

MACMHB

State Training Guidelines Workgroup Training/Curriculum Recommendations

The intent of this Training Guideline is for the development and presentation of training content. Curricula based on this guideline will contribute to statewide training quality, uniformity, and reciprocity.

Topic: Medications (Monitoring & Administering)

Defining Paragraph (Vision, Boundaries, Overall Outcome Statement):

Medication Refresher classes are for those who have successfully completed a qualified initial instructor-led medication training.

People receiving services have a wide range of needs from staff regarding medications. These needs could range from:

1. Assisting with self-medication
 - a. Asking if medications were taken
 - b. Prompting to take medications
 - c. Checking if medications were taken
 - d. Checking necessary supplies are on hand
 - e. Documentation of effects and/or other items as indicated in IPOS
2. Monitoring self-medication
 - a. Medication counts
 - b. Knowledge of medications
 - c. Observation of medication effects
 - d. Ensuring necessary supplies/equipment are on hand
 - e. Documentation of effects and/or other items as indicated in IPOS
3. Administering medications – providing full support
 - a. Knowledge of medications
 - b. Medication set up and delivery
 - c. Observation of medication effects
 - d. Ensuring necessary supplies/equipment are on hand
 - e. Documentation of effects and/or other items as indicated in IPOS

The training in this topic should be consistent with the training goals and standards in the topics of recipient rights, relationships, learning, and positive behavior supports. This course must also be consistent with the medication policies and procedures of the local organization.

Definitions:

Content – These are a listing of the areas covered in the subject.

Outcomes/Competencies – These are statements about what participants will be able to do as a result of having participated in the course.

Outline – A suggested approach to meeting Outcomes/Competencies.

These three are interrelated, but not necessarily a one-to-one relationship.

Content:

MEDICATION MONITORING

1. The 5 Basic Rights (R's) of medication administration (right person, right drug, right time, right route, right dose).
2. Additional responsibilities of medication monitoring which may include right documentation, right reason, and right response.
3. Uses and effects of medications commonly prescribed for individuals receiving services.
4. Pharmacy labels and physician's orders.
5. Drug references, drug information sheets, and/or health care provider resources to identify desired (expected, therapeutic) effects, possible side effects, possible adverse effects of and contraindications of medications.
6. Store medications appropriately for the setting (security, temperature, humidity, etc.).
7. Document missed medications and reason (refusal, inability to administer medications as scheduled, etc.).
8. Document medication errors as required and report to the appropriate healthcare professional.
9. Dispose of discontinued, expired, and/or contaminated medications per agency policy & procedure and FDA guidelines.

MEDICATION ADMINISTRATION

1. Legal, ethical, and liability considerations of medication administration.
2. Special considerations of administering commonly used medications (including diabetic, blood pressure, seizure, thyroid, and psychotropic medications) and factors that influence their use and effectiveness.
3. Transcribe medication orders on the Medication Administration Record
4. Administer medications safely and accurately.

Outcomes/Competencies:

MEDICATION MONITORING

1. Describe the role of medications within the service delivery and support process.
2. Explain the basics of and know the location of medication policy and procedures.
3. List medication preparation tasks as applicable to setting and individual needs as indicated in the IPOS.
4. Provide positive examples of supporting independence through medication monitoring.
5. Demonstrate proper documentation related to medication monitoring.

MEDICATION ADMINISTRATION (include all of Medication Monitoring AND)

1. List pre-administrative tasks.
2. Demonstrate skills of medication set up and administration.
3. Demonstrate proper documentation related to medication administration.
4. List post-administrative tasks.

Outline/Recommendations:

MEDICATION MONITORING

Introduction/Background

1. Describe the role of medications in the support of a healthy, quality life.
2. Define the differences between medication monitoring and medication administration.
3. Understand and differentiate between desired (therapeutic, expected) effects, possible side effects, possible adverse effects, and contraindications.
4. Identify and recognize the above effects for commonly prescribed medications that individuals supported may be receiving (such as, but not limited to):
 - a. Blood pressure
 - b. Diabetes medications
 - c. Pain medications
 - d. Heart medications
 - e. Seizure medications
5. Know how to use drug references, drug information sheets, and/or health care provider resources to identify desired (expected, therapeutic) effects, possible side effects, possible adverse effects of and contraindications of additional medications.
6. Be familiar with basic information of different categories of psychotropic medications, their uses, and their common side effects.

