

Medication Administration and Health Related Activities Quality Assessment Review Tool

Review Information

Individual:

Date Completed: Last QA Review Completed:

Home Address:

Individual Provider or Agency:

RN Quality Assurance Reviewer:

All DODD Personnel Participating in Review:

Name:

Name:

Name:

Name:

Observation

I. Medication Administration (MA) personnel observed:

Was technique satisfactory? Yes No

II. Health Related Activity (HRA) personnel observed:

Was technique satisfactory? Yes No N/A

HRA's observed:

Post Review Action

I. Completed Quality Assessment (QA) Tool submitted to:

Agency/Provider Representative Signature Date

County Board Representative Signature Date

II. A. Are deficiencies noted? Yes No

B. Is a Plan of Correction required? Yes No

C. Plan of Correction due date:

D. Submit Plan of Correction to:

For Provider Use

QA Nurse: Date:

County Board Representative: Date:

Individual's Name:

QA Review Date:

Policy & Procedure

1. Based on policies and procedures recommended in the Medication Administration Curriculum, is there evidence of policy for the following procedures? (*for individual providers, check "K" only*)

Note: these are best practice recommendations.

- a) Administration of Medication Administration including skills checklist? Yes No
- b) Universal precautions/infection control, disposal of sharps? Yes No
- c) Emergency, urgent situations/emergency contact? Yes No
- d) Reportable situations? Yes No
- e) Medication Administration Record (MAR) transcription? Yes No
- f) Unusual Incident (UI) reporting? Yes No
- g) MAR/Treatment Administration Record (TAR) documentation procedures? Yes No
- h) Discontinued, unused, expired and contaminated medications? Yes No
- i) Reporting medication error or unsafe medication administration or health related activities practices? Yes No
- j) PRN (as needed) medications? Yes No
- k) Back-up plan? Yes No
- l) Storage of medication? Yes No
- m) Controlled substances? Yes No
- n) Preparing medication(s) for administration or completing health related activities for community outings or family visits? Yes No

Comments:

2. Are written, step-by-step directions available for staff for:

- a) Medication Administration? Yes No None ordered

Comments:

- b) Health Related Activities? Yes No None ordered

Comments:

Individual's Name:

QA Review Date:

3. a) Is there evidence of special instructions related to individual-specific information or special instructions to complete Medication Administration (MA)? Yes No No medication ordered

Comments:

- b) Is there evidence of special instructions related to individual-specific information or special instructions to complete Health Related Activities (HRA)? Yes No No HRA ordered

Comments:

- c) Is there evidence of individual-specific training regarding the individual's needs *before* DODD Personnel provided Medication Administration (MA)? Yes No No medication administration provided

Comments:

- d) Is there evidence of individual-specific training regarding the individual's needs *before* DODD Personnel performed Health Related Activities (HRA)? Yes No No HRA ordered

Comments:

4. Are emergency numbers available? Yes No

Comments:

5. Does the provider monitor and document completeness and correct techniques used during administration of prescription oral/topical medications and Health Related Activities? Yes No

Comments:

Assessment for Self-Administration of Prescription Medications

1. Was a department-approved self-administration of medication assessment used? Yes No

Date of last self-medication review:

Comments:

- a) Does the provider follow outcome recommendations as indicated on self-medication assessment? Yes No

Comments:

Individual's Name:

QA Review Date:

- b) Was there evidence that a new self-administration assessment was completed at least once every three (3) years with annual review of the current assessment? Yes No

Comments:

- c) Does the outcome recommendation of the self-administration of medication assessment match the written statement in the Individual Service Plan (ISP)? Yes No

Comments:

Documentation & Administration

1. Was a Medication Administration Record (MAR) used to record medication administration for this individual? Yes No

Comments:

2. Did the Medication Administration Record (MAR) clearly indicate when doses were given, applied, missed, held, refused or discontinued?

