

"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: kb4038@aol.com
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- Stephanie Howard:
- Stephanie.Howard@illinois.gov, IDHS Statewide Nursing Coordinator (rev 10-28-15)

"SECTION 1 & 2, PRINT OUTS"

Request/Approval for RN Nurse-Trainer Status

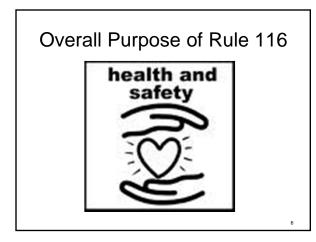
 Complete <u>IL462-4401 Request/Approval for RN</u> <u>Nurse-Trainer Status</u> entire form after completing all three required webinars.

- Program evaluation
 - Complete <u>IL462-4402 Program Evaluation RN</u> <u>Nurse - Trainer Training Program</u> 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)

Nurse Trainer Prerequisites [116.30 b)]

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- RN or advanced practice nurse in Illinois with unencumbered license
- 2 years RN <u>clinical</u> experience in last 5 years, 1 year <u>preferably</u> in Developmental Disabilities
- Attend all three Webinars
- Complete & send Nurse-Trainer Application
- Test Completion with 90% or better



Section 116.10 – Purpose (1)

To ensure the <u>safety</u> 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)

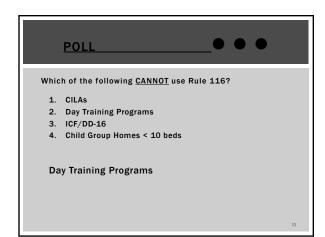
 This applies <u>exclusively</u> to all programs for individuals with <u>a</u> <u>developmental disability</u> in settings of 16 persons or fewer that are funded or licensed by the Department of Human Services and that distribute

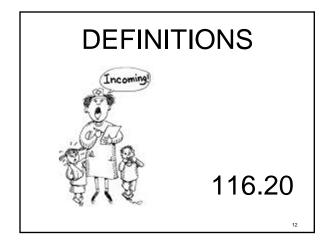
Section 116.10 – Purpose (3)

 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)





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.



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Authorized Direct Care Staff (2)

This <u>authorization</u> is <u>specific to</u> an individual receiving services in a specific agency and does not transfer to another agency or individual.



Community Residence (1)

Any residence <u>funded</u> by <u>DHS</u> and provided by a licensed agency, or a <u>residential</u> setting <u>certified</u> or <u>approved</u> by <u>DHS</u>, or an <u>intermediate care facility</u> for 16 or fewer persons with developmental disabilities

Community Residence (2)

<u>licensed</u> by the Illinois
 Department of Public Health
 (<u>DPH</u>) 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 <u>task</u> or achievement of an outcome.

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Delegation (1)

REN

The <u>transfer</u> of <u>responsibility</u> for the performance of selected <u>tasks</u> by the registered nurse (RN) to qualified, competent assistive personnel in a <u>selected situation</u>, based upon the RN's plan of care.

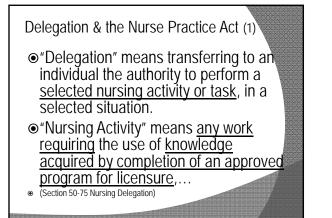
Delegation (2)

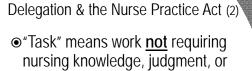
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The RN <u>retains professional</u> <u>accountability</u> for the <u>outcome</u> of the delegated task and all the nursing care of the individual. No redelegation by assistive personnel may occur.







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 <u>not</u> delegate any <u>nursing activity</u> requiring the specialized knowledge, judgment, and skill of a licensed nurse <u>to an non-licensed person</u>, 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.

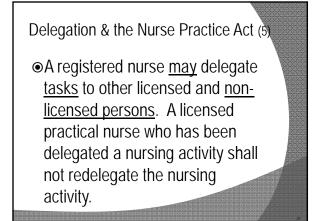
POLL

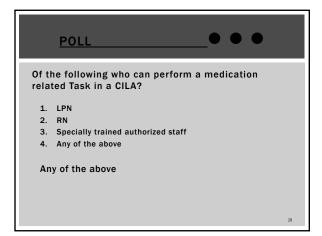
Of the following who can perform a Nursing Activity in a CILA?

