

# Trainer Meeting Notes from 6/7/2013

Please find following the notes from the Trainer Meeting which was held at Devens Common Center on June 7, 2013.

<b>Page Number</b>	<b>Item</b>
2 - 11	MAP Minutes 6/7/13
12	Homework Notes to MAP Trainer 2013
13	Homework MCC
14	MAP Discharge Orders-Medication Reconciliation Checklist version 5
15	Medication Delivered to a Central Location for Distribution
18	TTT Organizational Chart
19 - 24	D&S Presentation

**DDS MAP Trainer/Provider Rep. Minutes**  
Devens Common Center, 31 Andrews Parkway, Devens MA  
June 7, 2013 10:00am-3:00pm

**Present:** There were 312 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. The requirement to maintain Trainer status includes attending meetings twice a year; MAP Policy p. 27. It is understood that emergencies or planned time off happen.

### **DPH DCP Updates**

The Drug Control Program's (DCP) new location is 99 Chauncy St. 11<sup>th</sup> Floor Boston MA 02111

DCP links:

- DCP website-[www.mass.gov/dph/dcp](http://www.mass.gov/dph/dcp)
  - Direct any questions regarding a MAP MCSR, to Bianca Leonardi at 617-753-7302.
- Revised application completion guide-<http://www.mass.gov/eohhs/docs/dph/quality/drugcontrol/app-map-form-guide.pdf>  
Revised MCSR form-<http://www.mass.gov/eohhs/docs/dph/quality/drugcontrol/app-map.pdf>
- Revised Drug Loss/Diversion form-<http://www.mass.gov/eohhs/docs/dph/quality/drugcontrol/drug-incident-report-form.pdf>
  - MAP website-<http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/drug-control/medication-admin/>
  - The DPH medication occurrence report (MOR) form was revised. Section D and side 2 of the form reflect the DMH-DCF combined MAP Coordinator role. Section F includes a new contributing factor, "failure to accurately take or receive a telephone order."

Following section F, the name printed at the bottom of the form should be that of a MAP Certified Staff Supervisor; not a nurse and not the staff involved in the occurrence.

DPH does not have HCSIS access. In DDS only, in the event of a "hotline" MOR, the revised form is completed and faxed to DPH and the Regional DDS MAP Coordinator in addition to submission of the MOR via HCSIS. (DDS Providers can continue to use whatever forms are in place used for HCSIS data entry.)

In DMH-DCF programs the revised form is used for all MORs and faxed to the DMH-DCF Area MAP Coordinator; if a "Hotline" MOR it is also faxed to DPH.

The DPH MOR fax is 617-753-8046 and the voice mail number is 617-983-6782 (located on the form in Section D).

Revised MOR form-<http://www.mass.gov/eohhs/docs/dph/quality/drugcontrol/map/section-9-mor-medication-occurrence-report.doc>

- MAP Policy Manual and forms-<http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/drug-control/drug-control/medication-admin/medication-administration-program-policy-manual.html>

The "Administering Medications the Right Way" (AMRW) reference section containing the MOR form will be updated at the time of the next revision.

### **"Hotline" Contributing Factor Trends**

When conducting Certification or Recertification training, MAP Trainers play a vital role when presenting the medication administration process. If you do not already emphasize the following curriculum content and use the associated "Administering Medication the Right Way" (AMRW) exercises (p. 66 and p. 74) regarding MAP Certified staff responsibilities' please incorporate:

- To contact a pharmacist if the medication appears different
- To wait and watch the person swallow the medication

### **Prescribed Medication Availability**

Certified staff should do everything possible to obtain prescribed meds. If a med is not available and is not given it is a med occurrence. Staff must contact a MAP consultant each time a med is not given. Consider discussing strategies with certified staff to assist them with ways to maintain an adequate supply of medication, obtain new prescribed meds and obtain refills.

In addition, include in the discussion what to do if staff cannot obtain a med. If preauthorization is required and staff obtain a HCP order to hold the med while waiting for preauthorization then there is no med occurrence, otherwise it is. (This was a training point at all 2012 state wide MAP Supervisor Trainings.)

**DCP Inspection Tool** <http://www.mass.gov/eohhs/docs/dph/quality/drugcontrol/map/map-medication-security-inspection-form.pdf>

- **Item number 21** regarding medication security states any schedule VI controlled substance identified by DCP as having a high potential for abuse are stored double locked. This is a recommendation, not a requirement. Examples of schedule VI medications to consider adding to the count include Tramadol HCL (Ultram) and Fioricet. Please note Carisoprodol (Soma) was misidentified in the DPH DCP email handout; it is a schedule IV and must be counted.
- **Item numbers 51 and 52** regarding disposal indicate any 2 MAP certified/licensed staff may dispose of a med if a dose is contaminated, dropped or refused. If medication is expired or discontinued, 1 of the 2 staff must be the site supervisor. The MAP Policy Manual will be amended; an additional call out box in AMRW will follow, as well as a revision to the tech assist tool.

## Liquid Countable Packaging

In May 2013 DPH, DDS and pharmacists met to discuss the challenges associated with MAP compliance. Possible solutions are in process.

## Unit Dose Syringe

Based on pharmacist feedback to DPH, program staff was trying to add/subtract total "mL"s received on a count sheet. The label read 30mL but only 29.5mL was received due to the "lost 0.5mL" in the drawing up process. Instead, add the total number of syringes received and as each dose is given/syringe used, the syringe used is subtracted.

## Liquid Countables

Vimpat and Roxanol may not be re-packaged per the manufacturer as it comprises medication efficacy.

## Medical Marijuana

Regulations were promulgated 5-8-13. Guidelines specific to MAP programs are pending.

**Combivent Inhalation Aerosol** contains a certain propellant under the Clean Air Act and will be discontinued July 2013. Combivent Respimat (available October 2012) is a replacement. Staff may need to be proactive in obtaining orders and scripts for the replacement med or an alternative.

## Once Daily Medication

Based on HCP orders provided to DPH in the course of information requested due to a hotline, 95% of the time when a med is ordered daily the order does not specify am or pm per MAP Policy 06-5.

## HCP Orders and Label

The question comes up; must a pharmacy label state everything in the HCP order? An example asking for clarification/assistance was for Fosamax:

"Take this medicine by mouth first thing in the morning, after you are up for the day. Do not eat or drink anything before you take your medicine. Swallow the tablet with a full glass (6 to 8 fluid ounces) of plain water. Do not take this medicine with any other drink. Do not chew or crush the tablet. After taking this medicine, do not eat breakfast, drink, or take any medicines or vitamins for at least 30 minutes. Sit or stand up for at least 30 minutes after you take this medicine; do not lie down."

