DEPARTMENT OF PUBLIC HEALTH

Medication Administration Program (MAP) Stakeholder Workgroup

March 7, 2024
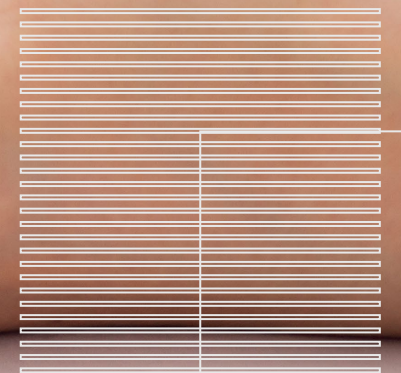
Agenda, March 7th 2024.

1.	Welcome and introductions
2.	Piloting a new process for medication administration
3.	March 1, 2024, MAP policy manual updates
4.	Curriculum, training, and examination improvements
5.	Promoting eMARs in MAP – project update
6.	Discussion and feedback on policy changes from 2023
7.	Additional Items

Streamlined Medication Administration

Process Design.

Background and Objectives

Eastern Research Group Evaluation Report 2022

*The current practice of **comparing the HCP order, the pharmacy label, and/or the medication sheet three times** before administering each dose of medication is a result of the Commonwealth's policy abjuring nurse delegation in favor of **direct authorization by prescribers**.*

*The impact of this is that medication administration within MAP has become **overly repetitive and takes too long**.*

*MAP's insistence that the slightest variation between the doctor's orders, the pharmacy label and the med sheet transcription calls for pausing the med pass and contacting a MAP consultant is disruptive. **The biggest barrier to the process is identified as the requirement for three 2-way checks of the HCP order, the prescription label and the med sheet transcription for each dose**. It also often results in medication administration being disrupted due to differences having to be resolved –which are often minute – between the HCP order, pharmacy label and the med sheet transcription.*

Recommendation 3.7: - Streamline the existing process of conducting three, two-way checks between the HCP order, the Rx label and the med sheet for each medication administered.

New process includes **a verification of the HCP order followed by two, two-way checks between the pharmacy label and the medication administration record.

Scope of the Pilot – August to October 2023

7 service providers operated pilot programs across 12 sites	72 weekly reports received across the pilot programs	86 MAP certified staff involved in administration
129 residents involved	3,495 med passes, involving the administration of 31,455 individual medications	Up to 12 weeks in duration

Safety and Effectiveness

- **No hotline events** reported during pilot program

- **Three MORs** reported during pilot program, not linked to amendments in the process

- The **frequency of MORs did not increase** when compared with available annual data

- No further issues with delivery reported during the pilot program

- **Time saving, ranging from five to 30 minutes per med pass**, was reported by all but one site

- All sites requested to continue using the process during the evaluation phase

- Feedback indicates that the process will **dovetail effectively with other enhancements** being implemented through the MAP modernization program

Recommendations

Five actions were established following this evaluation:

- Allow pilot service providers to stop reporting but continue operating the new process for the benefit of their residents during the evaluation phase.

- Make the necessary amendments to MAP policy to permit service providers throughout the MAP community to adopt the streamlined process.

- Work with MAP agencies and the testing vendor to train trainers, embed the process into MAP curriculum and align with testing content.

- Ensure modernization work particularly relating to systems and technology (eMAR, Multi-dose packaging etc.), is effectively aligned with the new administration process.

- **Report the changes made at the next meeting of the MAP stakeholder workgroup and seek feedback from that group on how to ensure smooth transition and successful uptake of the new procedure.**
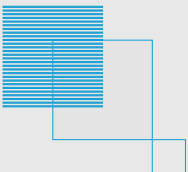
March 1, 2024 MAP Policy Manual Updates

- Section 02: The **Annual Observation of Medication Administration Form** was updated to reflect the new medication administration process.

- Section 05: The **MAP Recertification Evaluation Form** was also updated to reflect the new medication administration process. The MAP Recertification Evaluation Guide was updated to reflect the new medication administration process.

- Section 08: Expanded to include language that indicates only the **last page of a multi-page set of HCP orders requires an HCP signature** (wet or image) if established criteria is met.

- Section 12: Expanded to allow for use of a **Biometric Medication Security System**.

- New Policy 12-9 **Biometric Medication Security**

- Section 14: Language added for a required **Service Provider Policy** if a biometric medication security system is utilized

Responsibilities in Action (RIA), Curriculum and Training Updates

Courtney Dutra MPA, PMP.
Director of Training,
Center for Development Disabilities Evaluation and Research (CDDER).

