



Medication Administration in the Community

Administrative Rule 116



1

“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.

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INSTRUCTORS – MASTER NURSE TRAINERS



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“SECTION 1 & 2, PRINT OUTS”

- Request/Approval for RN Nurse-Trainer Status
 - Complete [IL462-4401 Request/Approval for RN Nurse-Trainer Status](#) entire form after completing all three required webinars.
- Program evaluation
 - Complete [IL462-4402 - Program Evaluation - RN Nurse - Trainer Training Program](#) form at the end of the course today
- Fax or email both documents above to:
 - Fax: 217-782-9444 or
- Email: DHS.BQM@illinois.gov (rev 10-28-15)

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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

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Overall Purpose of Rule 116



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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.

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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

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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.

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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)

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POLL

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

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DEFINITIONS



116.20

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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

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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.*



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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.*




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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

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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. 

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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.

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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.

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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.



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Delegation & Nurse Practice Act



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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)

Delegation & the Nurse Practice Act (2)

- “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.

Delegation & the Nurse Practice Act (4)

☉ A registered professional nurse may delegate nursing activities to other registered professional nurses or licensed practical nurses.

POLL

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.

POLL

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

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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.

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POLL

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

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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)

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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.

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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

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Medication Error (3)



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

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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).



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POLL




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

36

Non-Licensed Staff Training Program (1)

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

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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

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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)]

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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.

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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.



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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)]



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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.

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Substantial Compliance (2)

- Omissions that have an adverse impact on an individual's health and safety shall be considered significant and shall be considered substantial noncompliance.

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Supervision (1)

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



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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.



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POLL

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

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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

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POLL ● ● ●


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

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116.40 Training and Authorization of Non-Licensed Staff by Nurse-Trainers




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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



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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.

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116.40 Training and Authorization of Non-Licensed Staff (2)

- 2) An evaluation of the medication order(s) and medication(s) prescribed.

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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;



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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;



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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.)

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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;

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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;

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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



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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.

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POLL

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.

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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.

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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.

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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.

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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.

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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.*

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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*

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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.*

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116.40 Training and Authorization of Non-Licensed Staff (continued)

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)]*

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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.

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116.40 Training and Authorization of Non-Licensed Staff ⁽¹⁾

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

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116.40 Training and Authorization of Non-Licensed Staff ⁽²⁾

h) reassessment of competency should occur at the discretion of the nurse-trainer.

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POLL

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.

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POLL

Can authorization be revoked by the Nurse-Trainer?

1. Yes
2. No

Yes.

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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.

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116.50 Administration of Medications



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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.

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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)]*

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116.50 Administration of Medications ⁽¹⁾

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)

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116.50 Administration of Medications ⁽²⁾

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;



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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;



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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



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POLL

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

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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

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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).

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POLL

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.

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116.60 Medication Self-Administration



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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)].*

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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.

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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)].*

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116.60 Medication Self-Administration a) (1)

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.

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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)]*

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116.60 Medication Self-Administration a) (2)

3) (continued) medication self-administration training as identified in each individual's treatment/service plan.



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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...

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POLL

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.

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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;

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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

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116.60 Medication Self-Administration

- 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.

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POLL

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

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116.60 Medication Self-Administration

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.

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116.60 Medication Self-Administration



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.

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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.


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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.

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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. 

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116.60 Medication Self-Administration

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.

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POLL

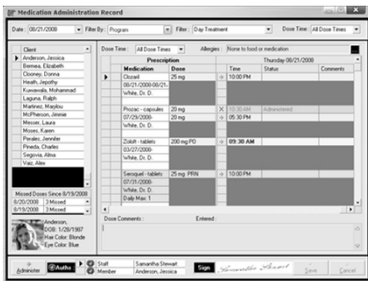
When can staff assist with self-administration?

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

When asked by the individual.

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116.70 Medication Administration Record and Required Documentation



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116.70 Medication Administration Record and Required Documentation (1)

- 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.

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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.

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116.70 Medication Administration Record and Required Documentation ⁽³⁾

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.

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116.70 Medication Administration Record and Required Documentation ⁽¹⁾

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;

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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

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116.70 Medication Administration Record and Required Documentation ⁽³⁾

- 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

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POLL _____ ● ● ●

Do OTC medications need a physician order?

1. Yes
2. No

Yes

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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.

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116.70 Medication Administration Record and Required Documentation

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.

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116.70 Medication Administration Record and Required Documentation

4) All changes in medication shall be noted on the medication administration record by:

- licensed practical nurse
- registered professional nurse
- advanced practice nurse
- pharmacist

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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.

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POLL

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

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116.70 Medication Administration Record and Required Documentation

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.

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116.70 Medication Administration Record and Required Documentation

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

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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.

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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.



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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.

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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

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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

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116.70 Medication Administration Record and Required Documentation (5)

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)



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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



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116.70 Medication Administration Record and Required Documentation(2)

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,

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116.70 Medication Administration Record and Required Documentation ⁽³⁾

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.

130

116.70 Medication Administration Record and Required Documentation ⁽¹⁾

e) An inventory and a record of use of controlled substances shall be maintained by the registered professional nurse in the program, and each sub-stance shall require a separate sheet indicating the:

- 1) name of the individual;
- 2) name of the prescriber;

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116.70 Medication Administration Record and Required Documentation ⁽²⁾

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;

132

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.

133

POLL

How many staff persons are required for a shift count?

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

One

134

Storage and Disposal of Medications




116.80



135

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.

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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.

137

116.80 Storage and Disposal of Medications

- 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

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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;



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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;

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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

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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.

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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

143

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.

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116.90 Individual Health Supports and Assessment

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.

145

116.100 Quality Assurance



146

116.100 Quality Assurance ⁽¹⁾

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

147

116.100 Quality Assurance ⁽²⁾

- 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

148

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.

149

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].

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116.100 Quality Assurance

f) 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

151

116.100 Quality Assurance

f) on Office of Inspector General Investigations of Alleged Abuse or Neglect and Deaths in State-Operated and Community Agency Facilities (59 Ill. Adm. Code 50)

152

116.110 Administrative Requirements



Administration

153

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.

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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.



155

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.

156

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;

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116.110 Administrative Requirements ⁽²⁾

- 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.

158

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.

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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.

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Changes in Rule 116 ⁽²⁾

- 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.

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Changes in Rule 116 ⁽³⁾

- 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.

168

Changes in Rule 116 ⁽⁴⁾

- 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.

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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.

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Changes in Rule 116 ⁽⁶⁾

- 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.**

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Poll



I can practice as a Nurse-Trainer as soon as this class is over.

1. True
2. False



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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!

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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.

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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/admincode/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>

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Continuing Education Credit (CEs)

- ▶ Five (5) hours of documented Continuing Education (CE) Credit are awarded for attendance at all three webinars.
- ▶ To document your viewing of the pre-recorded Webinar see #7 under "Documenting CEs" link at: <http://www.dhs.state.il.us/page.aspx?item=45329>
- ▶ To document your attendance at the live Webinars 1 and 2, see #6 under "Documenting CEs" link at: <http://www.dhs.state.il.us/page.aspx?item=45329>
- ▶ CEs will not be added to the DHS OneNet Training Module system transcripts.

(rev 10-28-15)

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THANK YOU

for your attention and attendance.

Have a good week.

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