CHALLENGES AND BEST PRACTICES OF MEDICATION MANAGEMENT IN THE OPHTHALMIC ASC
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Financial Disclaimer

- Crissy Benze is a consultant for Progressive Surgical Solutions LLC.

Objectives

- Understand the regulations related to medication management
- Describe how medication management best practices is related to patient safety
- Define the relationship between medication handling and infection control
Regulations

- CMS CfC 416.48 – The ASC must provide drugs and biological in a safe and effective manner, in accordance with accepted professional practice, and under the direction of an individual designated responsible for pharmaceutical services.

Regulations (cont)

- CMS CfC 416.48(a) – Drugs must be prepared and administered according to established policies and acceptable standards of practice.

Regulations (cont)

- ASC Infection Control Surveyor Worksheet
- Observations are to be made of staff preparing and administering medications and performing injections
National Patient Safety Goals

- Goal 3 – Improve the safety of using medications
- 03.04.01 – Label all medications, medication containers, and other solutions, on and off the sterile field in perioperative and other procedural settings (medication containers include syringes, medicine cups and basins)

Policies and Procedures

- Ensure up-to-date and aligned with current facility protocols
- Facility Formulary:
  - Complete
  - Accurate
- Must be reviewed and approved by the Governing Body at least annually

Consulting Pharmacist

- Written agreement
- Regularly scheduled visits and inspections
- Findings integrated into QAPI and reported to the Governing Body
Consulting Pharmacist Inspections
- Check refrigerator log
- Review controlled substance log
- Search for out-of-date medications
- Assistance with drug shortages
- Cost containment opportunities
- Regulatory guidance
- Chart review
- Educational services
- Policy and procedure review
- Quarterly reports

Medication Allergies
- Prominently documented on the chart
- Reactions must be documented
- Updated at each encounter
- Included in each hand-off communication
- Visual cues help avoid medication errors

Documented Physician Orders
- Drug, strength, dose, amount, route (site)
- PRN orders
- Verbal/telephone orders
- Signed, dated and timed prior to implementation
- Noted, dated and timed by RN
LA/SA/HA Medications

- ISMP’s List of Confused Drug Names
- List of look alike/sound alike/high alert medications
- Label LA/SA/HA medications throughout facility

Controlled Substances

- Must be kept in secure storage (double locked)
- Opening and closing count by two licensed professionals
- Controlled access at all times
- No dose splitting
- Waste management

Perpetual Inventory Sheet

<table>
<thead>
<tr>
<th>DATE</th>
<th>DISPOSITION</th>
<th>FENTANYL 100mcg/2mL</th>
<th>VERSED 2mg/2mL</th>
<th>MORPHINE 10mg/mL</th>
<th>VICODIN 500</th>
<th>PERCOCET PO</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/1/10</td>
<td>Opening count</td>
<td>40</td>
<td>50</td>
<td>10</td>
<td>100</td>
<td>50</td>
</tr>
<tr>
<td>3/1/10</td>
<td>OR 1 or Anesth name</td>
<td>30</td>
<td>40</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3/1/10</td>
<td>Received from pharm</td>
<td>60</td>
<td>80</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3/1/10</td>
<td>PACU</td>
<td>99</td>
<td>179</td>
<td>100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3/1/10</td>
<td>OR 1/Anesth returned</td>
<td>65</td>
<td>82</td>
<td>10</td>
<td>98</td>
<td>50</td>
</tr>
</tbody>
</table>
### Narcotic Control Sheet

