Safe Administration of Medicines Education and E-Learning
Policy for Registered Nurses
(SAME)

Final

Document control summary	
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Department	
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1.0	September 2008	
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Contents Page

1. Introduction

1.1   Improving quality of care and patient safety is at the heart of the National Health Service (NHS). As an NHS Trust we are charged with improving the safety and quality of patient care through reporting, analysing, and disseminating the lessons learnt from incidents and near misses, (DoH, 2004).

1.2   A prescribed medicine is the most frequently provided treatment for patients in the NHS and although standards for medicines prescribing, dispensing and administration are high in this country, mistakes do occur. There has been growing awareness of the causes of medicines incidents.   The publication of 'An Organisation with a Memory' (DoH, 2000) demonstrated the governments commitment to improving the safety of patient care with the clear aim to reduce the number of incidents of serious medicines incidents by 40 %, (DoH, 2004). As a result of these facts and the government initiatives it is essential that the Trust has a supportive and clear process to improve the practice of the administration of medicines.

1.3   In their review of Medicines Management, the Healthcare Commission reported that trusts need appropriate controls to ensure that medicines-related risks are minimised (Healthcare Commission, 2007).

1.4   The report from the National Patient Safety Agency (NPSA), 'Safety in doses: medicines safety incidents in the NHS' (NPSA, 2007) outlining seven key actions for trusts to implement to improve patient safety and improve staff skills and competencies.

1.5   The Nurse and Midwifery Council (NMC) Standards for Medicine Management (NMC, 2007) encourage the immediate reporting of incidents stating that all incidents require a thorough and careful investigation at local level, taking full account of the context and circumstances and the position of the practitioner involved.

2. Aim of Policy

2.1   The aim of this policy is to provide a process that supports Registered Nurses in the safe administration of medicines, improves practice and ensures a consistent approach to the management of medicines administration incidents. It aims to provide an opportunity for nurses to analyse their practice, learn from incidents and subsequently improve their practice, providing nurses with education and support in their role in the administration of medicines.

3. Scope

3.1   This policy applies to the administration of medicines only. It does not apply to the prescribing or dispensing of medicines.

3.2   This policy applies to registered nurses only. The Trust does not have governance arrangements in place for the practice of non-medical nursing staff administering medicines. See Community Medicines Policy for non-medical nursing staff and their role in relation to medicines.

3.3 The Trust recognises there may be occasions when an administration incident is due to negligence or incompetence and may requires Disciplinary or Capability Policy and Procedures to be implemented immediately. This policy applies to medication incidents that are categorised as "mistakes" rather than negligence or incompetence.

This policy should be read in conjunction with the:

- Medicines Policy
- NMC Code of Conduct
- NMC Standards for Medicines Management
- Trust wide Policy for the Management of Incidents
- Capability Policy and Procedure
- Disciplinary Policy and Procedure
- Community Medicines Policy
- Supervision Policy

4. The Principles of Safe Administration of Medicines

4.1 When carrying out their duties in relation to the safe administration of medicines, registered nurses must comply with the Trust Medicines Policy, the Community Medicines Policy (where applicable) and the comply with the Nursing and Midwifery Council (NMC) Standards for Medicines Management (NMC, 2007).

4.2 Registered nurses in exercising their professional accountability in the safe administration of medicines must comply with the 10Rs as listed below. For a full explanation of the 10Rs please refer to the Trust Medicines Policy.

- Right Patient

- Right Consent

- Right Time

- Right Medicine

- Right Dose

- Right Route

- Right Expiry

- Right Documentation

- Right Effect

- Right Education

5   Safe Administration of Medicines

The Trust aims to:

- support nurses in the practice of safe administration of medicines
- encourage nurses to report medicines administration incidents
- manage incidents effectively
- support registered nurses learning and development
- learn from incidents

Systems in place to support this include:

- E-learning package
- Medicines Safety Group
- Management supervision / Performance management
- Clinical Supervision
- The Trust appraisal process and personal development plans
- Observed Medicines Administration Tool
- Precetorship
- Induction

5.1   Safe Administration and Medicines Education/E-Learning (SAME) Programme

5.1.1   The Trust has developed a bespoke e-learning programme namely "The Safe Administration of Medicines Education/E-Learning".   All registered nurses administering medicines are expected to complete the e-learning programme and to repeat it every two years or more frequently if a need is identified.

5.1.2   Registered nurses new to the Trust are expected to complete the e-learning programme as part of their induction and prior to administering medicines.

5.1.3   The e-learning programme is centred around the 10Rs of administration of medicines and is linked to the Trust Medicines Policy, Community Medicines Policy and NMC Standards for Medicines Management (NMC, 2007).

5.1.4   The e-learning system contains a evidence database showing, at a glance, all names of staff that have completed the course, the date of completion and their subsequent test result.

5.1.5   The e-learning programme also aims to support those nurses who continue to make administration errors and need either a refresher or further training.   (Refer to section 6 of this policy).

