

# Department of Veterans Affairs

# Memorandum

**Date:** October 21, 2008

**From:** Director, VA ECHCS (00)

**Subj:** Nursing Service Administrative Guideline 118-08-09, "Safe Medication Administration Practices"

**To:** Patient Focused Care Nursing Service Staff and Supplemental Agency Staff

1. Nursing Service Administrative Guideline 118-05-09, "Safe Medication Administration Practices" was designed to create a culture of safety that promotes the personal responsibility of all licensed nursing staff for their pivotal role in ensuring the safety of their patient during medication administration.
2. Medication administration is a complex process associated with great risks to patients. ECHCS variance data indicates non-compliance with basic practice guidelines, such as using workarounds, scanning unacceptable alternative sources of bar codes and not reconciling missed medication reports or PRN effectiveness reports in a timely manner.
3. I am directing Judith Burke, Acting Associate Director for Patient/Nursing Services to ensure that all staff have been provided the opportunity to read this policy and to obtain signatures from applicable staff to document that they understand their personal accountability for safe medication administration.

Lynette Roff  
Director, Eastern Colorado Health Care System

- I have read Nursing Service Administrative Guidelines 118-08-09, "Safe Medication Administration Practices", dated October 2008.
- I understand that I can access a copy of this policy in CPRS GUI via the "TOOLS" menu.
- I have had an opportunity to have my questions answered regarding this policy.
- I understand that variances will be investigated and that there may be administrative consequences if I do not comply with this policy.
- I have also been given a copy of the summary of critical elements for Safe Medication Administration for future reference during Medication Administration.

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EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

VA EASTERN COLORADO HEALTH CARE SYSTEM  
VETERANS HEALTH ADMINISTRATION  
DEPARTMENT OF VETERANS AFFAIRS

NURSING SERVICE ADMINISTRATIVE GUIDELINES  
118-05-09

January 2005  
(118)

SAFE MEDICATION ADMINISTRATION PRACTICES

1. **BACKGROUND:** Medication administration is a high frequency activity performed by nurses in every setting. It is associated with great risks to patients. The administration of medications is a complex process involving selecting the correct drug, dose, route, patient, and time, while also remaining alert to prescribing or dispensing errors. Consequently, errors in medication administration are enabled and caused by many factors including lack of knowledge of drug actions, side effects, and correct dosage, poor mathematical and drug calculation skills, along with stresses in the environment including interruptions, fatigue, and overwork; miscommunication; lack of information about the patient; and problems with infusion pumps and IV delivery. Institute of Medicine 2004, "Keeping Patients Safe: Transforming the Work Environment of Nurses" pp.239-240.

**CARING THEORY GUIDED PRACTICE:** Carative Factor No. 8: Provision for a supportive, protective, and (or) corrective mental, physical, sociocultural, and spiritual environment. Safety is a basic feature of the nurse's role. Safety concerns affect activities that the nurse performs that support, protect, or correct the environment. The nurse must be especially alert to safety factors in the environment as well as to variables that predict or cause safety threats. It is important for the nurse to eliminate existing or potential hazards by arranging a safe environment. Watson 1985, "Nursing: The Philosophy and Science of Caring" pp. 96-98.

2. **PURPOSE:**

a. To ensure patient safety through the consistent implementation of safe medication administration practices.

b. To create a culture of safety by creating a system that promotes personal responsibility and respect by engaging nurses in a cooperative, participatory learning process aimed at preventing adverse events.

c. To uncover and address system based reasons for variances in safe medication administration practices.

3. POLICY:

a. Ensuring patient safety is an ethical and moral obligation for all healthcare providers and organizational systems.

b. Nurses will administer medications only after verifying the following:

(1) Purpose of the medication, drug action, side effects, correct dosage and absence of allergies.

(2) Right patient, right medication, right dosage, right route, and right time.

c. With the exception of urgent or immediate need situations, nurses will scan a bar-coded wristband on the patient to identify the patient prior to medication administration. Nurses will scan bar-coded medications immediately prior to administration to verify correct patient, dose, route and time.

d. When scanning fails, or is not available, the nurse will enter the patient's room and ask the patient to state name and SSN while verifying the patient's name and social security number by visually inspecting the patient's armband. The nurse will then return to the medication cart and open the BCMA record by entering the full social security number. Following verification, the nurse will then select the medication to be administered. After checking the order to verify time, route, and dose, and verifying the medication in hand the nurse will right click on the order to obtain the 4-digit IEN from the Due List. The nurse will then enter the 4-digit IEN for the medication. After double-checking the order to verify time, route, and dose, and verifying the medication in hand with the medication ordered the nurse will administer the medication to the patient. (ECHCS Policy 118-23 – Change No. 1, July 24, 2004).

e. When bar-code technology fails, the nurse will identify the patient by asking the patient to state name and SSN while verifying the patient's name and social security number by visually inspecting the patient's armband, and reviewing the patient's orders along with the medication to insure right medication, dose, route and time. The nurse will then complete right documentation.

f. When outpatients are not wearing armbands, the nurse will identify the patient by asking the patient to state his/her name and last four of SSN, and comparing this to the patient's identification card, and medication orders to insure right medication, dose, route, and time. The nurse will then complete right documentation.