 $\bullet \bullet \bullet$

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

LPN or RN





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: A TASK is work: . NOT REQUIRING nursing knowledge. . Commonly done only by long term care RNs. . 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:

 <u>A lack of documentation</u> of medication administration



- any error in the documentation.
- <u>Medication errors</u> must be reported to the DHS *Bureau of Quality* <u>Management</u> or
- Illinois Department of Public Health Regional Office (if the individual is a resident of

Medication Error (3)

an ICF/DD-16) in accordance with written instructions from the Department's Bureau of Quality Management or DPH rules (77 III. 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



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alleged Abuse or Neglect or Deaths in State-Operated and Community Agencies (59 III. Adm. Code 50) shall be reported to the Office of Inspector General (OIG).

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.

Non-Licensed Staff Training Program (1)

- It is <u>conducted by a nurse-trainer</u> 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:*

- <u>administer medications</u>
- 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
- <u>standardized competency-based</u> <u>evaluations</u> 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.

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.

Substantial Compliance (2)

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

Supervision (1)

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

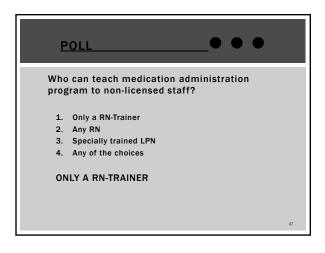


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Supervision (2)

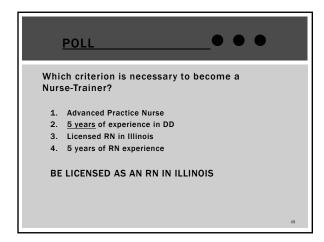
The registered nurse maintains the accountability for the tasks and responsibilities, as subcomponents of total patient care, delegated to qualified competent assistive personnel.





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

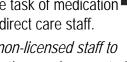


116.40 Training and Authorization of Non-Licensed Staff by Nurse-Trainers



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

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



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b) <u>Prior</u> to training non-licensed staff to administer medication, <u>each nurse-trainer</u> 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.

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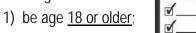
116.40 Training and Authorization of Non-Licensed Staff (2)

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

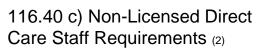
116.40 c) Non-licensed Direct Care Staff Requirements (1)

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 WE NEEU:

following criteria:







- c) Non-licensed direct care staff....criteria:
 - 2) <u>complete high school or its equivalency</u> (G.E.D.);
 - 3) demonstrate <u>functional literacy</u>;



116.40 c) Non-licensed Direct Care Staff Requirements (2)

- c) Non-licensed direct care staff....criteria:
 - 4) <u>satisfactorily complete the Health and</u> <u>Safety component</u> 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 <u>initially trained</u> and <u>evaluated</u> 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 competencybased 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



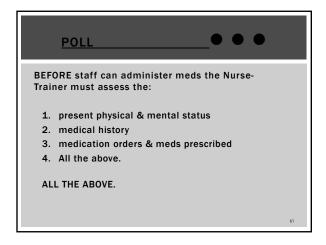
116.40 c) Non-Licensed Direct Care Staff Requirements (5)

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

8) <u>Score</u> 100%

on a written or oral competency-based evaluation specifically pertinent to those

medications that such staff are responsible to administer.



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

- 1) <u>Best practice standards</u> related to the rights of individuals, legal and ethical responsibilities, agency procedures and <u>communication pertaining to medication</u> <u>administration</u>.
- 2) <u>Best practice nursing techniques</u> associated with medication administration.