Elements of Good Monitoring

7. Promote independence as directed by the Plan of Service.
8. Knowledge of all medications prescribed, being used, and/or self-administered in that setting (including, but not limited to: desired effects, side effects, adverse effects, and contraindications).
9. Positive relationships and positive techniques are effective elements in medication monitoring.
10. Identify key elements of a pharmacy label.
11. Identify common drug routes, dosages, and factors that influence their use and effectiveness,
12. Store medications under proper safety and temperature control.

MEDICATION ADMINISTRATION

After completing Medication Monitoring section, additional information includes:

Medication Set Up and Administration

1. Identify staff legal, ethical, and liability implications in monitoring and/or administering medications.
2. Compare a physician's order to the pharmacy label to ensure that they match and if using preprinted medication records from a pharmacy, compare the physician's order and the pharmacy label to the transcription on the medication record to ensure that all three match.
3. Transcribe medication orders onto the medication record.
4. Checking the most current medications are correctly listed in the medication record (especially important at transition times—hospital discharge, etc.).
5. Check the 5 Basic Rights (R's) of medication administration three times prior to giving any medication (Right person, drug, time, route, and dose).
6. Administer medication safely and accurately (including regular prescription, Standing Medical Order, or PRN):
 - a. oral solid medications
 - b. oral liquid medications
 - c. topical medications
 - d. eye, ear, and nose drops
 - e. eye ointments
 - f. rectal and vaginal suppositories
 - g. Additional training, per the individual's Plan of Service, may include:
 - i. inhalers
 - ii. transdermal patches
 - iii. subcutaneous injections
 - iv. medications administered through feeding tubes
 - v. medications administered through pumps (insulin, etc.)

7. Follow proper medication Pre-Administration and Set Up guidelines when sending medications to be administered at another location (LOA Medications):
 - a. Share information on medications with the responsible person who will administer medications at alternate location (day programs, family visits, leaves of absence, away from the service setting, etc.)
 - b. Provide labeled medications as required
 - c. At the scheduled time of a medication, document on the medication record medications scheduled to be administered at another location (LOA)
 - d. It is expected that any location passing medications will follow these medication guidelines.

Medication Documentation

8. Observe the rules of general documentation (write only the facts, document meds you set up and administered or LOA, if it is not written down it did not happen, etc.).
9. Know approved medication-related abbreviations. (See ISMP and JCAHO links in References section)
10. Know agency Medication Administration Record (MAR), whether paper or electronic.
11. Document receipt of new medication orders and refills on health care notes. Be sure to pay attention after discharge from medical or psychiatric facility.
12. For any medication administered, report and document in health care notes the observance of:
 - a. Desired (therapeutic, expected) effects
 - b. Side effects
 - c. Adverse effects
13. Document and report to appropriate healthcare professional medications which have been refused or which could not be given as scheduled for any other reason (including but not limited to):
 - a. Drastic change in health condition of the person [i.e.; seizure, unconscious, vomiting, difficulty swallowing, etc.]
 - b. Unexpected absence
 - c. Recognition of allergies and other contraindications
 - d. Change in appearance or texture of the medication
 - e. Contamination of medication
 - f. Written discontinuation order, no written order for the specific person
 - g. Verbal instructions from the physician to hold or discontinue
14. Document medication errors as required and report to the appropriate healthcare professional.
15. Document discontinued medications on the medication record.

Post Administration Tasks

16. For medications which were refused or which could not be given as scheduled for any other reason, follow instructions from a standing missed medication order, medication reference, medication information sheet, or health care provider resources.
17. Properly respond to all adverse effects of medications administered.
18. Dispose of discontinued, expired and/or contaminated medications per agency policy and procedure and FDA guidelines.
19. Perform additional requirements for psychotropic medications.
20. Perform additional requirements for controlled substances.

Trainer Qualifications:

Check all that apply, be specific (years, degree, skills, etc):

- College Degree: Registered Nurse (BSN preferred)
- License: See above
- Experience (please specify below): Minimum of 1 to 2 years nursing experience; minimum of 1 to 2 years experience in community nursing supporting individuals with cognitive and developmental disabilities and/or individuals with mental illness
- Documented Skill Set
- Training Experience
- Trainer in Adult Learning Styles/Methods:
- Other:

Specified experience:

An experienced trainer other than a nurse who meets comparable qualifications in experience in supporting individuals with cognitive and developmental disabilities and/or mental illness. Must have content expertise.