March 7, 2024

1) Simplify the RIA Curriculum

- Goal is to improve reading comprehension and reading ease

- Lower grade level
  - Currently at 10th grade level
  - Lower to 8th grade

- Increase reading ease
  - Flesch Reading Ease of at least 60, which is standard

Process

- Analyze text using online readability software to identify 'very hard' words and phrases, and 'very long' sentences

- Flagged words/passages are reviewed by the editing team and changed

- Final draft reviewed by professional editor for consistency and proof-reading

Improve Readability by…

- Breaking up long sentences and paragraphs into simple sentences.

  - Reducing the number of words per sentence;

  - Reducing the number of multi-syllable words

- Reducing passive voice; using more direct language

- Re-wording or defining confusing words like 'post' or 'sensitivity'

- Defining 'very hard' words in the text or with footnotes

  - Examples: Administer (to give); continuously (ongoing)

  - Clinical terms like habilitation, antibiotics, antipsychotics

  - Multi-syllable words that cannot be replaced: reconciliation, transcription, administration, verification, medication parameter

Additional Enhancements

- Reducing redundancies in the text and in the concepts

- Improving the flow of concepts

- Revising 'Words You Should Know', 'Questions to Ask Your Supervisors' and other adjunct pieces

- Including a glossary of footnoted terms
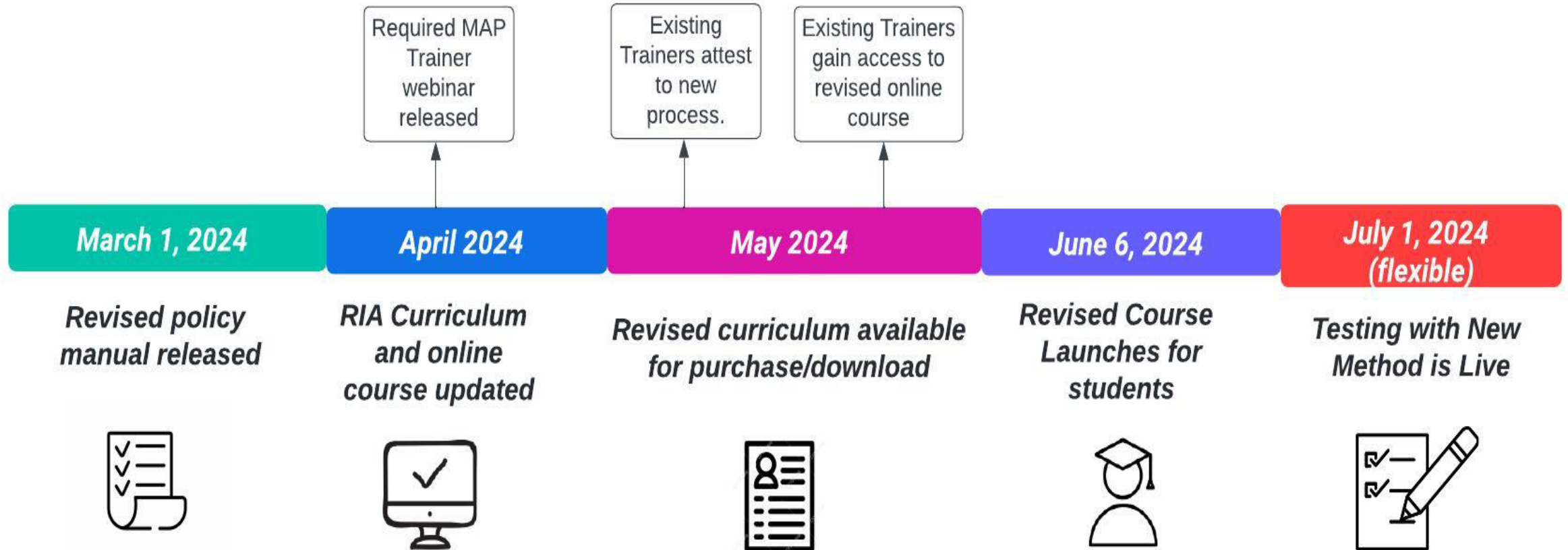
2) Revise Online Training

- Incorporating curriculum edits throughout

- Updating in-unit activities and images

- Incorporating glossary terms ('very hard' words)

- Revising pop-up 'Words You Should Know' definitions

- Incorporating a revised Medication Administration Demonstration video

- Evaluating training dashboard and assignment process/instructions to consider simpler options

Implementation Process

- Complete curriculum edits in April
    - Revised hard copy available for order in May

- Complete training revisions in May
    - Revised course open for existing MAP Trainers in May

- Revised course open for students June

- Testing with new method live July 1

New MAP Process Training and Testing Implementation

Required MAP Trainer webinar released

Existing Trainers attest to new process.

