

MAP TECHNICAL ASSISTANCE TOOL

Program:	Contact:
Provider:	Contact:
Street:	DATE:
City:	Phone:
DPH Registration Number	MAP :
	MAP Coord:

MEDICATION MONITORING CHECK-LIST

ITEM WEIGHT (least 1 – 5 most)	MEETS	PARTIALLY MEETS	DOES NOT MEET	SCORE		Comments
	2	1	0			
					A. MEDICATION ADMINISTRATION	
1					1. MCSR registration is up to date and kept where medication is stored.	
2					2. A list of emergency contacts readily available, including a list of MAP Consultants and the Poison Control Center.	
4					3. All MAP Certificates are current for staff administering, including relief staff. Only Certified staff are administering medications.	
1					4. HCP orders are filed next to Medication Sheets and can be easily cross-checked.	
3					5. EFS information is up to date, including allergies and current medication orders. Allergies are highlighted or printed in red. Current medications list includes start date, dose, frequency and treatment purpose. Clients can be properly identified by EFS client picture.	
3					6. Medications are properly logged in from the pharmacy with staff sign-off.	
5					7. All medications are stored and locked according to DPH policy. Access to medications is appropriate.	
3					8. Documentation of specific staff training, including vital sign and BSM training, is properly recorded.	
					B. HEALTH CARE PROVIDER ORDERS	
5					1. HCP orders are valid: Orders are signed and dated, HCP signature is on same page as orders. Medical orders dated within 1 year, Psychiatric orders dated within 3 months.	

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5					2. Staff are not using orders superseded by newer orders or superseded by hospital discharge orders. All outdated HCP orders are removed from the medication book.	
5					3. Order forms given to HCP are complete with allergies and date of visit. Allergies are highlighted or printed in red. List of orders is complete with dose, route, frequency and treatment purpose/special instructions for each medication.	
5					4. Orders given to HCP are complete with reason for visit, current client physical and/or behavioral information.	
5					5. Orders given to HCP are complete with client's current medication information, including doses missed, refused, PRNs given, PRN effectiveness and any pertinent self-administration information.	
5					6. Orders given to HCP have an accurate list of other HCP orders that includes medication name, dose, frequency, route, treatment purpose and ordering HCP.	
5					7. PRN orders have specific target symptoms, instructions for use, doses per day, hours apart and hours apart from any daily doses ordered.	
5					8. HCP has documented all regulatory requirements, next visit information and client's self-administration status.	
5					9. There is a HCP order for every entry listed on the Medication Sheets.	
5					10. All orders for Vital Signs (including Blood Sugar Monitoring) include upper and lower parameters (where appropriate) and specific steps to be taken when readings are outside stated limits.	
5					11. New HCP order(s) are complete. New orders are transcribed and client receives new medication(s) on date of order. Discontinued orders are stopped before next dose is given.	
5					12. HCP orders are properly posted and verified, including telephone orders.	
5					13. Telephone orders are received from HCPs and are properly documented and transcribed. Telephone orders are signed by HCP within 72 hours.	
C. MEDICATION SHEETS						
2					1. Recommend that the Medication Sheets use the same format as the medication sheets used in the MAP Training Manual.	
5					2. Medication Sheet entries are accurately transcribed from the HCP orders/Pharmacy labels.	
5					3. Medication Sheet entries are complete and accurate. No open entries in Brand, Generic, Strength, Amount, Dose, Route, Frequency, Date or Special Instructions fields.	

Rating (1 – 5)	MEETS	PARTIALLY MEETS	DOES NOT MEET	TOTAL SCORE		Comments
	2	1	0			
5					4. Medication Sheet entries are legible (recommend typed) and match the medication order listed on the HCP order form.	
5					5. Allergies are accurately listed on the Medication Sheets. Allergies are highlighted or printed in red.	
5					6. Medication Sheets are initialed correctly. No open spaces. All initials have a corresponding signature in the legend.	
3					7. Medication administration documentation is done in ink with no "whiteout" or erasures.	
1					8. Medication Progress Note form is printed on the reverse side of the Medication Sheet or on a separate sheet.	
5					9. All missed dose(s), refusals, PRN, PRN effectiveness and pertinent self-administration information is entered correctly on the Medication Progress Note form.	
5					10. Vital sign readings are properly recorded on Medication Sheet or separate vital sign sheet. A progress note entry is completed for readings outside HCP parameters.	
3					11. Hospitalization is correctly documented on Medication Sheets.	
5					12. All medications orders are listed on Medication Sheets, including medications administered outside of program.	
5					13. Medication times chosen on the Medication Sheets correspond to program medication times and HCP orders.	
					D. PHARMACY LABELS	
5					1. All Pharmacy labels are legible and information matches HCP orders/Medication Sheets. Orders with initials (i.e.: Aspirin EC) match medication label.	
5					2. Name of the medication ordered on the HCP order is printed on the pharmacy label.	
5					3. Recommend that the pharmacy label matches the time indicated on the medication sheet. Label reads QAM or QPM, not QD.	
4					4. PRN pharmacy label indicates treatment purpose/target symptom. Not "take as directed".	
5					5. OTC/sample medications are properly labeled.	
3					6. Use of stickers is in compliance with MAP Policy 13-4 when exhausting current medication supply.	
					E. MEDICATION OCCURRENCE REPORTS	
5					1. MOR forms are completed for every known Occurrence. MAP Consultants are contacted in a timely manner for every Occurrence.	

