Medication Management

Presenters:
Joyce Rolle, RN & Sherrie Arnwine, RN
Registered Nurse Consultants

Department of Juvenile Justice
Office of Health Services
Lisa M. Johnson, M.D., Chief Medical Director

Rick Scott, Governor
Wansley Walters, Secretary
Introduction

- An effective medication management system is a mandatory component in all DJJ facilities. Given the inherent need to avoid medication errors under all circumstances, there must be strict adherence to the policy on medication management.

- The Department recognizes the need for and is committed to ensuring that all medications and pharmaceutical products are procured, dispensed, administered and stored safely and accurately in accordance with state, federal and industry regulations.

- Psychotropic medication prescribed to youth for the treatment of diagnosed mental disorders (DSMV) will also be monitored in keeping with the standards set forth UNDER DEPARTMENTAL POLICIES, PROCEDURES AND PROTOCOLS and the accepted community standards.
Verification and Procurement of Existing Medications
Verification and Procurement

To Procure =

To get possession of: obtain by particular care and effort.

To Verify =

To establish the truth; accuracy, or reality of.
Verification of Medications Prescribed Prior to Admission

☆ Upon admission, the youth and parent or guardian (if available) must be interviewed about the youth’s current medications.

☆ This should occur during the Admission Medical and Mental Health Screening (Detention) or the Facility Entry Physical Health Screening (Residential), and also during the completion of the Health Related History (HRH) and Comprehensive Physical Assessment (CPA).

☆ Under no circumstance may personnel in a DJJ facility STOP an appropriately prescribed medication that a youth is receiving upon admission! Only a duly licensed Physician, PA, or ARNP may make changes subsequent to an appropriate assessment....

*All DJJ facilities must develop Facility Operating Procedures to address this component of the Medication Management process.*
Medication Verification

*Only medications from a licensed pharmacy, with a current patient-specific label intact on the original prescription container may be accepted into a DJJ facility. Prior to medication administration, all of the following requirements must be met:

- The youth reports that he or she is taking a prescribed medication
- Either the youth or their parent/guardian has brought the valid, patient specific medication container to the facility
- There are no doubts about the substance in the medication container
- The medication is properly labeled
Unverified Medications

What to do...

1. Notify the parent or guardian to pick up medications that cannot be successfully verified, and provide an explanation as to why the medication cannot be used.
2. Document in the progress notes all parental telephone conversations.
3. Store all medication securely until retrieved or destroyed (controlled medications must still be counted each shift during the storage period).
4. Document disposal of medications in the facility’s Medication Disposal Log, as applicable.

*You must also notify the parent/guardian that unverified medications will only be held at the facility for a period of two weeks for pick-up, after which time the medication will be destroyed.

In instances where it appears that the substance in the container may be contraband, disposition of the substance should be in accordance with the facility’s procedure for disposing of contraband and/or controlled substances. For Departmental policy, refer to the respective branch manual.
Proper Labeling Includes...

- Name of youth
- Name and address of the pharmacy
- Date of dispensing
- Name of prescriber
- Directions for use
- Expiration date
- Warning statements (if applicable)

*Note: The type of packaging may vary (bottles, blister packs, etc...) as long as the label on the container meets the requirements.
Once Medications Are Verified...

License Nurse

- Call the DHA or Physician Designee, PA, or ARNP to get an order to resume the specified medications.
- Document the telephone order in the youth’s Individual Health Care Record
- Get the order co-signed when the ordering practitioner is next onsite.

Non-Healthcare Staff

For situations that licensed nurses are not onsite when youth are admitted, there must be a protocol developed by the DHA that permits non-healthcare staff to verify medications and assist youth with self-administration.

* A telephone order must then be obtained by the licensed nurse on the next shift (from the DHA or designee, PA, or ARNP), and documented in the youth’s record.

*A nursing & JDO protocol must be developed by the DHA that outlines the verification process for both nursing and non-licensed staff.
If in doubt!

If there is any doubt about the authenticity of the medication brought with the youth to the facility, the following steps must be taken to verify the medication:

STOP!
- Call the Pharmacy that dispensed the medication
- Call the outside provider who prescribed the medication

• The need for ANY further verification requires notification to the DHA, Physician Designee, PA or ARNP who then must evaluate the youth.

