



Investigation Guidelines for Medication Errors: Skilled Nursing and Assisted Living/Personal

1. Assess for injury.
2. Define Severity Level 0-4.
3. Classification of Person Affected can either be Resident/Client/Member or Location/Person Not Applicable (i.e., inappropriate disposal of medication or narcotic count error).
4. Complete Event report in PEER. For Severity levels 0-3, be sure to include the following:
 - a. For all medication errors, irrespective of Severity Level, including Severity Level 0, immediately begin to identify the Root Cause.
 - b. If the Root Cause is an employee issue, perform follow-up with employee and document.
 - c. If the Root Cause is a pharmacy issue, perform follow-up with pharmacy and document.
 - d. If the Root Cause is a process issue: perform follow-up with employees and pharmacy and document.
 - e. For Severity Levels 0-2, follow-up documentation is to be completed within 14 days [or modify as appropriate, but in no event should this be longer than 30 days]
 - f. For Severity Level 3, follow-up documentation is to be completed within 21 days [or modify as appropriate, but in no event, should be no longer than 30 days].
 - g. For Severity Level 3, document the items below in Follow-up Actions if not documented on initial Event report:
 - 1) Notification of the applicable state licensing agency .
 - 2) Notification of physician; obtain orders as necessary.
 - 3) Notification of family/POA.
 - 4) Notification of insurance carrier, as necessary.
5. The employee responsible for documenting Follow-Up Actions in the Event report is [Insert Title Here].
6. Follow-up is dependent upon the investigation outcome and may include:
 - a. Medication Pass competency.
 - b. Action Plan request directed at pharmacy.
 - c. Verbal report from pharmacy.
 - d. In servicing for employee.
 - e. Changes in policies/procedures.
 - f. Counseling of employee/pharmacy.



7. For Severity Level 4 (Death):
 - a. Notify DON and Administrator.
 - b. Notify Risk Management Coordinator.
 - a. Notify PCCP Risk Management Team.
 - c. Notify physician.
 - d. Notify family/POA.
 - e. Notify coroner.
 - f. Send report to the applicable state agency (may require a phone call as well – check regulations).
8. Before closing file, review the following recommendations and document in Follow-up Action→Work Done on File, as indicated:
 - a. Ascertain whether employee in-servicing is beneficial or necessary, and if so, conduct in-servicing.
 - b. Ascertain whether any policy/procedure changes need to be made; if so, make such changes or additions.
 - c. Ensure that event was reported to the appropriate government agency, if necessary.
 - d. Ensure that event was reported to the insurance carrier, if necessary.
 - e. Ensure that all corrective actions and contributing factors are documented.
 - f. Ensure you have documented at least one intervention to prevent a reoccurrence.
9. Risk Manager should summarize findings and corrective actions in Resolution/Outcome section under Risk Manager Review prior to closing file.
10. File closure can take place once the established sign-off procedure, based on facility policy, is completed, Risk Manager has completed his/her Risk Manager Review, and Follow-up Actions are documented in Event file.
 1. A File Manager with Closure may close the file if the following conditions apply [include if organization allows file managers to close events; remove if not permitted]:
 - a. Level of Severity is 0-2.
 - b. Risk Manager has signed off under Follow-up Action→Review or Sign-off.
11. General file closure guidelines are as follows:
 - a. Severity 0-2, no longer than 2 weeks [or modify as appropriate; in no event should this be longer than 4 weeks].
 - b. Severity 3 and above, no longer than 4 weeks [or modify as appropriate; in no event should this be longer than 6 weeks unless there is still ongoing activity on the file].

Note: Event files are available for review after closure and are easily found/recoverable in RL6. Do not delay closure due to concern that the event will no longer be accessible.