DDS MAP TECHNICAL ASSISTANCE TOOL

Medication System Monitoring Check List

3-15-18

Provider: **Address:** **DPH MCSR:** **Exp.:**

There are __ persons living in this home. ___'s HCP orders, pharmacy labels and medication (med) sheets were reviewed; unless otherwise indicated.

Contact(s):

Date of Visit: **Reason for Visit:**

MAP Coordinator/Reviewer:

A response is required to this reviewer by xx-xx-xx for items marked as 'no' (unless corrected during the visit). Please include a description of actions taken or planned to address each issue identified. The response may include but is not limited to supporting documents (such as staff training attendance lists, etc.), the responsible person(s) and timelines for implementation and/or completion. The response may be added to the comments box below. Once received, the (PROVIDER) plan to meet the standards as per 105 CMR 700.000 and 115 CMR 05.00 will be reviewed with (AREA OFFICE CONTACT), (AREA OFFICE).

A. HEALTH CARE PROVIDER (HCP) ORDERS (SECTION 13)	**YES**	**NO**	**COMMENTS**
1. HCP orders are present for all medication (prescription, over the counter) and dietary supplements			
a. HCP orders are valid with HCP signature on the same page as orders and dated within 1 year			
b. HCP orders include the dose (rather than a strength and an amount), including liquid medication			
c. HCP orders are present in the event prior authorization, etc. is required and the medication is not available to administer reflecting HCP recommendation until the medication is obtained			
d. PRN orders include a frequency specifying how many hours apart doses may be administered, target signs and symptoms, instructions for use and guidelines when to notify HCP, if applicable			
e. PRN orders include hours apart from regularly scheduled doses of the same medication			
f. PRN orders for 'pain', 'constipation', 'anxiety', etc. must be defined, unless the person self-reports			
g. HCP orders are posted and verified (staff signatures, dates and times) below HCP signature			
h. Telephone orders are signed within 72 hours, posted and verified twice; before and after HCP signs			
2. Protocols cross referencing medication have HCP signature, are dated within 1 year, posted and verified			
3. Changes in medication orders are handled as new HCP orders			
a. Prescriptions are not substituted for HCP orders			
b. Outdated HCP orders are not being used which have been superseded by newer orders			
c. New HCP orders are obtained before hospital discharge (prior HCP orders are not used)			
4. HCP order forms listing multiple medication, after a medication is DC'd; staff may print in the margin: DC, date, initials and see new order, if applicable			
5. Exhausting a current supply of meds meets criteria (new written HCP order with corresponding transcription)			

a. Medication container has been flagged using a sticker that does not cover label directions			
b. The medication container is not written on by staff			
6. HCP orders, pharmacy labels and medication sheets agree			
7. There is an internal MAP monitoring system			
B. Over the Counter (OTC) Method B, if applicable (SECTION 06)	**YES**	**NO**	**COMMENTS**
1. OTC Method B is used for OTCs and or dietary supplements not labeled by the pharmacy			
2. Verification process completed for each OTC medication and or dietary supplement without a pharmacy label			
a. Container is marked, by licensed professional; person's name, nurse initials and date			
b. HCP order is noted by licensed professional; nurse initials and date			
3. Process is repeated each time HCP order is updated and or each time new OTC medication and or dietary supplement is purchased			
4. OTC medication and or dietary supplements without pharmacy label training is on site; training content includes			
a. Name and contact info of Trainer			
b. Dated attendance list of trained staff proficient in the skill			
c. How to administer a OTC medication and or dietary supplement without a pharmacy label			
d. A complete set of training materials used to train staff, are maintained on site			
C. VITAL SIGNS (SECTIONS 03 & 08)	**YES**	**NO**	**COMMENTS**
1. Each HCP is consulted to determine if vital signs (VS) are required for medication administration			
a. There are specific written parameters and steps to take when readings are outside stated parameters			
b. VS are monitored by Certified and/or licensed staff as ordered			
c. VS are documented on med sheet above or below documentation for administration of medication			
2. HCP is notified if VS were not obtained or parameter steps not followed			
a. Following notification, HCP orders and or instructions received are documented			
3. VS training is on site; training content includes at a minimum			
a. Name and contact info of Trainer (HCP, RN, LPN, Pharmacist, Paramedic or EMT)			

