

DDS/DMH-DCF MAP Trainer/Provider Representative Minutes

Devens Common Center, 31 Andrews Parkway, Devens MA
October 31, 2013 10:00am-3:00pm

Present: There were 287 attending, a combination of MAP Trainers and Provider Representatives. The names of MAP Trainers attending were forwarded to Melissa Touadjine, DMH, to update the statewide database of DDS/DMH-DCF MAP Trainers.

Before, during and after, Vendors from across the state highlighted their services adjacent to the meeting room. Vendors included Apothecare www.apothecareinc.com, Azee Pharmacy and Health Solutions, Conlin's Pharmacy and Medical Equipment www.ConlinsPharmacy.com, Lewis and Clarke Pharmacy www.lcdrug.com, Long Term Pharmacy Solutions www.LongTermPharmacy.com, Nizhoni Health Systems www.nizhonihealth.com, Pelham Community Pharmacy and Winchester Pharmacy www.WinchesterRx.com.

Introductions

Mary Despres, RN was introduced as the new Metro Boston DDS MAP Coordinator. Carminda Jimenez, RN was introduced as the DCF MAP Liaison. The organizational chart now reflects these additions.

MAP Trainer Meeting Minutes

Minutes are posted on the D&S website:

http://www.hdmaster.com/testing/othertesting/massachusetts_cma/forms/Trainer%20Meeting%20Notes%20from%20June.pdf

In regard to the Q and A at the end of the June Trainer minutes, questions were answered based on limited information written on an index card. Because many times a question is in relation to a specific situation, rather than passing out index cards for questions, please contact your MAP Coordinator directly with questions and not wait for a Trainer meeting.

Three questions were further clarified as noted in *italics*:

Q-Can PRN's be written in red on MAR

A-There is no policy that PRNs cannot be written in red...*although black or blue ink is preferred*

Q-Regarding disposal, does the supervisor refer to the residential supervisor or the shift supervisor?

A-Either one...*the goal is to identify and minimize the number of "supervisory" staff participating in disposal which in turn helps to decrease diversion opportunities.*

Q-What is the window of time for new meds to come in?

A-Although not written anywhere, 24 hours is the standard for new meds to be administered. Of course, there are some situations that require more immediate administration of the medication...*the goal is to get the med into the person as soon as is reasonably possible. If staff thinks they may not be able to get the med because of pharmacy hours, time of HCP appointment, etc., consider going to another pharmacy, get an order from the HCP to begin as soon as obtained, etc.*

Medication Delivered to a Central Location

The handout references MAP settings. There are Providers who have meds delivered to a Central location that are then picked up by Managers and taken to their respective MAP sites. The handout outlines the procedure to maintain medication security if a pharmacy is delivering to a central location instead of directly to a site. In most cases when Providers realize this is not a time saver they opt out of central location delivery.

Technical Assistance Tool Revision

F.3 now states, "Liquid countables are packaged such that once used, no liquid remains in the container. Vimpat and Roxanol may NOT be re-packaged.; L.3 now states, (in line with MAP policy language), "discontinued or outdated meds are destroyed in an approved manner by two certified/licensed staff, one of which is a supervisory staff person; if a supervisor is unavailable when an individual refuses a prepared med or a pill is inadvertently dropped two certified staff may render the med useless." There is an addition to the statement at the bottom of the tool suggesting that when responding to a site visit by a MAP Coordinator that your response be added to the comment box where the issue was identified and emailed back.

Vimpat

VIMPAT *oral solution* is now being supplied in smaller (200 ml) bottles.

Cesamet Protocol

The protocol was developed based on a Provider inquiry in regard to whether or not MAP Certified staff could administer this med. The answer is "yes" as long as the protocol is followed.

Self-Administration

This handout was included based on feedback received from the last meeting asking for more information about this topic. The information in the handout is very general. Because self-administration is so individualized if you have questions, contact your MAP Coordinator for assistance.

MAP Policy Manual Revision 10-1-13 Highlights

Presentation by Mary Rota, RN, BSN, MA, Clinical Reviewer, Medication Administration Program
<http://www.mass.gov/eohhs/docs/dph/quality/drugcontrol/map/map-policy-manual.doc>

MAP Trainer Requirement Experience “Waiver”

Typically nurses register for TTT through a MAP Coordinator. One of the questions asked is whether they have been a RN for 2 years. Now, on a case by case basis if a RN has less than 2 years with a license but seem to have comparable experience, MAP Coordinators will let them know they can apply for a waiver. To apply they need a resume and a letter of recommendation from their supervisor. DDS requests go to Sharon Oxx Sharon.Oxx@state.ma.us and DMH-DCF to Walter Polesky Walter.Polesky@state.ma.us.

The Supervisor submitting the recommendation will receive a letter from either Sharon or Walter indicating whether the waiver was granted. Waivers are granted with contingencies. For example, teach 2 full MAP Certification classes each year for the next 2 years (instead of the usual 1 per year). A copy of the letter must go to both a MAP Coordinator at the TTT session and the Preceptor. Ultimately the letter ends up in the nurses' file in the state wide database.