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>OR #</td>
<td>DRUG</td>
<td>UNIT DOSE</td>
<td>QTY RECEIVED</td>
</tr>
<tr>
<td>3/1/10</td>
<td>1</td>
<td>Versed</td>
<td>2mg/2mL</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fentanyl</td>
<td>100mcg/2mL</td>
<td>10</td>
</tr>
<tr>
<td>PATIENT NAME</td>
<td>GIVEN / WASTED</td>
<td>GIVEN / WASTED</td>
<td>GIVEN / WASTED</td>
<td>GIVEN / WASTED</td>
</tr>
<tr>
<td>Doe, John</td>
<td>2/50</td>
<td>50/75</td>
<td>2/50</td>
<td>2/50</td>
</tr>
<tr>
<td>Anesth sig</td>
<td>Circulator sig</td>
<td>Anesth sig</td>
<td>Circulator sig</td>
<td></td>
</tr>
<tr>
<td>Doe, John</td>
<td>2/25</td>
<td>75/50</td>
<td>2/25</td>
<td>2/25</td>
</tr>
<tr>
<td>Doe, John</td>
<td>2/100</td>
<td>75/75</td>
<td>2/100</td>
<td>2/100</td>
</tr>
<tr>
<td>Doe, John</td>
<td>1.5/0.5</td>
<td>25/75</td>
<td>1.5/0.5</td>
<td>1.5/0.5</td>
</tr>
<tr>
<td>Doe, John</td>
<td>1/1</td>
<td>50/50</td>
<td>1/1</td>
<td>1/1</td>
</tr>
<tr>
<td>THIS RECORD IS ACCURATE AND COMPLETE:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Pre-drawn Medications

- Labeled appropriately:
  - Date and time of draw
  - Initials of the person drawing
  - Medication name
  - Strength
  - Beyond-use date, if necessary
- Medications should be prepared as close to time of use as possible

### Single-Dose Medication

- SDV will be used immediately upon opening, on one patient only and discarded appropriately after use
- SDVs shall be discarded:
  - After use on one patient
  - When suspected contamination occurs
  - When contamination/particulates are visible
- Opened single-dose vials/ampules shall not be stored for any period of time
Multiple-Dose Medication

- Dated when they are first opened
- Date opened or the beyond-use date (28-days from opening, unless otherwise recommended by the manufacturer)
- The ASC has voluntarily adopted a policy that medications labeled for multi-dose use for multiple patients are nevertheless only used for one patient
- MDVs and immediate patient care areas

Eye Drop Administration

- Documented policy and procedure
- Staff training
- Licensed personnel only
- Hand hygiene and PPE

Medication Labeling
United States Pharmacopeia
- Chapter <797>
- Pharmaceutical Compounding – Compounded Sterile Preparations (CSP)
- CSP Standards
  - Low-risk
  - Medium-risk
  - High-risk
  - Immediate-use

Immediate Use CSPs
- Intended for immediate use and emergency situations
- Cannot be stored for the purposes of anticipated need or batch compounding
- Must meet specific criteria
  - No more than 3 commercially available sterile products in original container and no more than 2 entries into any container/package/device
  - Continuous process completed w/in 1 hour
  - Adheres to aseptic technique
  - Administered w/in 1 hour

Best Practices for Immediate Use CSPs
- Quiet place free from distraction
- Prepare before you start
- Disinfect the area
- Hand hygiene
- PPE
- Disinfect entry points
- Mix accurately
- Shake to assure mixing
- Verify calculations and procedure
- Administer w/in 1 hour
- Proper labeling
Use of Compounding Pharmacies

- Must order from 503B Pharmacy
- An ancillary contract should be executed
- Supplemental information will be obtained:
  - Proof of PCAB Accreditation for Sterile Compounding
  - Copy of and verification of state licensure in the state where they are compounded
  - Query results of the receiving state’s Board of Pharmacy for any regulatory infractions
  - Copy of malpractice face sheet
- Contract and services provided will be reviewed annually with rest of ancillary contracted services
- Reported to the Governing Body

Medication Shortages

- Ongoing problem
- Issues with back orders, MDV compliance and recalls
- Forge relationship with facility close-by for emergency or ongoing supply
- Put policy in place for this
- May be necessary to keep expired emergency medications

Drug Recalls

- Be aware of FDA recalls
- Medical Devices: www.fda.gov/MedicalDevices/default.htm
- Three classifications for drug recalls:
  - Class 1 – reasonable probability that using the drug will cause serious adverse health consequences or death
  - Class 2 – using the drug may cause temporary or medical reversible adverse health consequences, the probability of serious adverse health consequences is remote
  - Class 3 – using the drug is not likely to cause adverse health consequences
Medication Storage
- Must be in secure storage
- Cabinets, drawers, carts, etc. should be cleaned regularly
- All medications should be labeled appropriately
- No medications should be dispensed from the ASC

