1.0 PURPOSE

The purpose of this policy is to reduce risk and harm to patients through a safety system focused on strategies that improve clinical practice.

2.0 REFERENCES AND DEFINITIONS

.1   References

   a.   Hawaii Revised Statutes, Section 26-14.6, Department of Public Safety; and Section 353C-2, Director of Public Safety, Powers and Duties.

   b.   National Commission on Correctional Health Care, Standards for Health Services in Prisons and Jails (2014).

.2   Definitions

   a.   Adverse Clinical Event: injury or death caused by medical management rather than by the patient's underlying disease or condition.

   b.   Error Reporting System: includes policies and procedures that outline how health care staff voluntarily identify and report all clinical errors, whether the error occurs by omission or commission.

   c.   Near Miss Clinical Event: an error in clinical activity without a consequential adverse patient outcome.

   d.   Patient Safety Systems: practices and/or interventions designed to prevent adverse or near miss-clinical events.

3.0 POLICY

.1   The Health Care Division shall in conjunction with the facility Clinical Section Administrators proactively implement patient safety systems to prevent adverse and near miss clinical events.

.2   The Health Care Division in conjunction with the facility Clinical Section Administrators shall implement an error reporting system for health staff to voluntarily report, in a non-punitive environment, errors that affect patient safety.

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4.0 PROCEDURES

.1 All newly hired nursing staff shall undergo a thorough orientation including the successful passing of a medication administration skills test, a complete review of all nursing procedures, departmental policies and procedures per the orientation policy.

.2 All nursing staff shall undergo an initial and then annual review of Core Competency skills necessary to perform within a correctional setting.

.3 All nursing and provider staff shall receive education on the use and completion of the Clinical Event and Medication Error reports (Attachment 1 & 2).

.4 All errors and near misses shall be confidentially reported to the responsible health authority (RHA). The RHA shall review each event analyzing what happened during the event and any contributory factors to determine causation. The RHA shall submit a narrative report indicating the results of their analysis and actions or initiatives under taken to address the incident. This data shall be used for event trending, identifying the need for retraining, and formulation of quality improvement initiatives.

   a. Incidents involving all other aspects of clinical care including but not limited to nursing, medical records, and dental services shall be routed to the Clinical Services Branch Administrator for review, identification of needed system-wide organizational structure and function improvements, trending and reporting to the QI Committee.

   b. Incidents involving mental health staff shall be routed to the Mental Health Branch Administrator for review, identification of needed system-wide organizational structure and function improvements, trending and reporting to the QI Committee.

   c. Incidents involving provider practice shall be routed to the Medical Director for review, identification of needed system-wide organizational structure and function improvements, trending and reporting to the QI Committee.

.5 All errors and near misses shall be reported in a non-punitive, supportive environment. Data is used to evaluate for trends, review current practice patterns and ultimately improve patient practice through incorporation into the facility CQI process.

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.6 All patients shall present either a picture or picture ID wrist which shall be used for patient identification during medication administration to decrease medication administration errors.

5.0 SCOPE

This policy and procedures applies to all correctional facilities and their assigned personnel.

APPROVAL RECOMMENDED:

Gary David Saldana, MD OCT 1 9 2015

Acting Medical Director   Date

OCT 1 9 2015

Health Care Division/Administrator   Date

10-20-15

Deputy Director for Corrections   Date

APPROVED:

John P. Eppula

Director

OCT 2 0 2015

Date

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STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
HEALTH CARE DIVISION

MEDICATION ERROR REPORT

Date:_____

I. **GENERAL INFORMATION (please complete below)**

Name of Patient: _____

Date of Birth: _____ Diagnosis of Patient: _____

Date and Time of medication error: _____

Name(s) of individual(s) involved with medication error:

_____

_____

Date and Time of discovery of medication error: _____

Name(s) of individual(s) who discovered medication error:

_____

_____

II. **INFORMATION REGARDING MEDICATION INVOLVED (please complete below)**

Nane of medication involved in error:_____

Medication Dose (please write dosage): Ordered_____ Given_____

Medication Route (please circle):   Ordered - PO IM IV SQ SL   Given - PO IM IV SQ SL

Medication Administration Order (please circle):   Drug ordered and given

Drug ordered and not given

Drug not ordered and given

III. **OBJECTIVE NARRATIVE DESCRIPTION OF MEDICATION ERROR:**

_____

_____

_____

_____

IV. **CAUSE(S) OF MEDICATION ERROR (please check below)**

A. **Failure to Follow Procedure**

___ Patient not identified correctly

___ Comparison of medication container label and/or medication administration record with physician medication Order is not consistent

___ Administration route of medication not checked correctly

___ Patient not observed taking medication

___ Timely charting of medication administration not done

B. Failure to Communicate

___ Physician medication order not written correctly

___ Physician medication order not transcribed correctly

___ Transcribed physician medication order not read correctly

C. Other

___ Pharmacy Dispensing Error:_____(Pharmacy Name and Location, if approp.)

___ Medication not available

___ Other (please describe) _____

V. TYPE(S) OF MEDICATION ERROR (please check below)

___ Wrong patient	___ Wrong route
___ Wrong dose	___ Transcription error
___ Wrong time	___ Wrong medication
___ Wrong date	___ Medication not given

___ Medication given when not ordered

___ Other (please describe) _____

V. PATIENT OUTCOME (please complete below)

Patient seen by physician (please circle):   Yes   No

If "No" please explain _____

Date and Time patient seen by physician _____

Intervention(s) implemented for patient _____

_____

_____

Physician's statement of assessment/intervention and signature _____

_____

_____

VI. REVIEWING SIGNATURES (please sign and date below, as applicable)

Individual(s) who made error: _____

_____

Individual(s) who discovered error_____

Individual who completed this report: _____

Clinical Section Administrator:_____

Prescribing Physician: _____

Clinical Services Branch Administrator:_____

Comments/Remedial Actions Taken:_____

_____

_____

_____