Specific to Fosamax and the HCP order above a pharmacist recommends as label content:

"Take one tablet by mouth in the morning with 8oz water before eating.  
Don't eat, drink or lie down for 30 minutes after the dose."

The pharmacy label should agree with the HCP order.

## Discharge Orders/Medication Reconciliation

A trend has been identified that certified staff do not realize when an individual is discharged from a Health Care Facility (HCF) after an admission, the HCP orders that were in place in the residential program prior to the HCF admission are no longer valid. Orders that state "resume all previous orders" are also not valid. Any medications not included in the discharge orders, must be reviewed with the prescriber and re-written.

To assist staff with an individual during a transfer of care to or from a HCF, discharge from a hospital, discharge from a rehab center, etc. a draft checklist 3/28/13 was developed. (See attached.) One of the Providers who were asked to participate in a pilot (April and May) indicated the checklist would be especially useful for new supervisors. Any Provider participating or not that has feedback to share please submit to [Sharon.oxx@state.ma.us](mailto:Sharon.oxx@state.ma.us)

Language will be added to the next MAP Policy Manual revision to address a transfer of care.

## WebETest Enhancements

### ▪ Funding Source

Funding Source: Adult DDS  Adult DMH  Un-sponsored  Youth DMH/DCF

There are now 4 options. RNs in DCF sites have been attending TTT since December 2012. Youth DMH/DCF testing began 4-1-13.

### ▪ Abuse Record

A feature was added to prevent training someone who cannot be tested. Prior to training when entering staff demographics, a screen appears that states "A record of abuse exists for the staff record you wish to create. The staff is not eligible to be MAP certified, and thus no record will be created. Contact D&S if questions."

▪ **MAP Training Registration Roster**

The roster was revised. In addition to each staff name and email address there are 3 columns labeled as CBT pretest, transcription pretest and med admin demo pretest to track successful completion of all components:

**MAP TRAINING REGISTRATION ROSTER**

Facility OR Training Program: <b>HUNT RN, GINA</b>	Alpha Code:
Address: <b>450 MAPLE ST</b>	D&S Code: <b>5115</b>
City: <b>HATHORNE</b>	State: <b>MA</b> Zip Code: <b>01937</b>
Phone Number: <b>(978)774-5000</b>	Fax Number: <b>( ) -</b>
Contact:	Phone Number: <b>( ) -</b>

Last Name	First Name	Middle Name	Email	Training Start Date	Training Completion Date	Pretest CBT Score	Transcription Pretest	Med Admin Demo Pretest
ADEKANMBI	OLAITAN		oadekanmi@bridgewell.org	06/24/2013	06/27/2013			
CATTO	MCKAYLA		m_catto@salemstate.edu	06/24/2013	06/27/2013			
DOHERTY	KATHLEEN			06/24/2013	06/27/2013			
FAJUTAG	NANETTE		nanette_0822@yahoo.com	06/24/2013	06/27/2013			
GUITER	REBECCA		B_Rose06@hotmail.com	06/24/2013	06/27/2013			
KIBUNJA	NANCY		nancykibunja@yahoo.com	06/24/2013	06/27/2013			
KOROMA	SALAMATU		skoroma@bridgewell.org	06/24/2013	06/27/2013			
MWANIKI	MARY		mayrke@gmail.com	06/24/2013	06/27/2013			
OUELLETTE	MICHELLE		JBFB2006@YAHOO.COM	06/24/2013	06/27/2013			
RIVERA	JANETSY		jriviera@bridgewell.org	06/24/2013	06/27/2013			
SONWABEH	ELIJAH		elijah8261980@yahoo.com	06/24/2013	06/27/2013			

▪ **Training Reminders**

**CC&R MAP Curriculum Appendices** were posted in their entirety 1- 30-13; accessed on the CC&R website “Updates” section using your CC&R access code (login) and password. Due to numerous changes and additions the entire set was provided for consistency. CC&R website-[www.medicationsadministration.com](http://www.medicationsadministration.com)

“**Administering Medications the Right Way Curriculum**” revised October 2012, Version 4.1.1 is to be used in MAP training effective 1-1-13. A copy is required in all programs.

**Medication Administration Process Demonstration DVD (10 minutes)**

Having staff view the DVD became part of standardized MAP Certification training effective 1-1-13. In addition, staff can view the DVD anytime at [www.hdmaster.com](http://www.hdmaster.com). It is close captioned as of 3-1-13. Any time staff leaves a comment that is a question; you will see a MAP Coordinator response. It has over 18,000 hits. The first time pass rate has improved 7% statewide.

**Standardized Pretest Components**

▪ **30 Question Computer Based Pretest (CBT)**

The CBT option was effective 1-7-13. If completed outside of the training classroom it frees up 35 minutes of time for use in other areas, i.e. more time practicing giving meds. It is accessed at [www.hdmaster.com](http://www.hdmaster.com). It can be taken at the end of training or assigned as a take home test. No two CBTs are alike. Whether given as a take home assignment or in class, staff may use their training curriculum to look up answers. It is highly recommended that staff take the CBT pretest. It is proven staff perform better on the D&S knowledge CBT.

It is not permissible to give the “paper” pretest to staff to take home. There are only 2 paper tests. The paper version will continue to be available. You can allow staff to use their training curriculum to answer questions. If a Trainer questions the veracity of the test results they can require that it (paper or CBT version) be taken again with supervision.

Tips for staff taking the CBT:

1. 35 minutes is allotted to answer 30 questions; after that time the computer times itself out and no further questions can be accessed.
2. There is a “yellow” link to access the documents needed to correctly answer a document based question (DBQ) under the answer choices.
3. Let staff know:  
That you cannot “see” how many times they take it  
They can take it as many times as needed get an 80%

That you cannot “retrieve” their pretest score report

4. Trainers need a Pretest Score Report with an 80% or higher result as proof of successful completion with a staff name printed on the report. A name only appears if a social security # is entered when accessing the test. Staff may copy/paste, send as an email attachment, print and bring to class/fax etc. for your records. The pretest heading and information that will appear on a result page:

D&S DIVERSIFIED TECHNOLOGIES LLP and HEADMASTER LLP  
333 Oakland Ave, Findlay, OH 45840  
Massachusetts MAP  
Pretest Score Report

GINA HUNT  
Score =100.0%  
Completed: Mar 05, 2013 07:17 MT  
Elapsed time (hr:min): 16:01

The “Exit Survey” taken by test candidates at the completion of D&S testing indicates 90% of staff takes the CBT online at home and 0.9% online at training. 8% take a paper test.

