



New Mexico Board of Nursing

MEDICATION AIDE PROGRAM

QUALITY ASSURANCE PROGRESS REPORT (16.12.5.10.D(2) NMAC)

All events are related to medication administration by Certified Medication Aides

Agency/Facility Name: _____

Reporting period (check one)

- 1st Quarter (Jan, Feb, Mar) Due April 10th
 3rd Quarter (Jul, Aug, Sept) Due October 10th
 2nd Quarter (Apr, May, Jun) Due July 10th
 4th Quarter (Oct, Nov, Dec) Due January 10th

1. Number of CMAs working in the facility: _____

2. Average number of routine medications passed by CMAs during the reporting period.

| Month | Average number of medications per consumer | X | Number of medication passes per day | X | 30 days | X | Average monthly census | = | Average number of routine medications passed | |
|------------------------|--|---|-------------------------------------|---|---------|---|------------------------|---|--|-------|
| 1 st month | _____ | X | _____ | X | 30 | X | _____ | = | _____ | |
| 2 nd month | _____ | X | _____ | X | 30 | X | _____ | = | _____ | |
| 3 rd month | _____ | X | _____ | X | 30 | X | _____ | = | _____ | |
| Reporting period total | | | | | | | | | = | _____ |

3. Number of CMA medication pass observations during the reporting period: _____

4. Enter number of CMA medication errors and incident reports during the reporting period. **If none, enter "0" here ____ and skip to Question #5.**

_____ Wrong medication _____ Wrong patient _____ Wrong time _____ Documentation
 _____ Wrong route _____ Wrong dose _____ Omission

4.a. Did the nurse educator provide appropriate instruction/education to the CMA(s) regarding error(s)? Yes No

5. Enter number of complaints or events in medication administration by CMAs during the reporting period. **If none, check here and continue to Question #6.**

| <u>Complaints from:</u> | <u>Events reported to primary care provider for:</u> | <u>Events reported to:</u> | <u>Events requiring emergency services:</u> |
|---|--|----------------------------|---|
| _____ Resident/consumer | _____ Adverse/side effects | _____ Family/Guardian | _____ Calls to 911 |
| _____ Family/guardian | _____ Allergic reactions | _____ DHI | _____ Urgent care visit |
| _____ Other | | _____ Board of Nursing | _____ Emergency room visit |
| | | _____ Board of Pharmacy | _____ Calls to poison control |
| <u>Hospitalizations resulting from:</u> | | _____ APS | <u>Events resulting in death:</u> |
| _____ Medication event | | _____ Ombudsman | _____ |
| _____ Omission | | | |

6. Have there been any significant events that have impacted or may impact the CMA program? Yes No

If yes, describe: _____

Nurse Educator Name (please print): _____

Nurse Educator Signature: _____ Date: _____