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116.40 d) Initial competency-based training toward delegation for medication administration shall include: (continued)

- 3) <u>Classes</u> of drugs and their <u>effects</u> and <u>common side-effects</u>.
- 4) Specific <u>information</u> regarding the <u>individuals</u> 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) <u>Techniques</u> to check, evaluate, report and record <u>vital signs</u> when those skills are necessary for the <u>safe administration</u> 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 <u>final, individual-specific, competency-based evaluation</u> 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 <u>staff</u> shall be <u>re-</u> <u>evaluated</u> by a nurse-trainer <u>at least annually</u> <u>or more frequently</u> at the discretion of the registered professional nurse. Any retraining shall be to the extent that is necessary to <u>ensure competency</u> 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 <u>fail to qualify</u> for competency to administer medications shall be given <u>additional education and testing</u> to meet criteria for delegation authority to administer medications. Any direct care staff person who <u>fails to qualify</u> as an authorized direct care staff <u>after</u> initial training and testing must, within 3 months <u>be given another</u>

116.40 Training and Authorization of Non-Licensed Staff

f) <u>opportunity</u> 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 <u>given consideration for shift transfer or reassignment, if possible.</u>

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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)]

116.40 Training and Authorization of Non-Licensed Staff

g) <u>No</u> authorized direct care <u>staff</u> person delegated to administer medication shall be <u>subject to suspension or discharge for errors</u> resulting from the staff person's acts or omissions when performing the functions <u>unless</u> the staff person's actions or omissions constitute <u>willful and wanton conduct</u>.

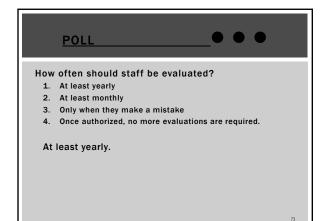
116.40 Training and Authorization of Non-Licensed Staff (1)

 h) <u>Authorization</u> of staff to administer medication shall be <u>revoked</u> if, in the <u>opinion</u> of the registered professional <u>nurse-trainer</u>, the authorized direct care staff person is <u>no longer competent</u> to administer medication [20 ILCS 1705/15.4 (c)] The degree of retraining and

116.40 Training and Authorization of Non-Licensed Staff $_{\scriptscriptstyle (2)}$

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

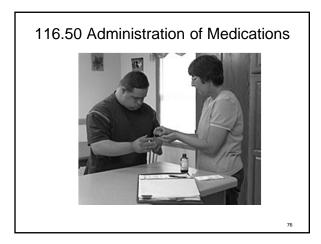
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Can authorization be revoked by the Nurse- Trainer?	
1. Yes 2. No	
Yes.	
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116.40 Training and Authorization of Non-Licensed Staff

i) <u>Clear documentation</u> 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

- 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 <u>not</u> administer any medication in an <u>injectable form</u>.

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 <u>on duty</u> or <u>on</u> <u>call at all times</u> in any program covered by this Part. [20 ILCS 1705/15.4 (j)]

116.50 Administration of Medications (1)

d) Authorized direct care staff shall <u>not</u> administer <u>PRN medications **unless** there</u> <u>is a written protocol</u> approved by a nursetrainer and prescribing practitioner for each individual and for each medication. A written <u>protocol shall include</u> the following information: (Information Bulletin DD.13.027)

116.50 Administration of Medications (2)

d) ...protocol...information:



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 the name of the individual;
 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)

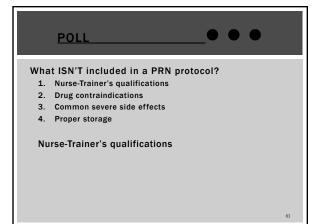
d) ... protocol information:

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

10) Proper storage



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116.50 Administration of Medications

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

116.50 Administration of Medications

e) the physician, dentist, or podiatrist; shall be administered from the <u>original</u> <u>containers</u>; <u>and</u> shall <u>be recorded</u> in the individual's medication administration record (<u>MAR</u>).

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POLL How are stock prn medications stored? Divided into vials for each individual. In their original containers. In medication envelopes. In "pill minders" as necessary. In their original containers.



a) As part of the <u>normalization</u> 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) <u>Every program shall include</u>, but not be limited to, individual training in promoting wellness, prevention of disease and medication <u>self-administration</u> <u>procedures</u>.

116.60 Medication Self-Administration a) (1)

 Every program shall adopt <u>written</u> <u>policies and procedures</u> for assisting individuals in obtaining preventative health and <u>medication self-administration</u> <u>skills</u> in consultation with the registered professional nurse [20 ILCS 1705/15.4 (d)].