- g. All identified medication variances will be reported promptly to the immediate supervisor on duty before the end of the reporter's tour of duty.
- h. Medication administration variances shall include:
- (1) Unauthorized drug administration (i.e., expired order)
  - (2) Verbal order (exception: urgent or immediate need situation)
  - (3) Administration prior to pharmacist's review and verification (exception: urgent or immediate need situation)
  - (4) Wrong patient
  - (5) Wrong drug
  - (6) Wrong dose or dosage form
  - (7) Wrong route
  - (8) Wrong rate
  - (9) Wrong time of administration
  - (10) Wrong quantity/duration of therapy
  - (11) Wrong preparation of dose
  - (12) Omission of medication
  - (13) Wrong labeling
  - (14) Prescribing error
  - (15) Therapeutic Duplication
  - (16) Other (i.e., leaving medications at bedside; transcription/verification; Computer related issues; medication administered to patient with stated allergy; leaving medications unsecured and/or medication cart unlocked).

- (17) All medication administration variances identified by self-report, Patient safety report, chart review, direct observations or other methods, will be systematically investigated by the Nurse Manager with the objective of determining the cause.

4. RESPONSIBILITY:

- a. The Associate Director for Patient & Nursing Services as Chief Nurse Executive, has responsibility for nursing's medication administration practices throughout the ECHCS.
- b. The Associate Chiefs are responsible for the implementation and monitoring of this policy, for insuring compliance in their clinical areas, and for reviewing Medication Variance Descriptions and Assessments, for approving corrective action plans, and for trending data for the service.
- c. The Nurse Managers are responsible to ensure accountability for compliance of this policy in their clinical areas and systematically investigating variances. In collaboration with the unit based Clinical Nurse Specialists the Nurse Manager(s) will monitor compliance, recommend and/or implement an appropriate corrective action plan based on findings.
- d. The Nursing Supervisors are responsible for receiving Patient Safety Reports, entering them into the 24-hour reporting system, and reporting variances to the Associate Director for Patient & Nursing Services and the ACNSs.
- e. Unit based Clinical Nurse Specialists are responsible for validating competencies. In collaboration with Nurse Manager(s) the unit based Clinical Nurse Specialist will monitor compliance and implement clinical correction action plans.
- f. QMED is responsible for orientation, providing remedial education upon request, tracking and trending medication variance information on Patient Safety Reports, aggregating data, and reporting to appropriate services
- g. The BCMA Coordinator is responsible for educating staff, providing resource assistance to nursing staff, problem solving equipment and technology issues, disseminating information about changes in BCMA that will affect practice, and serving as the point of contact for functionality of the system.

h. The Clinical Compliance Coordinator is responsible for reviewing Patient Safety Reports, communicating needs for systematic investigation to the Nurse Managers, and sending the reports to QMED.

i. All licensed nursing staff are responsible for adherence to this policy.

5. PROCEDURE:

a. The nurse identifying the variance will complete a Patient Safety Report. The Patient Safety Report will be routed to the Associate Chief, Nursing Service/Operations through the Nursing Supervisor at the end of each shift, for inclusion at the daily morning report. Incomplete forms will be returned to the Nurse Manager/designee for completion.

b. The variance as documented on the Patient Safety Report will be communicated to the appropriate Nurse Manager for follow-up by Clinical Compliance Coordinator.

c. The Nurse Manager will initiate a systematic review of the variance. The nurse(s) involved will be asked to provide additional information regarding the variance, and to offer suggestions for preventing recurrence.

d. The Nurse Manager will complete the Medication Administration Variance Assessment and Action Plan (Attachment A), including recommendation for action.

e. The Nurse Manager will forward the Medication Administration Variance Assessment and Action Plan to the appropriate Associate Chief, Nursing, for review and approval of the recommended action.

f. A copy of the completed form will be retained for completion of data entry regarding service variances.

g. Medication administrative variances by agency nurses will be systematically reviewed by the Nurse Manager; communicated to the ACNS/Operations. The Clinical Compliance Coordinator will report to the agency.

h. Medication Administration variances involving affiliating students will be communicated to the Nurse Manager when identified. A fact-finding memo, which includes actions/follow-up, will be written by the clinical faculty and Nurse Manager and sent to the ACNS/Operations within 24 hours, and sent to the Chief, QMED.

i. Records of medication variances will be maintained by the Nurse Manager.

6. CONCURRENCE: AFGE #2241 and 2430, UAN #21, 05, and QMED
7. REFERENCES: Watson, Jean Nursing: The Philosophy and Science of Caring Colorado Associated University Press, Boulder, Colorado 1985

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8. RESCISSION: Nursing Service Policy Memorandum No. 118-99-09  
dated July 1999.
9. REVIEW DATE: January 2008

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ATTACHMENT: A. Medication Administration Variance Assessment and Action Plan