Division of Developmental Disabilities Services Medication Error Definitions Guidance Effective 7/1/24

A medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the Limited Lay Administration of Medication (LLAM) trained Unlicensed Assistive Personnel (UAP).

A medication error occurs specifically when there is failure for the <u>right individual</u> to receive the <u>right medication</u> of the <u>right dose</u> at the <u>right time</u> or the <u>right route</u>, and/or <u>omission</u> of prescribed medication(s), <u>inaccurate transcription</u>, <u>administering expired medication</u>, <u>unavailable medication</u> due to staff neglecting to reorder, or <u>by an incident of diversion of medication</u> (theft).

A medication error may fall under multiple medication error categories. In this instance, the medication error should be evaluated to determine what initially caused the error. For example: the UAP gave Suzie a med cup with Johnny's medications in it. This mistake could be considered wrong individual, wrong medication, wrong dose, wrong time, etc. But for documentation and reporting the medication error, it should be categorized as wrong individual, because that was the *primary mistake*.* It would be counted as (1) one medication error.**

However, a UAP can also make multiple medication errors during the same medication pass. For example: Lonnie is prescribed 50mg of Trazodone in the AM and 100mg of Trazodone in the PM. Lonnie is also prescribed calamine lotion to be applied to the rash on her foot every morning. The UAP accidentally gave Lonnie 100mg of Trazodone at 8AM and also forgot to put the calamine lotion on her foot at 8AM. This is (2) two separate medication errors because two separate mistakes were made. The Trazodone would be categorized as wrong time, because even though it was also the wrong dose, the amount given was prescribed to Lonnie but not for the time it was given. The neglected calamine lotion application would be categorized as omission. These would be counted as (2) two medication errors.

Wrong Individual:

- If an individual receives medication(s) that was prescribed for another individual in the home. If one or more medication(s) was given to (1) one wrong individual during a single medication pass, the entire event for that individual would be considered (1) one medication incident/error. A GER, T-log, and a Wellsky report would be completed for the individual describing the event and all medications that were given in error.
- If more than one individual was given the wrong medications, <u>each wrong individual would</u> <u>be considered (1) one medication incident/error</u>. A GER, T-log, and a Wellsky report would be completed for <u>each</u> individual describing the event and all medications that were given in error.

Wrong Medication:

• If an individual receives medication that was not prescribed to them (such as an Over-the-Counter/OTC medication that has not been prescribed for that individual) or has been discontinued. *Each* wrong medication that was given would be *considered* (1) one medication incident/error. A GER, T-log, and a Wellsky report would be completed for the individual listing all incorrect medication administered.

Wrong Dose:

• If an individual receives an incorrect dose of a medication prescribed to them. <u>Each wrong</u> dose of a medication would be <u>considered (1) one medication incident/error</u>. A GER, Tlog, and a Wellsky report would be completed for the individual listing all medications given in the wrong dosage, and what dosage was given.

Wrong Time:

- If an individual receives his/her medications outside the 60-minute window (prior or post) of the prescribed medication time. *The entire event would be considered (1) one medication incident/error*. A GER, T-log, and a Wellsky report would be completed for the individual describing the event and all medications that were given in error.
- If medications were given outside the 60-minute window (prior or post) to multiple individuals during a single medication pass, <u>each</u> individual who did not receive medications would be <u>considered</u> (1) one <u>medication incident/error</u>. A GER, T-log, and a Wellsky report would be completed for <u>each</u> individual who did not receive prescribed medications.

Wrong Route:

• If an individual receives a medication by a route that does not match the prescribed route. <u>Each medication given by the wrong route would be considered (1) one medication incident/error</u>. A GER, T-log, and a Wellsky report would be completed for the individual listing all medications given by the incorrect route and describing how the medication was the incorrectly administered.

Wrong Documentation:

• If a staff does not document on the medication administration record (MAR/eMAR) immediately after the administration/within the 60-minute window (prior or post) of the assigned time of an individual's medication. If more than one medication was not initialed during a single medication pass, the entire event would be considered (1) one medication

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- <u>incident/error</u>. A GER, T-log, and a Wellsky report would be completed for the individual describing the event and all medications that were not documented.
- If medications were not documented for multiple individuals during a single medication pass, <u>each</u> individual who did not receive medications would be <u>considered</u> (1) one <u>medication incident/error</u>. A GER, T-log, and a Wellsky report would be completed for <u>each</u> individual who did not receive prescribed medications.

Omission:

- Not giving medication(s) that was prescribed for the individual at all. <u>If one or more medication(s)</u> was not given to (1) one individual during a single medication pass, *the entire event would be considered* (1) one medication incident/error. A GER, T-log, and a Wellsky report would be completed for the individual describing the event and all medications that were not administered.
- If medications were not given to multiple individuals during a single medication pass, <u>each</u> individual who did not receive medications would be <u>considered</u> (1) one <u>medication</u> incident/error. A GER, T-log, and a Wellsky report would be completed for <u>each</u> individual who did not receive prescribed medications.

Transcription Error:

• When a staff transfers the information from a pharmacy label to the MAR/eMAR incorrectly. <u>Each</u> medication transcribed incorrectly to the MAR/eMAR would be considered (1) one medication incident/error. A GER, T-log, and a Wellsky report would be completed for the individual listing all medication transcribed incorrectly.

Diversion (Theft):

• Diversion (theft) of medication, including diversion of controlled substances. <u>Each</u> medication that cannot be accounted for would be considered (1) one medication <u>incident/error</u>. A GER, T-log, and a Wellsky report would be completed for the individual listing all medication missing/stolen. In addition, theft or diversion of controlled substances or other medications will be handled according to DDDS/agency policy.

Administering Expired Medication:

• When a staff administers a prescribed medication to the right service recipient, at the right time, right dose, etc, but the medication has expired. <u>Each</u> expired medication administered would be considered (1) one medication incident/error. A GER, T-log, and a Wellsky report would be completed for the individual listing all medications that were given after expiration.

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Unavailability of a Prescribed Medication:

• If a prescribed medication is not available to administer <u>due to the staff not reordering</u> in a timely manner (when 7 days of medication remains). <u>Each medication that is not available for administration would be considered (1) one medication incident/error</u>. A GER, T-log, and a Wellsky report would be completed for the individual listing all medication that was not available. See exception below.

Incidents NOT considered a Medication Error:

- Medication dropped on the floor. Proper documentation and disposal are required.
- Individual refuses medication(s). Proper documentation is required.
- Medication not available to administer due to being <u>unavailable from the pharmacy/manufacturer</u>. Proper documentation is required.

*When in doubt about how to categorize a medication error, use your best judgement and report it. Categorization mistakes will be corrected.

** The DDDS Office of Incident Resolution (OIR, PM #46) may substantiate a medication error under multiple categories and still consider it one medication error.