DDS MAP TECHNICAL ASSISTANCE TOOL
Medication System Monitoring Check List
4-17-14c

Provider:
Address:
DPH MCSR:
Contact(s):
Date of Visit:
MAP Coordinator/Reviewer:

A. HEALTH CARE PROVIDER (HCP) ORDERS & TRANSCRIPTIONS (SECTIONS 13 & 06)	**YES**	**NO**	**COMMENTS**
1. There is a HCP order for all prescription meds, OTCs and herbal supplements or products			
2. HCP orders are valid with HCP signature on the same page as orders and dated within 1 year			
3. All HCP orders (including new orders and telephone orders) are posted and verified (includes signature, date and time) below HCP signature			
4. Changes in medication orders are handled as new HCP orders			
5. Staff are not using outdated HCP orders which have been superseded by newer orders or superseded by hospital discharge orders			
6. On HCP order forms listing multiple meds, after med(s) are DC'd; staff indicate in the margin - DC, date, initials and see new order, if applicable			
7. PRN orders have the specific reason for use and instructions (including hours apart from any regularly scheduled doses ordered) and guidelines when to notify HCP, if applicable.			
8. Prescriptions are not substituted for HCP orders			
9. HCP orders, pharmacy labels and medication sheets agree			
10. HCP orders are correctly transcribed on the medication sheets			
11. Telephone orders for med changes are documented on a HCP telephone order form and cosigned by HCP within 72 hours			
12. Monthly med sheet accuracy check by 2 Certified and/or licensed staff			
13. There is an internal MAP monitoring system			
B. VITAL SIGNS (SECTIONS 03 & 08)	**YES**	**NO**	**COMMENTS**
1. Each HCP is consulted to determine if vital signs are required for medication administration			
2. If vital signs are required, site obtains specific written parameters from HCP and specific steps to take when readings are outside stated parameters			
3. Vital signs are monitored by Certified and/or licensed staff as ordered by HCP			
4. Vital signs are documented on med sheet (in the same or preceding med block) above or below the initials of the staff administering the med			

5. HCP is notified if vital signs were not obtained or parameters steps not followed. Following notification, HCP orders/instructions received are documented in progress notes			
6. Documentation of vital sign training and staff competency is at both the site and provider's main office			
C. MEDICATION DOCUMENTATION (SECTIONS 06, 08 & 13)	**YES**	**NO**	**COMMENTS**
1. All documentation is in ink			
2. Errors are properly corrected (no marking over, white out, or erasures)			
3. Reason why each med is ordered is present on med sheet			
4. Medication sheets are organized and clear			
5. All boxes in the medication sheets are initialed that medication was given			
6. Medications not given as ordered (med refusal and other reasons) are documented on the med sheets and progress notes			
7. Staff document notification of HCP for med not given as ordered (med refusal and other reasons) in progress notes, along with recommended actions or changes			
8. Administration of PRN meds is documented including time of administration and reason given along with its effectiveness			
9. Staff administering meds have signed the signature list			
10. For individuals with a current seizure disorder a current seizure record present (includes date of last known seizure, if infrequent)			
11. When warranted, BM data, seizure data, etc. available to cross reference for med administration			
12. Allergies are written on the medication sheet, HCP orders, consult forms and emergency fact sheets			
13. Emergency fact sheets are complete with medications			
D. STAFF CERTIFICATION (SECTIONS 02 & 10)	**YES**	**NO**	**COMMENTS**
1. Acceptable proof of staff administering meds (including relief staff) is current and on site.			
E. ANCILLARY PRACTICES (SECTIONS 08 & 14)	**YES**	**NO**	**COMMENTS**
1. If blood glucose testing is related to med administration (receiving an oral hypoglycemic or insulin) site obtains specific, written upper/lower parameters from the HCP, and specific steps to take when readings are outside stated parameters			
2. Documentation of training and staff competency of Certified staff testing blood glucose is on site			
3. CLIA Waiver is required for any on site laboratory testing (e.g., blood glucose testing). If PT/ INR self-testing is managed in the program setting, it is not being done by Certified staff.			
4. If a person is receiving insulin, site obtains specific, written parameters from the HCP including instructions on when insulin is to be held			
5. Certified staff administering injectable epinephrine (EpiPen) meds and/or meds via G/J tubes have received specialized training and documentation of competency is on site			

