

Policy Title: Medication Administration and Medication Errors

<p>Policy Owner: Vice President of Community-based Disability Services Policy Originated by: Program</p>	<p>Date Written: 10/1/13</p>
<p>Applicable Programs: In-Home Support and Therapeutic Recreation</p>	<p>Date Reviewed and Approved by COO: 03/21, 1/17/24, 4/3/26</p>
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Policy

It is the policy of St. David’s to provide safe medication setup, assistance and administration:

- when assigned responsibility to do so in the person’s coordinated service and support plan (CSSP) or the CSSP addendum;
- using procedures established in consultation with a registered nurse, nurse practitioner, physician’s assistant or medical doctor; and
- by staff who have successfully completed medication administration training before actually providing medication setup, assistance and administration; if staff need additional support in administration they can request a consult from our Nurse or Medical Director
- staff will not provide medication administration when a caregiver is present, the caregiver will administer
- if emergency medication is administered staff will call 911

For the purposes of this policy, medication assistance and administration includes, but is not limited to:

- Providing medication-related services for a person;
- Medication setup;
- Medication administration;
- Medication storage and security;
- Medication documentation and charting;
- Verification of monitoring of effectiveness of systems to ensure safe medication handling and administration;
- Coordination of medication refills;

- Handling changes to prescriptions and implementation of those changes;
- Communicating with the pharmacy; or
- Coordination and communication with the prescriber.

It is also the policy of St. David's that Staff/Providers are instructed of the procedure to follow should a Medication Error be committed or discovered in order to ensure that Staff/Providers appropriately respond to all Medication Errors and client medication refusals.

Definitions

For the purposes of this policy the following terms have the meaning given in section [245D.02](#) of the 245D Home and Community-based Services Standards:

- I. **"Medication"** means a prescription drug or over-the-counter drug and includes dietary supplements.
- II. **"Medication administration"** means following the procedures in section IIIB of this policy to ensure that a person takes their medications and treatments as prescribed.
- III. **"Medication assistance"** means to enable the person to self-administer medication or treatment when the person is capable of directing the person's own care, or when the person's legal representative is present and able to direct care for the person.
- IV. **"Medication Error:"** Means any instance of a medication not being properly and successfully administered to a client. Medication errors include any time there is a deviation from the 6 rights of medication administration:

The 6 Rights of Medication Administration

- **Right Patient**
Ensure the medication is given to the correct individual using at least two identifiers (e.g., name and date of birth).
- **Right Medication**
Verify the correct medication is being given by checking the label against the order.
- **Right Dose**
Confirm the correct dosage based on the provider's order and patient factors (age, weight, condition).
- **Right Time**
Administer the medication at the correct time and frequency as prescribed.
- **Right Route**
Ensure the medication is given via the correct route (e.g., oral, injection, topical).
- **Right Documentation (documentation error)**
Accurately record the medication administration after it is given, including time, dose, and any relevant observations.

It is not considered error when medication is not administered by program staff during client program participation due to parent, guardian or responsible party not sending medication.

- V. **"Medication setup"** means arranging medications, according to the instructions provided by the pharmacy, prescriber or licensed nurse, for later administration.
- VI. **"Over-the-counter drug"** means a drug that is not required by federal law to bear the statement "Caution: Federal law prohibits dispensing without prescription."
- VII. **"Prescriber"** means a person who is authorized under section [148.235](#); [151.01](#), subdivision 23; or [151.37](#) to prescribe drugs.
- VIII. **"Prescriber's order and written instructions"** means the current prescription order or written instructions from the prescriber. Either the prescription label or the prescriber's written or electronically recorded order for the prescription is sufficient to constitute written instructions from the prescriber.
- IX. **"Prescription drug"** has the meaning given in section [151.01](#), subdivision 16.
- X. **"Psychotropic medication"** means any medication prescribed to treat the symptoms of mental illness that affect thought processes, mood, sleep, or behavior. The major classes of psychotropic medication are antipsychotic (neuroleptic), antidepressant, antianxiety, mood stabilizers, anticonvulsants, and stimulants and nonstimulants for the treatment of attention deficit/hyperactivity disorder. Other miscellaneous medications are considered to be a psychotropic medication when they are specifically prescribed to treat a mental illness or to control or alter behavior.

