

<b>COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEASTERN MICHIGAN</b>		<b><i>Policy and Procedure</i></b>	
		<i>Administration of Medication &amp; Other Medical Treatment</i>	
Department: Clinical Care Author: Dr. Timothy Florence		Local Policy Number (if used)	
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**I. PURPOSE**

To establish guidelines regarding the administration of psychotropic medications, other medications, and medical treatment procedures by the Washtenaw Community Mental Health Organization (WCHO), the Comprehensive Specialty Services Networks (CSSN's), and staff of contract providers.

**II. POLICY**

Medication and medical treatments shall be administered only at the order of a physician OR a prescriber who is a medical professional vested with legal authority through professional licensing or certification to prescribe medications.

**III. APPLICATION**

. All recipients while under the care of staff within the Community Mental Health Partnership of Southeast Michigan (CMHPSM) including students, volunteers, and those of organizations under contract with affiliation members. The CMHPSM is comprised of the WCHO (as the Prepaid Inpatient Health Plan/PIHP) and the Comprehensive Specialty Services Networks (CSSN's).

**IV. DEFINITIONS**

Delegated Prescribing Authority – A licensed physician may delegate the authority to prescribe medications and medical treatment procedures to a Nurse Practitioner, Clinical Nurse Specialist or Physician Assistant. The physician shall supervise the performance of this delegated function in accordance with the Michigan Public Health Code (1978 P.A. 368), including, but not limited to Section 16109(2); 16215; 17210; 17708(2).

Medication Training Program - Training for WCHO, CSSN and contract provider staff on the standards for administering, and maintaining medications. This training is conducted by a person certified to train on this topic.

Medical Treatment Procedures - Treatment procedures must be ordered by a physician or prescriber with delegated prescribing authority prior to implementation by staff(e.g. hot wet soak to left foot). In emergency situations where injury is apparent, first aid by trained individuals does not require orders from a physician or prescriber with delegated prescribing authority prior to initiation.

Medication - A drug or medical treatment prescribed by a physician or nurse practitioner, clinical nurse specialist or physician assistant with delegated prescribing authority for the therapeutic benefit of a patient.

Nurse Practitioner or Clinical Nurse Specialist – An individual licensed to practice as a registered nurse and certified in a nursing specialty by the State of Michigan.

Physician - An individual who is licensed to practice medicine or osteopathic medicine in the State of Michigan under article 15 of the Public Health Code, Act No. 368 of the Public Acts of 1978, being sections 33.16101 to 333.18838 of the Michigan Compiled Laws. The “practice of medicine” means the diagnosis, treatment, prevention, cure, or relieving of a human disease, ailment, defect, complaint, or other physical or mental condition, by attendance, advice, device, diagnostic test, or other means, or offering, undertaking, attempting to do, or holding oneself out as able to do, any of these acts (MCL 333-1978-15-170).

Physician Assistant – An individual licensed to practice as a physician assistant by the State of Michigan.

Prescriber – A physician who is licensed to prescribe medications and medical treatment procedures, or nurse practitioner, clinical nurse specialist, or physician assistant with delegated prescribing authority who is licensed to prescribe medications and medical treatment procedures. A licensed physician may delegate the authority to prescribe medications to a nurse practitioner, clinical nurse specialist or physician assistant in accordance with the Michigan Public Health Code (1978 P.A. 368) Section 16109(2), 16215, 17210, 17708(2).

Stop Order - An order by a physician or nurse practitioner, clinical nurse specialist, or physician assistant with delegated prescribing authority, to discontinue the administration of a medication or medical treatment procedure.

## **V. STANDARDS**

- A. All licensed contract providers must adhere to licensing regulations related to the administration and management of medications, and in addition follow all outlined responsibilities of the licensed setting as determined by the individual plan of service.

All WCHO, CSSN, and non-licensed contract providers must adhere to the following standards for administering and managing medications.

- B. Follow any outlined responsibilities as determined by the individual plan of service.
- C. Staff administering medications shall have satisfactorily completed a medication training program and shall demonstrate knowledge of medication doses, expected actions, and side effects of medications administered.
- D. Medication shall not be used as punishment, for the convenience of staff, or as a substitute for other appropriate treatment.
- E. Any use of medication for behavior control must be approved by the WCHO or CSSN Behavior Treatment Committee.
- F. All orders for medication shall be in effect only for the specific number of days indicated by the prescriber.
- G. Schedule II controlled substances (narcotics) shall not be prescribed by the WCHO or CSSN prescribers employed by organizations under contract to the CMHPSM.
- H. Medication use will be reviewed by a prescriber at least quarterly or as indicated in the recipient's individual plan of service, or based upon the recipient's clinical status, and either continued, revised or discontinued. All new or discontinued medication orders will be initiated by the prescriber, documented in the medical record, and a Consumer Prescription will be completed..
  - 1. Staff maintains current medication orders on site.
  - 2. The WCHO or CSSN-nurse, or pharmacy reviews medication prescription orders and dispensing information documented on the Medication and Treatment Record periodically.
  - 3. Use of controlled substances will be documented on the Controlled Medication Record and a mental health nurse will monitor the inventory monthly.
  - 4. For discontinued medications and treatments, staff , enters DISCONTINUE on the Medication and Treatment Record after the last dose or treatment along with the date of discontinuation and the initials of the staff making the entry.
  - 5. Discontinued, expired, recalled, or unused medications stored on the premises shall be either destroyed by a Registered Nurse and witnessed by one additional staff person, or returned to the pharmacy on at least a quarterly basis. Using environmentally sound methods of destruction is encouraged.
  - 6. Any destroyed or returned medications shall be documented on the Expired, Recalled or Discontinued Medication Inventory Sheet, documented on an Incident Report and forwarded to the responsible WCHO or CSSN nurse for review/comment, then to the Office of Recipient Rights.
- I. Telephone orders for medication are allowed only in urgent situations. Telephone orders shall be:
  - 1. Received only by a Registered Nurse from a prescriber only