b. Dated attendance list of trained staff proficient in the skill			
c. Equipment specific instructions for use			
d. A complete set of training materials			
D. MEDICATION DOCUMENTATION (SECTIONS 06, 08 & 13)	**YES**	**NO**	**COMMENTS**
1. HCP orders are correctly transcribed onto the medication sheets			
a. If an edit/correction is required on the medication sheet, the transcription is crossed out and rewritten			
b. Hospital discharge orders are transcribed onto new medication sheets (prior med sheets are not used)			
2. Reason why each medication is ordered is on medication sheet			
3. Medication sheets are organized and clear			
4. All documentation is in blue or black ink			
5. All boxes in the medication sheets are initialed that medication was given and or, if applicable			
a. Acceptable codes 'LOA', 'DP', 'W', 'H' are documented in 'real time'			
b. A progress note is written by staff who admininstered a medication but forgot to initial			
6. Medication not given as ordered (refusal and or other reasons) are documented correctly, including			
a. Initials are circled on medication sheet			
b. A corresponding progress note indicating why medication was not given			
c. Documentation of MAP Consultant notification and recommendations are present			
d. If refused, documentation of HCP notification			
7. Administration of PRN medication is documented correctly including			
a. Initials and time of administration			
b. Reason medication was given			
c. Effectiveness of medication given (using subjective and or objective observations)			
8. Errors are properly corrected (single line through error, 'error', initials); followed by corrected documentation			

9. Staff administering medication have signed the signature list			
10. Monthly medication sheet accuracy check by 2 Certified and/or licensed staff prior to the new month			
11. Data tracking (BM, BGM, weight, etc.) needed to cross reference medication administration is completed			
a. Data is recorded on the medication sheet, in a separate block, above or below the medication			
12. A current seizure record is present (includes date of last known seizure, if infrequent); if applicable			
a. Seizure record is available to cross reference for medication administration, if applicable			
13. Emergency fact sheet is present			
14. Current medication list is available and or current medications are listed on the emergency fact sheet			
15. Allergies are written on HCP orders, consult forms, medication sheet and emergency fact sheets, etc.			
E. STAFF CERTIFICATION (SECTIONS 02 & 10)	**YES**	**NO**	**COMMENTS**
1. Acceptable proof of certification for all staff administering meds (including relief staff) is current and on site			
F. ANCILLARY PRACTICES (SECTIONS 08 & 14)	**YES**	**NO**	**COMMENTS**
1. A CLIA Waiver is required for on-site laboratory testing (e.g., blood glucose monitoring, urine dip, etc.)			
2. If PT/INR self-testing is managed in the program setting, it is not being done by Certified staff			
Blood Glucose Monitoring (BGM), if applicable	**YES**	**NO**	**COMMENTS**
3. There is a HCP order and or protocol for BGM			
a. There are specific written upper/lower parameters			
b. There are steps to take when readings are outside stated parameters			
c. Blood glucose is monitored by Certified and/or licensed staff as ordered			
4. HCP is notified if BGM was not completed or parameter steps not followed			
a. Following notification, HCP orders and or instructions received are documented			
5. BGM training is on site; training includes at a minimum			
a. Name and contact info of Trainer (HCP, RN, LPN, Pharmacist)			
b. Dated attendance list of staff proficient in the skill			