Yes No

Comments:

- a) Are the reasons medications were missed, held, refused or discontinued documented or were other difficulties noted? Yes No NA

Comments:

- b) Was there contact with others concerning the issue(s)? Yes No If no, please comment on what other steps were taken to rectify the situation. Comments:

- c) Is there a method of identifying initials/signatures of DODD Personnel making entries on the Medication Administration Record (MAR) (signature list)? Yes No

Comments:

3. By what method is the individual identified prior to DODD Staff administering oral/topical medications and/or Health Related Activities (HRA)?

Comments:

4. Is there evidence that each medication has a current corresponding prescription/written order from a prescriptive authority (i.e., physician, advance practice nurse or other healthcare professional with prescriptive authority)? Yes No

Comments:

Individual's Name:

QA Review Date:

5. Is there evidence that a current order exists from a person with Ohio prescriptive authority for each "as needed" or prescription (PRN) and/or over-the-counter (OTC) medications?

Yes No NA

Comments:

a) Are there clear parameters for prescription PRN and/or OTC medication administration which preclude independent judgment by the non-licensed staff? Yes No

Comments:

b) Does the narrative include appropriate observations or indicate when difficulties were noted? Yes No

Comments:

6. Is there evidence that a current order exists for each OTC medication used on a scheduled/routine basis written from a person with Ohio prescriptive authority?

Yes No NA

Comments:

7. Is medication storage secure? Yes No

Comments:

8. Is the medication administration area clean and orderly with medications stored appropriately? (include a brief description of area)

Yes No

Comments:

9. Was DODD

Personnel observed following the provider's/agency's step-by-step procedure during the administration of oral/topical medications?

Yes No

Comments:

10. Was staff able to verbalize and/or by mock demonstration show evidence of correctly administering emergency medications, if applicable?

Yes No NA

Comments:

Individual's Name:

QA Review Date:

Medication Errors

1. Are there noted medication administration errors for this individual during the past twelve (12) months? Yes No

Comments:

- a) Are there unresolved issues related to medication administration errors for this individual? Yes No

Comments:

- b) Is there evidence of follow-up and documentation? Yes No NA

Comments:

Health Related Activities (HRA)

1. Are Health Related Activities done for this individual? (if no, proceed to the next section) Yes No

Comments:

- a) Is there evidence of staff training for Health Related Activities (HRA)? Yes No

Comments:

- b) Are Health Related Activities (HRA) being documented? Yes No

Comments:

- c) Is there a Health Related Activity (HRA) narrative that includes appropriate observations or where difficulties are noted? If yes, describe issue and action taken.

Yes No

Comments:

- d) Was there evidence that each Health Related Activity (HRA) had a current corresponding request from a person with Ohio prescriptive authority?

Yes No

Comments:

Individual's Name:

QA Review Date:

- e) Was there evidence of parameters for reporting the results of Health Related Activities (HRA) to healthcare professionals when necessary? (i.e., notify physician if blood pressure is above 170 systolic or 110 diastolic)

Yes No

Comments:

- f) Was it observed that staff completed the Health Related Activity (HRA) by following the provider's written policy and step-by-step procedures?

Yes No

Comments:

Note: Do observation and note on page 1

Certification 2: G-Tube, J-Tube, PEG Medications/Feedings

1. Does the individual receive food or medication per:

a) G-Tube Yes No

b) J-Tube Yes No

If no, proceed to the next section.