- 116.60 Medication Self-Administration a) (1)
- 2) <u>Individuals shall be evaluated to</u> <u>determine their self-administration of</u> <u>medication capabilities</u> by a nurse-trainer through the use of DHS required, standardized screening and assessment instruments.

 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 <u>identified in each individual's</u> treatment/service plan.



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

1) capable by a registered professional <u>nurse</u> 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...

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.

116.60 Medication Self-Administration

- c) <u>Training</u> of individuals to self-administer medication shall <u>minimally</u> include instruction, for each medication prescribed, in the following areas:
 - <u>name</u> of the <u>medication</u> or identification within the existing agency pharmacy protocol;
 - 2) dosage or quantity to be taken;

- c) <u>Training</u> ...to self-administer...<u>minimally</u> <u>include</u> instruction:
 - 3) route of administration;
 - 4) frequency or times of administration
 - 5) <u>Purpose of medication, special</u> <u>instructions</u>, common <u>side-effects</u> & potential <u>consequences of not taking</u> the medication <u>properly</u> and

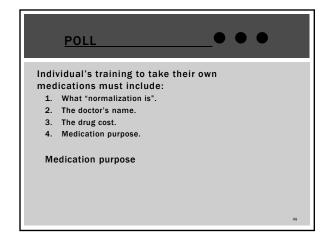
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116.60 Medication Self-Administration

c) <u>Training</u> ...to self-administer...<u>minimally</u> <u>include</u> instruction:

6) <u>when to seek medical assistance</u> and any action to be taken in the event of a missed dose, medication error, or adverse reaction.



d) <u>When requested</u> to do so by an individual, authorized direct care <u>staff may assist</u> an individual <u>in the self-administration</u> 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.

116.60 Medication Self-Administration



d) Agency <u>staff may also assist</u> <u>physically impaired individuals</u>, 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 <u>remain under</u> <u>observation by authorized direct care staff</u> and be assisted by the staff <u>to correct or</u> <u>prevent medication errors</u> and <u>to safeguard</u> <u>against adverse drug reactions</u>. All observation and assistance shall be noted in the progress section of the individual's clinical record.

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

116.60 Medication Self-Administration

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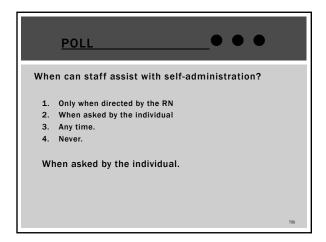
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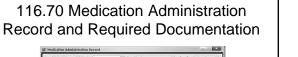
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- f) A duplicate key or a copy of the combination shall be kept by the program in a secure location for emergency use, such as:
- if the individual should lose or misplace the key
- forget the combination.

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.









116.70 Medication Administration Record and Required Documentation (1)

a) <u>All medications</u>, including patent or proprietary medications (e.g., cathartics, headache remedies, or vitamins, but not limited to those) <u>shall be given **only** upon the written</u> <u>order of a physician, advanced practice</u> <u>nurse, or physician assistant</u>. Rubber stamp signatures are not acceptable.

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116.70 Medication Administration Record and Required Documentation (2)

a) All orders shall be <u>given as prescribed</u> by the physician and <u>at</u> the <u>designated time</u>. <u>Telephone orders</u> may be <u>taken by</u> a registered professional <u>nurse</u> or licensed practical nurse.

116.70 Medication Administration Record and Required Documentation (3)

a) All orders shall be <u>immediately written on</u> <u>the individual's clinical record</u> or a <u>"telephone order form" and signed</u> by the <u>nurse</u> taking the order. These orders shall be <u>countersigned</u> or <u>documented by</u> <u>facsimile</u> prescription by the <u>physician</u> within <u>ten working days</u>.