Maintaining MAP Trainer Status

MAP trainers were reminded to attend required meetings; conduct a Certification training at least once yearly; a Recert training/testing every 6 months (if that is all you do) and use the most current MAP related materials.

Remedial Training

The policy manual now includes language that remedial training is an option only when completed by the D&S Trainer of record. Following Certification training if staff fails parts of the test 3 times, staff is eligible.

If staff pass the knowledge and the weakness is one or both of the skills (med pass or transcription); look up the test results. If the test results are unclear to you, contact D&S for assistance.

Since staff must repeat the 50 question knowledge test, before meeting with them have them retake the pretest twice with a score of 80% or better to ensure they remember the general training content. If the med pass was the weakness, consider emailing a transcription workbook and have them bring completed transcriptions in for you to review. Consider having them do another transcription during the time you meet. If they have not watched the med ad min demonstration video recently, consider having them watch it. Practice the med pass with them over and over until perfect. Update their file in WebETest. For your records of the remedial training consider printing their updated record and file together with pretest score reports, med sheet of transcription completed in your presence and med sheet documented on when practicing.

If staff fails the knowledge test 3 times, rather than remedial training, the recommendation is to repeat a full Certification training.

Transcription Pretest

There are now 3 transcription pretests available located in the secure MAP Trainer section of WebETest.

Exit Interview Survey Results

An optional survey is given to staff after completing a test. The most recent survey result themes include:

- Long wait for testing (*provider needs to contact D&S for options*)
- Info on test not being covered in class (*make sure staff know they must read all mandatory modules as every detail will not be covered in class; also taking the pretest on line again and again is helpful*)
- Perception that Trainers go off on "tangents"
- Perception that CBT has multiple right answers (*need to clarify that there will always be one right answer and a very "attractive" wrong answer*)
- Video on YouTube is incorrect (*It is not!*)
- Class times below 12 hours (*minimum requirement is 12 hours*)
- Directions and signage problematic
- Not being notified of test date (this is a provider and candidate responsibility depending on who schedules it)*

Hotline Contributing Factor

In reviewing hotline MORs, the Department of Public Health, Drug Control Program noted that pre-pouring is a statewide issue. As Trainers, to prevent staff from pre-pouring it would be helpful to understand why it is done. In some cases, staff just do it. In other cases staff feel like they have no other choice (transportation came early, large amount of meds to pass, working short staffed, etc.).

For those who choose to just do it, this is a supervisory issue and must be addressed. For staff who feel there is no choice consider suggesting that staff explore possible options of changing transportation time; changing med times (when possible) so that not all meds are due at the same time and/or review of staffing patterns around med administration times.

If anyone has an approach that you use to prevent pre-pouring please email a MAP Coordinator so we can pass it along.

D&S Diversified Technologies

A PowerPoint presentation by Kelly Buerger, MAP Program Manager, Ohio and Whitney Marshall, RN, MAP-in-state Mentor, included DDS funding limits, electronic skills testing, an update on test sites and testers, 15 minute rule clarification and how to have staff tested sooner.

Introduction to Supervisor Medication Education Modules

Five sessions titled "Empowering Supervisor's to Manage MAP within a Program" was offered across the state in November. The DDS MAP Coordinators developed training materials in the form of Medication Education Modules for Supervisors to use as on-going medication education, perhaps during a staff meeting. The modules created to date were based on trends identified when conducting MAP Medication System Reviews as well as feedback from the last Trainer meeting. Medication Education Training Module #5 Leave of Absence was presented by Carolyn Whittemore in a format as if you had never used PowerPoint showing how to use the materials from a trainers perspective. The training materials are available at:

<http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/drug-control/medication-admin/supervisors-map-education-tools.html>

DD/ID Nursing: It Ain' t for Wimps

This was the title of an incredibly motivating presentation by Sharon Oxx, RN, DDS Director of Health Services.

The Expansion of MAP into DMH-DCF Youth Programs

All attending were dismissed except DMH-DCF nurses and interested parties who met directly with Walter Polesky.

Handouts

Agenda

Org chart

Minutes of 6-7-13 meeting

Medication Delivered to a Central Location

Revised MAP Tool

Protocol Cesamet

Self-Administration

DCP Guide to Policy revisions

BRN Advisory:

<http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/dhpl/nursing/nursing-practice/advisory-rulings/nurse-practice-relate-to-medication-administration.html>

Nurse Monitor Policy-p.33 MAP policy manual

Discharge Orders/Medication Reconciliation-p.188 MAP policy manual

DDS Limited State Test funding examples

D&SDT PowerPoint handout

D & SDT Candidate handbook:

http://www.hdmaster.com/testing/othertesting/massachusetts_cma/forms/CandidateHandbookMAPtesting%203.1c.pdf

LOA handout

Contact hours

Next Meeting

May 7, 2014 (This is a date change from what was announced at the Oct. meeting)

10:00am-12:00pm OR 1:00-3:00

Devens Common Center, 31 Andrews Parkway, Devens MA

Registration Details to Follow