# The Commonwealth of Massachusetts
## Executive Office of Health and Human Services
## Department of Public Health
### 250 Washington Street, Boston, MA 02108-4619

**MAURA T. HEALEY**
Governor

**KIMBERLEY DRISCOLL**
Lieutenant Governor

**MARY A. BECKMAN**
Acting Secretary

**MARGRET R. COOKE**
Commissioner

Tel: 617-624-6000
www.mass.gov/dph

## ADVISORY

**TO:** Medication Administration Program Administrators and Registered Sites

**FROM:** David E. Johnson, Director, Drug Control Program

**DATE:** February 1, 2023

**SUBJECT:** MAP Policy on Transcription Training and Testing

Please be advised that the Drug Control Program has amended MAP Policy 02-1, 02-7, 13-1, and 13-3, and has added Policy 13-7 relative to Transcription. These amendments remove the transcription requirement from Certification testing and replace the requirement with Service Provider specific transcription training.

Transcription knowledge will still be included as part of the MAP Certification training process. However, transcription authorization will move to a Service Provider-delivered specialized training, similar to G/J tube, warfarin, Epi-pen, etc., to be completed after the staff person becomes Certified.

This new process will allow staff to become MAP Certified and available to administer medications once successfully completing the Knowledge Test and Medication Administration skills test. Service Providers will be able to consider which MAP Certified staff are able to transcribe.

Redlined amendments of the relevant portions of 02-1 Certification Process and Guidelines, 02-7 Recertification Guidelines, 13-1 Transcription, Posting and Verifying of Health Care Provider's Orders, and 13-3 Telephone Orders, and New MAP Policy 13-7, are included on the next page as Attachments A-E.

NOTE: "***" in Attachments indicates that some portions of the amended policy were unchanged and omitted from this Advisory, as not relevant. These omitted provisions remain current and applicable to MAP practice.

**MEDICATION ADMINISTRATION PROGRAM
POLICY MANUAL**

**Policy No. & Issue**   **02-1 Certification Process and Guidelines**
**Policy Source**   **April 1997 MAP Advisory**
**Issued Date:**   **04/97**                    **Last Revision Date:   01/01/15**

**\*\*\***

4   Staff may not administer medications until they pass a D&S Diversified Technologies administered Computer-Based (Knowledge) Certification Test and **Medication Administration Demonstration**~~MAP Skills (Transcription, Medication Administration Demonstration) Tests~~.

5   D&S Diversified Technologies conducts all initial MAP Certification Testing.

6   Upon completion of an approved MAP Certification Training Class and attaining a successful Pretest score, staff may be eligible to be tested by D&S Diversified Technologies.

   a.   Staff are eligible to take a Computer-Based (Knowledge) Test (CBT).
   b.   Staff may be reassessed up to three (3) times.
      i.   Staff are allowed up to three failures consisting of any combination of the **2** ~~3~~ components (Knowledge Test, **and** ~~Transcription Test,~~ Medication Administration Demonstration) of the MAP Certification Test.
   c.   After three failures, staff must complete the full MAP Certification Training again or complete remedial training given by the current MAP Trainer of record on the D&S database.
      i.   After completion of the additional training, staff may be eligible to retest through D&S Diversified Technologies
         1.   Staff are again tested on **both** ~~all 3~~ components (Knowledge Test, ~~Transcription Test,~~ and Medication Administration Demonstration) of the MAP Certification Test.

7   Staff have **6 months** ~~one year~~ from the date of successful completion of the MAP Certification Training to attempt to pass the MAP Certification Test.

      i.   If the staff does not pass the MAP Certification Test within **6 months** ~~one year~~, he/she must again complete the full MAP Certification Training.

8   MAP Certification is effective on the date that the test results are posted on the D&S Diversified Technologies website indicating that the staff passed the MAP Certification Test.

