

# MAP TECHNICAL ASSISTANCE TOOL

Medication Systems Monitoring Check List

Provider:  
 Address:  
 DPH Registration Number:  
 Contact(s):  
 Date of Visit:  
 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 compounds listed on the med sheet	<input type="checkbox"/>	<input type="checkbox"/>	
2.	HCP orders are valid with HCP signature on the same page as orders and dated within 1 year	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Changes in medication orders are handled as new orders	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Staff is not using orders superseded by newer orders or superseded by hospital discharge orders	<input type="checkbox"/>	<input type="checkbox"/>	
5.	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.	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Prescriptions are not substituted for HCP orders	<input type="checkbox"/>	<input type="checkbox"/>	
7.	HCP orders, pharmacy labels and medication sheets agree	<input type="checkbox"/>	<input type="checkbox"/>	
8.	HCP orders are correctly transcribed on the medication sheets	<input type="checkbox"/>	<input type="checkbox"/>	
9.	All new orders, including telephone orders are posted and verified	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Telephone orders for med changes are documented on a HCP telephone order form and signed by HCP within 72 hours	<input type="checkbox"/>	<input type="checkbox"/>	
11.	Monthly med sheet accuracy check by 2 certified and/or licensed staff	<input type="checkbox"/>	<input type="checkbox"/>	
B. VITAL SIGNS (SECTIONS 03 & 08)		YES	NO	COMMENTS
1.	Each HCP is consulted to determine if vital signs are required for medication administration	<input type="checkbox"/>	<input type="checkbox"/>	
2.	If required, site obtains specific written parameters from HCP and specific steps to take when readings are outside stated parameters	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Vital signs are monitored by certified and/or licensed staff as ordered by HCP	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Vital signs are documented on med sheet above or below the initials of the staff administering the med	<input type="checkbox"/>	<input type="checkbox"/>	
5.	HCP is notified if vital signs were not obtained and orders/instructions received are documented in progress notes	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Documentation of vital sign training and staff competency is at both the site and provider's main office	<input type="checkbox"/>	<input type="checkbox"/>	

# MAP TECHNICAL ASSISTANCE TOOL

## Medication Systems Monitoring Check List

<b>C. MEDICATION DOCUMENTATION (SECTIONS 06, 08 &amp; 13)</b>		YES	NO	COMMENTS
1. All documentation is in ink		<input type="checkbox"/>	<input type="checkbox"/>	
2. Errors are properly corrected (no marking over, white out, or erasures)		<input type="checkbox"/>	<input type="checkbox"/>	
3. Information on why each med is ordered is present (on HCP order, med sheet or highlighted on med info sheet)		<input type="checkbox"/>	<input type="checkbox"/>	
4. Medication sheets are organized and clear		<input type="checkbox"/>	<input type="checkbox"/>	
5. All boxes in the medication sheets are initialed as medication is given		<input type="checkbox"/>	<input type="checkbox"/>	
6. If meds were not given as ordered, med refusals and other reasons are documented on the med sheets and progress notes		<input type="checkbox"/>	<input type="checkbox"/>	
7. Staff document notification of HCP for med refusals, med not given as ordered in progress notes, with recommended actions or changes in orders		<input type="checkbox"/>	<input type="checkbox"/>	
8. Administration of PRN meds is documented including reason given and its effectiveness		<input type="checkbox"/>	<input type="checkbox"/>	
9. Staff administering meds have signed the signature list		<input type="checkbox"/>	<input type="checkbox"/>	
10. Current seizure record present, if seizure disorder (includes date of last known seizure, if infrequent)		<input type="checkbox"/>	<input type="checkbox"/>	
11. BM data, seizure data, etc. available to cross reference for med administration, if needed		<input type="checkbox"/>	<input type="checkbox"/>	
12. Allergies are written on the medication sheet, HCP orders, consult forms		<input type="checkbox"/>	<input type="checkbox"/>	
13. Emergency fact sheets are complete with medications and allergies		<input type="checkbox"/>	<input type="checkbox"/>	
<b>D. STAFF CERTIFICATION (SECTIONS 02 &amp; 10)</b>		YES	NO	COMMENTS
1. Acceptable proof of staff administering meds (including relief staff) is current and on site.		<input type="checkbox"/>	<input type="checkbox"/>	
<b>E. ANCILLARY PRACTICES (SECTIONS 08 &amp; 14)</b>		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		<input type="checkbox"/>	<input type="checkbox"/>	
2. Documentation of certified staff training and competency of blood glucose testing is on site		<input type="checkbox"/>	<input type="checkbox"/>	
3. CLIA Waiver		<input type="checkbox"/>	<input type="checkbox"/>	
4. If a person is receiving insulin, site obtains specific, written parameters from the HCP including instructions on when insulin is to be held		<input type="checkbox"/>	<input type="checkbox"/>	
5. Certified staff administering injectable ( EpiPen) meds and/or meds via G/J tubes have received specialized training and documentation of competency is on site		<input type="checkbox"/>	<input type="checkbox"/>	
<b>F. CONTROLLED (COUNTABLE) SUBSTANCE PACKAGING (SECTION 10)</b>		YES	NO	COMMENTS
1. All Schedule II-V (countables) are received from pharmacy in tamper proof packaging		<input type="checkbox"/>	<input type="checkbox"/>	
2. Tamper proof package (blister pack) is absent of glue or tape		<input type="checkbox"/>	<input type="checkbox"/>	