c. Equipment specific instructions for use			
d. A complete set of training materials			
Insulin, if applicable	**YES**	**NO**	**COMMENTS**
6. Insulin is managed by licensed nurses or			
a. A person meets all criteria for self-administration; supporting documentation is on site or			
b. A person is transitioning to self-administering with only licensed staff support; supporting documentation is on site			
Auto Injectable Epinephrine, if applicable	**YES**	**NO**	**COMMENTS**
7. There is a HCP order and or protocol for auto injectable epinephrine			
8. Auto injectable epinephrine training is on site; training includes at a minimum			
a. Name and contact info of Trainer (HCP, RN, Pharmacist, Paramedic or EMT); subsequent annual review by LPN			
b. Dated attendance list of staff proficient in the skill			
c. A complete set of training materials			
9. Auto injectable epinephrine training DPH 'Competency Evaluation Tool' is on site; per staff per person			
10. Certified staff administering injectable epinephrine have current first aid and CPR training			
11. Certified staff administering injectable epinephrine have current vital sign training			
Gastrostomy or Jejunostomy Tube, if applicable	**YES**	**NO**	**COMMENTS**
12. Gastrostomy or Jejunostomy training is on site; training includes at a minimum			
a. Name and contact info of Trainer (RN)			
b. Dated attendance list of staff proficient in the skill			
c. A complete set of training materials			
13. Gastrostomy or Jejunostomy DPH 'Competency Evaluation Tool' for medication administration and water flushes are on site; per staff per person			
14. Certified staff administering meds via g and or j tube have current first aid and CPR training			
15. Certified staff administering meds via g and or j tube have current vital sign training			
Oxygen Therapy, if applicable	**YES**	**NO**	**COMMENTS**
16. There is a HCP order for oxygen therapy			

a. There are specific written parameters			
b. There are instructions for follow up when oxygen needs are outside of established parameters			
17. HCP is notified if oxygen is not administered and or parameter instructions are not followed			
a. Following notification, HCP orders and or instructions received are documented			
18. Oxygen training is on site; training includes at a minimum			
a. Name and contact info of Trainer (HCP, RN, LPN, Respiratory Therapist, company supplying equipment)			
b. Dated attendance list of staff proficient in the skill			
c. A complete set of training materials			
19. Certified staff administering oxygen have current vital sign training			
Warfarin Sodium Therapy, if applicable	**YES**	**NO**	**COMMENTS**
20. There is a HCP order for warfarin sodium; order includes			
a. Specific medical condition or diagnosis			
b. INR target range/goal			
21. Warfarin sodium dosages received from an Anticoagulation Management Service are ordered by a HCP			
22. There is an individualized warfarin sodium therapy protocol			
23. Medication sheet includes additional requirements			
a. Upcoming INR lab draw date			
b. Space is present for second staff (when available) to verify (initial) accuracy of medication dosage			
c. Acceptable symbol (x) used if a second staff is unavailable to verify Coumadin dose			
24. Warfarin sodium training is on site; training content includes at a minimum			
a. Name and contact info of Trainer (HCP, RN, NP, PA, RPh); subsequent review by LPN			
b. Dated attendance list of staff proficient in the skill			
c. A complete set of training materials			

25. 'Evaluation Tool for Warfarin Sodium Therapy' training is on site; per staff per person			
26. There is a tracking system (i.e., blister pack monitoring, warfarin sodium is added to count, accounting documentation procedure, etc.)			
27. Dose changes are documented in a progress note, chronological event sheet, etc.			
Clozapine Therapy, if applicable	**YES**	**NO**	**COMMENTS**
28. There is a HCP order for clozapine; order includes			
a. Specific medical condition or diagnosis			
b. Individualized instructions if dose omitted; including if Clozapine dosage is omitted for 2 days or more			
29. There is an individualized clozapine therapy protocol including, but not limited to:			
a. When to contact the clozapine prescriber and or the MAP Consultant			
b. Adverse effects of clozapine therapy			
c. Emergency procedure to follow including calling 911 and prescriber			
30. Medication sheet includes upcoming lab draw date			
31. Clozapine training is on site; content includes at a minimum			
a. Name and contact info of Trainer (HCP, RN, NP, PA, RPh); subsequent review by LPN			
b. Dated attendance list of staff proficient in the skill			
c. A complete set of training materials			
32. 'Evaluation Tool for Clozapine Therapy' training is on site; per staff per person			
33. Certified staff administering clozapine have current vital sign training			
Combination Buprenorphine Hydrochloride and Naloxone Therapy, if applicable	**YES**	**NO**	**COMMENTS**
34. There is a DATA 2000 waived prescriber (HCP) order for buprenorphine hydrochloride and naloxone; order includes			
a. Reason (narcotic treatment, opioid replacement therapy, etc.)			
b. If 'pain' is reason prescribed, a DPH waiver must be present for Certified staff to administer			
35. DATA 2000 waived prescriber consultation system is present for each time a new medication is prescribed and or a current medication dosage is changed			
36. Buprenorphine/naloxone training content is on site; content includes			

