

QUALITY ASSURANCE MODULE #4:

MEDICATION



MEDICATION REVISED (CNO, 2008)

It is a nurses' professional accountability to know their roles and their responsibilities as it applies to meeting the Medication Revised Practice Standard (2008) as adopted by the College of Nurses of Ontario (CNO). Each nurse has standard work at every level when providing quality and safe patient/client centred care. By applying the College of Nurses of Ontario Medication Revised (2008) standards, the process of standard work becomes part of nurses' accountability and professional practice.

MEDICATIONS – SAFE NURSING PRACTICE

When I hear the words “patient safety” the first thing that comes to my mind is medication errors. We all know as nurses there are a whole host of factors we need to consider when we think of patient safety. As knowledge workers, we must continuously be assessing our nursing practice to ensure we provide competent, safe, and ethical nursing care. As knowledgeable nurses we have a significant role to play when it pertains to medications and safe practice. We have the knowledge (indications, contraindications, dose, interactions, adverse effects, route, and knowledge of how to administer medications safely), skill, and judgment to assess the appropriateness for a particular patient.

Competent medication administration includes the following components:

1. Preparing the medication correctly
2. Ensuring the eight (8) rights
3. Monitoring the patient while administering the medication
4. Appropriately intervening as necessary
5. Evaluating the outcome of the medication on the patient's health status
6. Documenting the process

Eight (8) Rights of Medication Administration

1. Right Client – Check the name on the order and the patient. Use two (2) identifiers. Ask the patient to identify herself/himself.
2. Right Medication – Check the medication label. Check the order.
3. Right Dose – Check the order. Confirm appropriateness of the route ordered. Confirm that the patient can take or receive the medication by the ordered route.
4. Right time – check the frequency of the ordered medication. Double-check that you are giving the ordered dose at the correct time. Confirm when the last dose was given.
5. Right frequency – Check the order. Confirm when the last dose was given.
6. Right Site – Check the order. Confirm the route of administration.
7. Right Reason – Confirm the rationale for the prescribed medication. What is the patient's history? Why is he/she taking this medication?
8. Right Route – Check the order. Verify the route of administration.

Preparing and Administering Medications – Some Helpful Hints

A copy of the medication order should be used as a reference to check the correct dose three times:

FIRST: When one identifies the vial/syringe/bottle/bag/powder/capsule/tablet the medication is in.

SECONDLY: When one is preparing the medication, and

THIRD: After one has completed the preparation process.

Checking the patient's identification number (on the ID band secured to the patient) and the name on the order is an imperative. Two (2) identifiers are essential for safe medication practice – ID band and name as stated by the patient or caregiver.

Double Checking Medications

Certain medications may require a double check, double sign, and documentation when administered to a patient. It is important to know your practice setting's policy on this issue. When we perform a double check, we may be doing the following:

If a medication is being administered on an infusion pump, you want to ensure that it is the right drug for the right patient. Ensure the pump is set correctly at the start of the infusion for the ordered rate, all subsequent rate changes and at the change of shift or handover. Include this patient safety information during your transfer of accountability (TOA).

Essential Tips for Safe Medication Practice

- Know the medication
- Confirm patient information
- Double check orders and verify with other colleagues if uncertain
- Avoid abbreviations
- Use a leading zero before a decimal (e.g., 0.5 mL)
- Minimize distractions when drawing up medications
- Communicate with patient and families.

STANDARD WORK – MEDICATION REVISED (CNO, 2008)

Standard work is a nurses' professional accountability to know their roles and their responsibilities as it applies to meeting the Medication Revised practice standard (2008) as espoused by the College of Nurses of Ontario (CNO). Each nurse has standard work at every level when providing quality and safe patient/client centred care. By applying the College of Nurses of Ontario Medication Revised (2008) standards, process of standard work becomes part of nurses' accountability and professional practice.

Standard Work	Completed	Incomplete
1. Nurse-Client Conflict – The therapeutic relationship is the foundation for providing nursing care that contribute to the overall health and well-being. Unresolved conflict can impede the attainment of the client's health goals.		
In many situations it is possible to identify characteristics and situations that are associated with the escalation of conflict amongst nurses, clients and their families. Nurses who know how to recognize key factors associated with conflict may prevent its escalation and improve the delivery of care and patient outcomes.		
Conflict between a nurse and client can escalate if the client is: a) intoxicated or withdrawing from a substance-induced state b) being constrained (ie., not able to smoke) or restrained (physical or chemical c) fatigued or overstimulated; and/or d) tense, anxious, worried, confused, disoriented or afraid		
Conflict between a nurse and client can escalate if a client has: a) a history of aggressive behaviour, or acts violently or aggressively (physical and verbal) b) a medical or psychiatric condition that causes impaired judgment c) an active drug or alcohol dependency or addiction d) difficulty communicating (ie., asphasia, or language barrier) e) ineffective coping skills or an inadequate support network.		
Conflict between a nurse and client can escalate if a nurse: a) judges, labels or misunderstands a client b) uses a threatening tone of voice or body language c) has expectations based on incorrect perceptions of cultural or other differences d) does not listen to, understand or respect a client's values, opinions, needs and ethnocultural beliefs e) does not listen to family issues or concerns f) does not reflect on the impact of her/his behaviours and values on the client.		
Prevention: One part of the therapeutic nurse client relationship is providing patient/client centered care. Nurses can achieve this by following the client's lead about information-giving and decision making, attempting to understand the meaning behind the client's behaviour and using proactive communication strategies that focus fully on the client.		