9   MAP Certification is valid for two years from the last day of the month in which the test was passed.  For example, if a staff person passes the MAP Certification Test on 1/12/**22**~~15~~ and another staff person passes the test on 1/28/**22**~~15~~; the expiration date in both cases is 1/31/**24**~~15~~.

10   Once MAP Certification expires, staff have one year to recertify before **they** ~~he/she~~ must complete the full MAP Certification Training and retake both the Computer-Based (Knowledge) and Skill~~s~~ (~~Transcription,~~ Medication Administration Demonstration) Test~~s~~.

      i.    During this period of time, staff may not administer medications.

11   It is the responsibility of both the Service Provider and the MAP Certified staff to track the MAP Certification period and to assure MAP Certification remains current and valid.

**MEDICATION ADMINISTRATION PROGRAM
POLICY MANUAL**

| | |
|---|---|
| **Policy No. & Issue** | **02-7 Recertification Guidelines** |
| **Policy Source** | **Recertification Evaluation Manual** |
| **Issued Date:  12/01/03** | **Last Revision Date:   01/01/15** |

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**MAP Recertification Evaluation Guide
Examiner's Guide for Use with the MAP
Recertification Competency Evaluation Form**

1   **Identifying Information:** Either the staff applying for Recertification or the Approved MAP trainer may complete this section.

2   **Check off List:** This section is to be completed by the Approved MAP Trainer administering the skills exam. Check "Yes" if the staff person demonstrates the skill correctly. Check "No" if the staff does not demonstrate the skill correctly. Comments regarding the individual's performance in regards to a specific skill may be written on the corresponding line under "Comments". Additional comments may be added to the back of form.

   11. ~~**Staff accurately discontinues one HCP order and transcribes another on the medication sheet**: The staff is given a HCP order that includes a discontinuation of a current medication and pharmacy label (mock) of the newly prescribed medication. The staff is asked to transcribe that order onto a medication sheet. The order for the new medication must be one that is time-limited, in other words, it has a "start" and "stop" date. The staff must demonstrate that they understand all of the components of the HCP order and label and how they correspond to the components on the medication sheet, (i.e., "dose", "amount", "strength", and "special instructions").~~

# Medication Administration Program (MAP) Recertification Competency Evaluation Form

Name: _____  Date of Birth: _____

Provider Agency: _____

Date of Evaluation: _____

**In order to receive a passing score on this test, staff must receive a "Yes" on every item.**

| MAP Trainer Recertification Check Off List:<br>(To be completed by Approved MAP Trainer only.) | | Comments:<br>(Continue on reverse side if necessary.) |
|---|---|---|
| 1. Staff identifies the correct medication sheet(s): | ☐ Yes ☐ No | _____ |
| 2. Staff identifies the correct medication(s): | ☐ Yes ☐ No | _____ |
| 3. Staff identifies the correct HCP order(s): | ☐ Yes ☐ No | _____ |
| 4. Staff compares the HCP order to the pharmacy label: | ☐ Yes ☐ No | _____ |
| 5. Staff compares the pharmacy label to the medication sheet: | ☐ Yes ☐ No | _____ |
| 6. Staff prepares correct dose: | ☐ Yes ☐ No | _____ |
| 7. Staff compares the pharmacy label to the medication sheet again: | ☐ Yes ☐ No | _____ |
| 8. Staff correctly administers medication(s): | ☐ Yes ☐ No | _____ |
| 9. Staff looks again, then correctly documents administration: | ☐ Yes ☐ No | _____ |
| 10. Staff stores and manages medications in a secure manner: | ☐ Yes ☐ No | _____ |
| 11. ~~Staff accurately discontinues one HCP order and transcribes another on the medication sheet:~~ | ~~☐ Yes ☐ No~~ | ~~_____~~ |

**Based on this evaluation, the above-named staff person is** ☐ **Eligible** ☐ **Not Eligible for Recertification.**

_____
Approved MAP Trainer (Print Name)

_____
Approved MAP Trainer Signature

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For Supervisory Sign Off Only.
I verify that I have reviewed this form and (check one box only)

☐ recommend the above-named staff person.          ☐ do not recommend the above-named staff person.