a. Name and contact info of Trainer; subsequent review by LPN			
b. Dated attendance list of staff proficient in the skill			
c. A complete set of training materials			
37. Documentation of persons intolerance to naloxone is present if single entity buprenorphine is administered (chronic management) in place of combination drug product			
38. Single entity buprenorphine for (acute) detoxification is not being administered			
G. COUNTABLE CONTROLLED SUBSTANCE PACKAGING (SECTION 10)	**YES**	**NO**	**COMMENTS**
1. All Schedule II-V (countables) are received from pharmacy in tamper resistant packaging			
2. Tamper resistant package (blister pack, OPUS, Optipak) is absent of glue or tape			
3. There is only one tablet or capsule packaged per blister (Schedule II-V)			
4. Liquid countables are packaged such that once used, no liquid remains in the container			
5. Count book page numbers are not written on tamper resistant packages (blister packs)			
6. If blister pack monitoring is completed, initials, date and time are noted on the backside of the package only			
OPUS Cassette Management of Spare Tablets , if applicable			
7. If the medication is countable, there are no spare tablets			
8. If the medication is non countable, the pharmacist does not supply spare tablets or			
9. Non countable spare tablets are disposed so that empty cassettes are returned or			
10. There is an inventory system to track non countable spare tablets returned			
H. COUNTABLE CONTROLLED SUBSTANCE DOCUMENTATION (SECTION 10)	**YES**	**NO**	**COMMENTS**
1. Countable substance book is bound, numbered, with pages numbered, and intact			
2. Two Certified staff signatures, one of which is a supervisor, are present when information is transferred to a new count book			
3. Count book index is complete and accurate			
4. Highlighting is used only in Count Book Index, if preferred, or as a visual aid for a HCP signature			
5. Schedule II-V countable substances, including discontinued medications awaiting disposal, are on count			
6. Schedule II-V countable substances written prescriptions awaiting drop off to pharmacy, are on count			

7. Schedule VI controlled substances (Fioricet and Gabapentin) identified by the DCP; as having high potential for abuse, are requested by DCP to be on count			
8. Two signatures are present when adding medication to the count (newly ordered meds and refills)			
9. Count page headings reflect HCP order and pharmacy label			
10. Countable meds are subtracted from the count book when removed (to be administered, LOA, transfer to DP, etc.)			
11. Entries are not squeezed in between lines			
12. The same 2 Certified staff signatures are present when transferring to a new count page (bottom of used page/top of new page)			
13. Continuation pages are referenced correctly			
14. If a countable medication is disposed, documentation includes two staff signatures			
a. Reason for disposal; may indicate Item # of Disposal Record, for ease of cross reference			
15. If a countable medication is disposed and the remainder is zero, the 'amount left' column is marked as '0'			
16. Count pages and or count signature pages include progress notes explaining count discrepancies (suspicious and or non-suspicious), if applicable			
a. Status of count is marked as 'no', if applicable			
17. Errors are properly corrected (single line through error, 'error', initials); followed by corrected documentation			
18. There are no blank spaces; pages and or lines are not skipped			
19. Schedule II-V (countables) are counted every time control of the medication key is passed			
20. Medication count is correct at time of review			
21. Medication losses (all prescription medication and/or written prescriptions) reported to Drug Control Program within 24 hours of discovery			
22. No evidence of tampering or diversion upon review			
I. TRANSITIONING TO SELF-ADMINISTERING, if applicable (SECTION 07)	**YES**	**NO**	**COMMENTS**
1. Self-Administration assessment is present and dated within 1 year			
2. Instructions noted in ISP for a person transitioning from non-self-administering to self-administering status are followed			
3. HCP documentation indicating approval for transitioning to self-administration and the number of days a person may hold meds is present			
4. HCP orders are valid with HCP signature on the same page as orders and dated within 1 year			