▪ **Medication administration demonstration** is a pretest component effective 1-1-13. Documents (Trainer instructions and the Checklist) are accessed at the [www.hdmaster.com](http://www.hdmaster.com). The demonstration can be either to a Trainer or another staff. Either can complete the checklist. A minimum of 10 boxes checked out of 12 is passing. This may be done anytime during training.

▪ **Transcription pretest** component is unchanged.

**Trainers must retain all 3 pretest component documents.**

### Provider Recertification Testing

▪ Revised Recertification Guidelines and a Competency Evaluation reflecting the change in Check 1 are available at:

<http://www.mass.gov/eohhs/docs/dph/quality/drugcontrol/map/section-2-map-recertification-companion-guide.doc> and

<http://www.mass.gov/eohhs/docs/dph/quality/drugcontrol/map/section-2-map-recertification-competency-evaluation-form.doc>

▪ The MAP Trainer now designates a funding agency. The Trainer now sends a results notice directly to the staff from the Registry after entering recertification info as long as the staff has an email in their demographic profile. If staff passes, the email instructs staff how to download their certificate. If they fail it will inform them they may not give meds.

### Statewide Test Trends

#### General

▪ Please reinforce with staff that they must be at the test site 15 minutes before the test is scheduled to begin or they are considered late=no show. If the admission notice says 10a, on time is 9:45a. If not already doing so provide staff with a D&S handbook so they can review test policies that include:

#### Test Day

**For all components of the MAP test:**

**You are required to sign in at your confirmed test site fifteen (15) minutes before your test is scheduled to start. Candidates who do not arrive 15 minutes prior to the test time will be considered a NO SHOW and will not be allowed to test! Plan to arrive early.**

**You must bring two forms of ID to be admitted to testing. One must be a GOVERNMENT ISSUED, SIGNED, NON-EXPIRED, PHOTO ID. Some examples are: State ID, drivers’ license, military ID, passport. The government issued ID must be issued by the United States of America. The second form of ID may be a debit/credit card, utility bill, etc.**

**You will not be admitted for testing if you do not bring proper ID and you will have to apply for a new test date and pre-pay all required rescheduling or testing fees.**

▪ The Hogan and SevenHills test sites are noted by D&S to be the most problematic despite having the most detailed instructions.

▪ Staff must exhaust 3 test attempts before a new record can be entered in WebETest.

### Test Specific

#### Knowledge

Staff does not realize acceptable codes are located at the bottom of the medication sheet and are incorrectly answering acceptable code questions in DBQs.

#### Skills

#### Med Pass

1. Since the new 3 check method has been instituted, some testers have reported that candidates are not comparing the HCP order to the label at all.

2. Staff locates a HCP order form but is not able to locate the order for the specific med to be administered. (Please use the HCP order forms as seen in the curriculum and introduce Provider specific HCP order forms at another time.)
3. Staff announces what they would do instead of demonstrating it.
4. Some staff is using the heading of the count sheet of the correct med as the HCP order.
5. When comparing the 5 rights, some staff uses the tab divider with the persons name on it instead of locating the name on the HCP order or med sheet.
6. When documenting, staff do not use the index to locate the correct page and document on an incorrect count sheet.

### Transcription

1. Although rarely seen, staff may not use military time for the hours chosen.
2. 12N or noon is scored as incorrect. Staff should be using 12pm
3. When staff mark the grid for a time limited order such as 3 times a day, if they choose 3 appropriate times but set up the grid as if the frequency was 4 times per day the grid is scored as incorrect.

**Improvement** is noted and it is no longer an issue that staff are initialing as if administering the med after they transcribe.

### Exit Interview (Optional)

#### Questions asked of candidates following the test include:

- #hours trained-96% feel the Trainer prepared them well
- Whether the med administration DVD was shown
- Whether they completed a med administration pretest component
- Whether the pretest was taken online

### Limit of DDS State Funding for MAP Testing

Sharon Oxx, RN, DDS Director of Health Services reviewed that effective 7-1-13 DDS state funded testing is limited to 3 fails per test component. This includes all D&S tests failed prior to 7-1-13 as well as all “no shows”. Arriving late=“no show”.

Also covered were that when scheduling staff if “T” is chosen for transcription, staff is also automatically scheduled for the medication administration component if needed. If “S” is chosen for medication administration, staff is automatically scheduled for the transcription component of the test if needed. The length of time staff spends at a test site will vary depending on how the staff was scheduled.

Staff not self scheduling or rescheduling to test is an issue. To assist in tracking, 2 features were added to WebETest; one is highlighting staff names that have been eligible for 30 days without scheduling; the second feature allows providers and trainers to search by any number of days to see how many candidates that they have that are not scheduled:

- **Highlighted** are staff that has been eligible for 30 days without scheduling.
- Training program search note:
  - ^mm/dd/yyyy = candidates with this training start date
  - =mm/dd/yyyy = candidates with this training completion date
  - @mm/dd/yyyy = candidates scheduled to test on this date
  - !nn = staff not scheduled that have been eligible for nn days

### D&S Diversified Technologies

Kelly Buerger, Massachusetts Program Manager, based in Findlay Ohio provided an update of statewide testing. (See attached PowerPoint). Whitney Marshall, RN MAP Testing Mentor, based in Massachusetts has been assigned to work with all current and new testers to ensure consistency throughout the state. She randomly visits test sites to help ensure testing practices are consistent with all MAP testers.

### Amended DPH MAP Regulations, addition of Department of Children and Families

Walter Polesky, RN DMH presented an overview of the MAP extending to DCF & DMH “Caring Together” Services. 5,000+ minors across the Commonwealth receive DCF & DMH-contracted residential group home services; approximately 90% are in care and/or custody of DCF; approximately 69% of residential service providers have contracts with both DMH & DCF. Inclusion of Group Living Environments (GLE) for children & adolescents in MAP will bring structure, accountability and clear, consistent expectations for medication administration practice.

To address the unique challenges of administration of medication to minors, DMH & DCF will apply an additional layer of clinical monitoring to the MAP model that will be used in programs that serve them. The *Nurse Monitor Model* is designed to ensure that medications are administered consistently & safely within & among the DMH & DCF community residential service system that serves minors in GLEs. This is accomplished by having medications safely administered by staff trained & Certified using regulations & policies established under the MAP.

The *Nurse Monitor Model* requires mandatory registered nurse presence at GLE sites for a prescribed number of hours each week for the express purpose of providing additional monitoring to the site’s medication administration system.

The nurse monitor role is to provide ongoing quality assurance by monitoring a site's medication administration system to ensure compliance with MAP regulations & policies and education and re-education of MAP Certified staff in proper medication administration practices, including the option to serve as trainers for the formal MAP curriculum.