**OR**

☐ acknowledge that the above-named staff person is not eligible to administer medication under the MAP as a result of this evaluation.

_____  _____  _____
Signature                          Title                                Date

# Attachment C

## MEDICATION ADMINISTRATION PROGRAM
## POLICY MANUAL

| | |
|---|---|
| **Policy No. & Issue** | **13-1 Transcription, Posting and Verifying of Health Care Provider's Orders** |
| **Policy Source** | **MAP Policy Manual** |
| **Issued Date:** 9/01/98 | **Last Revision Date:** 01/01/15 |

3  All transcriptions of Health Care Provider's orders must be posted and verified.  This must be done by two licensed and/or **'Transcription of Medication Management System' (TMM System) trained** Certified staff. The following established guidelines must be followed in transcribing a Health Care Provider's Orders:

   a.  One Certified or licensed staff must transcribe (copy/record) and post the Health Care Provider's order.
   
   i.  ~~The Certified or licensed staff person who transcribes and 'posts' the order(s) must place a check mark in red, green or other readily distinguished color next to the order being transcribed.  (The color should be designated by the Service Provider and is to be consistent throughout their sites.).  This must be done for each and every order transcribed.~~
   
   ii.  When all orders have been transcribed from the Health Care Provider's order form to the Medication and Treatment Sheet, the Certified or licensed staff must **document** ~~write~~ "Posted", the date, the time and their name on the order form ~~in the color designated by the Service Provider~~.

   b.  A second Certified or licensed staff must review the orders that were transcribed by the first staff person.
   
   i.  ~~The Certified or licensed staff person who reviews and 'verifies' the order(s) must place a check mark in green, red or other readily distinguished color next to the check mark made be the staff who posted the order.  (The color should be designated by the Service Provider and is consistent throughout their sites).~~
   
   ii.  After reviewing the orders that were transcribed for accuracy, the second Certified or licensed staff must **document** ~~write~~ "Verified", the date, the time and their name on the Health Care Provider order form ~~in the color designated by the Service Provider.~~
   
   1.  If a second staff person is not scheduled when the orders are transcribed, then the next Certified or licensed person on duty must follow the verification procedure described above and must review and verify the orders making the appropriate notation on the order form.

# Attachment D

## MEDICATION ADMINISTRATION PROGRAM
## POLICY MANUAL

| | |
|---|---|
| **Policy No. & Issue** | **13-3 Telephone Orders** |
| **Policy Source** | **December 1994 MAP Advisory    1995 DDS Memorandum** |
| **Issued Date:** | **12/23/94      9/12/95      Last Revision Date:   9/01/10** |

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4   The following are criteria for telephone orders:

   a.  The Certified/licensed staff who obtains the order, via the telephone, will be responsible for transcribing the order.

       i.  **Administration Program (MAP) Certified staff, including Relief staff, who will be responsible for the Transcription of Health Care Provider (HCP) Order(s) at MAP Registered sites, must be trained by the Service Provider that employs them specific to the 'Transcription of Medication Management System' (TMM System) utilized by the Service Provider.**

**Attachment E**

Policy No. & Issue   13-7 Service Provider Transcription of Medication Management
                     System
      Policy Source  MAP Training Policy
      Issued Date:   00/00/00                    Last Revision Date:      N/A

1.  Medication Administration Program (MAP) Certified staff, including Relief staff, who will be responsible for the Transcription of Health Care Provider (HCP) Order(s) at MAP Registered sites, must be trained by the Service Provider that employs them specific to the 'Transcription of Medication Management System' (TMM System) utilized by the Service Provider.
    a.  The Service Provider TMM System includes, but is not limited to:
        i.   management of the Transcription of medication HCP Orders;
        ii.  Posting and Verification of HCP Orders; and
        iii. Monthly Accuracy Checks of HCP Orders.
    b.  As a prerequisite to the Service Provider TMM System Training, staff must be currently MAP Certified and their record must be in good standing in the state contracted testing vendor's Massachusetts MAP Certification Registry

2.  The Service Provider TMM System utilized must be in compliance with all DPH MAP Regulations, Policies and Curriculum.