F. CONTROLLED (COUNTABLE) SUBSTANCE PACKAGING (SECTION 10)	YES	NO	COMMENTS
1. All Schedule II-V (countables) are received from pharmacy in tamper proof packaging			
2. Tamper proof package (blister pack, OPUS, Optipak) is absent of glue or tape			
3. Liquid countables are packaged such that once used, no liquid remains in the container.			
4. Count book page numbers are not written on tamper proof packages (blister packs)			
5. If blister pack monitoring is done, initials, date and time are noted on the backside of the package only			
6. It is recommended these Schedule VI meds be added to count: Ultram, Fioricet and Gabapentin (Neurontin)			
G. CONTROLLED (COUNTABLE) SUBSTANCE DOCUMENTATION (SECTION 10)	**YES**	**NO**	**COMMENTS**
1. Countable substance book is bound, with pages numbered, and intact			
2. Count book index is complete and accurate			
3. Entries are not squeezed in between lines			
4. Countable meds are charted in med count book as given			
5. Two signatures are present when adding medication to the count			
6. Expired or discontinued meds are destroyed by two Certified staff, one of which is a site supervisor. If a site supervisor is unavailable, two Certified staff may dispose of dropped or refused medication. All disposals require two signatures and explanation in count book.			
7. Two Certified/licensed staff signatures are present when transferring to a new count page (bottom of used page/top of new page)			
8. Schedule II-V (countables) are counted every time control of the medication key is passed			
9. Medication count is correct at time of review			
10. Continuation pages are referenced correctly			
11. Med loss (all prescription meds and/or written prescriptions) reported to Drug Control Program by first business day after discovery			
12. No evidence of tampering or diversion upon review			
H. TRANSITIONING TO SELF-ADMINISTERING (SECTION 07)	**YES**	**NO**	**COMMENTS**
1. Self-Administration assessment is present			
2. Instructions noted in IAP/ISP assisting a person transitioning from non-self-administering to self-administering status are followed			
3. Only pharmacists or persons learning to self-administer prepares pill-organizer. If the person learning prepares, packages the pill-organizer, “P” is documented on an observation sheet.			

4. Documentation by HCP indicating approval for self-administration and the number of days a person may pack and hold meds is present			
5. Quarterly review of self-administration status is present			
I. LEAVE OF ABSENCE and OTHER OFF-SITE ADMINISTRATION (SECTION 11)	**YES**	**NO**	**COMMENTS**
1. Medication for leave of absence (LOA) are prepared according to DPH regulation			
2. All required documentation is completed including “LOA”, “DP”, “W”, “H” on the med sheet, progress note, if needed and signatures for release of medications (staff & responsible person) on dated med-release document form and/or properly completed LOA form			
3. LOA medications returned are disposed of per DPH policy			
J. MEDICATION ORDERING/RECEIVING (SECTION 10)	**YES**	**NO**	**COMMENTS**
1. Prescription deliveries are logged and pharmacy receipts are kept for 90 days			
K. CLEANLINESS AND SECURITY (SECTION 10)	**YES**	**NO**	**COMMENTS**
1. Med area is clean and contains only supplies needed for med administration			
2. Unauthorized personnel cannot gain access to med area			
3. Med area is locked when not in use. Only provider administrative staff has a duplicate key and procedures are in place for back up key usage			
4. Prescription drugs/OTC items in date			
5. Internal and external items stored separately			
6. All Schedule VI meds, needles, OTC meds and discontinued meds are stored in a locked container (refrigerated container when needed) or area			
7. All Schedule II-V (countable meds) are double locked			
8. Meds for an individual who is self-administering are stored in a locked container or area, unless authorized by program director			
9. Unless prescription plan requires otherwise, no more than a 37 day supply of prescription medication is stored on site. (If excess due to prescription plan requirement, documentation is present)			
L. MEDICATION DISPOSAL (SECTION 10)	**YES**	**NO**	**COMMENTS**
1. DPH med disposal form is used for ALL prescription meds (Schedule II-VI). May also be used for OTCs			
2. Outdated medication is disposed of in a timely fashion			
3. Discontinued or outdated meds are destroyed in an approved manner by two Certified/licensed staff, one of which is a supervisory staff person; if a site supervisor is unavailable when an individual refuses a prepared med or a pill is inadvertently dropped two certified staff may render the med unusable.			
M. POLICY AND RESOURCE INFORMATION (SECTIONS 01, 10)	**YES**	**NO**	**COMMENTS**
1. Current MAP Policy Manual (hard copy or virtual) is on site.			