When compared to present practice in DMH-youth and DCF programs, the implementation of MAP with the added layer of the *Nurse Monitor Model* meets the unique needs of minors by providing a greater level of monitoring, a greater quality assurance standard appropriate for the clientele and a consistent, higher standard of care.

### **Q&A Session/Index Cards**

Q- Updates should be in one place.

A- Trainer meeting notification/Updates/meeting minutes, etc. are sent out via the listserve by Sharon. If not on the listserve please email [Sharon.Oxx@state.ma.us](mailto:Sharon.Oxx@state.ma.us) to be added. From now on all updates will also be posted on the D&S website under "Updates from Sharon".

Q-Who do we contact for Train the Trainer scheduling?

A- A regional DDS or area DMH/DCF MAP Coordinator. [See MAP Policy 03-1 for trainer requirements.]

Q-Can independent trainers train candidates for agencies?

A- Yes.

Q-What is the age limit to become MAP Certified?

A- Minimum age is at least 18 yrs old. There is no maximum age. [MAP Policy 02-1].

Q-Are there limits on the number of students in one class?

A- It is currently recommended to have no more than 10-12 students per class.

Q-Why are people allowed to be greater than 30 min late to training?

A- Certification training must be at least 16 hrs. This means the student must be present for the entire class, see MAP Policy 03-2. It is up to the trainer to decide, if a staff is late, to allow them in or not. If the trainer does allow them in after content has been covered, the trainer will not be exempt from assuring that the information the person missed in class is covered for that person. Many trainers do not allow students to be late at all. It is a good way to train them to be on time for the test.

Q- Where can we get/see training materials?

Q- I suggest making all materials available on one site i.e. links; D&S, Mass.gov and CC&R.

A- <http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/drug-control/medication-admin/map-training-tools.html>  
[www.medicationadministration.com](http://www.medicationadministration.com) and [www.hdmaster.com](http://www.hdmaster.com) Consider bookmarking the links provided for quick reference. In addition, the Preceptor you observed may have additional adjunct materials they have developed.

Q- Why doesn't the staff sign the signature box after DCing a medication?

A- Staff can sign, it is not a requirement.

Q- When doing the 3 checks of the 5 rights can the rights be separated out or do they have to be done together?

A- Either way

Q- It is unclear in the MAP curriculum how to incorporate the control count page in the 3 checks.

A- In the medication administration process the control count page is used to document the subtraction of a countable medication from the medication count; it is not part of the 3 checks of the 5 rights. All medications are administered using the 3 checks and the 5 rights but all medications do not require a count. Only countable medications must be counted. The documentation in the count book can be done at the time a countable med is popped or it can be done at the end of the medication administration process.

Q- Where can I get the med pass demo DVD for a DVD player?

A- Contact your Regional DDS MAP Coordinator.

Q- Why doesn't the DVD show the candidate making sure the count is correct?

A- Staff are not tested on how to do a shift count.

Q- Can candidates purchase the MAP Med Admin Demonstration DVD?

A- If staff has no access to a smart phone, work, friend or library computer for viewing, they can contact CC&R Healthcare Solutions to purchase a copy by calling 877-539-0109

Q-What is the value of a pretest if staff use study materials to help them pass?

A- Reading questions and finding answers in a book is part of learning. Staff is encouraged to continue taking the pretest after passing to continue learning and in preparation for the D&S Knowledge CBT.

Q- After staff pass the pretest on the computer, does the trainer still need to go on the computer to mark the staff as graduated?

A- Yes, the pretest date is entered when all 3 pretest components are successfully completed and “yes” is selected as “graduated”.

Q-How many times can a candidate take a pretest before they have to take the training again?

A- There is no MAP policy with pretest limits. If a Provider has no internal policy, it is a Trainers decision.

Q- How long do you need to keep all pretest documentation for staff?

A- MAP Coordinators keep all documentation for all staff trained for their records. It may be scanned and saved in electronic files if preferred or in the candidate’s employee file.

Q- As a trainer what do you do if a staff comes to you and states “I have taken the MAP test once but I did not pass the transcription part of it, I need you to help me, I’m not going to that trainer anymore!”?

A- If remedial/retraining is required it must to be completed by the original trainer. However, if there are still test opportunities, any Trainer can provide transcription assistance.

Q- If a staff person fails initial certification testing 3 times what needs to happen before they can test again?

A- The staff must complete remedial training or a full MAP Training completed by the original MAP Trainer, unless 1 year has lapsed. If 1 year has lapsed staff may go to any Trainer.

Q- If a person’s test is scheduled for 11:00am, write on their instructions that their test starts at 10:45am.

Q-Can the D&S confirmation form change to reflect regular time vs military time?

A- It clearly states in the D&S MAP Candidate handbook to arrive 15min prior to the test start time, if not they will be considered a “no show”. It is recommended this is reviewed with staff during the training. Also, while the same information has always been noted on the candidate’s test confirmation notice, D&S updated the notice to clearly display when staff must sign in and what time their test session will begin in a larger font:

## **D&SDT Test Confirmation MAP Certification Testing**

**GINA HUNT  
450 MAPLE ST  
HATHORNE MA 01937**

**Test Date:** 08/07/2013  
**Test Site:** HOGAN REGIONAL CENTER  
30 MIDDLETON ST  
DANVERS, MA 01923

**Scheduled Exam(s)**  
**Transcription**  
**Med Admin**

Printed: Jul 16, 2013 [PRINT](#)

---

***You must sign in at least 15 minutes before 09:00 AM ET.  
Your test will begin promptly at 09:00 AM ET.***

- ***Candidates who do not arrive 15 minutes prior to test time will be considered a NO SHOW and will not be allowed to test! Plan to arrive early.***

Q-During the med administration testing process, do candidates automatically fail if they pop the wrong number of pills, and then discover the mistake before administration? Or, if they drop the pill while preparing; how do they handle this?

A- Staff do not fail if they pop the incorrect number of pills unless they actually administer the wrong amount. If they realize their mistake prior to administering (such as check 3) they should tell the tester that they have poured the wrong amount and explain that they would dispose of the extra pill under normal circumstances, remove the extra pill and



continue with the administration. If the staff drops a pill during the process they should acknowledge that under normal circumstances they would dispose of the med according to policy, but pick the pill up, put it in the cup and continue with the process. The test is looking for the 3 checks of the 5 rights; we are not testing on disposal. This is the one situation where the "5 second rule" applies!

Q- During testing, why can't the count always be correct for them? (No missing pills).