• All documentation related to prescription verification must occur in the progress notes in the Individual Health Care Record!

(Pursuant to Ch. 499, F.S. documentation shall be provided with each receipt of medication and maintained for at least 2 years.)
Coordination and Communication with Community Practitioners
Coordination and Communication With Community Practitioners/Prescribers

If a youth was receiving medications or medical services prior to admission to a DJJ facility, health care staff should make every attempt to contact the community provider to determine the effectiveness of the medication or treatment.

Contact with the practitioners treating the youth prior to admission SHALL be documented in the youth’s Individual Health Care Record.

*Although input from the community health care practitioner is critical in certain cases, facility health care staff shall assume final responsibility for delivery and management of the medications. The degree and involvement of a given community provider shall be determined on a case by case basis between the outside practitioner and the facility DHA or Physician Designee, PA or ARNP.*
Coordination of Psychiatric Services

Make a phone call!

It is the Psychiatrist’s, Psychiatric ARNP or other health care staffs responsibility to contact the youth’s psychiatrist or other provider that treated the youth prior to admission to coordinate services and obtain treatment records.

Address any or all concerns!

It is the responsibility of the Psychiatrist or Psychiatric ARNP to contact the prior provider with any questions or concerns regarding the effectiveness of the medications and psychotherapeutic interventions that were used to treat the youth previously.

Document it!

Contact with the youth’s previous Psychiatrist or provider treating the youth prior to admission must be documented in the youth’s medical record.
Off-site Treatment

- All off-site prescribing practitioners should relay to the facility all necessary information on side effects and/or precautions.

- If a prescription is written by an off-site practitioner, that information should be included on the Summary of Off-Site Care form. A copy of the prescription should then be affixed to the form (except for narcotics).

- If (emergency) changes in behavior or symptoms are noted due to the refusal of psychotropic medication(s), the youth will be transported to a facility that provides emergency psychiatric interventions and the youth’s parent/guardian will be immediately notified.
Designated Health Authority, Physician, PA or ARNP Notification and Evaluation
Criteria for Mandatory Notification and Evaluation

Each detention and residential commitment program shall have a system in place for communicating timely (less than 24 hours) notification to the Designated Health Authority or Physician Designee, PA or ARNP.

Mandatory Notification and Evaluation Criteria:

- The youth is currently prescribed a medication, which must be administered intramuscularly, subcutaneously, or intravenously.
- The youth is admitted without a prescription he/she reports taking.
- There is reasonable doubt about the need, appropriateness, or effectiveness of the medication.
- The youth or parent expresses a concern about the medication.
- Staff at the facility is uncertain as to the status of the medication.
- Any other situation that appears to require a medication evaluation.

*Note: In any instance where concern for a youth’s medical status exists, an evaluation by the Designated Health Authority, Physician Designee, PA or ARNP is warranted regardless of the status of the prescription.
Medication management within
S.T.O.P.
(Statewide Transportation Offender Program)
The Statewide Transportation Offender Program (STOP) is established to ensure proper and safe transportation of youth who are detained and/or are in custody of the Department of Juvenile Justice.

STOP is used to register, transport and track transportation of youth:

- between detention centers
- from residential programs
- to and from court hearings in other counties
- for Interstate Compact movement of youth from other states

To review the complete DJJ STOP policy, please visit:
**Youth Transport Card**

**Directions for use:**

Complete the Youth Transport Card and place it on the outside of the youth’s transport bag to identify whether the youth has medication and/or a chronic illness (the transport bag is usually a sturdy green bag with a zipper and lock).

Once the youth is transported successfully, the transport card is removed by the receiving facility and the bag is returned to the facility with detention staff.
Medication Receipt and Disposition Form

**Directions For Use:**
Complete this form when the youth arrives at detention with medications or when medications are dropped off at the facility by the parent/guardian, and in any situation where the youth must take medications with them on transport (i.e. when the youth goes home via the Hub, is transferred from one facility to another or is transported to medical appointments, as applicable). A copy of this form should be provided to the parent/guardian as a receipt.
Medication Distribution Record (MDR)

Directions for use:

Complete this form (in the absence of a MAR or Medication Administration Record) as a record to be utilized by non-healthcare staff to assist and document the delivery of medications when medical staff are not available and oral medications are necessary for the health and well being of the youth during transport.

