

**PURPOSE**

The purpose of this policy is to assure that medications are prescribed, dispensed, administered and monitored in a safe manner and within established standards of practice at all Michigan Department of Health and Human Services (MDHHS) state operated facilities, hospitals and centers.

**REVISION HISTORY**

This policy has not been updated since original publication effective date of May 16, 2010.

**DEFINITIONS**

**Adverse drug reaction (ADR)** is a response to a medicinal product that is noxious and unintended and that occurs at doses normally used in humans for the prophylaxis, diagnosis, or treatment of disease or for the restoration, corrections, or modification of physiological or psychological function. See also significant adverse drug reaction.

**Drug usage evaluation** means an activity that entails measuring, assessing and improving the prescribing/ordering, preparing/dispensing, and administering and monitoring of medications as well as the patient education involved in pharmacotherapy.

**Medication** means any prescription medications, sample medications, herbal remedies, vitamins, nutraceuticals, vaccines, or over-the-counter drugs; diagnostic and contrast agents used on or administered to persons to diagnose, treat, or prevent disease or other abnormal conditions; radioactive medications, respiratory therapy treatments, parenteral nutrition, blood derivatives, and intravenous solutions (plain, with electrolytes and/or drugs); and any product designated by the Food & Drug Administration (FDA) as a drug. This definition of medication does not include enteral nutrition solutions (which are considered food products), oxygen, and other medical gases.

**Medication error** is a preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to professional practice, health care products, procedures and systems, including prescribing, order communication, product labeling, packaging, and nomenclature; compounding; dispensing; distribution;

administration; education; monitoring; and use; see significant medication error.

**Performance improvement** is the systematic process of detecting and analyzing performance problems, designing and developing interventions to address the problems, implementing the interventions, evaluating the results, and sustaining improvement.

**Supervision** means the overseeing of or participation in the work of another individual by a licensed health professional in circumstances where at least all of the following conditions exist:

1. The continuous availability of direct communication in person or by radio, telephone, or telecommunication between the supervised individual and a licensed health professional
2. The availability of a licensed health professional on a regularly scheduled basis to review the practice of the supervised individual, to provide consultation to the supervised individual, to review records, and to further educate the supervised individual in the performance of the individual's functions, and
3. The provision by the licensed supervising health professional of predetermined policies, procedures and drug protocol.

**Time-Critical Scheduled Medications** are those for which an early or late administration of greater than thirty minutes might cause harm or have significant, negative impact on the intended therapeutic or pharmacological effect.

**Non-Time-Critical Scheduled Medications** are those for which a longer or shorter interval of time since the prior dose does not significantly change the medication's therapeutic effect or otherwise cause harm and therefore the hospital may establish, as appropriate, either a one- or two-hour window for administration.

## POLICY

It is the policy of the MDHHS that medications shall be prescribed, dispensed, administered and monitored in a safe manner within established laws, regulations, and standards of practice at all MDHHS hospitals and centers.

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**STANDARDS**

1. Only persons licensed pursuant to Public Act 368 of 1978, as amended, shall prescribe, dispense, and supervise the administration of medications.
2. Medications shall be prescribed pursuant to recorded diagnosis and a treatment plan appropriate to the person's condition.
  - a. Medications shall be prescribed within established practice parameters for the treatment of substantiated conditions.
  - b. The rationale for the prescription, along with drug/condition appropriate base-line and monitoring procedures, shall be documented in the person's clinical record.
  - c. Observed and potential drug/drug and food/drug interactions and medication allergies shall be documented in the person's clinical record.
  - d. Medications prescribed for the treatment of disorders of mood, thought, or behavior shall comply with MDHHS Policy 10.5.3 regarding the use of psychotropic medications.
  - e. The medication used as restriction to manage the recipient's behavior or restrict the recipient's freedom of movement that is not a standard treatment or dosage for the recipient's condition shall be deemed chemical restraint and must comply with the MDHHS policy regarding restraint.
  - f. Medication shall not be used as punishment, for the convenience of staff, or as a substitute for other appropriate treatment.
3. Medications shall be dispensed and administered within established hospital/center procedures.
4. Drug specific recipient education materials regarding desired effects and potential side-effects shall be provided each recipient prior to administration of each new drug.
5. Medications shall be administered under the supervision of a registered nurse pursuant to a written plan of service.