5.1.6   The e-learning programme must be completed within 4 weeks of commencing the course.

5.1.7   The line manager/Practice Innovation Nurse (PIN) is responsible for the registered nurses progress through the e-learning programme

5.1.8   The outcome and results of the e-learning programme must be explored, discussed and reflected upon in supervision.

5.1.9 The pass mark for the e-learning programme is 100% and there is an expectation that registered nurses achieve this on their first attempt at each question.

5.1.10 In the event of a fail on the first attempt at the e-learning programme, the line manager/PIN must offer the registered nurse additional support and supervision. As well as exploring issues highlighted in the e-learning programme results. The line manager is advised to explore the registered nurse's computer, numeracy and literacy skills. (Refer to the Trust education commissioning lead for advice on numeracy and literacy)

The registered nurse must attempt the e-learning programme for the second time within 3 months. The nurse can continue to administer medicines at this time if the line manager has no immediate concerns.

5.1.11 If a registered nurse has <u>two</u> failed attempts at the e-learning programme, the Modern Matron/Clinical Lead must implement <u>Stage 1</u> of the Trust Capability Policy.

5.2   Medicines Safety Group

5.2.1 The Trust Medicines Safety Group (MSG) is multidisciplinary and meets every month. The location rotates so that it meets in each locality every three months. The group takes the lead on identifying the risks pertaining to the prescribing, dispensing and administration of medicines within the Trust.

5.2.2 The MSG reviews and monitors systems to ensure a consistent approach to the management of medicines incidents across the Trust. It makes recommendations to the Clinical Risk Group and Healthcare Governance Committee about medicine safety issues.

5.2.3 Findings from medicines incidents are communicated and disseminated to front-line staff via the appointed representative, minutes from the meetings, memos and the Medicines Incidents Newsletters.

6.   Performance management of medicines administration incidents

6.1.1 In the event that a medicines incident occurs, please refer to the Trust Medicines Policy and follow the steps described. The Modern Matron/Clinical Lead of each clinical team is responsible for monitoring and analysing medicines incidents. In the event that a registered nurse has more than 2 reported medication administration incidents in 3 months the Practice Innovation Nurse (PIN)/Senior nurse must notify the Modern Matron/Clinical Lead within 24 hours.

6.1.2 The Modern Matron/Clinical Lead must ensure that the procedure described in section 6.2.1 for the assessment of medicines administration is implemented with immediate effect.

6.1.3 There may be occasions were an administration incident requires immediate implementation of the Trust disciplinary policy and procedure. Senior management would advice when this is a necessary action.

6.1.4 Medicine administration incidents may include:

- Administration to the wrong patient.
- Administration of a drug without the right consent or of a drug not listed on a form T2 / T3
- Administration at the wrong time.
- Administration of the wrong medicine.
- Administration of the wrong dose of medicine.
- Administration via the wrong route.
- Administration of an expired medicine.
- Failure to sign the prescription chart to confirm the administration of a medicine or failure to appropriately endorse the prescription chart if a medicine is omitted or not given as prescribed.
- Failure to adequately monitor the therapeutic and adverse effects of prescribed medicines.
- Failure to provide education and information about medicines administered.

(The above list is not exhaustive)

6.2.1 Procedure for the Assessment of Medicines Administration in the event of a registered nurse who has 2 or more incidents within a 3 month period.

- The following procedure aims to assist registered nurses to build confidence and competence in the administration of medicines. The timeframe for this process, from implementation to completion is 4 weeks. The assessment will involve the assessment of the registered nurse carrying out a medicine round using the Observed Medicines Administration Assessment Tool (Appendix 1).

- Once the Modern Matron/Clinical Lead has identified that two incidents have occurred in a three month period, they must meet the registered nurse within 3 working day. At this meeting the registered nurse must be offered support, guidance and be provided with an opportunity to reflect on the incidents. The Modern Matron/Clinical Lead must record the outcome of this meeting and provide a copy to the registered nurse within 5 working days of the meeting.

- At this meeting, developmental and training needs must be discussed and any identified needs monitored through supervision. These may be included in the registered nurse's PDP.

a) **Before the assessment:**

The Modern Matron/Clinical Lead must ensure that the registered nurse:

- complete and pass the e-learning programme on the safe administration of medicines before they are assessed using the Observed Medicines Administration Assessment Tool (Appendix 1).
- is given a copy of the Observed Medication Administration Assessment Tool (Appendix 1) before the assessment.
- has notification of the assessment date two days before the assessment is due to take place.

b)   Assessors

- The assessors will be either the Modern Matron/Clinical Lead, who must have completed and passed the e-learning programme.

- The Modern Matron/Clinical Lead is responsible for ensuring the Observed Medication Administration Assessment takes place

- The Modern Matron/Clinical Lead will receive an opportunity for discussion, support and education about the assessment tool from a member of the Medicines Safety Group (MSG) when requested.

- Assessors will be required to explore reason for drug error occurring and to ensure adequate knowledge and support is put in place for the nurse being supported.

c)   Assessment

- The registered nurse must not administer medicines until the outcome of the assessment is determined.

