

**STATE OF CONNECTICUT
DEPARTMENT OF DEVELOPMENTAL SERVICES
Quarterly Medication Administration Audit**

Year: 20 ____ Indicate review period: Jan. 1-Mar. 31 April 1-June 30 July 1-Sept. 30 Oct. 1-Dec. 31

Agency: _____ Residential site: Day Program site:

Site Address: _____

Please provide information about the following issues related to medication administration:		Yes	No
1.	All medications are correctly stored according to the requirements specific to that type of preparation or as identified by regulation (i.e., internal and external preparations, controlled drugs, refrigerated)?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Access to medications is limited to licensed nurses and med certified staff, who are currently delegated responsibility at this site?	<input type="checkbox"/>	<input type="checkbox"/>
3.	All On-Site practicums (Checklists A and B) are available at the site?	<input type="checkbox"/>	<input type="checkbox"/>
4.	All staff members have current med certification cards and copies are secured but available for review?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Current orders are present from licensed prescribers for all medications administered?	<input type="checkbox"/>	<input type="checkbox"/>
6.	A registered nurse (RN) has been notified of all new orders/changes in orders prior to administration of the medication?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Each transcription of orders has been checked by another med certified staff member or nurse before medication is started?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Labels on medications match orders or contain a sticker referring to the licensed prescriber's orders?	<input type="checkbox"/>	<input type="checkbox"/>
9.	The documentation of medication administration is accurate and complete (i.e., initials in appropriate box, initials are identified on MAR, effectiveness of PRN meds is indicated, hold/refusals noted)?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Controlled drugs have been counted each shift (at a minimum) and discrepancies have been corrected/acted upon?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Incident reports (DDS 255m) have been completed for all medication errors and processed/sent to DDS in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Medication reference materials or medication information is available at the site for all preparations?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Unused, outdated, or discontinued medications have been destroyed per DDS regulation and agency policy?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Retraining of med certified staff members has been provided by the delegating RN or Authorized LPN for all medication errors or prohibited practices committed?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Medication administration suspension has been implemented by the delegating RN or a referral has been made to DDS for sanction/revocation for significant or a pattern of medication errors or prohibited practices?	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate the number of each type of medication error or prohibited practice committed during the review period:
Omission ____ Wrong person ____ Transcription ____ Wrong med ____ Wrong dose ____ Wrong time ____
Wrong route ____ Documentation ____ Other (explain) ____

Please indicate the number of each type of sanctions imposed: Termination ____ Suspension ____
Letter of Direction/Written Warning ____ Suspension of Delegation ____ DDS 12-hour Retraining Course ____
Referred to DDS for sanction and revocation ____ Other (explain) ____

DDS Regional Health Services Director and Med Admin Program notified of Class C errors and prohibited practices.
NR SR WR STS

Comments/Explanation:

Signature of RN or Authorized LPN completing Report

Date of report

E-mail: _____

Phone No.: _____

PLEASE COMPLETE THIS INFORMATION WITHIN 30 DAYS OF THE END OF REVIEW PERIOD.

**Send a Copy to: Nursing Supervisor for DDS Public Programs or Regional Nurse Consultant for Private Providers.
Original should remain in the site available for review.**

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Instructions for the Completion of Quarterly Audit of Medication Administration

Review Period: Quarterly audits are required by the DDS medication administration regulations to be completed by the registered nurse (RN) with responsibility at the site, a delegated/covering RN, or an authorized Licensed Practical Nurse (LPN) only. This audit form shall not be completed by a med certified staff member.

Explanation of items 1-20:

1. **Medication storage according to requirements** means medications are kept locked; controlled drugs are double locked; internal and external preparations are separated; medications requiring refrigeration are kept in a secured box in the refrigerator separated from food, or in a separate locked refrigerator; all medications are maintained at the recommended temperature including those that are required to be refrigerated; refrigerator temperature is checked periodically; medications are stored per agency policy; medications are stored in a clean secure area that is orderly and organized; medications are labeled correctly, and labels are clean and legible.
2. **Limited access** means that only one set of keys is available to the medication cabinet. These keys are accessible only to those staff members currently med certified, delegated, or authorized. If a combination is used, only licensed nurses and med certified staff members are aware of the combination. If med certified staff members are given a key or a combination that is used to access the storage site of the medication keys, the key shall be retrieved from the staff member and the combination changed as often as necessary when there are changes in who can access medications. (i.e., staff member's med certification has been revoked or suspended).
3. **On-site practicums (Checklists A and B)** mean the delegating nurse observes a staff member prepare and administer medications for initial certification, re-certification or retraining. Re-certification or retraining is completed only for staff members who have in their possession a current med certification card verified by the delegating RN at the time the on-site practicum is completed. DDS procedures for the practicum shall be followed by the delegating nurse, who shall consult an RN supervisor or DDS if there are questions concerning the correct process to utilize. Initial certification, re-certification or retraining documents shall be maintained onsite for each staff member who is delegated responsibility to administer meds at that location. All med certification documents are subject to review by DDS.
4. **Medication Certification card** is required to be in the possession of any staff member who administers meds at the site at all times. Copies of the med certification cards for all staff members who administer meds at the site are required to be available for inspection.
5. **Current written orders** refer to orders from licensed prescribers (physician, dentist, advanced practice registered nurse (APRN), nurse practitioner (NP), or physician's assistant (PA)) with original signatures that shall be available for all medications administered at the site for reference. Orders for all meds cannot exceed 180 calendar days or 90 days for orders for individuals living in an intermediate care facility for individuals with intellectual disabilities (ICF/IID).
6. **RN notification** means the RN is contacted by licensed practical nurses (LPNs) or med certified staff members before new orders are implemented and documented.
7. **Transcription checks** mean that two (2) med certified staff members or licensed nurses (or a combination of a nurse and a med cert staff member) check every transcription to ensure accuracy.
8. **Labels** on prescribed medications shall have the name of the person, date of prescription, prescription number, name of medication, strength of medication, instructions for administration, name of pharmacy, and name of the prescriber. Changes in directions for the administration of prescription meds may be made by affixing a label to the container that indicates that there has been a change and that the licensed prescriber's orders must be checked. Over-the-counter (OTC) medications shall have labels that refer to the licensed prescriber's orders (i.e., "Refer to Doctor's/Prescriber's orders").

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9. **Documentation** of med administration is required to be accurate and complete which means:
 - a. The original signature of the nurse/med certified staff shall appear next to their initials on the medication administration record (MAR) for each person. A supplemental signature sheet can be attached to the MAR, if necessary. Master signature lists are not acceptable.
 - b. Each medication dose administered shall be documented on the individual's MAR. Documenting initials on a blister pack is a quality assurance (QA) process that an RN may require for improved accountability; however, it is not evidence that medication has been administered. Failure to document administration is considered a medication error as per DDS regulation and requires action. Refer to #11 and #15 below.
 - c. As needed/pro re nata (PRN) medications require documentation of effect within the generally expected period of time and the communication of administration so that the expected effect or lack of an effect can be monitored by the next shift and communicated to the nurse.
10. **Controlled drug counts** are performed each shift and the RN is immediately informed of all discrepancies and any issues are resolved.
11. **Incident reports:** DDS 255m forms are required to be completed for all medication errors not later than 24 hours after discovery.
12. **Reference materials** are resources to assist nurses and med certified staff members with the requirement to have knowledge of the medications and treatments they administer.
13. **Medication destruction** means that medications shall be disposed of in accordance with DDS regulation. Documentation of med destruction/disposal shall be maintained at the site.
14. **Retraining** means that a licensed nurse or a med certified staff member who commits a medication error or a prohibited practice is required to be retrained in medication administration by the Supervising RN, or an authorized LPN, as soon as possible following the error. Documentation of each nurse's or med certified staff member's retraining shall be maintained.
15. **Suspensions** refer to each agency's regulatory required procedure to address medication errors in which the delegating RN may temporarily suspend a med certified staff member's ability to be delegated med admin responsibilities. Documentation shall be maintained that this process is consistently and appropriately applied. Suspensions are subject to review by DDS.
16. **Sanction and Revocation** refers to the regulatory process of recommending a med cert staff member, who has committed multiple or significant med administration errors or prohibited practices, to DDS for review and sanction, or sanction and revocation of the staff member's med administration certification.
17. **Number of medication errors** refers to how many med errors or prohibited practices have occurred during the quarter. The information requested in this section is used to assist in the evaluation of the quality of the medication administration process at the site.
18. **Number and types of suspensions** refers to the number of each type of nurse delegation suspension imposed based on med errors/prohibited practices per agency policy during the quarter.
19. **Number of referrals for DDS sanctions** is the number of med certified employees who have been referred to DDS for sanction or revocation of med certification during the quarter.
20. **Comments/Explanations** allow the RN to identify corrective actions that were taken and allows for further explanation of the RN's responses throughout this audit document. Additional sheets may be attached, if extensive documentation is necessary.