5. Only pharmacists or persons learning to self-administer prepares pill-organizer			
6. If the person learning prepares a pill-organizer for scheduled and or PRN medication, 'P' is documented on an observation or medication sheet with documentation that includes			
a. Medication was transferred/repackaged by the person			
b. Date medication was transferred/repackaged by the person			
c. Name, dosage and quantity of medication repackaged/transferred			
d. Documentation of Certified staff supervising person repackaging is present			
7. Staff may initial observation sheet indicating 'pill-organizer' was returned empty by person, indicating person took their medication			
8. PRN medication is packaged separate from scheduled medication			
a. Number of PRN doses packaged based on skill assessment and HCP documentation			
b. There is no more than a maximum of 7 doses of PRN medication packaged			
c. There is a system (i.e., person notifies program staff PRN med was taken and its effectiveness) for subsequent documentation of PRN doses taken and its effectiveness			
9. Progress of training program is documented on data collection sheet and in quarterly review notes			
a. A 6 month training period with close supervision is recommended with weekly pill counts for another 3 months			
b. A person's completion of a training program is recorded on a Self-Administration Assessment form			
J. SELF-ADMINISTERING, if applicable (SECTION 07)	**YES**	**NO**	**COMMENTS**
1. HCP documentation is present indicating approval to self-administer			
2. HCP orders are valid with HCP signature on the same page as orders and dated within 1 year			
3. Self-Administration assessment is present and dated within 1 year			
4. Self-Administration status is noted in ISP			
5. Quarterly review of self-administration status is present			
6. A written plan is recommended detailing needed supports, oversight required and the plan to follow if for some reason the person becomes unable to safely self-administer			
7. Medication is stored in a locked container or area, unless authorized by program director			
K. LEAVE OF ABSENCE (LOA) and OTHER OFF-SITE ADMINISTRATION (SECTION 11)	**YES**	**NO**	**COMMENTS**
1. Pharmacists package medication for routine absences less than 72 hours and or extended absences greater than 72 hours			

2. If pharmacy cannot, and absence is unplanned and less than 72 hours, medication may be packaged by Certified staff per DPH regulations			
3. LOA forms include signatures of persons releasing and accepting the medication and are on site			
4. Oral LOA medications returned to the site are disposed per DPH policy			
5. Medication for off-site administration, i.e., DP or W meds, are prepared according to DPH regulation (K.1.)			
6. Medication transfer forms include signatures of persons transferring and accepting the med and are on site			
L. MEDICATION ORDERING/RECEIVING (SECTIONS 10 & 12)	**YES**	**NO**	**COMMENTS**
1. Documentation of medication ordered and received is on site (includes medication on automatic refill)			
2. Pharmacy receipts are kept for 90 days			
M. STORAGE AND SECURITY (SECTION 10)	**YES**	**NO**	**COMMENTS**
1. Med area is clean and contains only supplies needed for med administration			
2. Unauthorized personnel cannot gain access to med area			
3. Med area is locked when not in use. Only provider administrative staff has a duplicate key and procedures are in place for back up key usage			
4. Prescription and OTC medication and Dietary Supplements are in date			
5. Prescription (Schedule VI) and OTC medication and Dietary Supplements are packaged with varying strengths separated, including whole and ½ tabs			
6. Internal and external products are stored separately			
7. All Schedule VI meds, needles, OTC meds and discontinued meds are stored in a locked container (refrigerated container when needed) or area			
8. All Schedule II-V (countable meds) are double key-locked			
9. Unless prescription plan requires otherwise, no more than a 37 day supply of prescription medication is stored on site. (If excess due to prescription plan requirement, documentation is present)			
N. MASS CONTROLLED SUBSTANCE REGISTRATION (SECTION 01)	**YES**	**NO**	**COMMENTS**
1. Original or copy of current registration (MCSR) is on site where medication is stored			
0. MEDICATION DISPOSAL (SECTION 10)	**YES**	**NO**	**COMMENTS**
1. Current DPH disposal form is used for ALL prescription meds (Schedule II-VI). May also be used for OTCs and Dietary Supplements			
a. Disposal form heading is complete and pages are numbered			
b. Item numbers are completed sequentially			