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5					2. MORs sent to AREA MAP Coordinator within 7 days. Medical Intervention MORs are faxed and phoned to DPH within 24 hours.	
F. VITAL SIGNS						
5					1. If vital signs are required, site obtains specific written parameters from health care provider.	
5					2. Program identifies who is responsible for obtaining vital signs. Certified Staff obtain vital signs are trained and competency is documented at the site.	
5					3. Vital signs are properly recorded and vital sign information is given to HCP during routine visits.	
5					4. HCP is notified if vital signs are not within ordered parameters & follow-up orders/instructions obtained	
G. LEAVE OF ABSENCE (LOA)						
3					1. LOA is properly documented on a LOA form that includes medication name, dose and number of medications prepared.	
3					2. LOA form has signature of responsible person. LOA form indicates if medications were prepared by the pharmacy, where applicable.	
3					3. LOA where staff prepare medications are unexpected and do not exceed 72 hours. Medications are prepared by two staff and signatures appear on LOA form.	
4					4. LOA is properly documented on medication sheets and medication progress notes.	
4					5. Self-Administration Policies are not being used for a LOA.	
H. SELF ADMINISTRATION/SELF-ADMINISTRATION TRAINING						
4					1. All clients in self administration (SA) Training have a documented skills assessment and IAP's with clear goals and objectives.	
5					2. SA Training clients are able to recognize medications, know dosages, times and treatment purpose prior to packing and holding.	
5					3. SA Training clients packing and holding have an order from every HCP that orders a medication being packed, including telephone orders. Clients are not allowed to exceed HCP orders, IAP objectives or client capabilities.	
5					4. Medication sheet and medication progress note documentation for clients packing and holding is complete with number of doses/days packed, next packing time/date and the client's participation in the process.	
Rating (1 – 5)	MEETS	PARTIALLY MEETS	DOES NOT MEET	TOTAL SCORE		Comments

	2	1	0			
5					5. Client participation in SA Training is communicated to all HCPs that order for the client. Include number of days client is packing/holding, any noted difficulties, missed doses, refusals and PRN use. PRN use should include client stated PRN effectiveness.	
5					6. SA Training clients package w/staff supervision and hold their medications. There is no evidence of staff packaging medications. There is no evidence that packaging is being manipulated for staff convenience.	
4					7. SA Training clients package and hold their medications. For clients allowed to package but not hold medications, the documented rationale for this is clear.	
2					8. For SA Training clients using day planners, the day planner is properly labeled.	
5					9. Clients listed as completely self administering obtain, store and take medications without staff involvement according to MAP Policy. Program maintains HCP orders and EFS current list of medications.	
					I. CONTROLLED SUBSTANCE DOCUMENTATION	
5					1. All count substances are stored in blister or tamper proof packages.	
5					2. Medication count is correct upon review.	
5					3. Medication count pages have accurate headings and Rx numbers. Medications given are properly documented and signed off.	
2					4. Two signatures are noted when transferring to a new page.	
5					5. All schedule II-V drugs counted minimum every 24 hours or when med keys are passed. (every shift preferred)	
4					6. Count book index is complete and accurate.	
5					7. If error is made, word error is written with and explanation and signatures.	
5				N/A	8. All medication losses were reported to the DPH drug control program and Area MAP Coordinator on first business day after discovery.	
					J. MEDICATION DISPOSAL	
3					1. Wasted, dropped, refused or outdated medications were destroyed in a timely manner by two staff according to MAP Policy.	
5					2. Approved DPH Medication Disposal Form is used.	
3					3. Destruction date is noted in count book.	
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					K. WRITTEN PROCEDURES	
3					1. Program-specific procedure related to MAP	

					consultants.	
5					2. Program-specific procedure for medical emergencies related to medication administration.	
4					3. Program-specific procedure medication occurrences	
3					4. Program-specific procedure for obtaining vital signs when ordered.	
4					5. Program-specific procedure for medication refusals. Policy should include when to contact a MAP consultant, when to contact a HCP and steps to be taken for ongoing refusals.	
1					6. Program-specific procedure for LOA.	
5					7. Program-specific procedure for maintaining medication security.	
5					8. Program-specific procedure for identifying & educating individuals responsible for off-site medication administration. Procedure details specific practices used for clients in self-administration training program, including transport of medications, access to medications and security of medications.	
					L. POLICY AND RESOURCE INFORMATION	
3					1. Current DPH MAP Policy Manual is on site.	
3					2. Site maintains written, medication specific information for medications administered on site, including OTC medications.	
2					3. Site has written reference materials pertinent to medication administration.	
1					4. Hard copy of current MAP training manual is on site or "a virtual electronic copy" is available in a manner consistent with MAP Policy 01-1(3)(A).	