

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: Administrative – Performance
Improvement and Risk Management

POLICY # AD II-5

PAGE 1 of 2

SUBJECT: Medication Variance/Incident Report

EFFECTIVE DATE: April 2009
SUPERCEDES DATE: June 2004

References

Related ACA Standards

**4th Edition Standards for Adult Correctional
Institutions 4-4410**

PURPOSE

To provide a clear, concise record of medication variances/incidents in order to assess and monitor systems related to the administration of medications.

POLICY

The Medication Variance/Incident Report (DC 929) is to be completed by the person identify the variance/incident. The following errors are to be reported.

- Medication order clarification-an error directly involving the medication order itself. This error is generally a physician, or physician extender error.
- Transcribing medication order-an error involving the actual transcription of the order from the Provider order sheet to the MAR.
- Dispensing or labeling medication-an error directly related to the preparation, labeling, and dispensing of the medication by the pharmacist or pharmacy technician at the pharmacy, prior to transporting medication to the site of administration at the facility.
- Medication administration-an error directly related to the administration of the medication to the inmate whether by direct observation or by the self administration process.
- Documenting medication administration-an error directly related to the documentation process of doses given, refusals, or absences at the medication line and initials and signing of the MAR for administration and quality checks.

PROCEDURE

The Medication variance/incident report (DC929) shall be legibly completed as follows:

Section I ... Provides Identifying Information: incidents unit name and number.

Sections II – VI Complete only sections related to the nature of the variance/incident -. Sections III and V should be completed.

Section V should contain information regarding census in unit at time of error and number of medical staff on duty at specific unit where variance occurred.

- The Physician should be notified and if medical care necessary, should complete Physician notification section.
- Total doses given or missed is information assists in determining the Severity of Event requested in Section VII.
- Document under “other” if patient did not require nursing intervention or refused care.

Section VII... The Management Report will provide an Analysis of Event, Severity of Event (in the opinion of the reporting party) and Action Taken. That’s Risk Manager Continuous Quality Improvement staff will review the Analysis and severity of event and make necessary changes to the severity of event according to a scoring grid.

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Section VIII... Risk Management comments addressed.

Section IX... Director of Nursing report, indicated if severity >4.

Sections I-VII can be obtained through the warehouse.

Section VII and IX will be maintained in the DON/Risk Management's offices.

The Medication Variance/Incident Report is NOT part of the inmate's record and should not be placed or referred to in the record. The report will be maintained in the Chief of Health Services/Risk Managers Office.

This form should NOT be copied but forwarded to Risk Management/Standards office via Supervisor to Nurse Liaison. The form is privileged and confidential for the express use of Risk Management in the Peer Review/Performance Improvement Process.

The identification of problems related to medication administration and the plan of correction for such problems are both integral components of the overall Performance Improvement Plan of the Division of Prisons, Health Services Section.

Paula Y. Smith, M.D.

4/9/09

Paula Y. Smith, MD, Director of Health Services

Date

SOR: Risk Manager/Standards