

LifeLearnU  
presents

## Drugs, Delegation & Deficiencies

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# SUCCESS



**OBJECTIVES**

- WHY we accept the risks of deficient practices with UAPs or Non- Nursing Personnel
- Introduce **3 common Medical Issues in IDD** Systems to plan for
- Sensitize Leadership of **Standards of Care**
- Reflect on **steps to successful coordination of resources** for Medically Fragile

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**de-fi-cien-cy**  
/da'fiSHansé/  
noun

**deficiency**

- An inadequacy in procedure, record-keeping, policy, or implementation thereof, that has been identified by a regulatory agency

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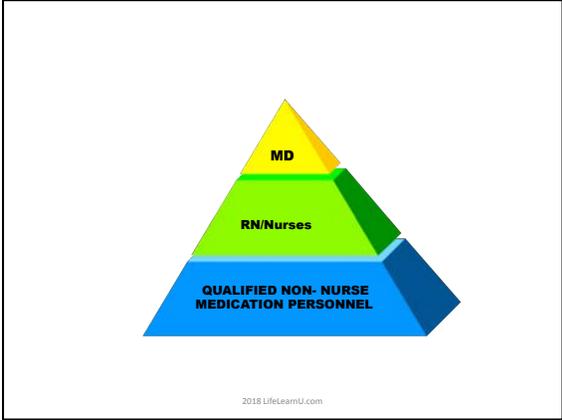
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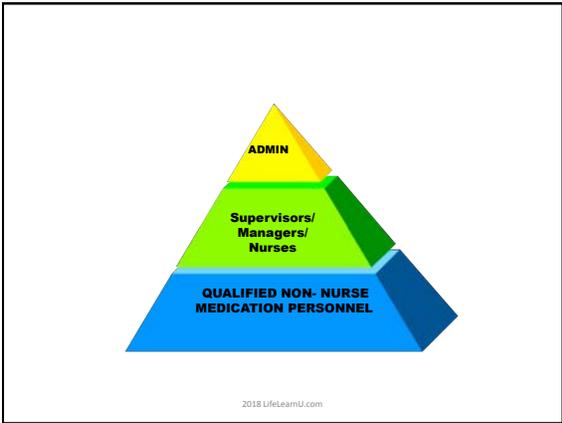
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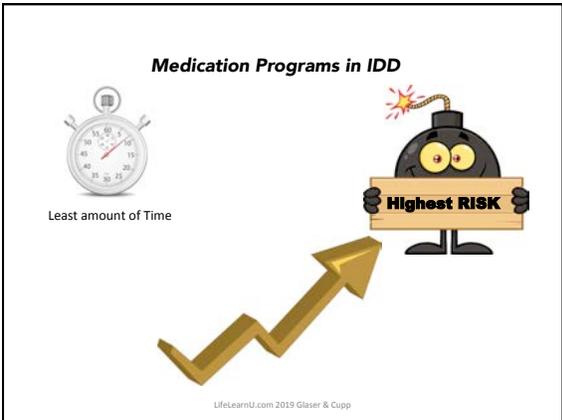
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**Routine medication Administration by Non- Nursing or Unlicensed Assistive Personnel (UAP) is a Challenge to Start with in IDD**

Nationally Non- Nurse/ UAPs have a higher rate of error than Nurses so why take this risk?



- 33% of people in the USA NEVER fill their prescription
- 50% of the 67% remaining take their medications incorrectly

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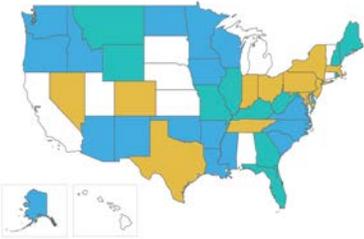
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Not all PCA/UAPs have the same training, competencies or standards associated with HCBS

PCA Training Requirements\*

- Requirements across all uniform
- Requirements across all, not uniform
- Some requirements
- No requirements