Medication Refrigerator
- Must be used for medications only
- Secure storage
- Signage required
- Thermometer must be a 24/7 read
  - 36-46 degrees F
  - Maintain daily log
  - Document ranges from non-operational days
- Temperature should be documented twice when storing vaccinations

24/7 Read Thermometers

[Image: Fisher Scientific Refrigerator Thermometer]
Medication Reconciliation

- Facility must maintain a list of patient's medications
- Should be stored in the patient's medical record
- RN should review list with the patient DOS
- When short-term medications are prescribed, provide a list to the patient upon discharge
- AAAHC – Specific instructions will be given to the patient by the physician on either the discontinuation or resumption of medications taken preoperatively
- TJC – Summary (blanket) orders to resume previous medications should not be used

Medication Error Prevention

- Right Patient
- Right Medication
- Right Dose
- Right Time
- Right Route
- Right Indication
- Right Documentation

Medication Error Questionnaire

<table>
<thead>
<tr>
<th>MEDICATION ERROR QUESTIONNAIRE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Nurse:</td>
</tr>
<tr>
<td>Physician:</td>
</tr>
</tbody>
</table>

CHECK: Yes No

1. Was the medication dosage correct, but given to the wrong patient?
2. Was the dosage greater/less than what was ordered? (circle)
3. Was the medication given at the wrong time?
4. Was the medication omitted or discontinued prior to administering?
5. Did the patient receive an unordered dose of medication?
6. Did the patient receive a medication designated for another patient?
7. Did the patient receive the medication by a different route than ordered?
8. Did the patient receive outdated medication?
9. Were you unduly hurried when you gave the medication?
10. Was the medication or der checked with the physician's order?
11. Did you:
   11a Look at the medication order?
   11b Check the medication order with the medication?
12. Was the medication order plainly written?
13. Was the patient's identity bracelet checked prior to administering medication?
14. Was administration of medication documented accurately?
15. Do you feel that you could benefit from a more comprehensive study of pharmaceuticals?
16. Was the patient's chart checked for allergies prior to administering medication?
17. Was the environment in the medication area quiet and conducive to preparing medications?

ANSWER IN YOUR OWN WORDS:

Describe the incident (include who was notified and time):

How could this error have been prevented:

Signature: Date:
Adverse Drug Reactions
- Detrimental response to a medication, which is undesired, unintended or unexpected
- Address emergent situation
- Complete Incident Report
- Preventability and severity assessments should be part of the ADR Reporting

Survey Findings
- Anesthesia provider did not label syringes
- Nurses injected Lidocaine prior to starting IVs without a physician order or a policy for the use of Lidocaine
- Expired medications and supplies found in the crash cart
- Unlicensed staff observed administering eye drops
- Facility failed to ensure documented physician written orders for medication administration after orders were received verbally
- Improper labeling and discarding of multiple-dose medications and IV fluid

Survey Findings (continued)
- BSS bottles were being prepared with Epi and Vanco at the beginning of the day for the entire surgery schedule
- Open multiple-dose medications were found in the anesthesia carts (patient care areas)
- Medication cabinets not locked after hours
- Medication refrigerator unsecured
- Multiple-dose medications open for longer than 28 days
- Range of medication refrigerator temperature was not monitored/documented during closed days
## Summary

- Stay up-to-date with regulations to ensure compliance
- Keep policies and procedures current with facility processes
- Ensure compounded medications are ordered from 503B pharmacies
- Effectively document and report medication errors and/or adverse drug reactions

## Resources

- [http://www.nabp.net/boards-of-pharmacy/](http://www.nabp.net/boards-of-pharmacy/)
- [http://www.jointcommission.org/assets/1/6/2012_NPSG_AHC.pdf](http://www.jointcommission.org/assets/1/6/2012_NPSG_AHC.pdf)
- [http://www.cdc.gov/medicationsafety/](http://www.cdc.gov/medicationsafety/)

## Thank you

- Questions?

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