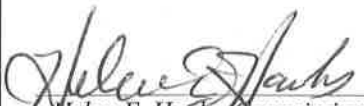


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| NH DEPARTMENT OF CORRECTIONS<br>POLICY AND PROCEDURE DIRECTIVE<br>Pursuant to NH RSA 21-H:8 III<br>Internal Practices and Procedures  | CHAPTER <u>Health Services</u><br><br>STATEMENT NUMBER <u>6.84</u>                                   |
| SUBJECT: <b>MEDICATION<br/>         OCCURRENCE</b><br><br>PROPONENT: <u>Director, Medical and Forensic<br/>         Services</u><br><u>Medical/Forensic Services 271-3707</u> | EFFECTIVE DATE <u>06/24/2020</u><br><br>REVIEW DATE <u>06/24/2023</u><br><br>SUPERSEDES PPD#   _____ |
| ISSUING OFFICER:<br><br><br><u>Helen E. Hawks/Commissioner</u>                               | DIRECTOR'S INITIALS: _____<br>DATE: _____<br><br>APPENDIX ATTACHED:<br>YES _____ NO _____            |
| REFERENCE NO:       See reference section on last page of PPD.  |  |

- (a) **PURPOSE:**  
 To provide structure for the identification, reporting, analysis and response to deviations from medication management policy, protocols and practice.
- (b) **APPLICABILITY:**  
 To all NH Department of Corrections (NHDOC) staff involved in the management of medications.
- (c) **POLICY:**
- (1) It is the policy of the NHDOC that medication occurrences are reported for improving the systems and processes to ensure a safe environment for patient care. The detection and reporting of actual and potential medication occurrences are an affirmative duty for all staff involved with the prescribing, dispensing, transcription, and administration of medication. A staff person who reports a medication occurrence will not be subject to discipline or punishment, except under the following circumstances:
    - a. There is a reason to believe criminal activity or intent may be involved with the making or reporting of a medication occurrence. NHDOC policy has been willfully violated; An employee knowingly fails to report a medication occurrence; Employee behavior is noted to be reckless. The employee is responsible for recurrent medication occurrences and will not participate in training, counseling or other activities needed to ensure competence.

(d) PROCEDURE:

## (1) Definitions

- a. A medication occurrence includes actual or potential:
1. Prescribing, transcribing, dispensing or administering the wrong drug/dose/route or any deviation from medication management standards;
  2. Omission of a dose(s);
  3. Dispensing or administration without a current order;
  4. Administration of an expired medication;
  5. Any other deviation in the medication process that could result in harm to the patient ("near miss");
  6. Medication missing from any location that is used for medication storage or retention;
  7. Medication missing from the roll, bottle, or other container used to hold individual patient or infirmatory medications;
  8. Errors resulting from failure in the electronic health record.

## (2) Initial Response

- a. Upon identification of a medication occurrence, the NHDOC employee who first becomes aware of an occurrence shall:
1. Assess the severity of the occurrence and the condition of the patient to determine if there are any immediate adverse medication effects or possible potential effects.
  2. Based on the results of the assessment take immediate action and either declare a medical emergency or notify a provider to receive further instructions for management of the patient.

## (3) Documentation

- a. If medication has been administered:
1. What was administered shall be documented in the Electronic Medication Administration Record (EMAR).
  2. A progress note shall be written in the electronic health record to include a description of the medication occurrence, the time of provider notification, the outcome of the consultation with the provider to include any recommendations or new orders, and a complete nursing assessment, including vital signs and patient sequelae. Include the nature of the patient education that occurred and the patient's response to that education.
  3. A Medication Occurrence Form (Attachment 1) will be completed by the person who identifies the medication occurrence and, once completed, the original shall be submitted to the Nurse Coordinator on the unit where the incident happened.
  4. The Nurse Coordinator shall complete the designated section of the Medication Occurrence Form and submit the original to the Chief Nursing Officer with a copy to the Chief Pharmacist.
  5. The Chief Nursing Officer shall complete the Medication Analysis Form (Attachment 2) and scan this form with the corresponding Medication Occurrence Form into an electronic file called "Medication Occurrences" on the shared drive in the restricted folder.
  6. The purpose of the Medication Analysis Form is to track data for creation of the summary that is submitted to and reviewed at the monthly Pharmacy and Therapeutics Committee.
- b. If the medication has not been administered:
1. A Medication Occurrence Form (Attachment 1) shall be completed by the person reporting the occurrence and submitted to the Nurse Coordinator.

