

ARIZONA STATE BOARD OF NURSING

FINAL MINUTES CERTIFIED MEDICATION TECHNICIAN FEBRUARY 15, 2005

PRESENT:

Joey Ridenour, Co-Chair	Sarah Ellis	Marla Weston
Pamela Randolph, Co-Chair	Helen Houser	Dean Wright
Catherine Corbin	Sue MacDonald, conference call	Kathleen Collins-Pagels
Betty Earp	Lindsey Norris	

Guests:

Joseph Abate, AzSRC	Carol Lockhart, One-to-One LLC	Pamela Nelson-Artibey, President, AzSRC
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ABSENT:

Jane Black	John Durbin	Christine Walker
Joyceen Boyle	Mary Fermazin	
Kathy Boyle	Sharon Molleo	

I. Call to Order/Introductions/Approval of November 9, 2004 Minutes

Pamela Randolph called the meeting to order at 9:06 a.m. with introductions around the room.

Corrections to the November 9, 2004 minutes:

Page 1: Christine Walker was present, not absent.

Motion made by Dean Wright to approve the minutes as corrected; seconded by Helen Houser; motion carried.

II. New Business

a. Funding Subcommittee Report – Kathleen Collins Pagels

The Funding Subcommittee met this morning. They requested support and suggestions regarding funding the project. They are committed to raise \$90,000 and are \$30,000 short.

The committee suggested possible funding sources.

It was agreed that the Board needs assurance that funds are secured for the entire project before implementation of any portion of the project.

b. Review of cost Analysis vs. Scope of Work –Randolph

Three potential researchers were asked to review the study to estimate costs for the proposed research components; one responded. The committee was informed that cost estimates were converted into range figures based upon the estimates of the potential researcher. These figures do not in any way obligate any potential researcher.

The Scope of Work/Charge/Analysis/Cost Estimate document was reviewed:

It was decided to retain priority one, the observed medication error rate. The committee recommended the following regarding priority two data:

- Take out 2.1.2.14 Resident and family satisfaction
- Joey Ridenour agreed to contact Geri Lamb for her thoughts on the MDS data to see if collection of this data has the potential to provide significant information—

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especially if the data is reported by facility, not by unit. If Lamb is unavailable, it was suggested that Debbie Nixon or Kathy Bailey from HSAG be contacted.

- Consensus from the committee regarding Priority Two data is that everything will be deleted except possibly the MDS data and only collect the MDS data if it can be collected with minimal cost by unit.

The committee then discussed other aspects of the study and decided that staffing patterns need to be included because of its relation to the charge and rationale for the use of PSMTs.

It was decided to retain role satisfaction of both the medication technician and nurse because this is an important component of the whole concept of using PSMTs to free the nurse for higher-level job activities.

Other Committee comments included:

- Cost of \$25,000 to \$30,000 seems high for the survey process for approximately 50 people surveyed.
- Need a valid and reliable pilot survey tool that can stand up to peer review.
- This may be something that would interest postdoctoral students from William P. Kerry Health Management and Policy School. Their focus is health occupation and how they can influence people to go on to higher learning.
- The Committee discussed and was in favor of holding focus groups with nurses and med techs instead of designing a questionnaire to provide a qualitative piece along with the quantitative measures being considered. The cost was estimated to be lower at \$12,500 to \$15,000. Dr Wilson of the Health Management and Policy School will be contacted and invited to a future committee meeting.

Board staff will revise the document to reflect today's decisions and provide a more accurate estimate of costs.

There was discussion on how to pay for the project. It was suggested to pay in installments: one third for start up cost, one third at a marker point, and one third with the delivery of the final report. Advantage of this is not having to process invoices on a monthly basis.

c. Review of Oregon Study – Joey Ridenour

Ridenour reported on a research study on medication aides in Oregon. It was reported that the data is “shocking.” The study has not been released yet. The Committee will review the study at a future meeting when available.

d. Review Delegation Protocols

Kathy Boyle from the Pharmacy Association was to have submitted a list of problems with the Delegation Protocols. She was also invited to the meeting today and added as a Committee member. Ms. Boyle has not responded.

Randolph requested that sublingual medications, of which the only common one was nitroglycerin, be deleted from the medications a CMT could administer. The Committee agreed based on the assessment required to determine need for the medication. Randolph also requested that nasal route was added and the Committee agreed.

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The Committee decided to remove the word “stable” from the description of residents that PSMT'S could administer medications to. The protocols will be revised as follows: “Regularly scheduled unit dose medications, including controlled substances, to ~~stable~~ residents by the following routes: oral, topical, ~~sublingual~~-nasal, and rectal.” After further discussion, Randolph was directed to provide an exception for residents who are able to self-administer nitroglycerin dispensed to the resident. The med tech may assist in providing access to the medication in such a situation.