2. Current (dated less than 2 years) medication information sheets are available for each med received by individual			
3. Current (dated less than 2 years) drug reference material (hard copy or virtual) is on site			
4. Current MAP training manual is on site			
N. PROVIDER POLICIES (SECTIONS 06, 08, 10 & 11)	**YES**	**NO**	**COMMENTS**
1. Related to 24/7 access to MAP consultant(s)			
2. Medical emergencies related to med administration			
3. Leave of absence (LOA); Day Program (DP); W (Work) -Obtaining properly labeled containers -Identifying and educating staff/family/friends responsible for off-site medication administration			
4. Access to the medication area			
5. Vital signs			
6. Medication administration times			
7. Administration of OTC medications without pharmacy or HCP labels (OTC method B), as appropriate			
O. STAFF EDUCATION (SECTION 06)	**YES**	**NO**	**COMMENTS**
1. Ongoing medication education is offered to staff members and documentation is on site			
2. If OTC Method B (OTC meds are administered without pharmacy or HCP labels) is utilized, documented training by service provider is on site			
P. MEDICATION OCCURRENCE REPORTS (SECTIONS 09 & 10)	**YES**	**NO**	**COMMENTS**
1. Emergency numbers clearly posted, including MAP consultants and Poison Control Center			
2. MAP consultants are available 24 hours a day, 7 days week			
3. “HOTLINE” MORs are faxed to DPH and MAP Coordinator within 24 hours of occurrence/discovery			
4. All MORs sent to MAP Coordinator within 7 days of occurrence/discovery			
5. Original DPH MOR forms (if hotline) are kept on site, copy at main office. In addition, all MORs submitted via HCSIS. If data entry is started on a paper form, the paper (original) must be maintained at the site. If data entered directly into HCSIS (no paper form is used) and can be retrieved electronically at the site, it is not necessary to print a paper copy.			
6. Documentation of provider response (e.g., staff training) to MORs are kept on site (as specified on MOR)			
Q. MASS CONTROLLED SUBSTANCE REGISTRATION (SECTION 01)	**YES**	**NO**	**COMMENTS**
1. Original or copy of current registration (MCSR) is on site where medication is stored			

Forward documentation including a description of actions taken or planned, including but not limited to supporting documents (such as new or amended procedures, staff training attendance lists, etc.) as necessary for each issue identified, the responsible person(s) and timelines for implementation and/or completion to this reviewer within 60 working days. The response may be added to each comment box after the MAP Coordinator's review. Once received, the (INSERT PROVIDER NAME) plan to meet the standards as per 105 CMR 700.000 and 115 CMR 05.00 will be reviewed with (INSERT AREA OFFICE CONTACT AND TITLE HERE), (INSERT AREA OFFICE HERE).