*Review more detailed instructions for the completion of STOP forms by viewing the STOP Presentation on the DJJ Health Services Website.
http://www.djj.state.fl.us/HealthServices/index.html
Transport Packet Contents

Youth Photo

Face Sheet

AET

MAR & Orders

DATE: 04/10/10
DJJ# 999999
DOB: 10/10/95

SRSI

HRH

Immunizations

Transport Card

Medications
(Min. 7-day supply)
BUT, What if we do not receive the complete packet?

Notify the Detention Superintendent or his/her designee if the required documentation in the complete transport packet is not provided, or if only a partial packet is provided when the youth is delivered.

*If you say nothing about it, expect that nothing will be done to fix it.
When should we get medical clearance before a youth is transported?

- Youth receiving parenteral medications
- Severe Allergic reaction within the last 2 days
- Asthma or reactive airway disease
- Recent (within the last 24 hours) vomiting or diarrhea
- Current active suicide alert or youth with open wounds due to self-injurious behavior
- Youth in “Mental Health Crisis”
When should we get medical clearance before a youth is transported?

- Youth currently suspected or isolated for influenza (Flu or H1N1)
- Pregnant youth > 36 weeks gestation
- Pregnant youth with specific instructions from a physician to avoid extended car rides
- Pregnant youth require:
  1. Rest periods for transports > 3 hours
  2. Correct seatbelt placement
Consent Requirements for Medication & Treatment
The purpose of the consent process is to ensure that, to the fullest extent possible, parents and/or legal guardians are afforded the right to give or withhold consent with regard to the healthcare provided to their children.

The consent also serves to afford the youth who are in the physical custody of a DJJ facility or program and opportunity to give consent after being duly informed, (including the right to refuse treatment, when applicable), in accordance with federal and state laws.
Parental Notification & Consent

AET

The Authority for Evaluation and Treatment, when properly executed and signed, provides consent to give youth prescribed medications. This consent serves as the parent/guardian’s permission to:

✓ Continue the administration of ALL current medications that was prescribed prior to admission (must be verified).
✓ Allows for renewal/refill of medication prescribed prior to admission for the life of the prescription, as long as there is no change to the directions or total dosage.

*If the AET is not signed by the parent or legal guardian, you must get a court order!
Parental Notifications

When?

Parents **MUST** receive notification if one of the following 3 actions by the prescriber occur:

1. Significant change in the dosage from what the youth was currently prescribed when admitted to the facility
2. A new medication is prescribed
3. Medications the youth was prescribed at the time of admission are discontinued.

Discuss with parent:
* Health care professional’s recommendations...
* Contact the facility if they need additional info...
* Notify the facility if they have concerns or object to a medication...

Must be mailed no later than 2 calendar days!
Psychotropic Medications & Notification

Youth currently prescribed meds at the time of admission:

- Notify the DHA, Psychiatrist, and DMHA of the youth’s admission if staff identify youth with a diagnosed MH disorder or who are prescribed psychotropic medications.
- Refer to mental health clinical staff or LMHP and refer for CPA.
- Document the mental health disorder on the Problem List (HS 026)
- Place youth on the facility’s alert list
- Assign a Med Grade 5, even if the CPA has not been done or the youth was previously assigned another med grade.
Psychotropic Medications & Notices

Youth prescribed psychotropic meds after admission:

- Immediately refer the youth to the mental health clinical staff if the youth demonstrates changes in their emotions and behaviors which suggest severe emotional disturbance or mental illness.
- Mental health staff must evaluate the youth within 24 hours and determine if referral to the psychiatrist is needed.
- Youth must receive an initial diagnostic interview or psychiatric evaluation by the psychiatrist within 14 days if the psychiatrist feels that medication is needed.
- Psychotropic medication regimens can only be initiated or changed with prior parent or guardian consent.
- Involuntary commitment must occur if circumstances warrant the immediate administration of psychotropic medications due to a psychiatric emergency.
Parental Notifications for Psychotropic Medications

The following required forms must be mailed to the parent/guardian for notification of any new prescription psychotropic medications or when any changes are made to the total dosage of the medications.

