



**Janet Napolitano**  
Governor

**Joey Ridenour**  
Executive Director

## Arizona State Board of Nursing

### **MEDICATION TECHNICIAN PILOT STUDY STEERING COMMITTEE**

#### **MINUTES**

**SEPTEMBER 26, 2006**

#### **MEMBERS PRESENT**

M. Hunter Perry, Chair  
Sylvia Balistreri, DHS  
Jane Black, SoAZ Nurses Assoc., telephonically  
Kathleen Collins-Pagels, AzHCA  
Julie Gordon, AzAHA  
Betty Earp, Mesa Community College  
Helen Houser, Phoenix College  
Anamarie McNeese, RN  
Patt Rehn, AzNA  
Christine Walker, Kachina Point  
Dean Wright, Pharm Board

#### **BOARD STAFF PRESENT**

Joey Ridenour, Executive Director  
Pamela Randolph, Education Consultant

#### **MEMBERS ABSENT**

Joyceen Boyle, University of Arizona  
Kathy Boyle, Az Pharm Assoc  
John Durbin, Alzheimer's Assoc

#### **GUESTS PRESENT**

Armida Dixon, telephonically  
Patricia Collea, telephonically  
Paul Dorrance, D&S, telephonically  
Sarah Ellis, Good Shepherd  
Phyllis Jordan, telephonically  
Barbara King, telephonically  
Debbie Madrid, Copper Mountain  
Paula Mitchell, Copper Mountain  
Marie Montion, telephonically  
Jill Scott-Cawiezell, telephonically  
Catherine Spire, Good Shepherd  
Karen Truett, telephonically

### **I. CALL TO ORDER/INTRODUCTIONS/APPROVAL MINUTES**

The Certified Medication Technician Pilot Study Steering Committee was called to order by M. Hunter Perry at 9:31 a.m.

Wright moved and Houser seconded to approve the January 24, 2006 minutes without correction. Committee accepted the March 9, 2006 minutes presented as information only. Committee members present at the March meeting did not constitute a quorum.

### **II. OVERALL PROGRESS REPORT**

#### **A. Data Collection/Research**

Randolph introduced Jill Scott-Cawiezell, an expert in medication administration errors and measurement of administration errors. Cawiezell has been assisting D&S Diversified with the design of the research and the pilot study. Cawiezell provided an update to committee members, stating that the pattern of data was

typical compared to other similar studies. Suggestions were offered for cross checking and coding. Cawiezell stated that it is sometimes hard to determine what type of error has been recorded. She offered to be available for D&S Diversified Technologies when there are unusual circumstances that pose difficulty in coding. An error rate of 10% seemed high and may have been influenced by conservative definitions of error. Cawiezell stated that she did not anticipate the pattern of error changing. However, the fact that Medication Technicians will be solely administering medication, without distraction may result in a decrease of the overall error rate.

Randolph reported that data had to be recollected because some of the methodology was inconsistent with what the committee had originally intended resulting in a delay in starting the training. Wrong-time errors are still a significant 3.4% of the errors.

## **B. Training Program**

Randolph invited facilities that have completed a medication technician training course to share their experience with the Committee. Silver Ridge Village and Good Shepherd Retirement Center had completed course training and are utilizing medication technicians. Representatives answered questions regarding testing and pass rates; the number of residents pilot study medication technicians are assigned to; if medication technicians are assigned to specific units and shifts; the percentage of patients RNs are called in to administer for; response to pilot study from residents, residents' family members, and nurses.

The Committee addressed concerns regarding the role of medication technicians ultimately replacing high level functions; limitations to the role with regard to safe numbers of patients assigned to medication technicians; and their concerns with nurses potentially being unable to provide appropriate delegation and support. Members requested clarity on whether or not delegating RNs are reviewing medications as part of their duties; and staffing ratios.

## **C. Testing**

Paul Dorrance from D&S Diversified Technologies reported that testing is going smoothly. Testers around the state have been certified. Pilot facilities offered their perceptions of the testing. Randolph requested psychometrics and an opportunity to review items. Dorrance will provide a preliminary report to see if there are any trends.

