some instances, the person served may be unable to report symptoms of potentially serious illness. For these reasons, it is important that all medications, including PRN medications, be used judiciously and under close supervision.

All medications ordered for PRN use must be individualized and based on a known clinical condition or a reasonable "history" of a known clinical condition. Importantly, it is expected that order(s) for all medication(s), including PRN's, include the condition(s) for which the medication may be given, clear directions as to when to administer and frequency, maximum or stop dosage, specific individualized clinical signs and symptoms to monitor; and directions as to when the condition be further assessed by a nurse or physician.

Upon administration of a PRN medication, staff must carefully monitor for effectiveness of the PRN medication, side effects and adverse outcomes. All clinical concerns regarding the use of medications and adverse clinical outcomes, either secondary to the administration of a medication or other clinical condition, must be promptly assessed by a nurse or physician or, if indicated, emergency services. Appropriate documentation must be included within the person's record.

After the need for a PRN medication has been determined in consultation with the person's physician, the PRN medication must be immediately available for administration, as ordered.

cc: Russ Hoskin, Associate Director
Patty Swan, RN, BA, Long Term Care-Field Operations
Illinois Department of Public Health
Mary Spriggas Plessis, Deputy Director, Community Services
Michael Hurt, Chief, Bureau of Quality Management
Master Nurse Trainer
Rebecca Laster, MSN, CNS, Statewide Nursing Coordinator
Bureau of Clinical Services
Marie Bormida, RN, Nursing Consultant, Bureau of Clinical Services
Developmental Disabilities Advocacy Group
TO: Providers of Residential Services in Settings of 16 Persons or Fewer

FROM: Lilia Tansey, Director Division of Developmental Disabilities

DATE: December 2, 2006

RE: EpiPen

Allergies are common phenomena that impact millions of Americans. Allergic reactions may be caused by many factors including environmental contaminants (such as pollen, animal dander and dust mites) or by specific foods, insect bites or medications. Most people with allergies experience minimal to moderate symptoms. However, some people are highly allergic to allergens that are difficult to avoid and may be life-threatening. In such cases, individuals must be followed closely by medical professionals who are familiar with these conditions. In most cases, certain medications will be prescribed for use in the event of a possible life-threatening exposure.

Injectable epinephrine, in a delivery system known as an “EpiPen or epinephrine auto-injector”, is commonly prescribed to people with known serious and unavoidable allergic reactions. It is a first aid measure that can save a person’s life if given promptly when a person experiences a severe allergic reaction known as anaphylactic shock; also known as anaphylaxis. The EpiPen is a single dose delivery system which, when engaged, delivers epinephrine as a first aid measure. For more information on the use of an EpiPen, go to www.epipen.com.

Given that EpiPens are provided for emergency use and are widely prescribed within the general population, the Division of Developmental Disabilities does not consider the use to be governed by Rule 116, but is to be used as a first aid measure. As with all medications, appropriate use and documentation is required and will be monitored by the Division of Developmental Disabilities, Bureau of Quality Management and the Illinois Department of Public Health Developmental Disabilities Section, where applicable, which will consider the following guidelines during the review process:

1. Anyone should be able to assist someone experiencing a serious allergic reaction, which includes assisting someone with the use of an EpiPen.

2. If an agency serves a person with a known allergy that may require the use of an EpiPen, staff must be trained in the use of the EpiPen and be well trained in the specific clinical signs and symptoms to monitor for allergic reaction. Training can be obtained through the American Heart Association or the American Red Cross at the time of CPR training. The person’s physician can instruct on specific monitoring signs and symptoms.

3. It is standard that two “in date” (unexpired) EpiPens are available for use at all times. This is important because the duration of efficacy is limited to roughly 20 minutes. The person may require a second dose prior to the arrival of emergency services.

4. Individuals with serious allergies should have a medical alert identification in their possession when outside of their home.
5. If a person with a known history of life-threatening allergies experiences an allergic reaction, emergency services (911) must be immediately notified. Please recall that the duration of efficacy of an EpiPen is approximately 20 minutes; hence, the person must be triaged at the closest emergency department for continued assessment and treatment.

