



Rhonda Kukulski an inspector appointed under the Act, certify this to be a true copy of the original, dated Nov. 4/16.
Signed: R. Kelley 10/6/2

Medication Management System Program Evaluation

Sept

Review of Service from: <u>Sept 2014</u>	To: <u>Sept 22/15.</u>
Review completed by: <u>Agatha K. Sandra Fuller</u> (PAC members including RD) <u>Karen Raulledge Jen Hague</u>	Date:

Brief Description of Program(Goals):	<ul style="list-style-type: none"> - to keep residents as comfortable as possible - to inform residents / ASA's of medications being used have input - quality control by MD, pharmacy, staff - least medication possible
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Person Accountable for Program:	<u>Helen Crombey DON</u>
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Criteria		Yes	No
1.	There is a multidisciplinary team which meets at least quarterly? (Professional Advisory Committee - PAC)	✓	
2.	Minutes for these team meetings are documented including the results of reviews and improvements made?	✓	
3.	The quarterly reviews consist of at least, drug utilization trends, utilization patterns in the home? (use of any drug or combination of drugs including psychotropic drugs)	✓	
4.	There is evidence of quarterly reviews of all medication incidents and adverse drug reactions? These reviews identify changes to improve the system in accordance with evidence-based and prevailing practices?	✓	
5.	Written policies and procedures are current and available?	✓	
6.	All registered staff have been in-serviced on how to access policies on-line? (Corporate and Pharmacy Resource Center)	✓	
7.	Does the facility participate in the Institute for Safe Medication Practices, Medication Safety Self-Assessment? If so , is there evidence that the results have been reviewed and acted upon? <u>medication reconciliation</u>		✓
8.	Are all medication rooms kept; <ul style="list-style-type: none"> - clean & tidy? - locked or under supervision of registered staff at all times? - walls painted & in good repair? - signage appropriate? 	✓ ✓ ✓	✓

Criteria		Yes	No
9.	Are all medication carts; - clean & tidy? - locked or under supervision of registered staff at all times? - in good repair?	✓ ✓ ✓	
10.	All new employees undergo consistent baseline competence evaluation, including specific assessment criteria, before participating independently in the medication use process?	✓	
11.	The method of ordering and re-ordering medication is efficient/effective?	✓	
12.	Drugs are delivered in a safe & secure manner?	✓	
13.	Infection control practices are followed when preparing and administering medications?	✓	

Indicators to Review (over past year)

1	Results of monthly medication audits
2	Results of pharmacy audits and visit reports
3	Narcotic count records
4	In-service offered r/t medication system, safety practices/strategies to prevent errors
5	Monthly QI data
6	Results of inspections by MOH, MOL, PH
7	# of opportunities offered for resident/family education

Summary of changes/improvements made over the past year with date of change

(storage, distribution, orientation/in-service program, data collection/reporting, documentation)

In-service of unsuited uses and best practice.
Review of medication errors @ registered staff meeting go over what should be done next time. Proper instructions of Pentaryl patches. Annual review of proper storage of meds @ registered staff meeting. Listy the use of meds

Program remains effective? Yes: No:

Areas for Improvement

Assure documentation of why resident taking meds. Start it the day of admission. Add to quarterly reviews when they come up. Look @ diagnoses and why on - need to correlate

Date results taken to CQI Committee: Oct 27/15