Division of Developmental Disabilities
Bureau of Clinical Services

Section 3

Memos and Letters

5/19/2000 Memo – Department of Human Services Administrative Rule 116: Administration of Medication in Community Settings

4/29/2010 Memo – Quality Assurance, Injury and Medication Error Reporting

5/4/2005 Memo – Nursing Services Packet Update and Clarification

12/2/2008 Memo – PRN

12/2/2008 Memo – EpiPens

Training Program
for
Authorized Non-licensed Direct Care Staff

George H. Ryan, *Governor*

Illinois Department of Human Services

Linda Reneé Baker, *Secretary*

401 Wm. G. Stratton Bldg. • Springfield, IL 62765

May 19, 2000

Dear Provider of Developmental Disability Services:

RE: Department of Human Services Administrative Rule 116: Administration of Medication in Community Settings

Rule 116 was adopted on February 7, 2000. The Law, SB965, "An ACT concerning nursing" was signed into law by the Governor last August, 1999. This Rule 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 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. There is no provision for Day Training programs within this Law or Rule. The Illinois Nurse Practice Act requires licensed nurses at Day Training sites to administer medications to individuals not independent in self-administration of their own medications.

The Law and Rule are in effect and agencies have the choice of providing a prescribed training curriculum to authorize non-licensed staff for medication administration tasks, or employing licensed nursing personnel for medication administration. The process of training authorized direct care staff should be underway and completed as soon as possible to maintain compliance with Illinois Law.

To help clarify some areas of confusion, please note the Department's policy on the following key points:

- Medication administration tasks may be delegated only by DHS trained RN nurse-trainers to authorized non-licensed direct care staff;
- Only oral and topical medications can be delegated;
- No injections, rectal or vaginal administration routes may be delegated.

Only individuals who are assessed to be "capable" and meeting all "Level IV"criteria (Nursing Services Packets: Part I & Part II: Self-Administration of Medication Screen and Assessment) may administer their own medications. All other individuals should have an appropriate training program in place that is specific to medication self-administration skills or primary skills as indicated by their assessments. Medication Screens/Assessments are to occur annually.

Please remember, only a licensed nurse or an authorized direct care staff may administer individuals' medications and implement individuals' self-administration of medication training programs.

In the interest of overall efficiency, I would recommend that records of staff training and the Nursing Services Packets completed for each individual be available on site at each residential setting during regulatory agency review visits. If you have any questions, please contact Dr. Wendie Medina at 217-782-9449.

Sincerely,

Melissa Wright
jj

Melissa Wright
Associate Director
Office of Developmental Disabilities

MW:TS-WM:blr

Pat Quinn, *Governor*

Illinois Department of Human Services

Michelle R.B. Saddler, Secretary

319 East Madison Street • Springfield, Illinois 62701

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 calendars 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 accord with Rule 116 {116.70 c)}, residential providers with settings of 16 persons or fewer (including CILAs and Child Group Homes) 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 (BQM). 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, all errors, with or without adverse outcome, must be documented, reviewed by the RN Nurse-Trainer and summarized/analyzed on at least a quarterly basis by the provider agency. If assistance is needed, phone BQM at (217) 782-9438.

Agency Name:	**Telephone #:**
Person Receiving Services: _____ **Address:**_____ **City/State/Zip:**_____	**Date of Error:** _____ **Date of Discovery:**_____ **Discovered by:**_____
Medication(s) Involved:	**Does the person receiving services independently administer his/her own medication(s)?** ___**Yes** ___**No**
Notification: Supervisor (name):_____Date:_____ Time:_____ RN Nurse-Trainer (name): _____ Date:_____ Time:_____ Pharmacy (name): _____Date:_____ Time:_____ Physician (name): _____Date:_____ Time:_____ O.I.G. (name): _____Date:_____Time:_____Case #:_____	
Description of Events:	**Contributing Factors:** _____ Unlocked Medications _____ Lack of Staff Concentration _____ Emergency Situation _____ Insufficient Staff _____ Over the Counter (OTC) meds purchased _____ Inexperienced Staff _____ Transcription Incorrect _____ Pharmacy Unavailable _____ Medication(s) not Ordered/unavailable _____ Other (*explain*):
Medication Error Type: _____ Wrong Consumer _____ Unauthorized Staff _____ Wrong Drug _____ No training for Med. Change _____ Wrong Dose _____ Transcription Error _____ Wrong Time _____ Pharmacy Error _____ Wrong Route _____ Documentation Error _____ Wrong Consistency _____ Omission _____ Wrong Technique _____ Refusal _____ Other (*explain*):	**Staff/Persons Involved:** (Check all that apply) _____ Authorized Staff Name:_____ _____ Unauthorized Staff Name:_____ _____ RN Name:_____ _____ LPN Name:_____ _____ MD Name:_____ _____ Pharmacist Name:_____ _____ Parent/Guardian Name:_____ _____ Other Name:_____
Corrective Action Taken:	**Additional Action Needed:**
____**Person served required medical attention. (Explain:** **)** ____**Person served required hospitalization. (Explain:** **)** ____**Person served sustained permanent harm. (Explain:** **)** ____**Person served died. (Explain:** **)**	
Form completed by: (Name) _____ (Title) _____ (Date)_____ Reviewed by RN Nurse-Trainer Signature:_____ (Date) _____ (Phone)_____	