6. Medication effects shall be periodically monitored as prescribed in the treatment plan and both positive and negative responses recorded in the clinical record.
7. Appropriate drug selections and dosage adjustments shall be accomplished in order to maintain an optimal effect with the lowest appropriate dose.
8. Adverse drug reactions, medication errors, and drug usage evaluations shall be monitored pursuant to an established performance improvement program.
9. Medication errors and adverse drug reactions shall be immediately reported to a physician and recorded in the recipient's clinical record. The patient/guardian is informed of unanticipated outcomes of care.
10. Only medication that is authorized in writing by a physician shall be given to recipients upon leave or discharge. Sufficient medication shall be made available to ensure that the recipient has an adequate supply until he or she can become established with another provider pursuant to the coordinated and individualized discharge plan.
11. In accordance with The Joint Commission Standards, each hospital and center:
  - a. Minimizes risks associated with disposal of medications.
  - b. Maintains a documented inventory of medication-related resources.
  - c. Emergency Operations Plans include:
    1. A description as to how the facility will obtain and replenish medications.
    2. Arrangements for transporting medication when necessary.
    3. Transferring pertinent medication-related information.
  - d. Ensures that intravenous medications are administered in accordance with state law and by staff members with special training for this duty.
  - e. Follows its list of prohibited abbreviations, acronyms, symbols, and dose designations.

- f. Pharmacy departments communicate literature and advisory information relevant to medication drug recalls.
- g. Maintains written procedures which ensure patient information is accessible to staff involved in managing a patient's medications.
- h. Ensures safe management of high-alert and hazardous medications:
  - 1. Identifies high-alert and hazardous medications,
  - 2. Has a process for managing high-alert and hazardous medications, and
  - 3. Reports abuses and losses of controlled substances.
- i. Develops and annually reviews a list of look-alike/sound-alike medications.
- j. Has a procedure for the timing of medication administration that appropriately balances patient safety with the need for flexibility in work processes, including a list of time-critical and non-time-critical scheduled medications.
- k. Has a procedure regarding standing orders.
- l. Selects and procures medications:
  - 1. Develops written criteria for determining which medications are available for dispensing and administering, including at a minimum:
    - a) Indications for use.
    - b) Effectiveness.
    - c) Drug interactions.
    - d) Potential for errors and abuse.
    - e) Adverse drug events.
    - f) Sentinel event advisories.
    - g) Population(s) served (for example, pediatrics, geriatrics).

- h) Other risks.
- i) Costs.
- 2. Maintains a formulary, including medication strength and dosage, which is reviewed annually.
- 3. Has a process to select, approve, and procure medications that are not on its formulary.
- m. Has a process to communicate medication shortages or outages including written medication substitution protocols.
- n. Has a written procedure addressing control of medication between dispensing and administration.
- o. Safely stores medications.
- p. Safely manages emergency medications.
- q. Identifies when medications brought into the facility by patients, their families, or licensed independent practitioners can be administered.
- r. Ensures medication orders are clear and accurate by having written procedures that:
  - 1. Identify the specific types of medication orders deemed acceptable for use.
  - 2. Define the required elements of a complete medication order.
  - 3. Define when indication for use is required on a medication order.
  - 4. Define the precautions for ordering medications with look-alike/sound-alike names.
  - 5. Define actions to take when medication orders are incomplete, illegible, or unclear.
- s. Ensures medications are appropriately labeled.
- t. Has a written procedure describing how recalled or discontinued medications will be retrieved and handled.

- u. Has a written procedure addressing training, supervision, and documentation to guide the safe and accurate self-administration of medications or the administration of medications by a family member.
- v. Has a written procedure addressing the use of investigational medications.
- w. A pharmacist reviews the appropriateness of all medication orders for medications to be dispensed in the hospital.
- x. Has a procedure for providing medications to meet patient needs when the pharmacy is closed.
- y. Has a procedure to determine under what circumstances unused, expired, or returned medications will be managed by the pharmacy or the hospital.
- z. Ensures medical staff is actively involved in the measurement, assessment, and improvement of the use of medications.
- aa. Ensures the use of at least two patient identifiers when administering medications.
- bb. Reduces the likelihood of patient harm associated with the use of anticoagulant therapy by using only oral unit-dose products, prefilled syringes, or premixed infusion bags.
- cc. Has written procedures identifying staff authorized to receive and record verbal orders and the required time frame for authentication, in accordance with law and regulation.

## REFERENCES

- Michigan Mental Health Code, MCL 330.1752
- Department of Community Health Administrative Rule 330.1758
- The Joint Commission Standards: EC.02.02.01, EM.01.01.01, EM.02.02.03, HR.01.02.01, IM.02.02.01, LD.03.01.01, MM.01.01.01 – 08.01.01, MS.05.01.01, NPSG.01.01.01, NPSG.03.05.01, PC.02.01.01, PC.02.03.01, PI.01.01.01, RC.02.01.01, RC.02.03.07, RI.01.02.01.

- Centers for Medicare and Medicaid Services, 42 CFR 482.23(c).

**CONTACT**

For additional information concerning this policy, contact the Director of the Office of Recipient Rights at 517-373-2319.