3.  Service Providers that utilize Certified staff to complete the Transcription of HCP Orders, must have a *Transcription of Medication Management System Policy* that includes procedures for Certified staff to follow when HCP Orders are obtained. The procedures must ensure, at a minimum, that:

    a.  Certified staff responsible for the Transcription of  HCP Orders are appropriately trained and competent in the skill;

        i.   The Service Provider must ensure that there are transcription trained Certified staff or licensed staff available to complete Transcriptions when HCP Orders are obtained.

    b.  a MAP Consultant is to be contacted if questions arise during the Transcription of HCP Orders;
    c.  there is a process for communicating changes in HCP Orders to all Certified/licensed staff responsible for Medication Administration; and
    d.  there is a process for contacting an IT (i.e., Information Technology) person if questions arise related to the TMM System used, if applicable.

4.  Certified staff, who will be assigned the task of Transcription, must successfully complete a Service Provider *Transcription of Medication Management System Training* (i.e., TMM System Training).
    a.  The TMM System Training must be completed initially and on a biennial basis.

        i.  **Demonstrated competence must be completed at least biennially (i.e., every two (2) years) or if the TMM System changes.**
                *1.*  **For tracking purposes, it is recommended that the biennial demonstrated competency be completed following the Certified staff being Recertified**

    b.  **Each Service Provider must develop a customized 'TMM System Competency Evaluation Tool' specific to the 'TMM System' utilized.**

5.  **The Service Provider 'TMM System Training', for all currently Certified staff who will be responsible for transcribing HCP Orders, must be conducted by the designated Service Provider 'TMM System' Instructor (e.g., Approved MAP Trainer, MAP Certified Supervisor, etc.) who is proficient in the skill of transcription specific to the 'TMM System' utilized.**

6.  **The Service Provider TMM System training, using a customized 'TMM System Competency Evaluation Tool' must include, but is not limited to:**

    a.  **an overview of the 'TMM System' utilized [i.e., Service Provider 'paper' documents (e.g., HCP Orders and Medication Sheets); Electronically-generated paper documents (e.g., MedSoft v7.0 or pharmacy-generated HCP Orders/Medication Sheets, etc.); Electronic HCP Orders and Medication Administration Record (MAR) (e.g., Therap, etc.)].**
    b.  **components of the 'TMM System' utilized, including:**
        i.  **how a new HCP Order is generated and received by the MAP Registered site;**
       ii.  **how to transcribe a medication order using information obtained from the HCP Order and the Pharmacy Label;**
              1.  **How to contact the MAP Consultant if the HCP Order and Pharmacy Label do not agree;**
      iii.  **how to document a discontinued medication on the Medication Sheet/MAR;**
      iv.  **how to Post and Verify an HCP Order; and**
       v.  **how to complete a Monthly Accuracy Check of HCP Orders.**
    c.  **how changes in HCP Orders are communicated; and**
    d.  **who to contact if there is an 'IT' issue, if applicable.**

7.  **If the Certified staff is involved in a Transcription error resulting in a Medication Occurrence, a 'TMM System' re-training must be completed.**

8.  **Documentation of virtual or in-person *Transcription of Medication Management System Training* includes, but is not limited to:**

    a.  **name and contact information of the Instructor(s);**
    b.  **date of the training;**
    c.  **a complete set of training materials used to train Certified staff;**
    d.  **name(s) of Certified staff trained (i.e., attendance list); and**
    e.  **a completed Service Provider 'TMM System Competency Evaluation Tool' for each Certified staff trained.**
        i.  **'TMM System Training' documents must be maintained at the MAP Registered site.**