\*not all states participate in direct PCA services



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State Med Statutes 



Supervisory Resources Policy



**UAP Medication Aides**



Safety Principles:  
7 Rights  
No Eval  
No Assess  
No Judgement

Accurate & Clear Written Orders



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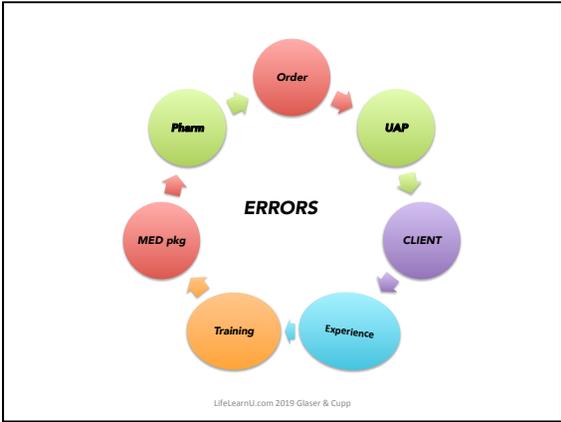
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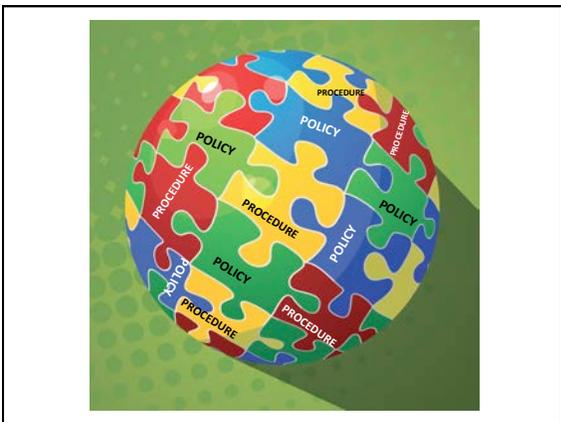
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<b>Systemic (90%) (Latent causation)</b> <small>(Aiken, Cimotti 2010)</small>		<b>ROOT CAUSE-MEDICATION ERRORS</b>
<b>Safety Check</b>	(arrival from pharmacy, changes, disposal)	
<b>Labeling</b>	(print size, color, critical info position)	
<b>Pill Vendor Changes</b>	(size, color, shape changes)	
<b>Storage</b>	(cart, drawer, individual, communal)	
<b>Packaging</b>	(capped bottles, bubble pack, Dis-Pill, MRB, Unit)	
<b>Documentation</b>	(paper, electronic)	
<b>Training</b>	(State courses, On-the-Job)	
<b>Supervision</b>	(intervals, specific, time-spent)	
<b>Reporting/Correction</b>	(ease, response, correction, restricted, punitive)	
<b>Assignment/ Culture</b>	(punitive, restrictions, target education, analysis)	




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<b>Individual (HUMAN FACTORS) 10%</b> <small>(direct cause/outcome of flawed systems)</small>				<b>ROOT CAUSE-MEDICATION ERRORS</b>
<b>Attention</b>	<b>Motivation</b>	<b>Fatigue</b>	<b>Reliability</b>	
<b>Careless</b>	<b>Comprehension</b>	<b>Literacy/ Learning</b>		
<b>Cognitive / Motor Function</b>				
				

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*Anecdotal information by QMAPs in Colorado 2017-2019  
(2250 students- 165 classes)*

- **"On Time" policies too restrictive for "Real Life"**
- **Pharmacy changes type of pill too often in generics**
- **Packaging is cumbersome ( 1 bubble card per drug)**
- **Labeling is SMALL**
- **Too many interruptions for assignment**
- **Punitive response when an error is discovered**
- **Documentation not intuitive**

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**TOP 5 TARGETED ISSUES FOR PERSONAL INJURY ATTORNEYS**



- ✓ Failure to administer medication (caregiver)
- ✓ Failure to prescribe proper medicine (MD)
- ✓ Administering the wrong amount causing drug overdose
- ✓ Administering medication incorrectly (caregiver)
- ✓ Failure to gain a complete medical history to detect allergies or intolerance (MD)

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**Medication Delivery Systems**

The Agency for Healthcare Research and Quality (AHRQ) identified the elements listed in Table 1 as necessary components of a medication delivery system (Hughes & Blegen, 2008). This list depicts how complex the delivery of medication is, with integrated and inter-dependent steps, each with potential to fail.