# MAP TECHNICAL ASSISTANCE TOOL

## Medication Systems Monitoring Check List

3. Count book page numbers are not written on tamper proof packages (blister packs)	<input type="checkbox"/>	<input type="checkbox"/>	
4. If blister pack monitoring is done, initials, date and time are noted on the backside of the package only	<input type="checkbox"/>	<input type="checkbox"/>	
<b>G. CONTROLLED (COUNTABLE) SUBSTANCE DOCUMENTATION (SECTION 10)</b>			
1. Countable substance book is bound, with pages numbered, and intact	<input type="checkbox"/>	<input type="checkbox"/>	
2. Count book index is complete and accurate	<input type="checkbox"/>	<input type="checkbox"/>	
3. Entries are not squeezed in between lines	<input type="checkbox"/>	<input type="checkbox"/>	
4. Countable meds are charted in med count book as given	<input type="checkbox"/>	<input type="checkbox"/>	
5. Two signatures are present when adding medication to the existing count	<input type="checkbox"/>	<input type="checkbox"/>	
6. Dropped, refused, expired or discontinued meds are destroyed by two certified staff, one of which is a supervisor, with two signatures and explanation in count book	<input type="checkbox"/>	<input type="checkbox"/>	
7. Two sets of signatures are present when transferring to a new page (bottom of used page/top of new page)	<input type="checkbox"/>	<input type="checkbox"/>	
8. Schedule II-V (countables) are counted every time the staff changes and by 2 certified staff at least once every 24 hours	<input type="checkbox"/>	<input type="checkbox"/>	
9. Medication count is correct at time of review	<input type="checkbox"/>	<input type="checkbox"/>	
10. Continuation pages are referenced correctly	<input type="checkbox"/>	<input type="checkbox"/>	
11. Med loss (all prescription meds) reported to Drug Control Program by first business day after discovery	<input type="checkbox"/>	<input type="checkbox"/>	
12. No evidence of tampering or diversion upon review	<input type="checkbox"/>	<input type="checkbox"/>	
<b>H. TRANSITIONING TO SELF-ADMINISTERING (SECTION 07)</b>			
1. Self-Administration assessment is present	<input type="checkbox"/>	<input type="checkbox"/>	
2. Instructions noted in IAP/ISP assisting a person transitioning from non-self-administering to self-administering status are followed	<input type="checkbox"/>	<input type="checkbox"/>	
3. Only pharmacists or persons learning to self-administer prepares pill dispenser. If the person learning prepares, packaging, "P" is documented on an observation sheet.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Documentation by HCP indicating approval for self administration and the number of days a person may hold meds is present	<input type="checkbox"/>	<input type="checkbox"/>	
5. Quarterly review of status is present	<input type="checkbox"/>	<input type="checkbox"/>	
<b>I. LEAVE OF ABSENCE (SECTION 11)</b>			
1. Medications are prepared according to DPH regulation	<input type="checkbox"/>	<input type="checkbox"/>	
2. All required documentation is completed including "LOA", "DP", "W" on the med sheet, progress note, if needed and signatures for release of medications (staff & responsible person) on dated med-release document	<input type="checkbox"/>	<input type="checkbox"/>	
3. Medications returned are disposed of per DPH policy	<input type="checkbox"/>	<input type="checkbox"/>	