A- The count will always be correct but yes, they may be popped out of order. This is meant to replicate real practice. As a trainer you can best prepare staff by teaching this.

Q-On recertification; after the staff gives the med and does the look again, if this is done out loud is this OK?

A- Yes, on certification and/or recertification.

Q- Can a MAP trainer transcribe/input into computer HCP orders or is this the responsibility of certified staff?

A- Yes a MAP trainer can transcribe/input in the computer HCP orders.

Q- Is an email from an HCP considered an order?

A- No.

Q- Can't get HCPs to sign every page of HCP orders.

Q- If a HCP refuses to specify every am or every pm despite speaking with him/her about MAP regulations what should we do?

A- It is a requirement that all pages of HCP orders be signed and it is a requirement that the HCP order, for daily meds, specifies daily in the am or daily in the pm. If the HCP refuses, consider transferring to a new HCP. [See MAP Policy 06-5 and 13-2.]

Q-The MAP version of an electronic signature is not used by the hospital.

Q- Electronic signatures are not images of the signature; they are bold, normal, font.

A- Electronic signatures are acceptable by the Departments, as long as the electronic signature is an image of the provider's signature. [MAP Policy 13-2].

Q- Is it acceptable to have a HCP order stating that Phenobarbital 60mg and Phenobarbital 64.8 mg tabs are interchangeable?

A- No, the HCP order and pharmacy label must agree.

Q- If a HCP order states "give one tab by mouth PRN every 4 hrs for pain (lists every body part and includes Temp greater than 101) is it okay for the label to state "give one tab by mouth every 4 hrs as needed" and write on the reverse of the blister pack "see HCP orders for specific recommendations" ?

A- No, the HCP order and the pharmacy label should agree. Try getting the HCP order to be written in a way that is able to fit on the label. For example, does the person really c/o every body part of does he/she usually have one or 2 specific complaints?

Q- Does "resume all previous orders" cover discharge orders with the signed discharge orders?

A- No.

Q- Weekend and evening discharges cannot follow the discharge checklist.

A- The top half of the checklist is completed prior to discharge from the health care facility. It can be completed regardless of the day or time. Parts of the second half of the discharge checklist would be completed during office hours as soon as possible after discharge.

Q- Do we have to transcribe all the orders a HCP writes after a discharge from a hospital? What would the start dates reflect?

A-Yes, the orders need to be transcribed as they are considered new orders. The start date would reflect any change to the medication order. For example if anything about the order changed this would have a new start date; if nothing about the order changed the start date reflects the original start date for that medication.

Q- Regarding Posting and Verifying; why do we have to use colored inks?

A- The color should be designated by the Provider and be consistent throughout their sites. Examples given are red and green. [MAP Policy 13-1].

Q- If meds are needed at Day Program is an HCP order required or can pharmacy do this at MAP certified staff's request?

A- Certified staff may request the pharmacy "split-package" the medications into 2 tamper resistant containers; one for use at the Day Program, one for use at the residence. No order is needed. [MAP Policy 11-1, #1, a.]

Q- How long do medication delivery receipts need to be kept?

A- 90 days. [MAP Policy 10-4].

Q- Is there an updated list of OTC items not requiring an HCP order or pharmacy label?

A- The last "Items List" is dated 9/30/2011.

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

A- There is no policy that PRN's cannot be written in red.

Q- Can a MAP Certified staff administer G-tube feeds if trained (not meds).

A- Yes. [MAP Policies 14-3 and 14-4]

Q- Can a non MAP certified staff be trained in glucometer use?

A- Not at this time.

Q- Please review managing insulin. Why no MAP Policy addressing this important category?

A- Please see MAP Policy 14-1, #4, with the exception of EpiPen at present there are no approved specialized training programs for parenteral drugs; MAP Policy 06-1, #2, c, at this time there is no approved program to train certified staff to administer insulin. Unless the individual meets the criteria for Self Administration of Medications, insulin management must be carried out by a licensed person.

Q- Who and how are the DCF programs going to be monitored for compliance?

A- DCF will be overseen by DPH just as DDS and DMH are. The area DMH-DCF MAP Coordinators will monitor the DCF programs within their respective areas.

Q- How will the Nurse Monitor role be clearly differentiated from the supervisory role?

A- The policy and guidelines regarding this role are being promulgated at this time and will clarify the role and expectations of a Nurse Monitor.

Q- Please review what Sharon stated regarding DNR/MOLST issues.

A- Sharon is working with DDS and DPH legal to determine how programs will use the MOLST form as the old DPH DNR form is phased out.

Q- What can't the guardian consent to on the MOLST?

A- To be determined.

Q- LOA, topicals?

A- Oral meds must be disposed of if returned to the residence after a LOA. Topicals, inhalers, eye or ear drops, etc. may go back and forth. [MAP Policy 11-2].

Q- Can blistered birth control go back and forth on LOA?

A- No, must be packaged separately. [MAP Policies 11-1 and 11-2].

Q- A refused countable medication; does it require a supervisor or licensed staff for disposal?

A- See DCP Tool Item 52, "All contaminated, refused or dropped medications are rendered unusable by two Certified/licensed staff persons."

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

A- Either one.

Q- Can OTC meds be disposed of with a supervisor and disposal form completion?

A- Yes but not required.

Q- What do you do when 2 cert staff signatures are needed and only one cert staff is available such as adding a refill into a count book?

A- The single cert staff would sign and then when there is a second cert staff available, they would check for accuracy of documentation and then sign, date, time as the second signature.

Q- Pharmacies are not open at 8pm and 10pm med passes to answer questions about the new/different color, shape or size of a medication.

A- Some are. If not, ideally the checking for new/different color, shape or size of a medication should be done when the medication is received from the pharmacy. If it was not done at that time, and at 8pm during a med pass the medication is noted to be different in color, shape or size from the last time it was received, staff must contact a MAP Consultant and follow recommendations. Depending on the pharmacy used, some pharmacists are available 24/7 for consultation. A HCP or the covering HCP is available 24/7.

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

A- Although not written anywhere, 24 hrs is the standard for new meds to be administered. Of course, there are some situations that require more immediate administration of the medication.

Q-If an individual is retired and goes into and out of the community several times per day, does the staff have to do a count each time he/she leaves and returns?

A- Yes, every time the keys change hands. Think of the realtor box or storage place for the med keys when no one is home, as a set of hands.

Q-The revised DPH MOR form does not have an option for "MAP Consultant not contacted". This makes electronic input into HCSIS very difficult as all fields must be completed for finalization.