- During the period where the registered nurse is not administering medicines, they must be given the opportunity to observe the administration of medicines on a minimum of two occasions before undertaking the Observed Medicines Administration Assessment Tool (Appendix 1).

- The registered nurse must be assessed using the Observed Medicines Administration Assessment Tool (Appendix 1).

- If the registered nurse is successful in the Observed Medicines Administration Assessment they can immediately resume administering medicines.

- A record of the assessment must be kept by the assessor, manager and a copy kept in the registered nurse's personnel files.

6.2.2   Failed assessment

- If the registered nurse is unsuccessful in their assessment (Observed Medicines Administration Assessment Tool), they have failed to demonstrate ability in the safe administration of medicines and must be moved Stage 1 of the Trust Capability Policy and Procedure.

- This must be recorded and copy provided for the registered nurse with notification of referral to Stage 1 of the Trust Capability Policy and Procedure.

See Appendix 2 for flow chart summarising the process for managing incidents.

References

1. Department of Health (2004). <u>Building a safer NHS for patients: Improving Medication Safety.</u> London: The Stationary Office.

2. Department of Health (2000). <u>An Organisation with a Memory: Report of an expert group on learning from adverse events in the NHS chaired by the Chief Medical Officer</u>.   London: The Stationary Office.

3. The Healthcare Commission (2007). Talking <u>About Medicines: The management of medicines in trusts providing Mental Health Services</u>. London: HC.

4. National Patient Safety Agency (2007). <u>Safety in doses: medication safety incidents in the NHS</u>. London: NPSA

5. Nursing and Midwifery Council. (2004). <u>Guidelines for the Administration of Medicines</u>. London: NMC

6. Mayo, A.M., and Duncan, D. (2004). 'Nurse perceptions of medication incidents: What we need to know for patient's safety'. <u>Journal of Nursing Care Quality.</u> 19, p209 – 217.

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Check Medicine	Name of Medicine																				
	Strength																				
	Form																				
	Expiry Date																				
	Opens one pack at a time																				
	Removes dose																				
	Returns container to trolley																				
	Collects next medicine																				
	Protects self (e.g. wears gloves if needed)																				
Administration to patient	Check patient hasn't had dose																				
	Check patient's condition – should medicine be withheld?																				
	Ensure patient understanding																				
	Check patient's identification																				
	Take dose to patient & remain until doses taken																				
	If drug not available, arrange supply																				
Documentation	Make accurate record AFTER admin.																				
	Date & time																				
	Nurse's initials																				
	If refusal or decide not to give record omission using reason codes																				

Nurse's Name: Signature:……………………….

Assessor: Signature:……………………….

Date: Time:………………   Next assessment due: ………………………..

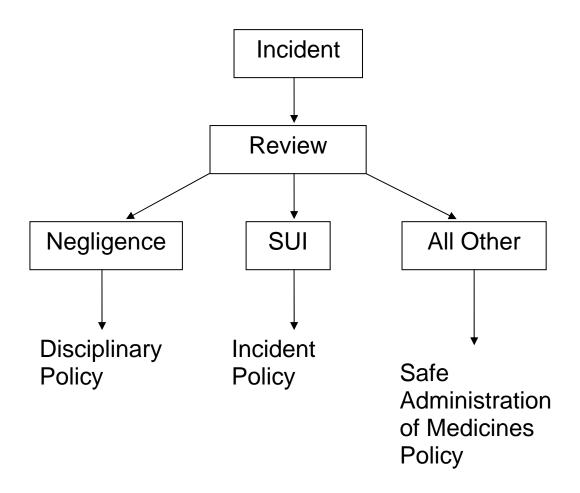**Medication administration assessment tool – information to be collected by questioning**

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Prescription check (Valid & correctly prescribed)	Patient Name																				
	Record Number																				
	Name of Medicine																				
	Dose																				
	Timing and Frequency																				
	Start Date																				
	Duration																				
	Route																				
	Signature																				
	Allergies																				
Knowledge of Medicine	Therapeutic Effect																				
	Side Effects																				
	Usual Dose & Route																				
	If drug not available, arrange supply																				
Other	Observe patient for side effects & report to appropriate Doctor.																				

Comments:	

Nurse's Name: Signature:………………………..

Assessor: Signature:………………………..

Date: Time:…………………   Next assessment due: ………………………..

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Appendix 2

Process For Managing Incidents

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                    ┌─────────────┐
                    │  Incident   │
                    └──────┬──────┘
                           │
                           ▼
                    ┌─────────────┐
                    │   Review    │
                    └──────┬──────┘
          ┌────────────────┼────────────────┐
          ▼                ▼                 ▼
   ┌─────────────┐  ┌─────────────┐  ┌─────────────┐
   │ Negligence  │  │     SUI     │  │  All Other  │
   └──────┬──────┘  └──────┬──────┘  └──────┬──────┘
          │                │                 │
          ▼                ▼                 ▼
   Disciplinary        Incident           Safe
   Policy              Policy             Administration
                                          of Medicines
                                          Policy
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During any of the above processes it may be necessary to move from one policy to another.