

HCSIS REQUIREMENT

REPORTING MEDICATION REFUSALS

ADDITIONAL GUIDANCE

Document Components

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I. Introduction

Medication refusals for individuals served by DDS and individuals served through the Acquired Brain Injury (ABI) and Money Follows the Person (MFP) Waivers are tracked through the HCSIS incident reporting system in 2 ways:

1. Whenever an event meets the criteria of a reportable incident as outlined through the incident categories, reporters will answer a series of questions as to whether certain facts were present during the event. In answering these questions the reporter is not making a judgment as to whether the presence of these actions contributed to the reportable incident but is only acknowledging their presence. Possible answers are “yes,” “no,” or “unknown.” These questions are:
 - a. Did the incident involve the unauthorized use of drugs or alcohol?
 - b. Did the incident involve suicidal threat/ideation?
 - c. Did the incident involve non-compliance with a medical directive?
 - d. Did the incident involve non-compliance with medication?

Medication refusals should be described in the incident narrative, including a description of the involved medication(s).

There may be times when an individual refuses his/her prescribed medication, but the event does not otherwise meet the criteria of a reportable incident as outlined in the HCSIS incident categories. If, in consultation with the prescribing physician, intervention is required but does not include a hospital visit, such as monitoring blood sugar for someone who refuses their

insulin, it should be reported under the category of “medical or psychiatric intervention not requiring a hospital visit.” A determination of whether the medication refusal meets the criteria of presenting a serious, immediate danger to the individual will be made in consultation with the prescribing physician.

II. Required Actions For All Medication Refusals

According to MAP, a medication refusal is defined as when an individual:

1. refuses to take the medication at all or spits it out immediately
2. does not swallow the medication and spits it out later
3. has self-induced vomiting within ½ hour of taking the medication

MAP policy and the MAP Training Manual further state that all medication refusals are to be reported to the physician (MAP Policy 09-1(4); MAP Training Manual, Medication Refusals, Section 2: Module 5) unless the physician has provided specific guidance as to when they want to be notified about a medication refusal. Please note that the MAP Training Manual is being revised to include language that medication refusals be reported to the prescribing physician, so this guidance has been developed using that criteria. The following are steps to be taken when there is a medication refusal.

- As determined by MAP, a final refusal of medication is determined after several steps as follows:
 - If the individual refuses their medication(s), staff should leave the person alone for a few minutes and attempt the administration again in 15-20 minutes.
 - If the person still refuses, try to administer the medication(s) again after 15-20 minutes.
 - If the individual refuses the medication(s) a third time, this would be considered final.
- If the physician has previously determined that she/he does not need to be notified about specific medications or only needs to be notified after a specific threshold is met, staff should follow those instructions. Those instructions would need to be in writing.
- If there are no prior instructions from the physician, staff must call the prescribing physician for guidance. The agency, in collaboration with the physician, will determine what next steps, if any, are needed. It would be important to determine if this is a reoccurring issue with an individual or if this is unusual behavior. If it is unusual for this individual to refuse medication, it would be important to determine what might be affecting this decision, which could affect actions to be taken. Does the individual not feel well? Does the medication have negative side-effects for the individual?

- It is recommended that providers consider confirming with prescribing physician(s) as to when they want to be contacted about a medication refusal. This could typically be done at the time of each individual's next medical appointment for those individuals who do not typically refuse medication. If there is an individual who is known to routinely or periodically refuse medication, providers may want to communicate with the prescribing physician(s) as to when they want to be notified about a medication refusal.
- Whenever any incident involves a medication refusal, the medications should be described in the narrative of the incident report.
- The prescribing physician, must always be called after each medication refusal unless prior guidance has been obtained from the physician.

III. Determining if a Medication Refusal Should Be Reported as "Medical or Psychiatric Intervention Not Requiring a Hospital Visit"

1. Incident report for "medical or psychiatric intervention not requiring a hospital visit" would not be required

- If an individual refuses medication and the event involving the medication refusal rises to the level of a reportable incident as defined in the HCSIS Incident Category document, such as a "significant behavioral incident," an incident report should be developed under that incident category and the medication refusal should be noted under the question: "did the incident involve non-compliance with medication?" This question would be answered "yes" even if no action for the medication refusal was required.
- If the physician, when contacted, determines there is no immediate risk, no action is required, and the event does not otherwise rise to the level of a reportable incident, an incident report would not need to be developed.
- If there is prior guidance by the physician indicating refusals of specific medications, such as a multi-vitamin, do not require notification because there is no immediate or serious risk, and the event does not otherwise rise to the level of a reportable incident, an incident report would not need to be developed.
- If the physician makes a prior determination that he/she does not need to be notified until a certain number of doses are missed, such as 3 doses, and the event does not otherwise rise to the level of a reportable incident, an incident report would not need to be completed until that threshold is met.

- If medication refusals are tracked through a plan previously developed with the prescribing physician and data are kept and shared with people involved in supporting and planning for the individual, and the event does not otherwise reach the threshold of a reportable incident, an incident report does not need to be completed. The medication refusal would be tracked through the plan and shared with team members involved in planning for and with the individual as well as with the physician.

2. Incident report for “medical or psychiatric intervention not requiring a hospital visit” would be required

- If the medication refusal is not tracked through a plan and there is no physician guidance in place that would indicate that this medication refusal is not a serious risk, staff must contact the prescribing physician, as required through MAP, for guidance. If the physician determines that medical action/intervention is required but does not require a hospital visit and the event does not otherwise meet the threshold of a reportable incident, an incident report should be developed under the category of “medical or psychiatric intervention not requiring a hospital visit.” Examples would include: instructions for a visit to the physician, lab tests, specific observation instructions or monitoring of certain conditions such as blood pressure or blood sugar level to determine action.
- If the physician has given guidance for notification when an identified threshold is met, such as missing 3 doses because medical action/intervention not including a hospital visit would then be required, an incident report should be developed when that threshold is met.

3. Additional guidance when reporting a medication refusal under “medical or psychiatric intervention not requiring a hospital visit”

- If an incident report under the category of “medical or psychiatric intervention that does not require a hospital visit” is required, consecutive medication refusals can be included in one incident report if each refusal involves the same medications. If consecutive refusals involve different medications, separate incident reports would need to be completed. This is in line with reporting medication occurrences under MAP.