Length of Training:

The length of training, exclusive of testing and evaluation events, should be at least 6-8 hours at the entry-level, longer for larger groups. Additional hours covering detailed information on conditions specific to the individuals supported.

Format:

The acceptable format(s) for the class:

- Blended Learning (Online + Instructor-Led)
- Instructor-Led Class

- Instructor-Led Webinar
- Online Course
- Other (specify):

Teaching Methods:

These are the best teaching methods for teaching course content. Additional methods may also enhance learning.

- Individual
- Classroom/Group
- Lecture
- Discussion
- Skills Practice (including peer-coached practices)
- Return demonstrations
- Activities
- Videos (in support of classroom lecture and discussion)
- Online Activities
- Individual Assignments
- Homework assignments
- Other (specify):

Method of Assessment:

How to measure entry-level competency in this course:

- Written Test (required) Performance Indicator: 80 %
- Return Demonstration (required) Performance Indicator: pass/fail
- Online Test Performance Indicator:
- Skill Sheet Performance Indicator:
- Homework Assignment(s)
- Observation with sign-off sheet: Performance observation by first-line supervisor 100%
- Other:

Scope of Implementation:

Training recommended for:

- Specialized Residential direct care staff/home managers
- Specialized Residential Administrators
- Community Living Supports (CLS)
- Skill-Building Assistance (Pre-Voc Skill Building / Non-Voc Skill Building)
- Supported/Integrated Employment Service (i.e. Clubhouse, Competitive Employment, volunteer)
- Supported Living staff
- Adult Foster Care staff
- Respite Service staff
- Self-Determination staff

- In-Home service staff (children's program)
- Foster Family Group Home staff
- Child-caring Institutions (Children's Group Home) staff
- As identified in the Individual's Person Centered Plan
- Other employee group (specify):

NOTE: Support Staff in unlicensed and vocational settings should have this training if the staff supports the individual(s) or has responsibility or job performance in the following areas...

1. Preparing, administering and documenting medications
2. Monitoring, observing, prompting and documenting the self-administration of medications by the individual supported
3. Recognizing, responding to and documenting the desired effect, possible side effects, possible adverse effects of medications taken by the individual supported
4. Recognizing circumstances under which to use and using medications from the Standing Medication Order ("prn" medications)
5. Following instructions from the Standing Missed Medication Order when scheduled medications were not administered on time

Frequency:

It is recommended the content be reviewed/retaken.

- Initial & As Needed Additional training may be needed as needs of persons served change and/or different people are served
- Initial & Annual
- Initial & Every two (2) years
- Initial & Every three (3) years
- As directed by the Individual Plan of Service
- Other: Refresher validation of competency and information retention at a minimum of 3-year intervals and/or attendance at training for performance below indicated standards

Additional Comments:

This is a training program, not a certification program. Employers are responsible for the performance of staff in this area. Best practice would require an employer verify staff skills before assuming medication responsibilities. Staff must receive training to meet the specific needs of every person they serve.

Enhancement and Advanced Training Topics specific to the needs of individuals supported:

1. Glucometer use
2. Subcutaneous injections
3. Medications administered through feeding tubes
4. Psychotropic medications (detailed)

References/Legal Authority:

- 1) Medicare Provider Manual 17.3.b, Community Living Supports
- 2) R 330.1806 (2)(e)
- 3) MHCR 330.1801 et seq.
- 4) R 400.14312
- 5) R 400.14310
- 6) R 300.1806(2)(e)
- 7) Prevailing State Guidelines and Practice Protocols
- 8) National Institute of Mental Health - Mental Health Medications
www.nimh.gov
- 9) Drugs.com - for information on drug side effects
<http://www.drugs.com/sfx/>
- 10) Medical Dictionary: Medline Plus - National Library of Medicine
www.nlm.nih.gov/medlineplus/mplusdictionary.html
- 11) Institute for Safe Medication Practices (ISMP) list of error prone abbreviations
<https://www.ismp.org/Tools/errorproneabbreviations.pdf>
- 12) JCAHO "Do Not Use List"
www.jcaho.org/accredited%2Borganizations/patient%2Bsafety/04%2Bnpsg/04_np_sg.htm

Note: If training is for an adult foster care facility/home adult foster care staff must also comply with the adult foster care administrative rules. In addition, in those situations where the contents of the training conflict with an administrative rule, the rule prevails.