



**Janet Napolitano**  
Governor

**Joey Ridenour**  
Executive Director

## Arizona State Board of Nursing

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

#### **MINUTES**

**OCTOBER 2, 2007**

#### **MEMBERS PRESENT:**

Steve Robertson, Co-Chair  
Jane Black, SoAZ Nurses Assoc. (telephonic)  
Kathleen Collins-Pagels, AzHCA  
Betty Earp, Mesa CC (telephonic)  
Mary Griffith, AzNA  
John Linda, AzHCA  
Cheryl Roat Grand Canyon University  
Christine Walker, Kachina Point  
Dean Wright, Pharm Board

#### **BOARD STAFF ATTENDING:**

Joey Ridenour, Executive Director  
Pam Randolph, Associate Director, Education

#### **MEMBERS ABSENT:**

M. Hunter Perry, Co-Chair  
John Durbin, Alzheimer's Assoc.  
Julie Gordon, AzAHA  
Debra Piluri, AZDHS  
Jo A. Podjaski, Sun Health  
Genny Rose

#### **GUESTS PRESENT:**

Paul Dorrance, D&S Diversified (telephonic)  
Sarah Ellis, Good Shepherd  
Phyllis Jordan, (telephonic)  
Paula Mitchell, Copper Mountain (telephonic)  
Maria Montion (telephonic)  
Tim Pitriech, D&S Diversified (telephonic)  
Jill Scott-Cawiezell (telephonic)  
Nancy Spector, NCSBN  
Karen Truett, Heritage Healthcare  
Debbie Thurston (telephonic)

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

Randolph called the meeting to order at 9:39 a.m. Randolph welcomed Nancy Spector, Education Consultant for the National Council of State Boards of Nursing to the meeting. Committee members and guests introduced themselves.

Robertson moved and Griffith seconded to approve the Medication Technician Pilot Study Steering Committee meeting minutes for July 24, 2007 without correction. The motion carried.

## II. OVERALL PROGRESS REPORT

### A. Pilot Facility Reports

Randolph invited Pilot Facility representatives to share their progress and challenges in training and utilizing pilot study medication technicians.

Copper Mountain: There are four students that passed at least one portion of the test and have recently retaken the exam. Student feedback suggests that questions do not reflect the text, and that there are questions with more than one correct answer. Randolph stated that questions were beta tested and questionable items were either revised or removed. Dorrance stated that every question was created and/or reviewed by instructors. Passing students will begin next week.

Good Shepherd: Ellis reported that the second class was completed and plans on conducting another class by early next year. Nurses have reported being happy to work with medication technicians.

Heritage Healthcare: Representative Karen Truett reported that there is a constant shortage of CNAs. Two classes have been conducted. One student graduated from the first class. The second class had two graduates. One student who is enrolled in nursing school decided that she no longer wanted to work as a medication technician and subsequently quit. There have been no med techs consistently working and being observed. Data may not be able to be collected from Heritage Healthcare.

Mountain View: Mountain View began with four students, with one student dropping out shortly after training began. The three remaining students passed the exam giving Mountain View a 100% pass rate, and will be working as medication technicians this month. Mountain View may continue classes and training, but must notify the Board when classes are started.

Shadow Mountain: There was no representative from Shadow Mountain available to report progress.

Silver Ridge Village: Jordan reported that the satisfaction survey was completed and positive feedback has been received. There are ten medication technicians at the facility. The eleventh student completed an LPN program. Jordan will follow-up with the student to inquire as to whether or not the medication technician program was helpful during the LPN transition. Silver Ridge had a state survey conducted. No errors were reported.

### **III. TESTING/RESEARCH UPDATE**

#### **A. Candidates Passing/Results (mailed)**

Randolph mailed the skill summary report and candidate passing data to Committee members.

Dorrance reported that the latest test results by attempt show that for the written exam there is a 38% pass rate on the first attempt and a 62% pass rate on the second attempt; and for the skills test there is a 76% pass rate on the first attempt and a 24% pass rate on the second attempt. The overall pass rate is 68% for written and 87% for skills. The overall pass rate for both sections is 61% or 19 out of 31 candidates passing both sections.

Dorrance provided that the data by subject area will show low pass rates because of the number of candidates. There are not enough administrations to provide any numerical evidence. There is no evidence at this time to re-examine the cut score on the exams. Both Randolph and Dorrance offered that the vocabulary and skill lists are published.

Pilot facilities will be provided with access to statistics for medication technician candidates, which will include a compilation of statistics for candidates and information regarding items missed on written exams. This information has been provided to students.