**HS 006**-Clinical Psychotropic Progress Note (CPPN-page 3 only). Witnessed verbal consent is documented on this form.

**HS 001**- Acknowledgment of CPPN
Medication Accountability, Inventory and Documentation
**Receipt Of Medications Into Detention Centers**

- Generate a Medication Receipt Form
- Give the parent or guardian (if available) a copy of the form as receipt acknowledging that the facility has received and counted the medication(s).

*If received from the parent or guardian.*

---

**From the Pharmacy...**

Each facility *must* have a system in place to track prescription medications ordered from pharmacies to ensure timely delivery.

“Say it isn't so...”

Notify the prescribing practitioner or DHA, Designee, ARNP or PA if the prescription is not received from the pharmacy within 24 hours of the order request.

If the contracted pharmacy is unable to dispense the medications in a timely manner, use the back-up pharmacy to procure the medications.
Storage of Medications and Sharps

- All medications & sharps must be identified and secured in a locked area that is designated for the storage of medications and is inaccessible to youth.

- A limited supply of DHA approved over-the-counter medications (limited to Tylenol, Motrin and Antacids) may be stored with the shift supervisor or master control unit to use for minor complaints when nursing staff is not on site (Episodic Care/First Aid).

- All controlled medications must be stored using a double-lock system, such as a locking medication cart that contains a separate lock-secured container within, or a locked container that is stored within a locked cabinet.
Inventory of Medications and Sharps

*Each program or detention center must develop Facility Operating Procedures that address inventory procedures for medications and sharps. The procedures must include reporting criteria and procedures for all inventory discrepancies.*

**Perpetual Inventory** = an inventory that begins with a total known quantity, where the amount is decreased each time the inventory is used (i.e. pills, liquid, sharps). *The smallest number of necessary syringes, suture kits, and all other potentially dangerous sharps and other devices shall be kept in the area where they are to be used. This is called the “working inventory”.

* The dose-by-dose daily administration and documentation on the MAR serves as the perpetual inventory for the daily distribution of non-controlled prescription medications and prescription OTCs.

There is **no exception** to the requirement that a perpetual and a weekly inventory of all sharps and over-the-counter medications (stocked and working supplies) must be conducted!
Facilities that have the Modified Class II B Institutional permit and choose to store bulk medications on-site are responsible for:

- Secure, appropriate storage of medications
- Proper invoicing and accountability for inventories
- Making sure that expired or contaminated medications are disposed of according to approved pharmaceutical disposal practices
- Are returned to the pharmacy for disposal or credit (if applicable).

Unless a facility has obtained a Modified Class II B Institutional Pharmacy permit, bulk supplies of any prescription medications that are not patient-specific, including controlled substances, is prohibited.
Medication Administration
Licensed vs. Unlicensed Staff

Medication administration should only be performed by:

- A licensed nurse whenever on duty

- Unlicensed staff who has received training from the licensed nurse and demonstrated competency

*Each facility is responsible for developing a training curriculum for unlicensed staff members to demonstrate competency

The Delegation Process must include:

- Communication process between the nurse and staff member identifying the assigned task
- Desired outcome for the assigned task
- Limits of medical and clinical authority
- Timeframe for delegated duties
- Specific task to be performed
- Verification of the staff’s understanding of the assigned duty
- Verification of the nurse’s monitoring process
- Verification of the nurse’s supervisory activity.
• Document medication administration according to the prescriber’s orders or protocols on the required form (HS 019).

• Only the licensed nurse may transcribe medication orders on the MAR.

• Contact the prescriber for clarification if orders are not legible or are incomplete. **Do not fill in what you think the prescriber would normally write.**

• Ensure all fields on the MAR are completed as required.

• Document any exceptions using the codes provided in the key on the MAR.