Existing Trainers gain access to revised online course

March 1, 2024

April 2024

May 2024

June 6, 2024

July 1, 2024 (flexible)

Revised policy manual released

RIA Curriculum and online course updated

Revised curriculum available for purchase/download

Revised Course Launches for students

Testing with New Method is Live

Promoting eMAR within MAP – An update

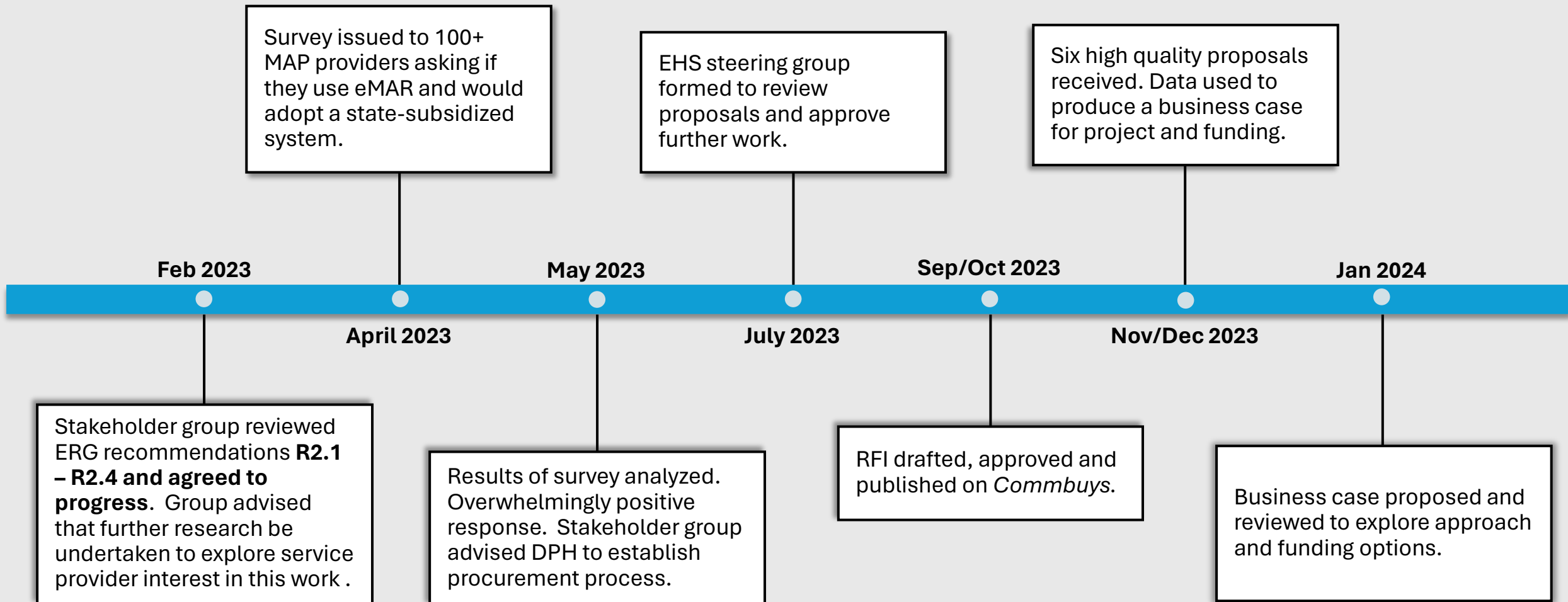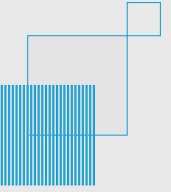# Allow and Promote Use of Electronic Administration (eMAR) Systems

"Many of the issues that were identified as MAP problems during our research—med passes bogged down by tedious and repetitive MAP procedures, such as comparisons between orders, labels, and med sheets; error-prone manual transcription of med changes; repeated calls to HCPs with requests to sign this order or make that order MAP compliant—can all be obviated by widespread adoption of an effective eMAR system by MAP registered service providers. Our recommendations below are, we believe, the necessary first steps toward widespread implementation of eMAR by MAP registered service providers (pg. 73 ERG MAP Evaluation Report September 2022)"

ERG evaluation report recommendations R2.1 – R2.4

- *Change MAP policy to allow programs to implement eMAR systems without a waiver.*

- *Promote eMAR adoption by selecting a single eMAR system that the Commonwealth will make available free of charge or at minimal cost to all service providers and pharmacies.*

- *Promote eMAR adoption by establishing an outreach program to service providers that explains the net benefits of the eMAR system and the steps and staff training necessary to implement it.*

Allow and Promote Use of eMAR Systems

Survey issued to 100+ MAP providers asking if they use eMAR and would adopt a state-subsidized system.

EHS steering group formed to review proposals and approve further work.

Six high quality proposals received. Data used to produce a business case for project and funding.

