Semiannual DDS MAP Trainer Webinar

Fall 2017

Agenda

- What's New?
- Updates
- Reminders
- Trends

What's New

New Look Coming Soon!

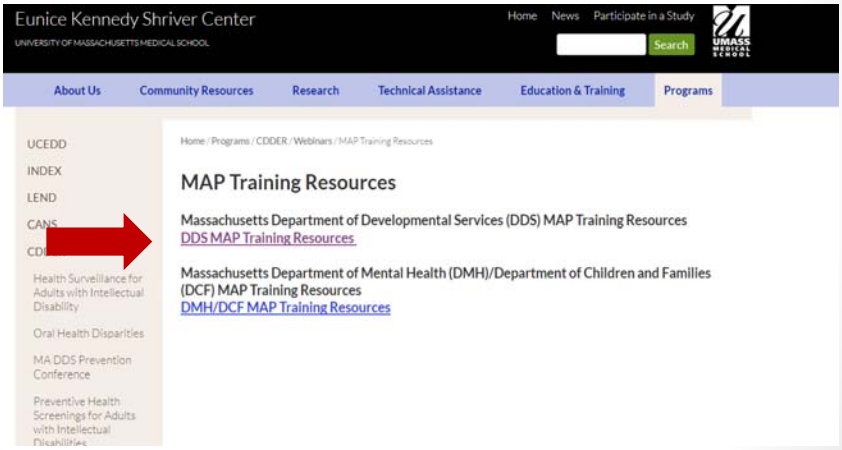
- **www.mass.gov/dph/map**

MAP Topics

- FAQs
  - General Public - Frequently Asked Questions
  - Service Providers - Frequently Asked Questions
  - High Alert Medications - Frequently Asked Questions
- Naloxone Use
- Methadone Take Home Doses in an Storm or Emergency
- Electronic Signatures
- Countable Controlled Substance Book Retention Guidelines
- MAP Brochure
- Oversight and Review
- MAP Training Tools
- Policies
- Medication Administration Program (MAP) Regulations
- Related Materials
- Train the Trainer Session
- MAP Education Tools for Supervisors
- DDS MAP Webinars
- MAP Advisory Group

Quick Links

New Look!



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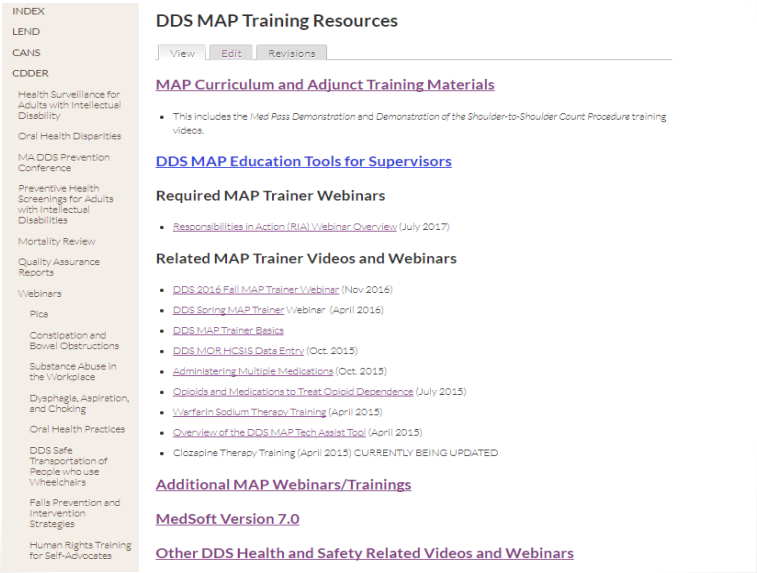


