

Policy/Procedure Development & Quality Assurance

General Discussion:

Assisted living facilities should have written policies and procedures for safe and effective medication management, storage, and administration. Policies could address, but not be limited to, the following issues:

- Medication orders, including telephone orders
- Medication packaging
- Medication storage
- Disposal of medications
- Pharmacy review
- Self-administration of medications by the resident
- Medication administration by staff – specific procedures (including documentation)
- Medication error definition, detection, follow-up and reporting
- Medication error prevention/reduction
- Monitoring for adverse effects of medications
- Drug interactions
- Storage and accountability of controlled substances
- Use of psychotropic medications
- Use of medications ordered as needed (PRN)
- Staff training, qualifications and supervision

In addition to developing policies and procedures related to medication administration, assisted living facilities should develop a quality assurance process to monitor the effectiveness of the medication system. A quality assurance program could include:

- A systematic, routine review of the medication delivery system
- Observation of medication administration

- Review of the medication storage system
- Investigation of medication errors to identify cause
- Audit of medication administration records for accuracy and completeness
- Evaluate results of pharmacist's medication regimen reviews
- Identification and implementation of corrective actions when necessary

Relevant Regulations:

ADC:

Standard I.F.(1) The adult day care program shall have a written policy for medication management and shall designate which staff are authorized and trained to administer medications in accordance with (3). The policy shall indicate the program's role in the supervision of self-administered medications and/or staff administered medications.

FAMILY ADC:

Standard I.D.(1) The adult day care program shall have a written policy for medication management and shall designate which staff are authorized and trained to administer medications in accordance with (3). The policy shall indicate the program's role in the supervision of self-administered medications and/or staff administered medications

AFH: Although there is no specific regulation related to medication policy/procedure development and quality assurance related to medication administration, you should consider best practices in this area to protect the health, safety and welfare of your residents.

RCAC: Although there is no specific regulation related to medication policy/procedure development and quality assurance related to medication administration, you should consider best practices in this area to protect the health, safety and welfare of your tenants.

CBRF:

DHS 83.37(1)(c) The CBRF shall develop and implement a policy that identifies the medication packaging system used by the CBRF. Any pharmacy selected by the resident whose medications are administered by CBRF employees shall meet the medication packaging system chosen by the CBRF. This does not apply to residents who self administer medications.

DHS 83.37(1)(g)3. The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state and local standards or laws. The CBRF shall arrange for the stored medications to be destroyed in compliance with standard practices. Medications that cannot be returned to the pharmacy shall be separated from other medication in current use in the facility and stored in a locked area, with access limited to the administrator or designee. The administrator or designee and one other employee shall witness, sign, and date the record of destruction. The record shall include the medication name, strength and amount.

Relevant DQA Memos:

Other Resources:

Best Practice, Tools & Forms:

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