• Explanation exceptions and staff actions regarding exceptions in the progress notes.

• Document a weekly MAR review, and all deficiencies should be addressed.
Communication is Key!

At each change of shift, the trained staff member on the outgoing shift must:

- Communicate any problems with the incoming trained staff member or licensed health care staff
- Exchange any Keys to the medication storage area

Each facility must have procedures in place to ensure:

- Routine periodic monitoring of non-health care staff by the licensed nurse
- A licensed health care staff routinely monitor MARs and OTC logs
- Inventories are periodically checked according to established procedures.
MEDICATION ERRORS
Although medical errors will occur from time to time, it is the responsibility of Licensed Nurses and the unlicensed staff that assists with the medication administration process to practice the “5 Rights of Medication Administration” without exception, to avoid errors.

✓ Right Youth
✓ Right Medication
✓ Right Route
✓ Right Dose
✓ Right time
MEDICATION ERRORS

• A process shall be in place to monitor for potential and actual adverse drug events secondary to medication errors.
• This shall include required reporting procedures pursuant to state guidelines and federal pharmacy rules.
  – An actual adverse drug event is defined as:
    • an illness or injury resulting from a medical intervention related to a drug.
  – A potential adverse drug event is defined as:
    • Any circumstance involving a drug that did not result in actual injury but could potentially have done so.
  – The purpose of this process is to:
    • Identify factors leading to medication errors.
    » Identify trends, determine preventability and implement corrective actions.
MEDICATION ERRORS

“Corrective Action”

• Does not mean disciplinary action of an employee. Although disciplinary action may be a part of the corrective action regarding a particular medication error.

The term “corrective action”

• typically refers to an analysis of the problem’s root cause with a subsequent adjustment in the system in order to prevent future mistakes from taking place.
MEDICATION ERRORS

• Analyses of the events surrounding a medication error would best be recorded in an incident report specifically for this purpose.
• These reports shall be reviewed by the Designated Health Authority and Superintendent or Program Director to perform an analysis of any existing trends.
• Any error related to medications must be entered on the incident report, regardless of whether it resulted in harm to the youth.
RULE 63-F11

CCC REPORTABLE INCIDENTS - Medical Incidents

- Employee Death
- Contagious Diseases
- PAR Restraint with Youth or Staff Injury
- Youth Injury
- Broken or dislocated bones
- Head Injury
- Eye injury involving a penetrating wound or an injury that alters vision;
- Acute dental injury or broken teeth

An incident under this category is required to be reported within 2 hours of staff verifying that a serious injury has occurred.
RULE 63-F11

CCC REPORTABLE INCIDENTS - MEDICAL ILLNESS

✓ Heart or breathing has stopped or the person is turning blue
✓ Unconscious or unresponsive
✓ CPR is initiated
✓ Severe, prolonged or uncontrolled BLEEDING
✓ Acute paralysis
✓ Overdose
✓ Acute or prolonged abdominal pain
✓ Acute or prolonged chest pain
✓ Fever of 103 degrees or higher
✓ Inability to urinate for eight (8) hours
✓ Ingestion of a poisonous or potentially poisonous substance
✓ Seizure due to an undiagnosed medical condition, i.e. Epilepsy
✓ Complications of pregnancy
✓ Unscheduled hospital or other healthcare facility admission requiring an overnight stay
✓ Any illness, disease, or other medical condition, or life endangering safety code violation, which requires reporting to the County Health Department, Board of Health, or other healthcare agency
RULE 63-F11

CCC REPORTABLE INCIDENTS - Mental Health and Substance Abuse

• Self-Inflicted Injury:
  ➢ Self-inflicted injury means any deliberate action taken by the youth to harm himself or herself, but is not necessarily associated with suicide ideation or suicide intent.

• Youth Death:
  ➢ Any death of a youth occurring while under department supervision.