A- A MAP Consultant must be contacted for every med occurrence regardless of when discovered. MORs reviewed in HCSIS that indicate no MAP Consultant was contacted are marked as not approved and returned for resubmission after a Consultant has been contacted. [MAP Policy 09-2, #1].

Q- Is it a MOR if an individual has an Invega injection due and he does not get to the prescriber for a prescription and is 2 weeks late when MD agrees to write the order?

A- Certified staff cannot administer injections with the exception of EpiPen. [MAP Policy 14-1]. MORs submitted to a Regional DDS or Area DMH/DCF MAP Coordinator is for MAP Certified staff only. Issues with licensed staff should be tracked internally.

## **Handouts**

*Organizational chart*

*DCP informational links*

*Medication Delivered to a Central Location*

*Quality is No Accident May 2013 Issue #8 [Quality is No Accident May 2013](#)*

*Revised DPH Medication Occurrence Report form*

*AMRW p.66 and p.74*

*DCP Inspection form*

*Draft Discharge Orders/Medication Reconciliation*

*Homework Notes to MAP Trainer Using PowerPoint*

*Homework*

*Medication Administration Demonstration Pretest Trainer Instructions*

*Medication Administration Demonstration Pretest checklist*

*MAP Recertification Evaluation Guide*

*MAP Recertification Competency Evaluation form*

*D&S PowerPoint*

*D&S Handbook Version 3.1 Effective April 15, 2013*

*NDSS Educational Material <http://www.ndss.org/About-NDSS/Newsroom/Recent-News/Aging-and-Down-Syndrome-A-Health-Well-Being-Guidebook/>*

**Next Meeting**  
**October 31, 2013 10:00am-3:00pm**  
**Devens Common Center, 31 Andrews Parkway, Devens MA**  
**Registration Details to Follow**

**MAP TRAINER: Day 1 covers through Ppt. 41 and includes med administration practice.**

Day 1

- Review all content covered (pages 1-20 and pages 55-85). Pages 79-82 is a detailed description of the med administration process practiced today.
- Complete any exercises not done in class on these pages and we will go over questions you may have tomorrow.
- Go to [www.hdmaster.com](http://www.hdmaster.com), click on Massachusetts, click on Sample Test Shortcut. After answering the 10 questions, click "Stop Exam". You will see your results (the % answered correctly and if any were missed the topics you need to review).

**MAP TRAINER: Day 2 covers Ppt. 42-83 and includes med administration practice as well as a practice pouring a liquid med.**

Day 2

- Review all content covered (pages 21-48 and pages 85-102).
- Complete any exercises not done in class and we will go over questions you may have tomorrow.
- Try the Document Based Questions (DBQs) exercise.
- Start testing your knowledge by taking the "CBT" (Computer based pretest) at [www.hdmaster.com](http://www.hdmaster.com). Using your book to help answer questions is encouraged. Either during or after the training you must take the CB pretest on your own time and copy/paste the results (80% or higher is passing) in an email to me. The results must include your name (which appears by using your social security #):

D&S DIVERSIFIED TECHNOLOGIES LLP and HEADMASTER LLP

333 Oakland Ave, Findlay, OH 45840

Massachusetts MAP

Pretest Score Report

CANDIDATE, SAMPLE

Score = 0.0%

Completed : Mar 05, 2013 07:17 MT

Elapsed time (hr:min): 00:01

**MAP TRAINER: Day 3 covers Ppt. 84-138. The transcription workbook is used for the majority of the training. I collect the med sheets, take home and review to provide each staff with individual feedback. DVD (17 minutes) of taking a person to the HCP is shown. I do not practice meds this day.**

Day 3

- Practice the D&S transcription exercise at [www.hdmaster.com](http://www.hdmaster.com) (Time yourself and see if you can finish in 15 minutes).
- Finish DBQs exercise.
- If you have time, read pages 113-157.

How to study for the D&S Test:

- Read the training manual.
- Know the information in the "call-out" boxes.
- Review the objectives and terms to study at the beginning of each module to test your knowledge of the content covered.
- Practice the med administration process saying the rights and checks out loud. Watch the medication administration video at [www.hdmaster.com](http://www.hdmaster.com)
- Practice D/C'ing a medication order and transcribing a new medication order.

PLEASE NOTE:

You are not responsible for the content of Module 4 (pages 49-54), Module 6 (pages 103-112) or Section 4 Reference Information (pages 158-218).

**MAP TRAINER: Day 4 covers Ppt. 139 to the end.**

**Show Medication Administration Process demo (DVD-10 minutes). More practice of med administration. The remainder of the content is covered. Pretest components:**

**CB Pretest-staff complete outside of training**

**Med Administration Demonstration-staff complete with me during training**

**Transcription-staff complete at the conclusion of the training**

## Day 1

- Review all content covered (pages 1-20 and pages 55-85). Pages 79-82 is a detailed description of the med administration process practiced today.
- Complete any exercises not done in class on these pages and we will go over questions you may have tomorrow.
- Go to [www.hdmaster.com](http://www.hdmaster.com), click on Massachusetts, click on Sample Test Shortcut. After answering the 10 questions, click “Stop Exam”. You will see your results (the % answered correctly and if any were missed the topics you need to review).

## Day 2

- Review all content covered (pages 21-48 and pages 85-102).
- Complete any exercises not done in class and we will go over questions you may have tomorrow.
- Try the Document Based Questions (DBQs) exercise.
- Start testing your knowledge by taking the “CBT” (Computer based pretest) at [www.hdmaster.com](http://www.hdmaster.com). Using your book to help answer questions is encouraged. Either during or after the training you must take the CB pretest on your own time and copy/paste the results (80% or higher is passing) in an email to me. The results must include your name (which appears by using your social security #):

D&S DIVERSIFIED TECHNOLOGIES LLP and HEADMASTER LLP  
333 Oakland Ave, Findlay, OH 45840  
Massachusetts MAP  
Pretest Score Report

CANDIDATE, SAMPLE

Score = 0.0%

Completed : Mar 05, 2013 07:17 MT

Elapsed time (hr:min): 00:01

## Day 3

- Practice the D&S transcription exercise at [www.hdmaster.com](http://www.hdmaster.com) (Time yourself and see if you can finish in 15 minutes).
- Finish DBQs exercise.
- If you have time, read pages 113-157.

How to study for the D&S Test:

- Read the training manual.
- Know the information in the “call-out” boxes.
- Review the objectives and terms to study at the beginning of each module to test your knowledge of the content covered.
- Practice the med administration process saying the rights and checks out loud. Watch the medication administration video at [www.hdmaster.com](http://www.hdmaster.com)
- Practice D/C'ing a medication order and transcribing a new medication order.