**Table 1**

*Elements of Medication Delivery Systems*

- Prescribing
- Order Communication
- Product labeling, packaging, and nomenclature
- Compounding
- Dispensing
- Distribution
- Administration
- Patient Education

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**Challenge #1**

**PHARMACY ERRORS**

During a nationwide survey of **community pharmacists**, **53% of respondents admitted to making drug errors in the prior 60-day period.** 2017 Telepharm Survey



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Challenge #2 **The In-House**

- Available Funds for Wages & Operations and training
- Staff Experience/ Longevity
- Hire availability limitations (rural)
- Client to Provider Ratios
- High Turn Over
- HUMAN NATURE



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Challenge #3  
PEOPLE Living with Significant Chronic Conditions at an Early Age

**Aging** **Chronic Conditions**



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Challenge #4



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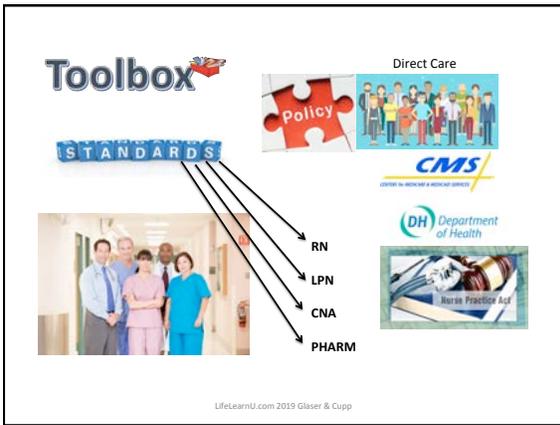
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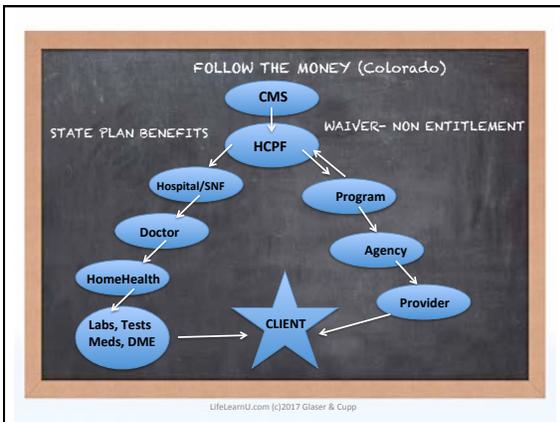
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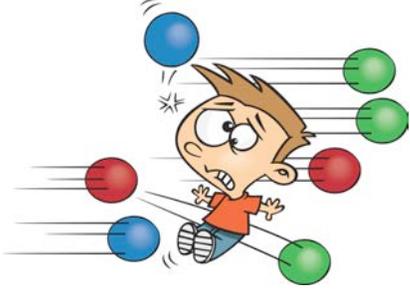
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Challenge #6  
Medical causes for Care System Gaps in IDD



A cartoon illustration of a young boy with a distressed expression, being pelted with several colorful balls (blue, green, and red) from all directions. The balls are shown in motion with motion lines. The boy is wearing a red shirt and blue shorts. The background is white.

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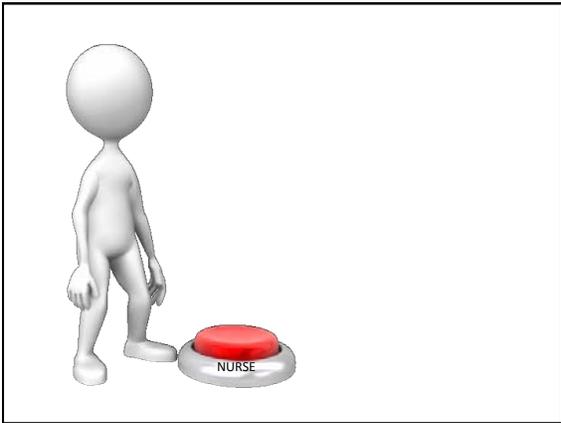
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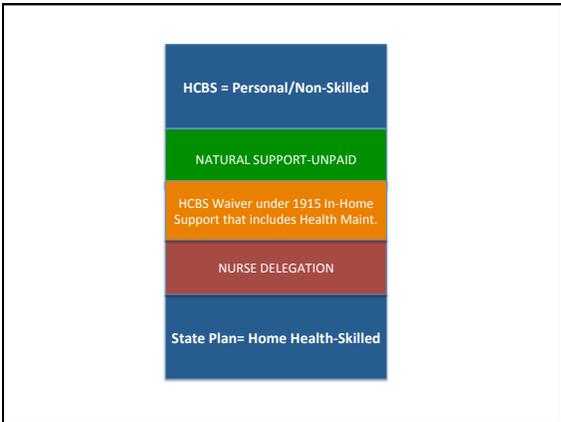
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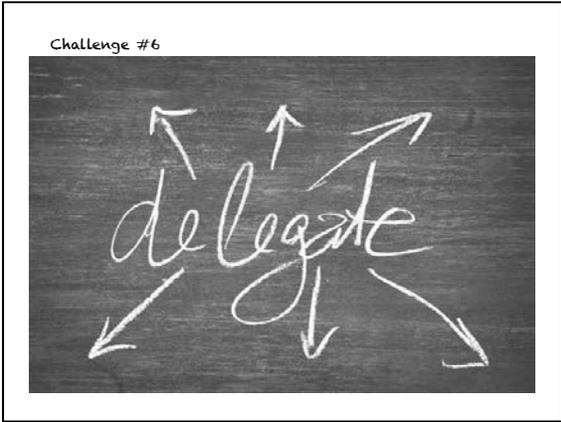
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**COMPETENCE**