# MAP TECHNICAL ASSISTANCE TOOL

## Medication Systems Monitoring Check List

<b>J. MEDICATION ORDERING/RECEIVING (SECTION 10)</b>		YES	NO	COMMENTS
1. Prescription deliveries are logged		<input type="checkbox"/>	<input type="checkbox"/>	
<b>K. CLEANLINESS AND SECURITY (SECTION 10)</b>		YES	NO	COMMENTS
1. Med area is clean and contains only supplies needed for med administration		<input type="checkbox"/>	<input type="checkbox"/>	
2. Unauthorized personnel cannot gain access to med area		<input type="checkbox"/>	<input type="checkbox"/>	
3. Med area is locked when not in use and back up set of keys available		<input type="checkbox"/>	<input type="checkbox"/>	
4. Prescription drugs/OTC items in date		<input type="checkbox"/>	<input type="checkbox"/>	
5. Internal and external items stored separately		<input type="checkbox"/>	<input type="checkbox"/>	
6. All Schedule VI meds, OTC meds and discontinued meds are stored in a locked container (refrigerated container when needed) or area		<input type="checkbox"/>	<input type="checkbox"/>	
7. All Schedule II-V (countable meds) are double locked		<input type="checkbox"/>	<input type="checkbox"/>	
8. Meds for self-administering client's are stored in a locked container or area, unless authorized by program director		<input type="checkbox"/>	<input type="checkbox"/>	
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)		<input type="checkbox"/>	<input type="checkbox"/>	
<b>L. MEDICATION DISPOSAL (SECTION 10)</b>		YES	NO	COMMENTS
1. DPH med disposal form is used for ALL prescription meds (Schedule II-VI). May also be used for OTCs		<input type="checkbox"/>	<input type="checkbox"/>	
2. Outdated medication is disposed of in a timely fashion		<input type="checkbox"/>	<input type="checkbox"/>	
3. Discontinued or out-dated meds are destroyed in an approved manner by two certified staff, one of whom must be a supervisory staff person		<input type="checkbox"/>	<input type="checkbox"/>	
<b>M. POLICY AND RESOURCE INFORMATION (SECTIONS 01, 10)</b>		YES	NO	COMMENTS
1. DPH MAP Policy Manual (hard copy or virtual) is on site		<input type="checkbox"/>	<input type="checkbox"/>	
2. Medication information sheets are available for each med received by individual		<input type="checkbox"/>	<input type="checkbox"/>	
3. Drug reference material (hard copy or virtual) is on site		<input type="checkbox"/>	<input type="checkbox"/>	
4. MAP training manual is on site		<input type="checkbox"/>	<input type="checkbox"/>	
<b>N. PROVIDER POLICIES (SECTIONS 06, 08, 10 &amp; 11)</b>		YES	NO	COMMENTS
1. Related to 24/7 access to MAP consultant(s)		<input type="checkbox"/>	<input type="checkbox"/>	
2. Medical emergencies related to med administration		<input type="checkbox"/>	<input type="checkbox"/>	
3. Leave of absence (LOA)		<input type="checkbox"/>	<input type="checkbox"/>	

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Medication Systems Monitoring Check List

4. Access to the medication area	<input type="checkbox"/>	<input type="checkbox"/>	
5. Vital signs	<input type="checkbox"/>	<input type="checkbox"/>	
6. Medication administration times	<input type="checkbox"/>	<input type="checkbox"/>	
7. Administration of OTC medications without pharmacy or HCP labels, as appropriate	<input type="checkbox"/>	<input type="checkbox"/>	
<b>O. STAFF EDUCATION (SECTION 06)</b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
1. Ongoing medication education is offered to staff members and documentation is on site	<input type="checkbox"/>	<input type="checkbox"/>	
2. If OTC meds are administered without pharmacy or HCP labels, such training (if no pharmacy label) by the service provider is documented and on site	<input type="checkbox"/>	<input type="checkbox"/>	
<b>P. MEDICATION OCCURRENCE REPORTS (SECTIONS 09 &amp; 10)</b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
1. Emergency numbers available, including MAP consultants and Poison Control Center	<input type="checkbox"/>	<input type="checkbox"/>	
2. MAP consultants are available 24 hours a day, 7 days week	<input type="checkbox"/>	<input type="checkbox"/>	
3. "HOTLINE" MORs are faxed to DPH and MAP Coordinator within 24 hours of occurrence/discovery	<input type="checkbox"/>	<input type="checkbox"/>	
4. All MORs sent to MAP Coordinator within 7 days of occurrence/discovery	<input type="checkbox"/>	<input type="checkbox"/>	
5. DDS-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.	<input type="checkbox"/>	<input type="checkbox"/>	
6. Documentation of provider response to MORs are kept on site (as specified on MOR)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Q. MASS CONTROLLED SUBSTANCE REGISTRATION (SECTION 01)</b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
1. Original or copy of current registration is on site where medication is stored	<input type="checkbox"/>	<input type="checkbox"/>	