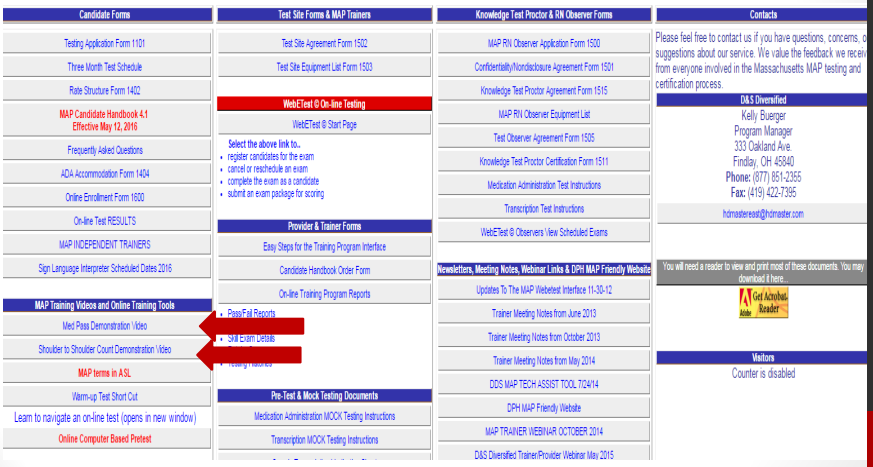
Two New Videos

- Medication Administration Demonstration

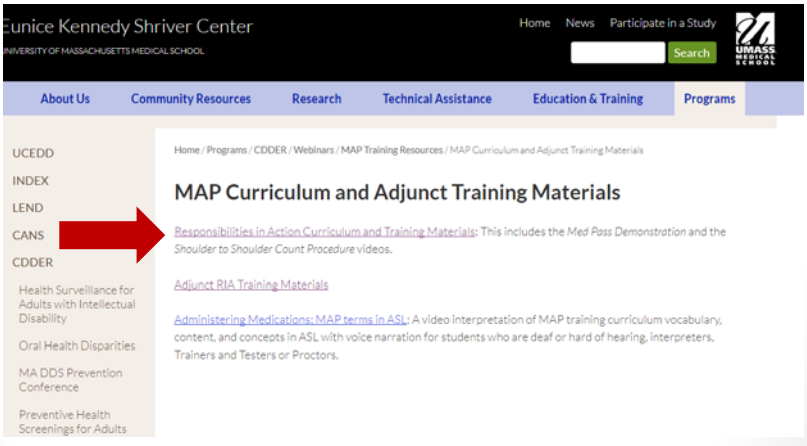
Two New Videos

- 'Shoulder to Shoulder' Count

hdmaster.com



mass.gov/dph/map



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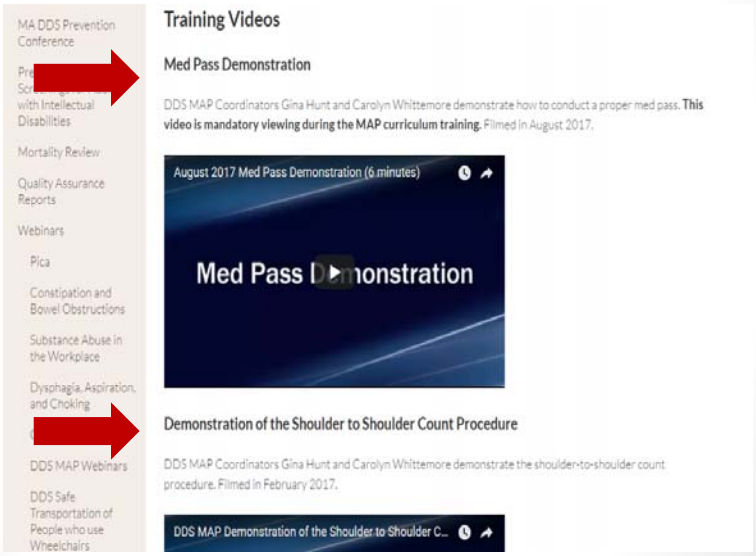

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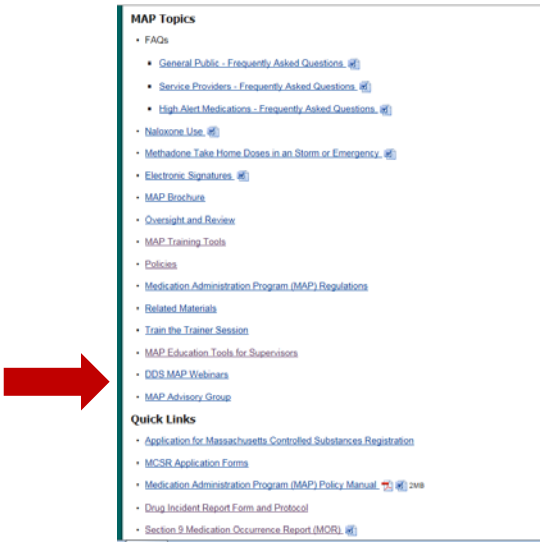
- **Released**
  - **4/11/2017**

www.mass.gov/dph/map



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Quick Links

- Application for Massachusetts Controlled Substances Registration
- MCSR Application Forms
- Medication Administration Program (MAP) Policy Manual 2MB
- Drug Incident Report Form and Protocol
- Section 9 Medication Occurrence Report (MOR)