PLEASE NOTE:

You are not responsible for the content of Module 4 (pages 49-54), Module 6 (pages 103-112) or Section 4 Reference Information (pages 158-218).

## **Discharge Orders/Medication Reconciliation**

*Medication Reconciliation* is the process of comparing an individual's new medication orders to all of the medication orders that were in place prior to the new orders. This must be done during every transition of care (e.g., transferred to/from a health-care facility, hospital, nursing home, crisis stabilization unit or rehabilitation center, etc.).

Discharge (new) orders from a Health Care Facility supersede (take the place of) prior existing orders. Any discrepancies identified must be immediately brought to the attention of the prescribing Health Care Provider (HCP). Document that the prescribing HCP has been informed.

### **Checklist**

#### **1) Before the individual is discharged from the Health Care Facility:**

- Obtain all HCP orders that were in place prior to the admission (from the individual's home).
- Obtain the new HCP medication orders being prescribed (using the Health Care Facility discharge orders).
- Compare the medications on the two sets of HCP orders (new and prior); bear in mind the 5 rights. Pay particular attention to dose and/or frequency changes for medications that appear on both sets of orders.
- If there are discrepancies between the two sets of orders; review these with the HCP prior to discharge.
- Be sure to obtain signed, dated, HCP orders. If there is more than one page of HCP orders, each page must be signed and dated by the HCP. Electronic Health Care Provider signatures are acceptable by the Departments. An electronic signature is an image of the provider's signature.
- Obtain any new prescriptions or ensure that the pharmacy has been notified by the HCP of any new medication prescriptions.

#### **2) Once the individual has returned home:**

- Notify the Primary Care Physician (PCP), and any other prescribing HCP, that the individual had a transfer of care.
- Notify the PCP, and any other prescribing HCP, of any new or changed medication / treatment orders or previously ordered medications omitted from the Health Care Facility discharge orders.
- Obtain from the PCP and any other prescribing HCP, orders to resume any previously scheduled medications/treatments that they want reordered (and are not on the new Health Care Facility discharge orders).
- Obtain any newly prescribed medication from the pharmacy.
- Transcribe, Post, and Verify Health Care Facility Discharge Orders and newly reordered medications.
- Communicate the changes to others involved in supporting individual (e.g., coworkers, supervisor, day program staff, family members, etc.) according to agency policy.

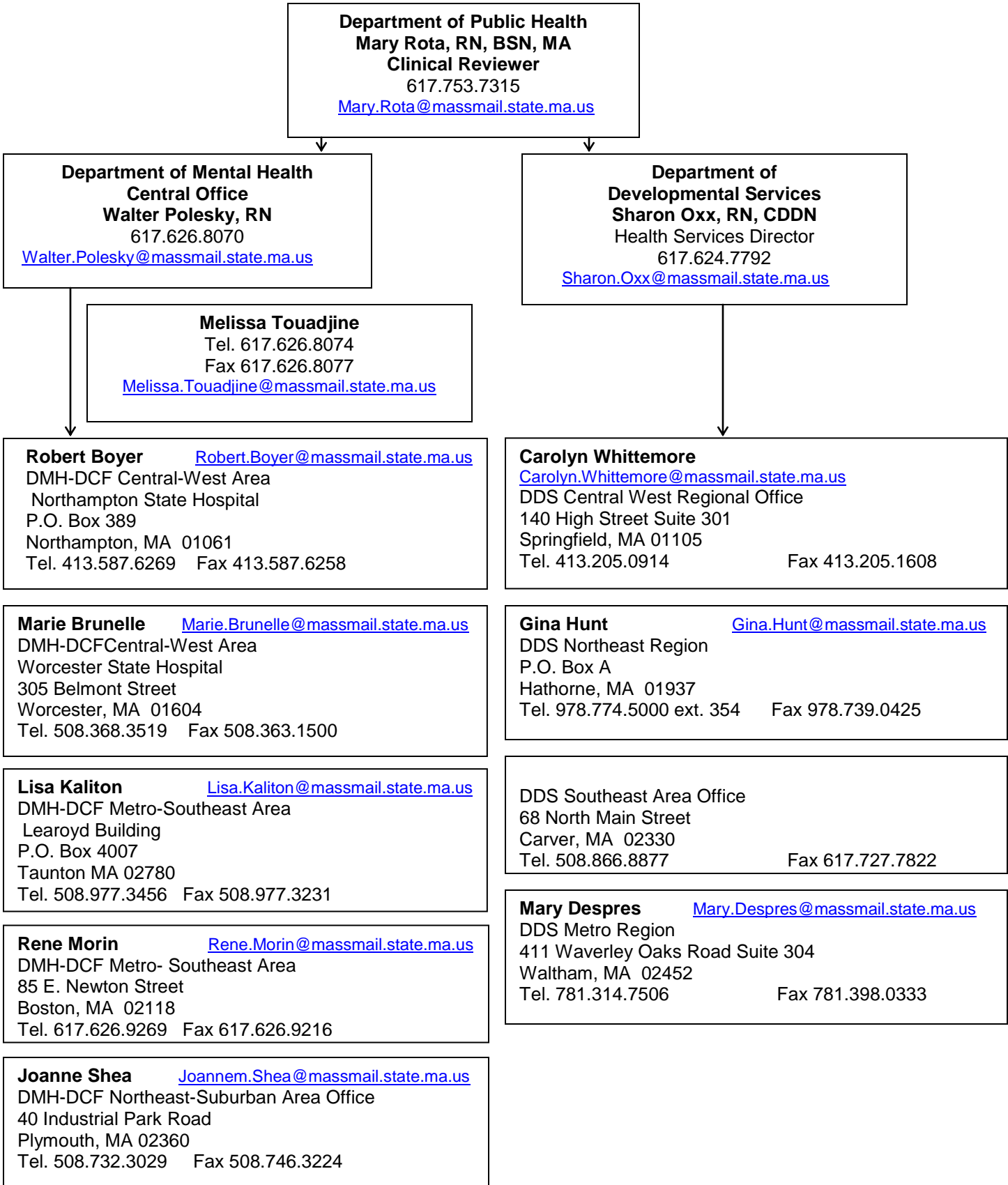
3/28/13

## Medication Delivered to a Central Location for Distribution

- ◆ The office site must be a DPH MAP Registered site
- ◆ The MCSR is kept where the medication is located
- ◆ Staff accepting medications at the office must be MAP Certified/Licensed
- ◆ There must be an accounting of the medication from the time it is received from the pharmacy.
- ◆ Medication is kept locked or double locked if a countable.
- ◆ Countables are added into a Controlled Countable Substance book as received and subtracted as transferred.
- ◆ Transfer forms must be used when each manager, who must be MAP Certified, takes “their” supply to the respective program site.
- ◆ Both the Certified staff from the office site and the Certified staff from the program site should sign the Transfer of Medication document.
- ◆ The office site and program site must keep copies of the:
  - Signed transfer document
  - Pharmacy receipt