NURSE must have the skill and competence in the task themselves

RN	LPN (some state delegate)	UAP
<ul style="list-style-type: none"><li>• Sterile procedures</li><li>• Assessment needed prior to task</li><li>• Specialty task</li><li>• Competence in task</li><li>• Orders for treatment</li><li>• Develop Care Plan</li><li>• Teaching Task</li><li>• Evaluation of LPN/ UAP</li><li>• Evaluation of client response &amp; Outcome</li></ul>	<ul style="list-style-type: none"><li>• Follows Plan of Care</li><li>• Chronic but stable conditions</li><li>• Routine Procedures</li><li>• No Assessment</li><li>• Demo competency</li></ul>	<ul style="list-style-type: none"><li>• No assessment</li><li>• Routine Procedure</li><li>• Activities of Daily Lvg</li><li>• IADLs</li><li>• Demo competency</li></ul>

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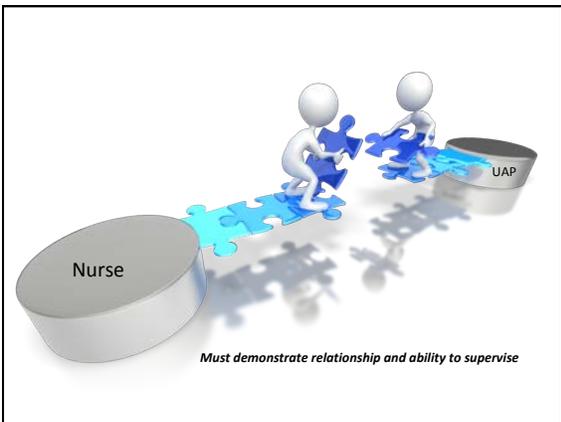
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**FIRST, DO NO HARM**

**DELEGATION NATIONAL STANDARD**

- ✓ The Right task
- ✓ The Right circumstances
- ✓ The Right person
- ✓ The Right directions & communication
- ✓ The Right supervision and evaluation



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**DO YOUR AGENCY/ ENTITY POLICIES & PROCEDURES:**

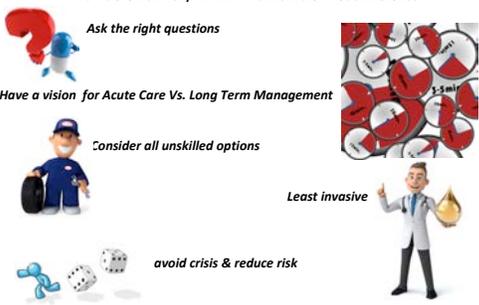
*Ask the right questions*

*Have a vision for Acute Care Vs. Long Term Management*

*Consider all unskilled options*

*Least invasive*

*avoid crisis & reduce risk*



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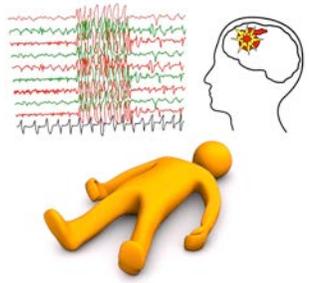
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**EPILEPSY**



