

IIIB1: MONITORING OF MEDICATION ADMINISTRATION

Policy

The consultant pharmacist evaluates medication administration to verify that the resident has received medications in accordance with the prescriber's orders and facility policy. Procedures, personnel, and techniques are monitored, and intervention is provided when necessary. Medication monitoring includes, but is not limited to, medication pass observation, which is conducted by the consultant pharmacist or other designated facility or pharmacy personnel.

Procedures

- A. The consultant pharmacist reviews written records to determine that:
 - 1) Medications are administered at the frequency and times indicated in the prescriber orders.
 - 2) "Stop order" policies, where utilized, are observed.
 - 3) "Standing orders," where utilized, are implemented appropriately.
 - 4) Refusal or inability of the resident to take medications is evaluated, documented, and responded to appropriately.
 - 5) Alteration of dosage forms, such as pill crushing, has not impaired therapeutic response.
 - 6) Administration of medications is documented, including the frequency and reason for administration of as needed (PRN) medications.
 - 7) Residents who self-administer medications are counseled regarding technique. The consultant pharmacist routinely evaluates the resident's response to therapy, refill frequency, storage conditions, and medication information needs.
- B. The consultant pharmacist observes the medication administration techniques of staff and assists and advises the facility in conducting routine medication administration (medication pass or "med pass") observations as follows:
 - 1) The facility **[Quality Assessment and Assurance Committee]** establishes the methodology, schedule of frequency, and responsibility for conducting medication pass observations.
 - 2) The medication pass observation may include, but not be limited to:
 - a. Identification of the drug product given.
 - b. Observation and recording of the administration of drugs, including:
 1. Identification of patient.
 2. Preparation for administration.
 3. Time of administration.

4. Technique of administration.
 5. Documentation of administration.
 - c. Reconciliation of observation with prescriber's orders, including:
 1. Identification of any orders omitted.
 2. Verification of current orders for medication given.
 - d. Calculation of medication error rate.
 - e. Determination of significance of medication errors observed.
- 3) The facility utilizes a standard format for collection and reporting of medication pass observations.
- 4) Medication error rates are monitored and addressed as a part of the facility continuous quality improvement (CQI) program (See APPENDICES 24-28).