<p>Nurses can:</p> <ul style="list-style-type: none"> a) continually seek to understand the client's health care needs and perspectives b) acknowledge the feelings behind a client's behaviour c) ask open-ended questions d) engage in active listening e) use effective body language to display a calm, respectful and attentive attitude f) acknowledge the client's wishes, concerns values, priorities and point of view g) anticipate conflict in situations in which it has previously existed and create a plan of care to prevent its escalation h) reflect to understand how his/her behaviour and values negatively affect the client 		
<p>2. Conflict with Colleagues – conflict with colleagues has an indirect influence on the therapeutic nurse-client relationship. Poor relationships among members of the inter-professional health care team can negatively affect the delivery of care.</p>		
<p>Conflict amongst colleagues can escalate if:</p> <ul style="list-style-type: none"> a) bullying or horizontal violence exists b) barriers to collaborative collegial behaviour encourage the marginalization of others c) different practice perspectives are accentuated by factors like age, years of seniority, generational diversity and gaps, culture and education levels d) team members do not support one another in achieving work responsibilities or meeting learning needs e) colleagues are put in situations intentionally or unintentionally beyond their competence or capabilities f) new graduates are not supported by experienced nurses g) fear of reprisal impedes the reporting of conflict by staff h) there is a lack of awareness about the need to anticipate and manage conflict 		
<p>Prevention: As members of the health care team, nurses must be able to work with colleagues to deliver safe, effective and ethical care. Unresolved conflict may hinder communication, collaboration, and teamwork, which negatively affects client care.</p>		
<p>The following strategies can be implemented to help prevent conflict:</p> <ul style="list-style-type: none"> a) promote a respectful workplace environment by modelling professional behaviours b) mentor, support, and integrate new staff members into the practice setting c) reflect on person attitudes, motivators, values and beliefs that affect relationships with colleagues d) recognize personal stress may affect professional relationships and take appropriate steps to manage that stress 		

<p>3. Workplace Conflict- Employers and nurses are partners in the delivery of optimal health care, they share the responsibility for creating a healthy work environment for all members of the interprofessional health care team. This responsibility involves ensuring that conflict does NOT negatively affect client care outcomes or relationships among colleagues.</p>		
<p>Conflict can escalate if:</p> <ul style="list-style-type: none"> a) organizational policies or programs aimed at identifying, preventing, and managing the incident of conflict and abuse in the workplace do not incorporate and address prohibited grounds under the Ontario Human Rights Code, 1990, such as race, ethnicity or sexual orientation b) organizational policies are not communicated to staff or adhered to at all levels of the organization c) there is a lack of formal performance feedback mechanisms d) existing formal feedback mechanisms do not address how behaviours affect conflict e) the workplace culture promotes under-reporting of incidences of conflict f) managers and administrators abuse or bully g) managers and administrators show favouritism to certain staff members and ignore disruptive behaviour h) there is a lack of role clarity for staff i) communication is negatively affected by working conditions (ie., heavy workloads) j) nurses and other interprofessional health care members are working at peak stress times or under stressful conditions k) working conditions are poor (ie., lack of ventilation, too much noise, safety hazards) l) intense organizational change exists m) staff perceive job insecurity 		
<p>Prevention: The aim of establishing a quality work environment is to develop a culture in which nurses prevent conflict from escalating.</p>		
<p>Employers can:</p> <ul style="list-style-type: none"> a) implement policies that do not tolerate abuse of any kind b) ensure managers role model professionalism in preventing and managing conflict c) establish and uphold the organizations values, mission and vision d) educate all staff in conflict preventions and management e) implement strategies to ease the impact of change and decrease stress among staff f) identify and address staffing needs as soon as possible g) ensure a comfortable and safe physical environment (ie., security, surveillance cameras) 		

References:

College of Nurses of Ontario (2008) Medication, Revised. Toronto: Author

College of Nurses of Ontario (2008). Learning Module: Medication. Toronto: Author

Rothwell, Donna (2013). Standard Work for the RPN, CNO Medication Administration Revised (2008).