Revised 4-29-10

Rod R. Blagojevich, *Governor*

Illinois Department of Human Services

Carol L. Adams, Ph.D., *Secretary*

319 E. Madison • Springfield, Illinois 62701-1035

MEMORANDUM

DATE: May 4, 2005

TO: Executive Director
Community Providers

FROM: Scott Kimmel, Bureau Chief
Bureau of Community Reimbursement

SUBJECT: Nursing Services Packets (NSP) for Adult Residential Supports

Effective July 1, 2005, the Division of Developmental Disabilities, Bureau of Community Reimbursement (DDD/BCR) is discontinuing the requirement to submit the NSP annually. NSP assessments should continue to be conducted annually but only submitted to DDD/BCR whenever a significant medication administration and/or nursing treatment change occurs.

Provider agencies are still required to keep current nursing treatment and self-administration of medication assessments on file in their agency per *Rule 115.240 f)*. An updated individual NSP may be submitted to DDD/BCR anytime there is a significant change in the individual's medications or nursing treatment needs. Providers should determine what constitutes a significant change and if it is relevant to a change in the nursing component of the individual's rate. However, the annual submission of the NSP to DDD/BCR is no longer required for individuals receiving residential support programs. Those programs are as follows:

- **Community Integrated Living Arrangement (CILA) (60D)**
- **Purchase of Service (POS) CILA (61D)**
- **Hourly CILA (65H)**
- **Community Living Facility (CLF) (67D)**
- **Home/Individual Program (HIP) (68D)**

Initial placement packets still require submission of the NSP if nursing supports are part of the individual's service plan and needs. Once the initial packet and NSP are processed, it will only be necessary to submit an updated NSP to report significant changes (increases or decreases) in the individual's medications or nursing treatments. DDD/BCR staff will, if appropriate, adjust the nursing component of a rate upon receipt of an updated NSP when submitted with a *CILA Turnaround & Rate Review Form* or the *POS Turnaround Form*. This change becomes effective July 1, 2005.

This notice changes how and when DDD/BCR will need to receive the individual NSP from community agencies in the future. Please take the time to share this information and instructions with the appropriate staff in your organization.

Per Rule 115.240 f) community agencies are required to conduct the annual NSP assessments and keep them on file in the agency. Agencies are not required to submit to DDD/BCR the annual NSP, but may submit whenever a significant change in the individuals needs would justify a review by the department.

Thank you for your continued support of individuals with developmental disabilities. If you have any questions, please feel free to contact your Network Facilitator or you may call Sandy Easdale, Manager POS Unit or George Bengel, Manager CILA Rates Unit at (217) 782-0632, or you may contact the CILA Rates Unit by email at DHSCILA@dhs.state.il.us, and the POS Unit at DHSPOS@dhs.state.il.us.

cc: Jeri Johnson, Director
Mary Spriggs Ploessl, Deputy Director, Community Services
Network Coordinators, Facilitators, and Representatives
Dr. Theodore Sunder, Clinical Services
Arden Gregory, RN, Clinical Services
George Bengel, CRU
Sandy Easdale, POSU

Rod R. Blagojevich, *Governor*

Illinois Department of Human Services

Carol L. Adams, Ph.D., *Secretary*

319 East Madison Street • Springfield, Illinois 62701

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

FROM: Lilia Teninty, 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 PRNs, include the condition(s) for which the medication may be given; clear direction as to when to administer and frequency; maximum or stop dosage; specific individualized clinical signs and symptoms to monitor; and direction 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 other 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: Reta Hoskin, Associate Director
Patsy Swan, RN, BA, Long Term Care-Field Operations
Illinois Department of Public Health
Mary Spriggs Ploessl, Deputy Director, Community Services
Michael Hurt, Chief, Bureau of Quality Management
Master Nurse Trainers
Rebecca Lemar, MSN, CNS, Statewide Nursing Coordinator
Bureau of Clinical Services
Marie Bormida, RN, Nursing Consultant, Bureau of Clinical Services
Developmental Disabilities Advocacy Groups

Rod R. Blagojevich, *Governor*

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319 East Madison Street • Springfield, Illinois 62701

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

FROM: Lilia Teninty, Director
Division of Developmental Disabilities

DATE: December 2, 2008

RE: EpiPens

Allergies are common phenomena that impact millions of Americans. Allergic reactions may be caused by many factors including environmental contaminates (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 closed 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 medication, appropriate use and documentation is required and will be monitored by the Division of Developmental Disabilities, Bureau of Quality Management and/or 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: Reta Hoskin, Associate Director
Patsy Swan, RN, BA, Long Term Care-Field Operations
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