116.70 Medication Administration Record and Required Documentation (1)

- b) Medication Administration Record
 - 1) An individual <u>medication administration</u> record shall be kept for each individual for medications administered and <u>shall</u> <u>contain</u> at least the following:
 - A) the individual's name;

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116.70 Medication Administration Record and Required Documentation (2)

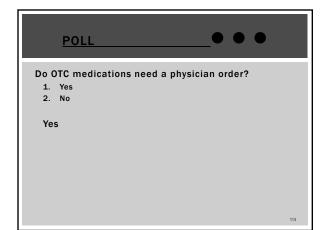
- **b**) 1) MAR shall contain:
 - B) the name and dosage form of the drug;
 - C) the name of the prescribing physician, physician assistant, dentist, podiatrist, or certified optometrist;
 - D) dose;
 - E) frequency or times of administration

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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



116.70 Medication Administration Record and Required Documentation

2) The <u>medication administration record</u> for the <u>current month</u> shall be <u>kept with</u> the <u>medications</u> 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

 The medication administration record shall be completed and <u>initialed immediately</u> <u>after the medication is administered</u> by the authorized direct care staff. <u>Each</u> medication administration record shall have a section that contains the <u>full signature</u> <u>and title</u> of each individual <u>who initials</u> the medication administration record.

116.70 Medication Administration Record and Required Documentation

- 4) <u>All changes</u> in medication shall be noted on the medication administration record by:
- licensed practical <u>nurse</u>
- 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 <u>nurse</u> in charge of the program prior to the next dose.

 $\bullet \bullet \bullet$ 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

116.70 Medication Administration Record and Required Documentation

5) Individual <u>refusal</u> to take medications shall be <u>noted in the medication</u> <u>administration record</u>. A <u>progress note</u> by authorized direct care staff shall be written in the individual's clinical record indicating the reasons for refusal and the registered professional <u>nurse</u> shall be <u>notified</u>.

116.70 Medication Administration Record and Required Documentation

6) For <u>individuals who are independently self-administering</u> medications, no medication administration record shall be required. <u>However</u>, 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

 assistant, dentist, podiatrist or certified optometrist. Each agency shall <u>develop</u> <u>and implement a quality assurance</u> <u>system</u> 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 <u>immediately report the error</u> to the registered professional <u>nurse</u>, advanced practice nurse, physician, physician assistant, dentist, podiatrist, or certified optometrist <u>to receive direction</u> on any action to be taken.

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116.70 Medication Administration Record and Required Documentation (2)

c) ... <u>All</u> medication <u>errors</u> shall be <u>documented</u> in the individual's clinical <u>record</u> and a <u>medication error report</u> shall be <u>completed within eight hours or before</u> <u>the end of the shift</u> in which the error was discovered, whichever is earlier. The medication error report shall be <u>sent to the</u> <u>nurse-trainer</u> for review and further action.

116.70 Medication Administration Record and Required Documentation (3)

c) A <u>copy</u> of the medications error report shall be maintained as <u>part of</u> the agency's <u>quality assurance program</u>. 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 III. 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

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 III. 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 <u>suspected drug</u> <u>reaction</u>, authorized direct care staff shall <u>immediately report the signs</u> <u>and symptoms</u> to the registered professional <u>nurse</u>, advanced practice nurse, physician, physician assistant, dentist, podiatrist, or certified optometrist

116.70 Medication Administration Record and Required Documentation(2)

 d) To <u>receive direction</u> on any action to be taken. All adverse drug reactions shall be documented in the individual's clinical record and an <u>adverse drug</u> <u>reaction report</u> 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 <u>report</u> shall be <u>sent to</u> the <u>prescriber</u> and <u>nurse-trainer</u> 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.

116.70 Medication Administration Record and Required Documentation (1)

- e) An <u>inventory</u> and a record of use of <u>controlled substances</u> shall be maintained by the registered professional nurse in the program, and <u>each sub-stance</u> shall require a <u>separate sheet</u> indicating the:
 - 1) name of the individual;
 - 2) name of the prescriber;

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;

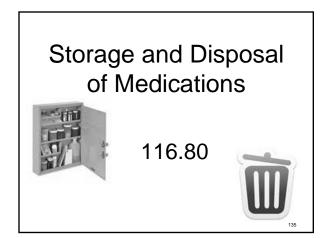
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116.70 Medication Administration Record and Required Documentation (3)

- e) ... inventory indicating the:
 - 8) name of the individual who administered the medication; and
 - 9) documentation of a <u>shift count</u> done by authorized direct care staff. Any discrepanies shall be reported to the nurse-trainer for review and action in accordance with written policy.

