



# Pharmacy Newscapsule

Wisconsin Department of Health Services  
Division of Quality Assurance

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## Nurse Delegation

Across most DQA regulated entities, there are often regulatory options where a registered nurse (RN) may delegate medication administration to staff. Recently, multiple surveyors have asked about a registered nurse's ability to delegate intramuscular (IM) injections.

The Nursing Board for the State of Wisconsin sets the standards of practice for registered nurses. Wisconsin Administrative Code ch. N6 specifies delegation requirements for registered nurses. The provisions under N6, however, will not answer the question about whether a RN can delegate a very specific task. Instead, the Nursing Board has information in their position statements on their website that direct a RN through a process of deciding whether or not to delegate a specific task. See: <http://dsps.wi.gov/Boards-Councils/Board-Pages/Board-of-Nursing-Main-Page/>

The requirements under N6 mean the RN must (a) delegate tasks commensurate with educational preparation and demonstrated abilities of the person supervised; (b) provide direction and assistance to those supervised; (c) observe and monitor the activities of those supervised; and (d) evaluate the effectiveness of acts performed under supervision.

As a surveyor, when the facility regulations allow nurse delegation, you are looking to see that there is a system in place and that the provisions of N6 are being followed. Again, N6 does not say how frequent observation and evaluation are completed; that is under the RN discretion. However, as a surveyor, if you have observations of staff completing delegated tasks and those tasks are not completed appropriately, reviewing the delegation process in that facility is appropriate.

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## There is an APP for That!

### Adobe Acrobat Reader

You probably use the Adobe Acrobat Reader routinely on your computer. Did you know you can get the mobile app for your phone?

As a surveyor, many of the items received via email may contain pdf attachments. In many cases, you can view these without the Adobe Acrobat Reader; however, the app will allow you to add sticky notes or make comments on the pdf document. The app will also allow you to interact with fillable pdf documents.

Adding notes and using fillable fields may be hugely beneficial to you and there are also several other features that may be beneficial to you, as well.

## Hospital Surveyor Radiology Update Pearl

CMS recently updated the State Operations Manual (SOM) related to radiology services. This article highlights a small portion of the update.

One of the objectives of the update to the SOM is to make sure that the guidance reflects current standards of practice. However, it is also clear that the guidance has a focus on protecting individuals from developing problems in the future, due to too much exposure to ionizing radiation.

In order to ensure patient safety and freedom from hazards, the hospital's radiologic services policies and procedures must include, but are not limited to, provisions addressing the following:

- For ionizing radiation services, application of the fundamental principle of "As Low as Reasonably Achievable" or ALARA, which is defined by the U.S. Environmental Protection Agency (EPA) as a "principle of radiation protection philosophy that requires that exposures to ionizing radiation be kept as low as reasonably achievable, economic and social factors being taken into account. The protection from radiation exposure is ALARA when the expenditure of further resources would be unwarranted by the reduction in exposure that would be achieved." (Federal Guidance Report No. 14, Radiation Protection Guidance for Diagnostic and Interventional X-ray Procedures, p. 100, November, 2014) Although CMS does not interpret or enforce EPA guidance, the ALARA principle is considered an accepted standard of practice for ionizing radiation services to which hospitals must adhere.
- Written protocols developed or approved by the radiologist responsible for the radiologic services, in conjunction with other qualified radiologic services personnel (medical physicist, radiologic technologists, patient safety officers, etc.), must be designed to ensure that diagnostic studies and therapeutic procedures are routinely performed in a safe manner, utilizing parameters and specifications that are appropriate to the ordered study/procedure. The hospital must ensure that protocols for the various types of ionizing radiation diagnostic or therapeutic imaging modalities are designed to minimize the amount of radiation while maximizing the yield and producing diagnostically acceptable image quality. Existing protocols must be reviewed periodically and updated as needed. The rationale and details for changes to technical parameters must be documented.

As surveyors we are tasked with the following:

- Verify that there are written hospital policies and procedures and protocols for specific radiologic service modalities that are based on identified, professionally approved standards and which address the ALARA principle, as well as the other safety and risk-reduction measures discussed in the guidance.
- Ask for evidence that safety protocols are reviewed periodically and, if applicable, updated.



## Consultant Corner

by Doug Englebert, R.Ph.

### 1. A CBRF manager called and asked the following question: “How long should I keep our resident’s narcotic sheets and monthly MARs?”