6. All people receiving services who cannot self-administer the EpiPen must be monitored by staff who are aware of the person’s condition. Monitoring by staff must continue unless that person successfully completes training to safely self-administer the EpiPen and is determined able to ensure EpiPen availability at all times.

7. Life-threatening allergies can occur immediately at the time of exposure and incapacitate an individual within a short period of time.

8. Given the serious nature of life-threatening allergies, the EpiPen auto-injector must be immediately available for use as a first aid measure.

9. Appropriate documentation of allergic reactions and use of an EpiPen is expected.

cc: Rasa Houskin, Associate Director
Patry Sweten, RN, BA, Long Term Care—Field Operations
Illinois Department of Public Health
Mary Spriggles Pleiss, Deputy Director, Community Services
Michael Hutt, Chief, Bureau of Quality Management
Rebecca Lenny, MSN, CNS, Statewide Nursing Coordinator
Bureau of Clinical Services
Marie Bormida, RN, Nursing Consultant, Bureau of Clinical Services
Developmental Disabilities Advocacy Groups
Changes in Rule 116 (1)

- Public Act 98-0901 was passed August 15, 2014.
- Amended Section 15.4 of the Mental Health and Developmental Disabilities Act
- This is the section that requires the development of a training program for authorized direct care staff to administer medications under the supervision of a RN.
Changes in Rule 116

- Staff are no longer limited to administration of just oral and topical medications.
- “Medications” has been modified to include: oral and topical medications, insulin in an injectable form, oxygen, epinephrine auto-injectors, and vaginal and rectal creams and suppositories.
Changes in Rule 116

- Oral includes inhalants and medication administered through enteral tubes, using aseptic technique.
- “Insulin in an injectable form” means a subcutaneous injection via an insulin pen pre-filled by the manufacturer.
Changes in Rule 116

- Authorized staff CAN administer insulin with an insulin pen if:
  - they successfully complete Department approved advanced training.
  - Consults with the RN prior to administration any insulin dose determined by blood sugar result.
Changes in Rule 116 (5)

- Authorized staff shall NOT administer insulin by insulin pen if:
  - Calculation of the insulin dose needed when the dose is blood glucose dependent or
  - The individual requires blood glucose monitoring greater than 3 times daily unless directed to do so by the registered nurse.
Rule 116 changes are happening but the Division must consider both public and government in rewriting the Rule and implementing the changes. Please be patient.

YOU CANNOT IMPLEMENT ANY RULE 116 CHANGE UNTIL EVERYTHING IS FINALIZED.
I can practice as a Nurse–Trainer as soon as this class is over.

1. True
2. False
Testing

- Email Request/Approval for RN Nurse-Trainer to: DHS.BQM@illinois.gov or fax to: (217) 782-9444.
- You will receive email notification for taking Post-Test from Division of Developmental Disabilities.
- OPEN BOOK TEST but do it alone.
- Give the BEST answer.
- Don’t argue with the test questions.
- Stick to Rule 116 and the class materials/discussion.
- Take your time, USE RULE!
Testing

- You cannot practice as a Nurse-Trainer until test completion with a score of 90% or better and receive documentation of your Nurse-Trainer approval.
- Upon Nurse-Trainer approval, your name will be added to the state Nurse-Trainer database.
- Those who are already Nurse-Trainers will not take the test.
- Any communication about test is through DHS.BQM@illinois.gov.
Helpful Website

- Illinois Department of Human Services
  http://www.dhs.state.il.us/page.aspx?item=27893

- Illinois Nurse Practice Act and Administrative Rule 116
  http://www.ilga.gov/commission/jcar/admrcode/059/05900116sections.html

- Training Requirements Manual
  http://www.dhs.state.il.us/page.aspx?item=48120

- Office of the Inspector General (OIG)
  http://www.dhs.state.il.us/page.aspx?item=29410
Five (5) hours of Continuing Education (CE) Credit are awarded after attendance at all three webinars is verified.

When verified, the CEs will be added to your DHS OneNet Training Module transcript and sent to you by email.

For more Continuing Education Credits (CEs) information see the DHS web site link: [http://www.dhs.state.il.us/page.aspx?item=45329](http://www.dhs.state.il.us/page.aspx?item=45329).
THANK YOU

for your attention and attendance.

Please click on this link to take the test:

Have a good week.