The committee also agreed that PSMTs should not administer topical patches and topical medications requiring a sterile dressing or assessment of skin condition.

Randolph will revise protocols as indicated.

e. Report from Education Subcommittee – Progress Report

1. Curriculum Guidelines/Development – Review Progress

Randolph reported that the Curriculum Subcommittee would review the draft curriculum today. Randolph suggested that as the course developer, the Board should hold the “train-the-trainer” sessions. The curriculum consists of course work, competency exam, skill lab, skill lab evaluation, initial test, and progressive clinical practice.

The Committee commended Ms. Randolph and the Subcommittee on their progress with the guidelines.

f. Criteria to be a Pilot Facility (Recommendation)

Randolph and Corbin developed draft criteria for pilot facility applicants.

Discussion of the draft document ensued with the following decisions on specific provisions (*italics*) of the document:

1. *“All applicants must be licensed as long-term care facilities by the Department of Health Services DHS”*. The Committee agreed with this provision.
2. *“Facilities are graded by DHS as either A, B, or C. In order to facilitate broad participation, no more than two facilities from each grade will be chosen to participate in the pilot study.”* It was decided to revise these criteria so that at least two grades are represented in the sample because to require all grades may unnecessarily restrict participation.
3. *“No facility will be chosen to participate in the pilot study that received any survey deficiencies related to medication errors in the past 2 years.”* The Committee revised the wording to state that a facility with a medication error rate higher than 5% would not be able to participate.
4. *“No facility will be chosen to participate in the pilot study that received any survey deficiencies in staffing patterns for the last 2 years.”* The Committee agreed with this provision.
5. *“Facilities chosen to participate shall not be dually certified for sub-acute and long-term care.”* The Committee decided to delete this provision as being unnecessarily restrictive.

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6. *“Facilities chosen to participate shall be free-standing and not based in an acute care health facility (hospital).”* The Committee agreed with this provision.

7. *“Facilities chosen to participate shall agree to the following terms of participation:*

- *Provide qualified personnel and financial support for pre-admission testing, training, and competency testing of pilot study medication technicians;*
- *Assist in the collection and compilation of data;*
- *Provide assistance to the researcher including space for work, access to resident charts, access to reports, and any other assistance requested;*
- *Allow DHS and the ABON to survey the training program and facility with or without notice;*
- *Provide all course materials to PSMT students including textbooks, if any, practice medication cart, practice medications, medication administration records, and any other materials needed;*
- *Provide a classroom and laboratory for training and practice that includes seating and writing surfaces for all students, Powerpoint capabilities, and any other AV equipment needed to enhance delivery of course content; Provide financial support for instructors to attend a minimum 15-hour training session;*
- *Cover financial costs for the Board to provide education to nurses on delegation responsibilities.”*

The Committee deleted PowerPoint capabilities from the 6th bullet. The committee directed Randolph to reword the 8th bullet so that the cost is limited to travel expenses, supplies etc.

8. *“All chosen facilities must have conducted Board approved CNA training for a minimum of two years immediately prior to applying to be a pilot facility.”* The Committee eliminated the immediately prior requirement.

9. *“Facility representatives did not participate in planning or administering the pilot study.”*

The committee decided that this was too restrictive and amended this provision so that no representative shall continue to serve on the PMST Steering Committee once the facility they represent is chosen as a pilot facility.

Randolph will reword this draft document and bring back to the committee at the next meeting.

g. Time-lines and Assessment of Progress

The Committee revised the timeline as follows:

Funding Structure Determined – May 2005

Send the RFP – June 2005

Selection Process (selection of researcher and site) – July-August 2005

Education/Curriculum Determined – September 2005

Train the Trainer – October 2005

Pre-data Collection – October-November 2005

Education Implemented – November 2005-January 2006

Post-data Collection – June-November 2005

Implementation of Program – January 2007

Data Analysis – April 2008

Report to Governor and Legislature – December 2008

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III. Future Topics

Oregon Study – The study should be available at the next meeting. It was suggested to bring in someone from Oregon to discuss this study.

IV. Adjournment

The next CMT steering committee meeting will be held April 5, 2005 at 9:30 a.m.

Meeting was adjourned at 11:17 a.m.

Minutes Approved by:

Joey Ridenour, RN, MN, Executive Director

Date

Committee on 4/5/05 Pamela Randolph
Pamela Randolph, RN, Nurse Practice Consultant/Education

Date