**All DPH MAP Registered sites must follow all MAP Policies.**

**DPH/DMH-DCF/DDS  
Medication Administration Program Organizational Chart**





# D&S Diversified Technologies

## MAP Trainer Presentation

June 7, 2013

## State Wide Skills Test Sites

- Fixed Electronic Sites 11
  - Flexible Electronic Sites 3
  - Both Fixed & Flexible Electronic Sites 3
- 
- Fixed Paper Sites 11
  - Flexible Paper Sites 2
  - Both Fixed & Flexible Paper Sites 4

# State Wide Knowledge Test Sites

•Fixed Electronic Sites	15
•Flexible Electronic Sites	3
•Both Fixed & Flexible Electronic Sites	7
•Fixed Paper Sites	2
•Flexible Paper Sites	2
•Both Fixed & Flexible Paper Sites	0

## MAP TESTERS/PROCTORS

Skills Testers 8

Knowledge Test Proctors 14

# Standard Test Day Schedule

## 9:00 am Medication Administration Session

- 4 candidates scheduled
- Each candidate will take the Medication Administration individually.
- If the candidate needs to take the Transcription test, they will complete that portion of the test as a group at 10:00 when the Transcription is scheduled

## 10:00 am Transcription Session

- 5 candidates scheduled
- The candidates from the 9:00 session will join the candidates from this session to complete the transcription as a group.
- The candidates from the 10:00 session that need to take the Medication Administration will complete those individually after the transcription is complete.

## Lunch

## 12:30 pm Medication Administration Session

- 4 candidates scheduled
- Each candidate will take the Medication Administration individually.
- If the candidate needs to take the Transcription test, they will complete that portion of the test as a group at 1:45 when the Transcription is scheduled

## 1:45 pm Transcription Session

- 5 candidates scheduled
- The candidates from the 12:30 session will join the candidates from this session to complete the transcription as a group.
- The candidates from the 1:45 session that need to take the Medication Administration will complete those individually after the transcription is complete.

## Want your students tested sooner?

The easiest way is to become a test site. This allows you to be in complete control of your testing cycle. You set the test dates around your testing needs and location availability.

- You have two options as a test site:
  - **Fixed**—you allow outside candidates to schedule to test at your location as well as your candidates. D&S would arrange for the proctor/tester for these test dates.
    - You can reserve the number of testing slots that you will need for your candidates.
  - **Flexible**—you only allow scheduling for your candidates. Outside candidates would never be able to see or schedule into your sessions. As the flexible site, you would be responsible for arranging for the proctor/tester.

## Test date guidelines for trainers

During the testing day, the trainer is not allowed to be in the testing area. The testers and proctors are at the location to complete the testing process as quickly and efficiently as possible. Trainers in the testing area can cause a slow down in the testing and cause confusion for the candidates and hinder the tester/proctors ability to complete testing as efficiently as possible.

If you, as a trainer, want to check the testing area prior to testing starting to make sure all of the items are setup as needed, that is fine. At least 15 minutes prior to testing starting, the trainer must leave the testing area and remain out of the testing area for the rest of the testing session.

## Welcome Sign at Testing

On the following screen, you will see the welcome sign that your staff will see when they attend testing. Please make sure you share this information with them during your training class.

If your staff do not arrive at least 15 minutes prior to their scheduled test time, they will not be tested! The start time for their test will be printed on the sign. If it is after the posted time when they arrive, the staff must exit the test site and call D&S. Testers and test sites are not able to overturn the state testing policy. Staff must not remain at the test site or cause disturbances due to the fact that they are late.

## WELCOME

### MAP Testing Staff Please Read

My name is \_\_\_\_\_. I will be your test observer for the day. I will be in this waiting area prior to the test start time of \_\_\_\_\_ and will speak to the whole group about how the testing will be organized and to check staff IDs. I will also verify staff signatures and will answer any questions you may have. Please read instructions below carefully.

1. You are required to be in the test site waiting area no later than 15 minutes prior to your scheduled test session. **The next test session will start promptly at \_\_\_\_\_.** This is the time that was identified in your testing notice. I cannot test you if you arrive after this time. This is D&SDT and State of Massachusetts's policy. **As the test observer, I cannot override this policy. The test site is not allowed to override the policy.**

If you did not arrive for your test session at least 15 minutes prior to the scheduled test time as listed above, **please do not disrupt testing or employees at the test location.** Refer to your handbook or confirmation notice for a more detailed listing of testing policies. You should call D&SDT staff at 1-877-851-2355, Monday through Friday 8am to 6 pm and Saturday 8am to 2pm to start the test rescheduling process. **You will not be able to test today.**

2. Please have two IDs ready.
3. Please shut cell phones completely off, no buzzing, beeping or vibrating. Phones are not allowed into the actual test area.
4. Please make sure you listen carefully to all the instructions that I give to help you understand what to expect.
5. We will all work in an organized and efficient manner to ensure everyone is tested in a timely fashion.
6. Before you leave the test event, please fill out a survey. You may put specific comments in the last section of the survey. All surveys are returned to D&S Diversified Technologies in Ohio. Also, take an information sheet that has contact information for D&SDT as well as information about how and when you may obtain your test results.

Thank you for your cooperation.

## Scheduling Staff with ADA Accommodations

- When staff have ADA accommodations, they will need to be scheduled by our office. This is necessary to guarantee that all accommodations that are approved are scheduled to allow the correct amount of time.
- Staff will not be delayed in scheduling, we just need to schedule them into sessions that allow for their accommodations.
- If you schedule a staff into a regular scheduled session and they are supposed to have extended time, we will have to reschedule them into a different session. If we don't discover this scheduling until the day the packets are created it is likely that the staff will have to be rescheduled into a later date. Or if the staff is supposed to have an interpreter, we would need two weeks notice to make arrangements through the commission to have one available at testing. If a staff member requests a paper test we require 8 days notice to ship the test from our OH office.

## *In-House Recertification Eligibility*

- *Staff who are employed by DDS, DMH or DCF are eligible to recertify in-house.*
- *Staff who are not currently employed or who work for a different division of your provider are not eligible for in-house recertification. They must complete their recertification test through D&S Diversified.*

## *Areas Test Sites Are Needed*

*Brockton  
Wrentham  
Attleboro  
Boston*