c. Disposal blocks are not skipped			
d. All spaces are completed within a medication disposal block			
e. Countable medication disposal block includes a count book number and count book page number			
2. Outdated medication is disposed of in a timely fashion			
3. Discontinued or outdated meds are disposed by two Certified staff, one of which is a site supervisor			
4. Licensed staff participating in disposal with site supervisor sign in signature space labeled 'staff'			
5. If a site supervisor is unavailable when a person refuses a prepared medication, or a pill is inadvertently dropped, two certified staff may dispose of the medication			
6. Prescription meds disposed by one Certified staff or by one licensed staff are reported as a controlled substance loss			
P. PROGRAM RESOURCES (SECTIONS 01, 10)	**YES**	**NO**	**COMMENTS**
1. Current (dated less than 2 years) drug reference materials (book or medication information sheets present for each med ordered) are on site; hard copy			
2. Current MAP Policy Manual is on site (hard or electronic copy)			
3. Current MAP training manual 'Responsibilities in Action' (RIA) is on site (hard or electronic copy) *[AMRW Versions 4.1.1 or 5.1.1 acceptable through 6-30-19]*			
4. If electronic copy used, documentation available on site that 'all' Certified staff know how to directly access			
a. electronic copy is available on-site twenty-four hours a day, seven days a week			
b. on-line reference is maintained by a government or other reputable source			
c. there is a contingency plan in the event the site's computer is not functioning			
Q. PROVIDER POLICIES (SECTIONS 06, 08, 10 and 11)	**YES**	**NO**	**COMMENTS**
1. Related to 24/7 access to MAP consultant(s)			
2. Medical emergencies related to med administration			
3. Leave of absence (LOA); Day Program (DP); W (Work) -Obtaining properly labeled containers -Identifying and educating staff/family/friends responsible for off-site medication administration			
4. Access to the medication area			
5. Vital signs			
6. Medication administration times			

7. All pertinent medication specific policies			
a. Administration of OTCs and or Dietary Supplements without a pharmacy label			
b. Blood Glucose Monitoring			
c. High Alert Medication Buprenorphine/Naloxone			
d. High Alert Medication Clozapine			
e. High Alert Medication Warfarin Sodium			
f. Oxygen			
R. MEDICATION OCCURRENCE REPORTS (SECTIONS 09 & 10)	**YES**	**NO**	**COMMENTS**
1. Single page of Emergency Contact Numbers (e.g., poison control, 911, pharmacy, etc.) near phone			
2. MAP consultants are available 24 hours a day, 7 days week			
3. 'HOTLINE' MORs are faxed to DPH and MAP Coordinator within 24 hours of discovery			
4. All MORs submitted to MAP Coordinator via HCSIS within 7 days of discovery			
5. Original 'paper' MOR forms, if applicable are filed on site, copy at main office			
6. MOR data entered directly into HCSIS (no paper form used) can be retrieved electronically at the site			
7. Documentation of response taken indicated on MOR to minimize future occurrences is on site (e.g. staff training, supervised medication pass, policy change, etc.)			