Comments:

2. Are there step-by-step instructions outlining the individual procedures specific to this person? Yes No

Comments:

- a) Was staff observed following the written step-by-step procedure for:

1) Feeding Yes No

2) Meds Yes No

Comments:

Individual's Name:

QA Review Date:

3. Is there evidence of a statement of nursing delegation for?

a) Feeding Yes No

b) Meds Yes No

Comments:

c) Is there evidence of a current nursing assessment/reassessment document, reassessed at minimum, annually? Yes No

Comments:

4. Is there evidence of individual-specific training prior to time the service began? Yes No

Comments:

5. Is there a current order for the medication or food from a person with Ohio prescriptive authority? Yes No

Comments:

6. Is the nursing assessment document available for:

G-Tube Yes No

J-Tube Yes No

Comments:

7. Does the assessment indicate if the tube is stable and labeled? Yes No

8. Per Rule OAC 5123:2-6-06 (D) (1) (f) and (g), explain the method staff uses to contact an RN:

Comments:

Certification 3: Insulin Administration

1. Does the individual receive insulin administration? Yes No *If no, proceed to the next section.*

Comments:

2. Are there step-by-step instructions outlining the individual procedures specific to this person? Yes No

Comments:

Individual's Name:

QA Review Date:

a) Was staff observed following written step-by-step procedure? Yes No

Comments:

b) Was a labeled container available for the disposal of sharps? Yes No

3. Is there evidence of a statement of nursing delegation? Yes No

Comments:

a) Is there evidence of a current nursing assessment reassessed, at minimum, annually? Yes No

Comments:

4. Is there evidence of individual-specific training prior to the time the service was provided? Yes No

Comments:

5. Was there a current order for the insulin administration from a person with Ohio prescriptive authority? Yes No

Comments:

6. Per Rule OAC 5123:2-6-06 (E) (1) (h) and (j), explain the method staff uses to contact a RN:

Comments:

Staff Training and Certification

1. Employee:

Certification I.D. Optional

Database holds valid and current Category 1 Certification? Yes No Certification I.D. expires

Annual skills check complete? Yes No

Database holds valid and current Category 2 Certification: Yes No Certification I.D. expires

Annual skills check complete? Yes No

Database holds valid and current Category 3 Certification: Yes No Certification I.D. expires

Annual skills check complete? Yes No

Comments:

Individual's Name:

QA Review Date:

2. Employee:

Certification I.D. Optional

Database holds valid and current Category 1 Certification? Yes No Certification I.D. expires
Annual skills check complete? Yes No
Database holds valid and current Category 2 Certification: Yes No Certification I.D. expires
Annual skills check complete? Yes No
Database holds valid and current Category 3 Certification: Yes No Certification I.D. expires
Annual skills check complete? Yes No

Comments:

3. Employee:

Certification I.D. Optional

Database holds valid and current Category 1 Certification? Yes No Certification I.D. expires
Annual skills check complete? Yes No
Database holds valid and current Category 2 Certification: Yes No Certification I.D. expires
Annual skills check complete? Yes No
Database holds valid and current Category 3 Certification: Yes No Certification I.D. expires
Annual skills check complete? Yes No

Comments:

4. Employee:

Certification I.D. Optional

Database holds valid and current Category 1 Certification? Yes No Certification I.D. expires
Annual skills check complete? Yes No
Database holds valid and current Category 2 Certification: Yes No Certification I.D. expires
Annual skills check complete? Yes No
Database holds valid and current Category 3 Certification: Yes No Certification I.D. expires
Annual skills check complete? Yes No

Comments:

Individual's Name:

QA Review Date:

5. Employee:

Certification I.D. Optional

Database holds valid and current Category 1 Certification? Yes No Certification I.D. expires
Annual skills check complete? Yes No
Database holds valid and current Category 2 Certification: Yes No Certification I.D. expires
Annual skills check complete? Yes No
Individual's Name:
QA Review Date:

Database holds valid and current Category 3 Certification: Yes No Certification I.D. expires
Annual skills check complete? Yes No
Comments:

6. Employee:

Certification I.D. Optional

Database holds valid and current Category 1 Certification? Yes No Certification I.D. expires
Annual skills check complete? Yes No
Database holds valid and current Category 2 Certification: Yes No Certification I.D. expires
Annual skills check complete? Yes No
Database holds valid and current Category 3 Certification: Yes No Certification I.D. expires
Annual skills check complete? Yes No
Comments:

7. Employee:

Certification I.D. Optional

Database holds valid and current Category 1 Certification? Yes No Certification I.D. expires
Annual skills check complete? Yes No
Database holds valid and current Category 2 Certification: Yes No Certification I.D. expires
Annual skills check complete? Yes No
Database holds valid and current Category 3 Certification: Yes No Certification I.D. expires
Annual skills check complete? Yes No
Comments:
Individual's Name:
QA Review Date:

8. Employee:

Certification I.D. Optional

Database holds valid and current Category 1 Certification? Yes No Certification I.D. expires

Annual skills check complete? Yes No

Database holds valid and current Category 2 Certification: Yes No Certification I.D. expires

Annual skills check complete? Yes No

Database holds valid and current Category 3 Certification: Yes No Certification I.D. expires

Annual skills check complete? Yes No

Individual's Name:

QA Review Date:

Comments:

9. Employee:

Certification I.D. Optional

Database holds valid and current Category 1 Certification? Yes No Certification I.D. expires

Annual skills check complete? Yes No

Database holds valid and current Category 2 Certification: Yes No Certification I.D. expires

Annual skills check complete? Yes No

Database holds valid and current Category 3 Certification: Yes No Certification I.D. expires

Annual skills check complete? Yes No

Comments:

10. Employee:

Certification I.D. Optional

Database holds valid and current Category 1 Certification? Yes No Certification I.D. expires

Annual skills check complete? Yes No

Database holds valid and current Category 2 Certification: Yes No Certification I.D. expires

Annual skills check complete? Yes No

Database holds valid and current Category 3 Certification: Yes No Certification I.D. expires

Annual skills check complete? Yes No

Comments:

Individual's Name:

QA Review Date:

11. Employee:

Certification I.D. Optional

Database holds valid and current Category 1 Certification? Yes No Certification I.D. expires
Annual skills check complete? Yes No
Database holds valid and current Category 2 Certification: Yes No Certification I.D. expires
Annual skills check complete? Yes No
Database holds valid and current Category 3 Certification: Yes No Certification I.D. expires
Annual skills check complete? Yes No
Comments:

12. Employee:

Certification I.D. Optional

Database holds valid and current Category 1 Certification? Yes No Certification I.D. expires
Annual skills check complete? Yes No
Database holds valid and current Category 2 Certification: Yes No Certification I.D. expires
Annual skills check complete? Yes No
Database holds valid and current Category 3 Certification: Yes No Certification I.D. expires
Annual skills check complete? Yes No
Comments:

13. Employee:

Certification I.D. Optional

Database holds valid and current Category 1 Certification? Yes No Certification I.D. expires
Annual skills check complete? Yes No
Database holds valid and current Category 2 Certification: Yes No Certification I.D. expires
Annual skills check complete? Yes No
Database holds valid and current Category 3 Certification: Yes No Certification I.D. expires
Annual skills check complete? Yes No
Comments:

Individual's Name:

QA Review Date:

14. Employee:

Certification I.D. Optional

Database holds valid and current Category 1 Certification? Yes No Certification I.D. expires
Annual skills check complete? Yes No

Database holds valid and current Category 2 Certification: Yes No Certification I.D. expires
Annual skills check complete? Yes No

Database holds valid and current Category 3 Certification: Yes No Certification I.D. expires
Annual skills check complete? Yes No

Comments:

15. Employee:

Certification I.D. Optional

Database holds valid and current Category 1 Certification? Yes No Certification I.D. expires
Annual skills check complete? Yes No

Database holds valid and current Category 2 Certification: Yes No Certification I.D. expires
Annual skills check complete? Yes No

Database holds valid and current Category 3 Certification: Yes No Certification I.D. expires
Annual skills check complete? Yes No

Comments:

Summary

1. What are the provider's strengths?

2. Is there a section(s) of the rule(s) or law(s) not being met that requires a Plan of Correction?
 2. List any recommendations from QA Nurse based on "best practice".