COHESIVE HEALTHCARE MANAGEMENT & CONSULTING

Mangum Regional Medical Center

TITLE		POLICY
Medication Variance Reporting		**DRM-027**
MANUAL	EFFECTIVE DATE	REVIEW DATE
Drug Room	**10-1-2020**	**10-1-2020**
DEPARTMENT	REFERENCE	
Drug Room	**Oklahoma Pharmacy Law Book**	

SCOPE

This policy applies to all patients receiving care and treatment at MANGUM REGIONAL MEDICAL CENTER.

PURPOSE

To provide a non-punitive reporting and feedback system to track medication variances at MANGUM REGIONAL MEDICAL CENTER. The hospital will use this data to monitor the effectiveness and safety of services, analyze the causes of adverse patient events, and implement actions and mechanisms to prevent the recurrence of medication variances.

DEFINITIONS

Medication variance: Any situation involving medication(s) that can potentially lead to inappropriate medication use, patient harm, or an adverse medication reaction.

Significant incident: Is defined as any incident that is unexpected or has an unexpected outcome.

POLICY

All medication variances associated with the hospital, personnel, patients, or the public will be documented and reported to the Pharmacist in Charge (PIC), Chief Clinical Officer (CCO), and the Director of Quality Management (DQM). The PIC, in collaboration with other hospital leaders, shall be responsible for ensuring appropriate review, response, and actions are taken for all medication variances.

PROCEDURE

REPORTING PATIENT SAFETY EVENTS OR OTHER INCIDENTS

1. Mangum Regional Medical Center will foster and support a culture of safety. They will be dedicated to patient safety through the promotion of voluntary reporting by the staff, providers, patients, and visitors.
2. The hospital will utilize four key components to ensure an effective event reporting system:
    a. Maintain a supportive environment for event reporting that protects privacy of staff who report incidents
    b. Reports will be received from a broad range of personnel
    c. Summaries of reported events must be disseminated in a timely fashion
    d. A structured mechanism must be in place for reviewing reports and developing action plans
3. Mangum Regional Medical Center utilizes an Incident Reporting System to report patient safety events. A Medication Variance Report form is readily available to hospital personnel for reporting medication variances.
    a. Each form will be completed by the staff member or individual discovering the event as soon as possible and no later than the end of the person's shift.
    b. Upon discovery of a patient safety event, the immediate supervisor or person in charge must be notified of the event.
    c. The form must be completed as soon as possible or by the end of the working day on the day of the incident.
    d. Failure to complete an incident report in a timely manner may result in coaching/education or corrective action.
    e. If assistance is needed in completing the Incident Form, the House Supervisor, Quality/Risk Manager, or department manager may be consulted for completion of the form.
4. There shall be no retaliation to staff, providers, patients, or visitors for reporting medication variances at MANGUM REGIONAL MEDICAL CENTER.
5. All medication variance reports will be reviewed by the CCO and PIC prior to submission to the DQM.
6. Serious adverse events that result in patient harm will be reported to the CCO and DQM as soon as possible by the staff member discovering the incident or adverse event.
7. All HIPAA related incidents will be directed to and investigated by the HIPAA Officer or designee.
8. Neither the medication variance, nor the circumstances surrounding the incident, are to be discussed with or in the presence of patients, outside agencies, or individuals without need to know.
9. Medication Variance Reports will be logged and stored in the office of the DQM. They are not to be filed or referred to in the patient's medical record or used in lieu of charting.
10. Each medication variance involving a patient will be documented in the medical record at the time it occurred or was discovered. Documentation will include a factual description of the incident, nursing interventions, name, date, and time medical provider was notified.
11. For a medication variance concerning an employee injury, an Employee Incident Report must be completed by the Employee Health Nurse and Department Manager.

PROCEDURE FOR COMPLETION OF INCIDENT REPORT

1. Form must be completed in full.
2. Specify all parties involved, date, time, location, and the nature of the incident.
3. Record all known details of the incident facts in an objective and legible manner.
4. Record name of medical provider and date and time of medical provider notification.
5. List the individual(s) involved in the incident and any witnesses.
6. Signature and date of person preparing report.
7. PIC and CCO will review the report for accuracy, completeness, objectivity, and severity. The report may be forwarded to the appropriate Department Manager for review and/or investigation.
8. The CCO will review the completed incident report and determine if any corrective action taken is warranted.
9. Medication Variance Reports will be discussed at Pharmacy and Therapeutics AND Med Staff Committee meetings for educational purposes only.

LEADERSHIP INVESTIGATION OF INCIDENTS

1. If a medication error or event is deemed as a Sentinel Event Incident:
   a. The PIC, CCO, and the DQM shall be notified upon identification that Sentinel Event has occurred.
   b. The PIC, CCO, and DQM will conduct a thorough Root Cause Analysis (RCA) and investigation of the event.

REFERENCES

Oklahoma Pharmacy Law Book

ATTACHMENTS

Medication Variance Report

REVISIONS/UPDATES

Date	**Brief Description of Revision/Change**