	POLL • •	
cou 1. 2. 3.	r many staff persons are required for a shift nt? One Two Three No shift count is required	
Or	e	134



116.80 Storage and Disposal of Medications

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



 b) <u>Access</u> to medications shall be <u>limited to</u> <u>licensed and authorized direct care staff</u>. Each program shall maintain an up-to-date list of authorized direct care staff on its premises.

116.80 Storage and Disposal of Medications

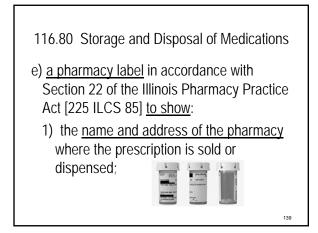
c) Each program shall have a written procedure for safeguarding medications kept in an individual's room or possession and shall require medications to be stored when individual safety cannot otherwise be assured.

d) All medications shall be <u>stored</u> in their <u>original containers</u>.

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116.80 Storage and Disposal of Medications

e) <u>All prescription medications</u> 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 <u>shall have a label</u> with the same information <u>as would</u> appear on



116.80 Storage and Disposal of Medications

- e) ... pharmacy label ... to show:
 - 2) the <u>name or initials</u> of the person authorized to practice pharmacy;
 - the <u>date</u> on which the prescription was <u>filled;</u>

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4) the <u>name</u> of the <u>patient;</u>

116.80 Storage and Disposal of Medications

- e) ... pharmacy label ... to show:
 - 5) the <u>serial number</u> of the prescription as filled in the prescription files;
 - 6) the <u>last name</u> of the <u>practitioner</u> who prescribed the prescription;
 - 7) the <u>directions for use</u> as contained in the prescription; and

116.80 Storage and Disposal of Medications

- e) ... pharmacy label ... to show:
 - the proprietary <u>name</u> or names or the established name of the <u>drugs</u>, the <u>dosage</u> and the <u>quantity</u>.
- 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

116.90 Individual Health Supports and Assessment

a) The registered professional <u>nurse</u> <u>shall assess</u> an individual's health status <u>at least annually or more</u> <u>frequently</u> at the discretion of the registered professional nurse. 116.90 Individual Health Supports and Assessment

 b) A <u>physician shall assess</u> an individual's health status <u>at least</u> <u>annually or more frequently</u> at the discretion of the physician or at the request of the agency or the registered professional nurse.



116.100 Quality Assurance (1)

- a) A registered professional <u>nurse</u>, advanced practice nurse, licensed practical nurse, pharmacist or physician <u>shall review</u> the following <u>for all individuals</u>:
 - 1) medication orders;
 - 2) Medication <u>labels</u> & medications listed on the <u>medication administration record</u> to ensure that they match the physician orders; and

116.100 Quality Assurance (2)

- a) A <u>nurse,.. shall review</u> for all individuals:
 - Medication administration records (for persons who are not self-medicating to ensure that they are <u>completed</u> appropriately for:
 - A) Medication administer as prescribed
 - B) refusal by the individual; and
 - C) full signatures provided for all initials used

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116.100 Quality Assurance

- b) <u>Reviews shall occur at least quarterly</u>, but may be done more frequently at the discretion of the registered professional nurse and/or advanced practice nurse.
- c) A quality assurance <u>review of medication errors</u> for the purpose of monitoring and recommending corrective action shall be conducted <u>within seven</u> <u>days after occurrence</u> and included in the annual review.

116.100 Quality Assurance

- d) <u>Documentation</u> of the review and the review date shall be retained for <u>at least five years</u>.
- e) <u>All quality assurance records shall be</u> <u>confidential</u> 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].

116.100 Quality Assurance

f) <u>Nothing in this Part shall limit or restrict</u> <u>the reporting</u> of medication errors as <u>possible abuse or neglect</u> 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

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

116.110 Administrative Requirements

Administration

116.110 Administrative Requirements

- a) <u>Written policies and procedures</u> shall be developed by each agency that <u>include</u>:
 - 1) Provisions for <u>on-going supervision</u> and <u>monitoring of</u> authorized direct care <u>staff</u>.