Wisconsin Administrative Code § DHS 83.13 specifies record requirements, including retention requirements.

#### 2) Records retention.

*(a) The CBRF shall retain all records required under this chapter for 2 years, unless otherwise specified under pars. (b) to (d).*

*(b) Resident records shall be retained for 7 years following the date of a resident's final discharge.*

*(c) Employee records shall be retained for 3 years following an employee's separation from employment at the CBRF.*

*(d) Dated menus shall be retained for 60 days.*

Usually, medication administration records (MARs) are part of the resident record and DHS 83.13(2)(b) will apply. Proof-of-use sheets, usually considered a general record, would require 2 year retention under DHS 83.13(2)(a). However, some facilities use a proof-of-use system, which is actually the record of medication administration like a MAR. In those cases, proof-of-use would be handled like a resident record.

### 2. I have seen different labeling systems in a CBRF and I need clarification on oral liquid prescription drug syringes --- whether each syringe must be labeled or if they can all be in a clear plastic bag with the label on the outside of the bag?

This issue involves packaging, labeling, and medication administration regulations in a CBRF. The following regulations are pertinent to this discussion.

- **DHS 83.37(1)(b) Medications.** *Prescription medications shall come from a licensed pharmacy or a physician and shall have a label permanently attached to the outside of the container. Over-the-counter medications maintained in the manufacturer's container shall be labeled with the resident's name. Over-the-counter medications not maintained in the manufacturer's container shall be labeled by a pharmacist.*
- **DHS 83.37(1)(c) Packaging.** *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(2)(c) Medication administration not supervised by a registered nurse, practitioner or pharmacist.** *When medication administration is not supervised by a registered nurse, practitioner or pharmacist, the CBRF shall arrange for a pharmacist to package and label a resident's prescription medications in unit dose. Medications available over-the-counter may be excluded from unit dose packaging requirements, unless the physician specifies unit dose.*

First, it is clear by regulation that there must be some permanent label placed on the outside container of all prescription drugs; this will be the case no matter what packaging system is utilized.

Second, a CBRF with a nurse can have liquid medications in bottles or they can have them unit dosed in oral liquid syringes. Those CBRFs without a nurse must have medications packaged unit dose by a pharmacy. This scenario involves facilities that unit dose oral liquids in oral syringes, but it is important to distinguish between mandated situations (no registered nurse) where the CBRF must unit dose, versus a CBRF that chooses to unit dose.

Third, when the oral syringe is packaged by pharmacy, pharmacy standards would require a label on each oral syringe. However DQA can only enforce ch. DHS 83 regulations in which the regulations, as noted earlier, do not specify that a label is required for each syringe. One set of pharmacy standards can be found at:  
<http://www.ashp.org/doclibrary/bestpractices/distribtabunitdose.aspx>

It is highly recommended that CBRFs request labels for each oral syringe, as the labeling that is required prevents errors. For those facilities with a registered nurse, the nurse may decide to unit dose the syringes themselves. Again, the CBRF rules do not specifically require a label on each oral syringe that is prepared, but the standards do exist and, again, it is highly recommended that each oral syringe be labeled.

**3. We received a complaint that involves repackaging of Veteran's Administration (VA) medications. This involves a facility that requires unit-of-use packaging, but the medications come from the VA in bottles. The facility says that their pharmacy will not repackage medications. Are pharmacies in Wisconsin allowed to repackage medications?**

DQA does not regulate pharmacies; however, the Pharmacy Examining Board (PEB) in Wisconsin does. The PEB has a position statement on their website that indicates that pharmacies are allowed to repackage. It is available at:  
<http://dsps.wi.gov/Documents/Board%20Services/Position%20Statements/Pharmacy/Pharmacy.pdf> However, pharmacies may not be able to repackage medications, due to liability or to the medication involved. In other cases, pharmacies may be willing to repackage, but payment of that service is not forthcoming; as a result, they do not do it.

Veterans deserve the right to use their benefit. In almost all circumstances, solutions can be found to meet requirements for medication safety and still allow the Veteran to maximize their benefits. Occasionally, because multiple persons are involved (pharmacy staff, facility staff, family, resident, or patient), communication may break down. If an ombudsman or other advocate can be accessed to mediate communication in these situations, they will often be able to lead the involved parties to a resolution that is satisfactory to all.