Feb 2023

May 2023

Sep/Oct 2023

Jan 2024

April 2023

July 2023

Nov/Dec 2023

Stakeholder group reviewed ERG recommendations **R2.1 – R2.4 and agreed to progress**. Group advised that further research be undertaken to explore service provider interest in this work .

Results of survey analyzed. Overwhelmingly positive response. Stakeholder group advised DPH to establish procurement process.

RFI drafted, approved and published on *Commbuys*.

Business case proposed and reviewed to explore approach and funding options.

Allow and Promote the Use of eMAR Systems

For the following reasons, **a state-funded eMAR system would significantly enhance the program**:

- A single system would allow for a uniform medication administration process and **enhance the safety** of medication administration to individuals served.

- It would also allow for uniform medication administration training and would therefore **enhance workforce readiness, morale and mobility**.

- The eMAR systems currently in use **vary significantly in the quality of safety features**, ease of use, and compliance with MAP policy.

- The use of one system would ideally provide for remote monitoring and thereby increase DPH and the MAP agencies' reach and **ability to identify and address unsafe conditions** at MAP sites.

- The use of one system **would increase coordination of oversight between agencies**.

- A single system would ideally provide access to DPH and the four MAP agencies to **data that could assist in quality improvement and planning**.

Reviewing Updates Made to MAP in 2023

New MAP Policy Manual Published in August 2023

- First fully updated manual since 2015
- Produced collaboratively with MAP modernization workgroups
- **48 workgroup meetings** were held between January and July 2023
- Analyzed recommendations from [2022 ERG Evaluation report](#)
- Implemented **16 of 30 recommendations** through policy changes
- Modernization program continues to address systemic changes

User-friendly online Format

Access to the online MAP policy manual at www.mass.gov/dph/map is required for MAP service providers.

All references in the manual are now hyperlinked for improved navigation.

Removal of advisories. Sequencing reorganized. Trainings and competency tools updated

No requirement to maintain a paper copy of the manual.

Key Procedural Changes from the Modernization Program

Section 02: Youth Community Programs

- Updated to provide clearer guidance about what needs to be done if a licensed care professional is performing **dual roles** as a **MAP Monitor** and direct care nurse at the same site.
- Service providers required to **establish a written plan on-site** to ensure MAP responsibilities are completed.

Section 03: Site Registration Requirements

- All policies updated to reflect the **new online process** for obtaining and renewing a MCSR through the DPH online eLicensing System.

Section 04: Training and Curriculum

- **Train the Trainer completion** changed from six months to three months
- Review process of less than two years' experience to be managed by the state agency MAP directors.

Key Procedural Changes from the Modernization Program

Section 05: Staff Certification

- All policies updated to **remove transcription** for certification and recertification testing.
- Time allowed between completion of training and completion of testing is reduced from six to three months.

Section 08: Health Care Providers

- A copy of the **prescription, for the HCP ordered medication, may be utilized as an HCP Order,** at the MAP Registered site.

- Required components of health care provider medication orders' policy was expanded to include orders received by **fax, email, telehealth, and telephone**.

- Medication reconciliation and discharge health care provider orders' policy updated to **allow previous HCP orders at the MAP registered site to remain valid alongside discharge orders**, where proper reconciliation has been performed.

Key Procedural Changes from the Modernization Program

Section 10: Pharmacy

- Acceptable prescription medication packaging updated to enable pharmacies to provide **multi-dose packaging** for residents within MAP registered sites where suitable.
  - DPH concluded a six-month pilot project using Pelmeds Pharmacy software and multidose packaging systems to provide medication administration to 41 patients across 9 MAP registered sites.
  - Sets out **suitable arrangements for multi-dose packaging** including a site policy that caters for medical emergencies, safe medication administration practices, a signed contract with a pharmacy containing suitable terms and conditions and a structured training program.
- '**Over-the-counter medications** and dietary supplements' was updated to provide flexibility for prescribed OTC medications to be stored and administered in MAP registered sites **without a pharmacy label** if suitable training and verification procedures are followed.

Section 11: Medication Administration Record

- Language was updated throughout to reflect the use of **electronic MARS (eMARS)**.

Section 17: Medication Occurrences

- Policy amended to include the requirement for **online reporting** of hotlines and medication occurrences.

Section 20: Learning to Self-Administer

- All policies in this section updated to provide **clearer guidelines to promote self-administration** of medications.
- Key updates include a new policy on determination assessment with a template self-determination tool, additional guidance on developing a teaching support plan and new policies on ongoing supports and changes warranting reevaluation.

Feedback on the changes made during 2023.

We want to hear from you.

- How have things been going?
- What further training or guidance would be helpful?
- Are the impacts being felt?
- Any concerns going forward?
- What should we focus on next?

Additional items?
Questions?