Procedure

I. Medication setup

When the program is responsible for medication setup, staff must document the following in the person's medication administration record:

- A. Dates of set-up;
- B. Name of medication;
- C. Quantity of dose;
- D. Times to be administered; and
- E. Route of administration at time of set-up.

- F. When the person receiving services will be away from home, the staff must document to whom the medications were given.

II. Medication assistance

When the program is responsible for medication assistance staff may:

- A. Bring to the person and open a container of previously set up medications;
- B. Empty the container into the person's hand;
- C. Open and give the medications in the original container to the person;
- D. Bring to the person liquids or food to accompany the medication; and
- E. Provide reminders to take regularly scheduled medication or perform regularly scheduled treatments and exercises.
- F. Provide medication assistance in a manner that enables a person to self-administer medication or treatment when the person is capable of directing the person's own care, or when the person's legal representative is present and able to direct care for the person.

III. Medication administration

- A. When the program is responsible for medication administration, including psychotropic and injectable medications, a medication administration record (MAR) must be maintained for the person that includes the following:
 - i. Information on the current prescription label or the prescriber's current written or electronically recorded order or prescription that includes the person's name, description of the medication or treatment to be provided, and the frequency and other information needed to safely and correctly administer the medication or treatment to ensure effectiveness;
 - ii. Information on any risks or other side effects that are reasonable to expect, and any contraindications to its use. This information must be readily available to all staff administering the medication;
 - iii. The possible consequences if the medication or treatment is not taken or administered as directed;
 - iv. Instruction on when and to whom to report the following:
 - a. if a dose of medication is not administered or treatment is not performed as prescribed, whether by error by the staff or the person or by refusal by the person; and
 - b. the occurrence of possible adverse reactions to the medication or treatment.

- B. Staff must complete the following when responsible for medication administration:
 - i. Check the person's medication administration record (MAR);
 - ii. Prepare the medications as necessary;
 - iii. Administer the medication or treatment the person according to the prescriber's order;
 - iv. Document in the MAR:
 - a. the administration of the medication or treatment or the reason for not administering the medication or treatment;
 - b. notation of any occurrence of a dose of medication not being administered or treatment not performed as prescribed, whether by error by the staff or the person or by refusal by the person, or of adverse reactions, and when and to whom the report was made; and
 - c. notation of when a medication or treatment is started, administered, changed, or discontinued;
 - v. Report any concerns about the medication or treatment, including side effects, effectiveness, or a pattern of the person refusing to take the medication or treatment as prescribed, to the prescriber or a nurse; and
 - vi. Adverse reactions must be immediately reported to the prescriber or a nurse.

IV. Injectable Medications

- A. The program may administer injectable medications according to a prescriber's order and written instructions when the following condition has been met:
 - i. The program's supervising registered nurse with a physician's order delegates the administration of the injections to staff and has provided the necessary training.

V. Psychotropic medication use and monitoring

- A. When the program is responsible for administration of a psychotropic medication, the program must develop, implement, and maintain the following documentation in the person's CSSP addendum according to the requirements in sections 245D.07 and 245D.071:
 - i. A description of the target symptoms the prescribed psychotropic medication is to alleviate. The program must consult with the expanded support team to identify target symptoms. "Target symptom" refers to any perceptible diagnostic criteria for a person's diagnosed mental disorder, as defined by the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition Text Revision (DSM-V) or successive editions; and
 - ii. The documentation methods the program will use to monitor and measure changes in target symptoms that are to be alleviated by the psychotropic medications if required by the prescriber.

- B. The program must collect and report on medication and symptom-related data as instructed by the prescriber.
- C. The program must provide the monitoring data to the expanded support team for review every three months, or as otherwise requested by the person or the person's legal representative.

VI. Written authorization

Written authorization is required for medication administration or medication assistance, including psychotropic medications or injectable medications.

- A. The program must obtain written authorization from the person or the person's legal representative before providing assistance with or administration of medications or treatments, including psychotropic medications and injectable medications.
- B. The program must obtain reauthorization annually.
- C. If the person or the person's legal representation refuses to authorize the program to administer medication, the staff must not administer the medication.
- D. The program must report the refusal to authorize medication administration to the prescriber as expediently as possible.