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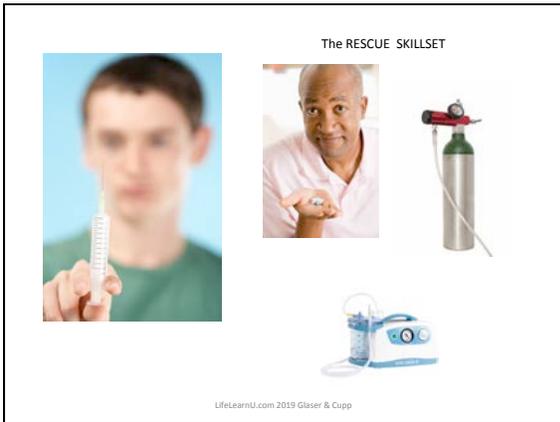
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**Policy:** Seizure management is supported when identified in the ISSP and:

- a) written physician orders are present in the client record ,renewed annually,
- b) can be carried out by unlicensed personnel when a nurse or an identified natural support person is not available,
- c) a Seizure intervention Protocol is present and the medication administration is allowable by law or rule
- d) A nursing plan of care is present addressing seizure management
- e) The primary medical professional concurs with the protocol in writing

**PROTOCOL PROCEDURE** is quantifiable and Concrete:

- a) Lie person on floor in rescue position, protect from harm
- b) Call 911
- c) Administer diastat rectal 5mg after 5 minutes of jerking movement
- d) Support CABD principles of CPR training

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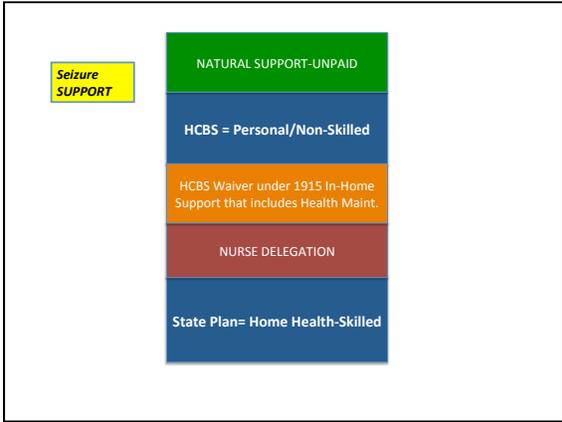
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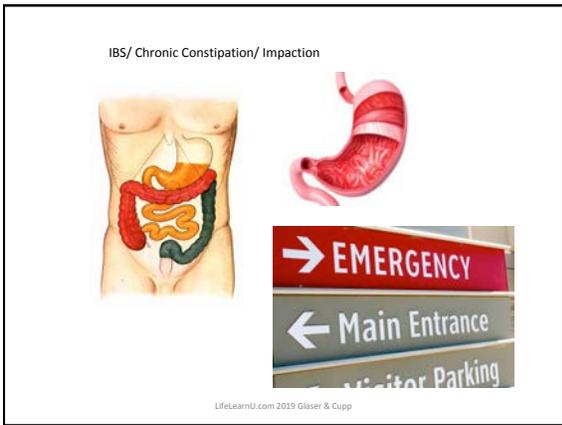
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**Policy:**

Long-term bowel management is supported when identified as a need in the ISSP and:

- written physician orders are present in the client record ,renewed annually,
- can be carried out by unlicensed personnel routinely when a nurse or an identified natural support person is not available,
- a Bowel Protocol is present for routine implementation and as needed medication administration is allowable by law or rule to reduce incidence of impaction
- A nursing plan of care is present addressing routine management
- The primary medical professional concurs with the protocol in writing

**PROTOCOL PROCEDURE is quantifiable and Concrete:**

- Encourage fluid intake of \_\_\_\_\_ ounces minimum daily
- Provide nutritional support of : (food sources) daily, weekly....
- Provide routine administration of medication oral/GT as prescribed
- Record BM and notify \_\_\_\_\_ if more than \_\_\_\_\_ days pass
- If \_\_\_\_\_ days without BM, administer PRN medication, notify Medical professional
- Transport to medical clinic for intervention if no PRN medication result or as instructed by medical professional