• Suicide Attempts:
  ➢ Any incident of a suicide attempt that occurs in a department facility, juvenile assessment center, day treatment program, contracted facility, shelter, contracted site or program requiring emergency medical services.
RULE 63-F11

CCC REPORTABLE INCIDENTS

• **Falsification of Records or Documents:**
  – Any incident of falsification of records or documents with the intent to deceive or mislead related to any youth or to services provided to any youth where the youth is in custody of the department

• **Health or Mental Health/Substance Abuse Services Complaint:**
  – Any known or reasonable suspicion of an improper action or omission of medical, mental health or substance abuse services that could potentially cause grave harm or injury to the youth.

  – **This includes:**
    • Denial of care, services or treatment
    • Narcotic inventory discrepancy
    • Omitted medications
## Classification Definitions Report

<table>
<thead>
<tr>
<th>Category: Medical Incident</th>
<th>Classification</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contagious Disease (e.g., Hospitalization or Quarantine)</td>
<td>Death, Staff Off Site</td>
<td>Death of a staff person (off-duty) which occurs from natural causes such as disease or old age, rather than from violence or an accident.</td>
</tr>
<tr>
<td></td>
<td>Death, Staff On Site</td>
<td>Death of a staff person (while on facility grounds) which occurs from natural causes, such as disease or old age, rather than from violence or an accident.</td>
</tr>
<tr>
<td></td>
<td>Death, Youth Off Site</td>
<td>Death of a youth (not in a facility/program) which occurs from natural causes, as disease rather than from violence or an accident.</td>
</tr>
<tr>
<td></td>
<td>Death, Youth On Site</td>
<td>Death of a youth which occurs from natural causes, as disease rather than from violence or an accident while in a DJJ facility, contracted facility, shelter site, or assessment center.</td>
</tr>
<tr>
<td></td>
<td>HIV</td>
<td>Special Classification for an epidemic.</td>
</tr>
<tr>
<td></td>
<td>Homicide of Staff, Off Site</td>
<td>When a staff person has been killed by another person, while off-duty.</td>
</tr>
<tr>
<td></td>
<td>Homicide of Staff, On Site</td>
<td>When a staff person has been killed by another person, while in a DJJ facility, contracted facility, shelter site, or assessment center.</td>
</tr>
<tr>
<td></td>
<td>Homicide of Youth, Off Site</td>
<td>A youth death that did not occur in a DJJ facility, contracted facility, shelter site, or assessment center which was from a violent act.</td>
</tr>
<tr>
<td></td>
<td>Homicide of Youth, On Site</td>
<td>A youth has been killed by another person while in a DJJ facility, contracted facility, shelter site, or assessment center.</td>
</tr>
<tr>
<td></td>
<td>MVA</td>
<td>A greater seriousness or danger which results in a condition of the body or mind that causes discomfort, dysfunction, or distress to the person affected or those in contact with the person. This may include disabilities, syndromes, symptoms, deranged behaviors, etc.</td>
</tr>
<tr>
<td></td>
<td>Medical Other</td>
<td>Other medical incidents/conditions which are not captured in this Classification Description.</td>
</tr>
<tr>
<td></td>
<td>Medication Error</td>
<td>Medication not administered properly to the youth.</td>
</tr>
<tr>
<td></td>
<td>Medication Recovered</td>
<td>Any prescribed medication discovered to be in a DJJ facility.</td>
</tr>
<tr>
<td></td>
<td>Medication Missing</td>
<td>Medication are reported missing and no explanation is provided.</td>
</tr>
<tr>
<td></td>
<td>PAR Restraint, Staff Injury</td>
<td>An injury to a staff member as a result of a PAR or Use of Force technique.</td>
</tr>
<tr>
<td></td>
<td>PAR Restraint, Youth Injury</td>
<td>An injury to a youth received as a result of a PAR or Use of Force technique.</td>
</tr>
<tr>
<td></td>
<td>Staff Injuries</td>
<td>Physical harm or damage to a staff person's body caused by an accident or an attack.</td>
</tr>
<tr>
<td></td>
<td>Youth Injuries</td>
<td>A youth who has been injured intentionally or by accident.</td>
</tr>
</tbody>
</table>

**Total Number of Classifications:** 19
If you have any questions, please contact a DJJ Office of Health Services Registered Nurse Consultant for further guidance.

Thank you for attending & please practice safely!