VII. Refusal to authorize psychotropic medication

- A. If the person receiving services or their legal representative refuses to authorize the administration of a psychotropic medication, the program must not administer the medication and report the refusal to authorize to the prescriber in 24 hours.
- B. After reporting the refusal to authorize to the prescriber in 24 hours, the program must follow and document all directives or orders given by the prescriber.
- C. A court order must be obtained to override a refusal for psychotropic medication administration.
- D. A refusal to authorize administration of a specific psychotropic medication is not grounds for service termination and does not constitute an emergency. A decision to terminate services must comply with the program's service suspension and termination policy.

VIII. Reviewing and reporting medication and treatment issues

- A. When assigned responsibility for medication administration, including psychotropic medications and injectable medications, the program must ensure that the information maintained in the medication administration record is current and is regularly reviewed to identify medication administration errors.
- B. At a minimum, the review must be conducted every three months or more frequently as directed in the CSSP or CSSP addendum or as requested by the person or the person's legal representative.
- C. Based on the review, the program must develop and implement a plan to correct patterns of medication administration errors when identified.
- D. When assigned responsibility for medication assistance or medication administration, the program must report the following to the person's legal representative and case manager as they occur or as otherwise directed in the CSSP or CSSP addendum:
 - i. any reports made to the person's physician or prescriber required section III.D.2. of this policy;
 - ii. a person's refusal or failure to take or receive medication or treatment as prescribed; or
 - iii. concerns about a person's self-administration of medication or treatment.

IX. Staff Training

- A. Unlicensed staff may administer medications only after successful completion of a medication administration training using a training curriculum developed by a registered nurse, clinical nurse specialist in psychiatric and mental health nursing, certified nurse practitioner, physician's assistant, or physician. The training curriculum must incorporate an observed skill assessment conducted by the trainer to ensure staff demonstrate the ability to safely and correctly follow medication procedures.
- B. Staff must review and receive instruction on individual medication administration procedures established for each person when assigned responsibility for medication administration.
- C. Staff may administer subcutaneous injectable medications only when the necessary training has been provided by a registered nurse.

- D. Medication administration must be taught by a registered nurse, clinical nurse specialist, certified nurse practitioner, physician's assistant, or physician if, at the time of service initiation or any time thereafter, the person has or develops a health care condition that affects the service options available to the person because the condition requires:
 - i. specialized or intensive medical or nursing supervision; and
 - ii. nonmedical service providers to adapt their services to accommodate the health and safety needs of the person.

X. Storage and disposal of medication

- A. Schedule II controlled substances in the facility as named in section 245D.22, subdivision 3, must be stored in a locked storage area permitting access only by persons and staff authorized to administer the medication.
- B. Medications will be disposed of according to DHS/MDH expectations along with the Minnesota Board of Pharmacy Rules and best practices based on the Environmental Protection Agency guidelines.

XI. Medication Error Procedure

- A. Upon discovering a possible Medication Error, staff must first determine whether an actual failure to administer a medication occurred, or whether the medication was administered, but such administration was not documented.
 - i. The latter situation entails a Documentation Error, rather than a Medication Error.
- B. If a Medication Error occurred, staff discovering the Medication Error must immediately complete a "Medication/Treatment Error Report" Form, being careful to follow all instructions on the Form.
- C. If a medication is not sent to the program by the parent, guardian or responsible party, the parent and case manager will be notified of the missed dose. Frequent failure to provide prescribed medication to program can result in termination of services.

XII. Procedures for non-compliance with the above noted procedures.

- A. The following procedures apply to staff who have received medication administration training and certification:

- i. All Medication Errors will be reviewed by the licensed nurse to determine the severity of the error, based on the type of medication, dosage given, timeframe, and all other pertinent details.
- ii. Reported medication errors will be reviewed annually by program supervisor for the purpose of identifying any patterns that may exist and formulating appropriate plans for reducing the frequency of such errors.
- iii. The program director will consult with nurse and division director to determine whether the staff who committed the Medication Error will be subject to disciplinary action.
- iv. If staff have more than three (3) medication errors in one (1) year, staff will be required to repeat the medication administration course at staff's own expense and may be subject to further disciplinary action.

Violation of these Policies or Procedures

No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David's. Remediation for violators will include, but not blimited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:

Medication/Treatment Error Form
Medication Administration Record
Monthly Medication Sheet