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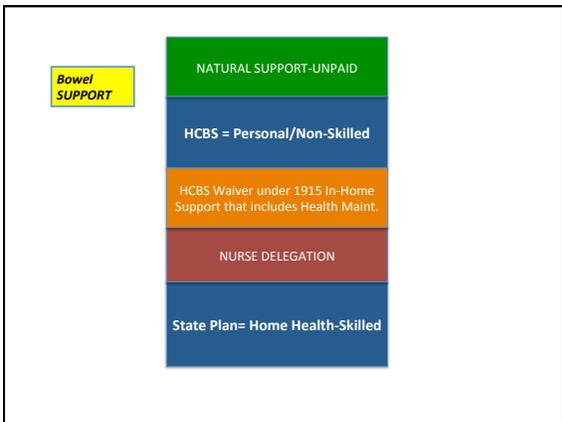
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**Your Policy Guide**

Have you...

- Identified the need properly in the ISSP?
- Is it a prescribed intervention (in writing)
- A Nurse assessment
- Nursing plan of care
- Identified available supports
- Developed a person-specific protocol that eliminates assessment and creates a routine and consistent event
- Linked nurse relationship to delegatee
- Provided documented training, determined competency, demonstration ability & ongoing supervision

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**TRANSITION PLAN EFFECTS IN CARE STRATEGIES**



**Community Integration**  
Individuals can fully participate in community life.



**Rights**  
Individuals are treated with dignity and respect.



**Privacy**  
Individuals control when and with whom they want to share their personal space, conversations, and information.



**Choice and Control**  
Individuals can control their choices about where they receive their services, who provides their services, and how they want to spend their days, based on their own needs and preferences.



**Freedom of Access**  
Individuals can access all areas of their home and community to the same extent that others without disabilities are able to.

**WHAT I NEED**



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**WHAT I WANT**

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**Cheat Sheet-A PLAN for GAPS**  
Reducing Disconnects in Care and Liability Risks

- ① Identify the Skilled Care needs of community life
- ② Identify Natural personal support exempt from Nurse Practice Act
- ③ Utilize & exhaust State Plan Benefits FIRST
- ④ HCBS-Waiver Supports per State
- ⑤ RN Assessment, Nursing Diagnosis and Plan of Care
- ⑥ MD orders for the skilled care- implement
- ⑦ Client Consent and request for consumer directed or delegation
- ⑧ Agency Policy / Procedures defines staff relationship for delegation
- ⑨ Identify a QUALIFIED RN with task experience for delegation process
- ⑩ Identify a QUALIFIED specific unlicensed person to accept task.



**OR**

Considerations for alternative HCBS options for Health Maintenance Activities

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References:

Nurse Practice Acts for: Montana, Colorado, Utah, South Dakota, Wyoming, North Dakota  
SSA Sections 1902(a) (b), 1905, 1915 (c) , (i), (k), (l)  
HCBS Waiver Applications for: Montana, Colorado, Utah, South Dakota, Wyoming, North Dakota

NCSBN Delegation Guidelines 2012  
Institute on Community Integration & Research Training Center on Community Living  
Journal of Gerontology:  
MEDICAL SCIENCES by The Gerontological Society of America  
2002, Vol. 57A, No. 7, M470-M472, Bittles, Peterson, Sullivan et al.

Evaluation of Practice Models for Dual Eligibles and Medicare Beneficiaries with Serious Chronic  
Conditions HRSM-500-2010-00058C  
Final Report July 25, 2011 for CMS

National Medication Administration supports

Reference	Location
Agency for Healthcare Research and Quality (AHRQ) Expert Panel on Patient Safety in Gerontological Settings	<a href="http://www.ahrq.gov/">http://www.ahrq.gov/</a> <a href="http://patientsafetyin gerontological settings.com/patient-safety">http://patientsafetyin gerontological settings.com/patient-safety</a>
Institute for Safe Medication Practices (ISMP)	<a href="http://ismp.org/">http://ismp.org/</a>
Institute for Healthcare Improvement	<a href="http://www.ihc.org/knowledge/Pages/Changes-to-Improving-Care-Processes-for-Administering-Medications.aspx">http://www.ihc.org/knowledge/Pages/Changes-to-Improving-Care-Processes-for-Administering-Medications.aspx</a>
Institute of Medicine	<a href="http://iom.edu/">http://iom.edu/</a>

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