2. The Nurse Coordinator shall complete the designated section of the Medication Occurrence Form and forward the original to the Chief Nursing Officer and a copy to the Chief Pharmacist.

(4) Missing Medication

- a. In the case of missing medication employees are directed to obtain necessary medication for the patient by contacting nursing at the Health Services Center or the NHDOC pharmacy. To obtain medications after hours, nursing staff shall utilize identified retail pharmacies. (Rite Aid at North Country Facility and Northeast Pharmacy Services for the New Hampshire State Prison for Men, New Hampshire Correctional Facility for Women and the Secure Psychiatric Unit.)
- b. Health care staff shall complete a Medication Occurrence Form (Attachment 1). Medication Occurrence Forms shall be delivered to the Nurse Coordinator at the location where the occurrence happened.
- c. After review and comment by the Nurse Coordinator, the original shall be sent to the Chief Nursing Officer and a copy shall be sent to the NHDOC Chief Pharmacist.
- d. Employees who are not healthcare employees (e.g., security personnel) shall complete a NHDOC Incident Report per PPD 5.25, Processing Spot, Disciplinary, Incident and Intelligence Reports. This Incident Report shall be delivered to Investigations when appropriate.
- e. The individual first aware of the missing medication will request that staff, who may have had contact or knowledge of the missing medication (e.g. staff from the previous shift), complete a written statement emphasizing their knowledge of the medication location.

(5) Notification

- a. Notification to the provider and patient shall occur as specified in IV. B. 1.
- b. Once patient care has been addressed, the employee shall complete the Medication Occurrence Form (Attachment 1) and documentation in the electronic health record as specified in IV.C. This shall ensure notification to the Nurse Coordinator, the Chief Nursing Officer and the Chief Pharmacist in non-emergent situations.
- c. Based on the severity of the occurrence (e.g. need for emergency room treatment or death), the employee completing the Medication Occurrence Form shall verbally notify the Nurse Coordinator, the Chief Nursing Officer, the Chief Medical Officer and/or the Chief Psychiatric Officer and the Director of Medical and Forensic services or their designees.

(6) Analysis of Medication Occurrence Data

- a. The original of each completed Medication Occurrence Form shall include written review and recommendations by the Nurse Coordinator. Upon completion, this shall be forwarded to the Chief Nursing Officer.
- b. The Chief Nursing Officer shall maintain an electronic file of these completed forms.
- c. For quality improvement purposes, the Chief Nursing Officer shall:
  1. Monitor medication occurrences to identify any pattern or trends;
  2. Implement corrective action(s) based upon data analysis;
  3. Complete the Medication Analysis Form (Attachment 2) and file with the corresponding Medication Occurrence Form.
  4. Provide a report to the monthly Pharmacy and Therapeutics Committee that includes patterns, trends, statistics and summary data.
  5. The Chief Pharmacist shall place the topic of medication occurrences as either the first or second item of business to be reviewed at the Pharmacy and Therapeutics Committee unless the Director of Medical and Forensic

- Services or Deputy Director of Medical Services designates other items to be higher priority.
6. The Pharmacy and Therapeutics Committee shall review the data, make recommendations for systems or process changes and identify actions to be taken in response to medication occurrences in order to increase patient safety. These findings shall be included in the Pharmacy and Therapeutics Committee minutes.
  7. Possible actions that may be recommended by the Pharmacy and Therapeutics Committee include, but are not limited to:
    - (i) Individual and/or group training of employees;
    - (ii) Revision of policies and procedures;
    - (iii) Change in equipment or the physical environment;
    - (iv) Formulary changes;
    - (v) Personnel action.
  8. The recommendations for each occurrence shall be forwarded to the appropriate administrator/supervisor for action.

References:

Just Culture, American Nurses Association Position Statement 1/28/2010

National Coordinating Council for Medication Error Reporting and Prevention

Standards for Health Services in Prisons, National Commission on Correctional Healthcare, 2018  
Standards, P-A-04, P-A-06, P-B-08, P-D-02,

Standards for Mental Health Services in Correctional Facilities, National Commission on Correctional Healthcare, 2015, StandardMH-D-02

Mattis/lb

Attachments