#### **B. Review of Scott-Cawiezell Study – Full Text in Board Offices**

Randolph stated that committee members present were given access to the full text version of the Scott-Cawiezell study prior to the meeting being called to order. Randolph asked Scott-Cawiezell to discuss the study regarding Levels of Credentialing, Nursing Home Errors, and Levels of Staff Credentials. Scott-Cawiezell addressed the Committee reminding members that they are closing a large grant that looked at the impact of focus quality improvement efforts and technology upon medication safety. The grant looked at an intervention of technology and teams. Medication error data was collected. In the process of doing so researchers observed 16,000 medications being delivered through the naïve observation method. The naïve observation method helped the observer to not be tempted to manipulate a situation; however observers stepped in when observing gross errors. Four observation points were done. The clinical nursing research article only addressed the first observation point. Scott-Cawiezell stated that while the study did not begin with observation of medication technicians, researchers realized that 60% of the persons being studied were in fact medication technicians. Thirty-five hundred medications were given. Multiple people on multiple levels administered medications. Researchers looked at credentials to see if credentials had a direct correlation or statistical relationship to their error rate. The answer was no. Interruptions and distractions by roles were looked at. The distinction was made that interruptions were associated with errors, but among the roles there were no differences in the error rate. After all observations

were completed, researchers found that there is no statistically significant difference between the rates of error by role. Scott-Cawiezell further stated that what can be observed is that some roles, by the nature of their accountability in the facilities, are set up to have interruptions and to be distracted more. Researchers believe that the nursing implications are that the RN is a critical piece in the overall dynamic, and that when setting up the medication technician system of people, it is important to maximize what the technician can do in tandem with the nurse. Scott-Cawiezell stated that the data can not be looked at in isolation, but as a critical player in partnership with the role of the nurse.

Members thanked Scott-Cawiezell for her work and the information provided in the article and discussed the complexity of the medication administration process.

### **C. Satisfaction Survey Progress Report**

Scott-Cawiezell reported that interviews were completed for two facilities. The summary reports have been written. Consistent themes appear in cross roles. Interviewees reported being satisfied. There was also a consistent message of a positive nature. Dorrance stated that because there are only two facilities completed an inclusive report cannot be compiled.

## **IV. REVIEW OF NCSBN MED TECH CURRICULUM**

Randolph reported that the NCSBN curriculum was compared to the AZBN curriculum. While NCSBN did a nice job overall, there was no instruction on simple divided dosage calculation. In observations of medication passes in long-term care facilities there seems to be a need for dosage calculation because there are many stock medications given. It has also been reported anecdotally that medication technicians with this knowledge can often prevent a wrong dosage calculation or an error. Randolph felt this was a safety concern. Randolph stated that there seemed to be redundancy with the CNA curriculum in areas such as resident rights and reporting vital signs. The NCSBN model did not have as many geriatric considerations. The AZBN curriculum provides more content in the area of medication administration. Based on these observations, Randolph does not recommend changing the AZBN curriculum. The NCSBN model appears to only cover oral medications, whereas the AZBN curriculum includes topical medications. Nancy Spector, NCSBN Education consultant, stated that the National Council model curriculum is not actually limited, and does include eye, ear and topical medications. Spector stated that as there is more experience in practice the model curriculum will change to reflect what is occurring in practice. Spector admired the work done in Arizona and found the AZBN curriculum excellent.

Members requested information and clarity regarding admission criteria; and AZBN (45 didactic, 15 lab, 40 supervised clinical) hours in didactic and clinical as compared to NCSBN (60 didactic, 40 clinical).

**V. REVIEW OF TIMELINE**

Randolph reported that the project remains on schedule. Five out of six pilot facilities are utilizing medication technicians. Data from the 6th facility may not be available. The April 30<sup>th</sup> deadline for data collection is still feasible. Dorrance does not foresee any problems aside from the possibility of not having post data collection from one or two facilities.

**VI. CALL TO THE PUBLIC**

There was no call to the public.

**VII. FUTURE TOPICS – DEBRIEFING**

Randolph will include all persons participating in the meetings on the advanced reading material mailing list, not just committee members. Members recognized Kathleen Collins-Pagels for her contributions to the study.

Next meeting is scheduled for Tuesday, January 29, 2008 9:30am

**VIII. ADJOURNMENT**

There being no further business, Randolph adjourned the meeting at 11:00 a.m.

Minutes Approved by:   
Pamela Randolph, RN MS PNP  
Associate Director of Education and Evidence Based Regulation

10/02/07  
Date

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