



# MED ERROR SIR ENTRY

Wellpath Recovery Solutions

June 4<sup>th</sup>, 2021



# REPORTING :

WHO?

WHAT?

WHEN?

WHERE?

WHY?

HOW?

# REPORTING

- ❖ Your site has specific protocols for reporting procedures.
- ❖ Introduction and Training on the procedures occurs in Orientation and On-the-Job Training
- ❖ Be acquainted with your site's policies and protocols for reporting



DISTURBANCES IN  
OPERATIONS



EXTERNAL AGENCY  
VISITS



ADVERSE EVENTS

REPORTING – WHAT?

# REPORTING – WHAT?

**Med Errors** fall  
under the  
category of  
***Adverse Events***

WRS DTW Data Dictionary				
Parent Code	Code	Code Description	Event Description	Severity Level
ABUSE	S/RABUSE	Staff/Res. Abuse (observed)	Staff member's behavior towards or treatment of a resident is abusive in nature (e.g. use of abusive or threatening language towards the Resident; intimidating the Resident; sexual innuendo; extorting the resident; etc.). * <b>NOTE</b> : This does not include the use of physical force against a Resident refer to ASSAULT; BATTERY & USE of FORCE for reporting purposes.	2
ABUSE	R/RABUSE	Res./Res. Abuse	Resident's behavior towards or treatment of another resident has proven to have been abusive in nature (e.g. use of abusive or threatening language towards the resident; intimidating the resident; extorting the resident; etc.).	2
ABUSE	R/RALLEGAT	Res./Res. Abuse /Allegation	Resident lodges a verbal allegation or notifies the Abuse Hot Line that another resident has abused him/her.	2
ABUSE	S/RALLEGAT	Staff/Res. Abuse /Allegation	Resident lodges a verbal allegation or notifies the Abuse Hot Line that a staff member has abused him/her	2
AGGRESSION	R/RLANGUAG	Abusive/Obscene Language - Res/Res.	Resident directs abusive or obscene language towards another resident which causes a disruption of the orderly operation of the facility.	3
AGGRESSION	R/RTHRTGES	Threatening Gesture - Res/Res.	Resident makes a gesture towards another resident which implies/appears as though s/he is going to physically harm them (e.g. fakes a punch; lunges towards the person; acts-out a stabbing motion; simulates a choking action, simulates cutting the person, simulates shooting the person; etc.).	3
AGGRESSION	R/RVERBAL	Verbal Threat - Res/Res.	Resident issues a verbal threat to do bodily harm or threatens to engage in any act that would seriously adversely affect another resident.	3

# REPORTING – WHAT?

Different Types of Med Errors are outlined in the RiskQual Data Dictionary

# REPORTING – WHAT?

- ▶ Med Error – Administer
- ▶ Med Error – Labeling
- ▶ Med Error – Monitor
- ▶ Med Error – Prescribed
- ▶ Med Error – Pharmacy
- ▶ Med Error – Side Effect
- ▶ Med Error - Other

# REPORTING – WHO?

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Specific Job Duties

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Direct Care Staff

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Med Error Reporting is usually the responsibility of Nursing, Psychiatry, Medical, & Pharmacy

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# REPORTING – WHEN?

- ▶ Site Specific Reporting Protocols
- ▶ State Specific Reporting Protocols
- ▶ Client Specific Reporting Protocols
- ▶ As early as discovered
- ▶ Whenever possible, no later than the end of the Shift

- ❖ At the time the error was discovered
- ❖ At the time the medication error was administered

## REPORTING – WHEN?

# REPORTING – WHERE?

## Site Specific Protocols on Reporting

- ▶ Incident Report (Paper Reporting – e.g., PAR)
- ▶ Incident Reporting Database (e.g., **RiskQual**, IMS, FITS, AIRS, etc)
- ▶ Electronic Medical Record/Medical Chart (e.g., ERMA)
- ▶ Safety Huddle/Morning Report
- ▶ Committees (e.g., P&T, MSO, Patient Safety, PI, etc)

# REPORTING – HOW?

When reporting in RiskQual, the Event Description, aka Narrative, should include all the information pertaining to the incident, especially the information you are entering in required fields.



# REPORTING – HOW?

## **SAMPLE SIR Event Description:**

*“On 6/4/2021, at approximately 800hrs, on Bradshaw unit, Patient John Smith was given the wrong dose of prescribed medication Abilify by unit nurse RN Laura Johnson during med pass; Pt was given 2 tablets, 60mg (as per Dr. Michael Brown’s order, Pt Smith is to receive Abilify Tablet 30mg, 1 Tablet by mouth QAM).*

*Medication Error was noted immediately by RN Johnson, who notified Dr. Brown of the error. Dr. Brown ordered that Pt Smith be placed on Q15 for Medical Reasons, to be monitored for the next 8 hours. A medical referral was made to the facility clinic by RN Johnson. Vitals were taken at 850hrs and were within normal limits. Pt denied any complaints or issues. Pt continues to be monitored in the dayroom.”*

# REPORTING – WHY?

- ▶ Why did this occur?
- ▶ Initial Manager Follow-Up Note
- ▶ After Action Review
- ▶ Root Cause Analysis (RCA)
- ▶ Corrective Action/Performance Improvement Plan



QUESTIONS?

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