2) Provisions for <u>annual review and any</u> <u>necessary retraining</u> 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:
 - Provisions for a systematic <u>review</u> of all medication <u>errors</u>, <u>adverse drug</u> <u>reactions</u>, and <u>incidents</u> to identify contributing factors and plan corrective action. <u>CAUTION</u>



116.110 Administrative Requirements

- a) ... policies and procedures ... include:
 - Provisions for recording and reporting of <u>all instances of retraining</u> and <u>retesting for failure</u> to qualify as an authorized direct care staff.

116.110 Administrative Requirements (1)

- b) Each program shall have <u>written policies</u> <u>and procedures</u> to include the <u>governing</u> of:
 - 1) <u>distribution</u> of medications, including controlled substances, and <u>persons</u> authorized to distribute medications;
 - 2) administration of medications;
 - 3) quality assurance medication review;

116.110 Administrative Requirements (2)

- b) Each program ... <u>written policies and</u> <u>procedures</u> to include the <u>governing</u> of:
 - 4) Storage and safekeeping of medications;
 - 5) <u>Disposal of medication</u> including controlled substances; and
 - 6) <u>training, review and necessary retraining</u> of authorized direct care staff.

116.110 Administrative Requirements

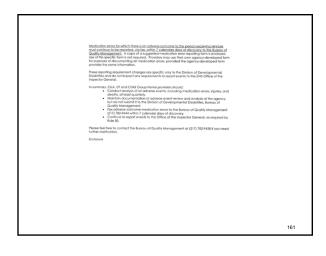
- c) Policies and procedures shall be consistent with applicable rules regulations, and federal and State law.
- d) Each program shall have a <u>copy</u> of all policies and procedures related to medication administration <u>on file and</u> <u>readily available</u> to all programs at all times.

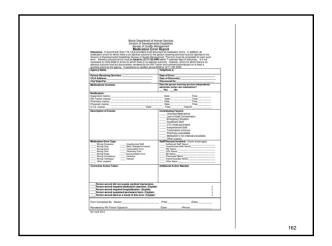
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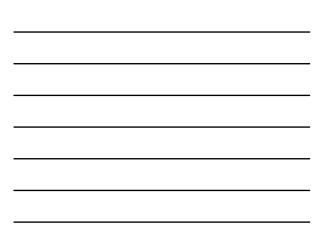
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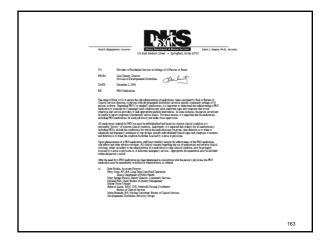




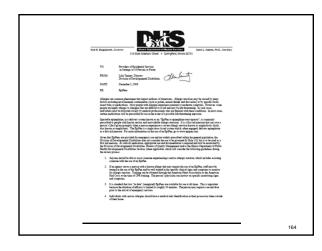




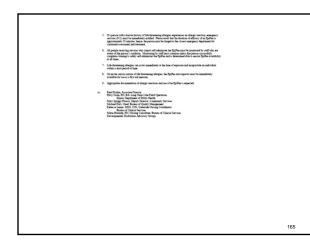












Changes in Rule 116 (1)

- 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.

Changes in Rule 116 $_{\scriptscriptstyle (3)}$

- 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.

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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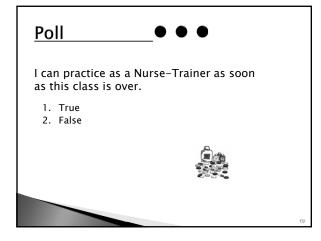
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Changes in Rule 116 (5)

- 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.

Changes in Rule 116 $_{\scriptscriptstyle (6)}$

- 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.





- Email Request/Approval for RN Nurse-Trainer to: <u>DHS.BQM@illinois.gov</u> 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 <u>DHS.BQM@illinois.gov</u>.

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

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.