2. Immediately recorded in the Electronic Medical Record, read back verbatim to the prescriber, signed by the Registered Nurse, and placed in the prescriber's inbox.
  3. Countersigned by the prescriber at the prescriber's next regularly scheduled shift at the WCHO or CSSN.
- J. Medications shall be stored on the premises only to facilitate the delivery of services to recipients and shall be safeguarded as follows:
1. A "double-locked" system shall be employed such as a locked medication box in a locked file.
  2. Keys to locked storage areas shall be available only to staff who are authorized to have access to medications.
  3. All medications stored on the premises shall be inventoried a minimum of quarterly. The medication inventory shall be logged on the Expired, Recalled or Discontinued Medication and Inventory Sheet by designated licensed staff and forwarded to the Medical Director or his/her designee. If a recipient had received a recalled or discontinued medication, the recipient will be notified as soon as possible and an Incident Report will be completed.
  4. Medication requiring storage in a refrigerator is governed by the same standards as other medications for security, control and inspection.
- K. All medication stored on the premises must be in the original container which is labeled as follows:
1. Name of recipient
  2. Name of prescriber
  3. Name of medication
  4. Strength of medication
  5. Dosage of medication
  6. Schedule of administration
  7. Dispensing pharmacy: lot number and expiration information
- L. Staff will use at least two of the following identifiers whenever administering medication(s) or treatment(s):
1. Recipient photograph attached to the Medication and Treatment Record or Medication Injection Record
  2. Staff who knows the individual identifies the recipient.
  3. Recipient states his/her name and staff compares the name to the Medication and Treatment Record or Medication Injection Record
  4. Recipient states his/her birth date and staff compare it to the Medication and Treatment Record or Medication Injection Record.

- M. Each time a medication or medical treatment is administered, the administration shall be documented as follows:
  - 1. Staff shall make a notation on the Medication and Treatment Record.
  - 2. Staff administering a medication by injection will document this in the medical record on an Injection/Dispense Note.
  - 3. Medications of oral route administration given to recipients from WCHO/CSSN outpatient clinics shall be documented in a Progress Note, including the name /dose /amount of medication given and the instructions for taking the medication given to client.
- N. Medication errors and adverse reactions will be reported immediately to the prescriber and documented according to procedures for the completion of the Medication and Treatment Record along with completion of an Incident Report. Documentation will be made in the recipient's health record.. Medical emergencies caused by medication error will be reviewed according to Adverse Event Review protocol.
- O. Only medications for which there is an active prescription shall be given to a recipient upon leave or discharge. Enough medication is to be made available to ensure the recipient has an adequate supply until he/she can become established with another provider. Expired or discontinued medications will be disposed of according to disposal guidelines outlined in Standard H #5&6.
- P. If outlined in the Individual Plan of Service, recipients may self-administer medication in a licensed contract provider setting upon completion of an independent self-medication module. Home staff will assure the medications are safely stored and provide monitoring of an independent self-medication activity.
- Q. For telephonic reporting of critical test results, the prescriber or nurse receiving the test results will record the value in the electronic medical record and read it back verbatim to the caller. A FAX may be requested in order to ensure accuracy. Results shall be immediately given to the prescribing practitioner and follow up with the consumer will occur, if directed by the practitioner..
- R. A written referral for electroconvulsive therapy (ECT) should be routed to the Medical Director, who together with the WCHO or CSSN liaison to the hospitals, will arrange for an evaluation for ECT by outside providers following authorization by the WCHO or CSSN. Referrals should include the recipient's name, diagnosis, psychiatric history (including failure of at least two antidepressant trials at adequate doses for a suitable duration), physical health status, and other information deemed appropriate by the referring prescriber.

**VI. EXHIBITS**

None

**VII. REFERENCES**

Reference:	Check if applies:	Standard Numbers:

JCAHO- Behavioral Health Standards	X	MM 4.10-5.20
MDCH Administrative Rules	X	AR 7158
MDCH Policy	X	Psychotropic Medications, III-7158-R-GL

**VIII. PROCEDURES**

None