D&S reported test rates by candidates as follows:

Good Shepherd: Written 3/4 pass = 75%; Skills 3/4 pass; (because not the same) 3/4, overall pass rate = 50%

Silver Ridge: Written 11/13 pass = 85%; Skills 13/13 pass = 100%; Overall 85%

Composite: Written 14/17 = 82%; Skills 16/17 94%; Overall 13/17 for 76% candidate pass rate

By Attempt Pass Rate:

Written 1<sup>st</sup> attempt 4/15 = 27%; 2<sup>nd</sup> attempt 9/12 = 75%;

Skills 1<sup>st</sup> attempt 13/15 = 87%; 2<sup>nd</sup> attempt 1/1 = 100%

#### **D. Delegation Training**

Randolph addressed the committee stating that two facilities have been visited during the delegation training. Most facilities have been visited twice. Facilities are informed about delegation as it is applied to medication technicians and the medication technician role. Representatives present shared their experience with the delegation training.

### **III. COMPONENTS OF SATISFACTION SURVEY**

#### **A. Elements in Focus Group**

Randolph stated that D&S Technologies wanted to know what should be in the focus group measuring satisfaction. Committee members suggested emphasis on career ladder; licensed nurses' role; how improved communication and working conditions are affected; critical elements being present; outcomes; how nurses' jobs have changed; experience before medication technicians vs. after; and a focus on mandate to assure safe patient care.

#### **B. Survey**

Dorrance offered to do surveys for focus groups. Committee member agreed to continue to review the matter and look at literature regarding same before making a decision.

### **IV. PILOT FACILITIES ISSUES**

Randolph addressed the Committee stating that the following items are a series of issues brought up by pilot facilities. Randolph asked for Committee members to review and discuss whether or not they wanted to change any requirements.

#### **A. CNA Less Than 6 Months Employed**

One facility had trouble initiating training because of a high turnover rate. Randolph brought matter to Committee to see if members wanted to change the employment requirements. Members agreed to not change the criteria.

#### **B. Comfort Care Only Residents**

Question arose at Silver Ridge Village where there is a unit with terminal residents receiving comfort care only. Those persons did not qualify as stable residents so the request to allow medication technicians to administer in those units was denied. Randolph asked the Committee members to review same and

decide whether or not pilot study medication technicians will pass medications to Comfort Care Only Residents. Committee members agreed to not make any changes.

**C. CNA vs. Medication Technician Roles**

Randolph stated that pilot facilities have been told that CNA duties and Medication Technician roles must not be blended. Committee members agreed stating that by adding additional responsibilities to the role of the medication technician would increase the potential of errors. Members noted that there is a potential for an increase in errors due to distractions if PSMTs were assigned resident care. It was noted that PSMTs are health team members and as such may assist in client care when not administering medication.

**D. Ordering Stock Drugs**

Medication technicians do not order vitamins or other over the counter drugs. Nurses may delegate medication technicians to retrieve stock items from internal pharmacies and supply cabinets when these items are low or missing from the med carts. Medication technicians do not order prescribed medications delivered from pharmacies. The order and receipt of all prescription medications is handled by nurses.

**E. Pilot Facility Feedback**

Facility representatives shared feedback from both nurses and medication technicians involved in the pilot study. Facilities noted that nurses have more time for patient care and appreciate the assistance that medication technicians have provided. Staff members that were reluctant to participate have since changed their minds and are looking at the project in a positive manner.

**V. UPDATE FROM CNA SUMMIT, CHICAGO**

Randolph addressed the Committee and stated that the following topics regarding medication technicians were discussed at the summit:

- Role of the CMT and patient care assignment
- Legislation in other states maintain that there should be no change in staffing
- CNA education – and whether it adequate
- Michigan Board still discussing participation in the Certified Medication Technician Pilot Study.

**VI. CALL TO THE PUBLIC**

There was no call to public as no public was present at the meeting.

**VII. FUTURE TOPICS - DEBRIEFING**

- Future topics will include:
- Satisfaction piece
- Update from facilities
- Medication technician trainees attend a meeting and share their experience
- Review of timeline
- Meeting with health chairs for informal debriefing

Committee will meet every other month. Next meeting will be Tuesday, November 21, 2006 at 9:30 a.m.

**VIII. ADJOURNMENT**

There being no further business, Rehn moved and Ridenour seconded to adjourn the meeting at 11:36 a.m.

Minutes Approved by:   
Pamela Randolph, RN, Nurse Practice Consultant/Education

10/25/06  
Date