**WHEN A MED ERROR COULD BE AN MUI….**

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As far as your question on what rises to the MUI level for a neglect MUI regarding medication errors/omissions, etc., DODD has clarified that when the incident poses a risk to health and welfare (when there is a significant risk it would be filed as an MUI and/or when there is a reasonable risk).

Once upon a time, there was some talk of the medication error resulting in adverse effects in order to file an MUI – but to my understanding, this is not necessarily the case because there are many situations that could cause health and welfare risks depending on the medication; so while there might not be “adverse effects” from getting the wrong medication, the risk is there. Those are the incidents that should be reviewed as a possible neglect MUI.

Here are some examples of risks when reviewing if a medication error is an MUI level neglect (I am sure there are more scenarios, but this is a list to start with!)

* **Omissions:** If the medications were time-sensitive or medications that could have caused issues because they did not get them (even though it did not or without any adverse effects) - such as diabetes medications, heart meds, immune system medications, psych meds that need to be administered so blood levels are in the safe range, etc.
* **Omissions:** In addition, we would also look at neglect if the staff who omitted those time sensitive medications made no attempt at calling a medical professional to determine what steps should be taken regarding those missed meds. The fact that staff missed the time to pass is an a definite issue but if there was no awareness that they were missed and there were no timely attempts made to seek medical advice on what steps should be taken, and there was a risk associated with it, then we would also look at neglect. There does not always have to be an “adverse effect” so to speak - but the risk of not having them presents a health and welfare issue.
* **Wrong Meds:** Adverse effects - keep in mind that any time someone experiences being sleepier than normal, having a rapid heart rate, drop in sugar, etc. from receiving someone else’s medications – this is considered an adverse reaction. It doesn’t always have to result in a life-saving intervention or a trip to the ER, so hopefully that helps!
* **Wrong Meds:** Monitoring for possible adverse effects – if poison control/CDC/pharmacist/doctor’s office was called and they noted that while an ER trip was not necessary, staff should monitor them for possible reactions, and then this would be a likely risk to health and welfare.
* **Omissions:** If staff omit a medication that has risks associated with it because the individual needs “weaned” off a medication – some psychotropic are likely to be associated with this.
* **Wrong Meds:** did the individual just receive his/her own medications THEN receive someone else’s, which would elevate the risk to health and welfare for contraindications.
* **Wrong Meds:** was the wrong injectable medication given to the wrong person? (Ex. 2 people in a home receive insulin and one person was given the other person’s?)

**When are med errors, UIRs? There are many examples but to cover a few situations:**

* Minimal to no risk to health and welfare – ex. look at what meds were given: a vitamin, acid reflex meds, missing one dose of meds that medical professionals are not indicating are a health and welfare risk, etc.
* Topic of med refusals: when the doctor and team are aware that the individual is refusing them and precautions are in place.

Of course all med errors are more than likely the result of poor administration per med delegate processes, so this would be the cause and contributing factor…I have attached the Health and Safety Alert (most recent I could find) regarding Medication Administration.