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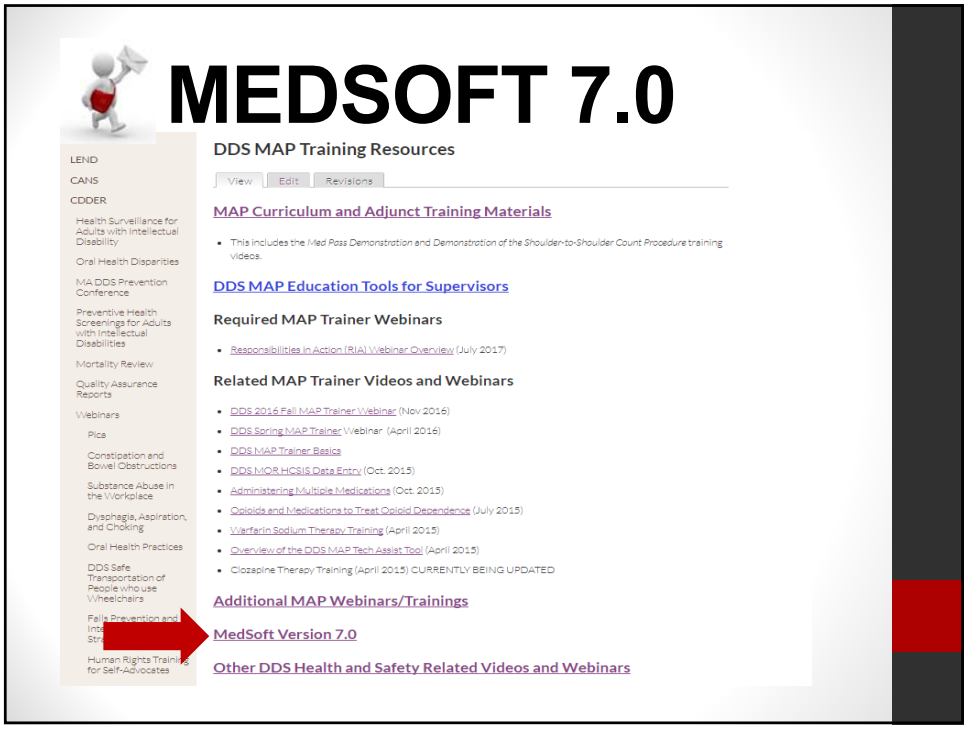
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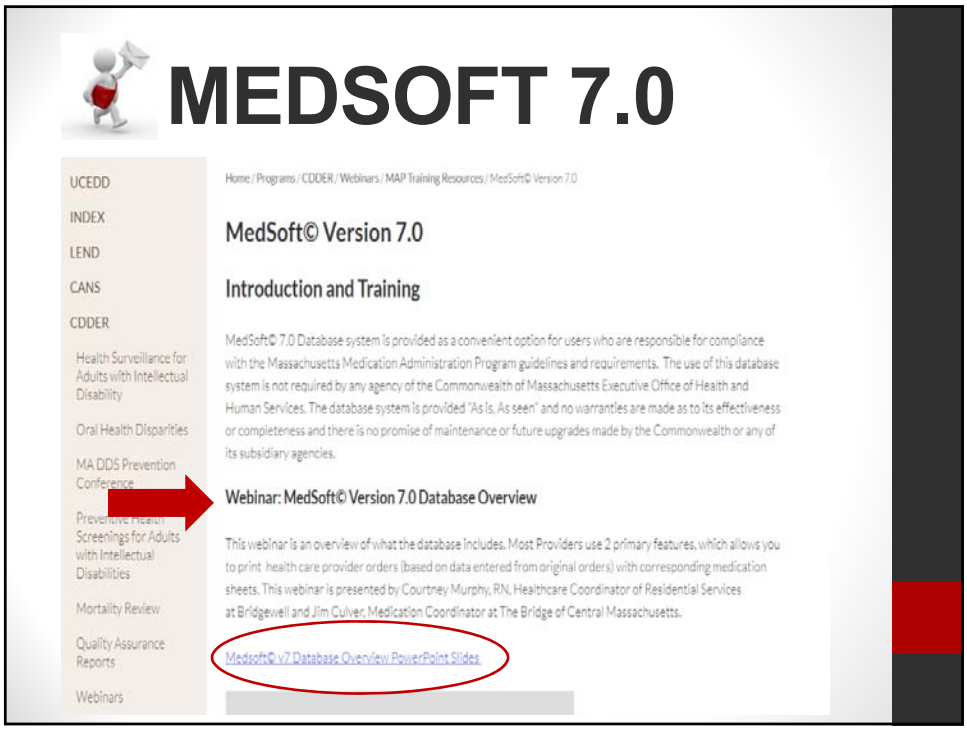
LEND
CANS
CDDER
Health Surveillance for Adults with Intellectual Disability
Oral Health Disparities
MA DDS Prevention Conference
Preventive Health Screenings for Adults with Intellectual Disabilities
Mortality Review
Quality Assurance Reports
Webinars
Pica
Constipation and Bowel Obstructions
Substance Abuse in the Workplace
Dysphagia, Aspiration, and Choking
Oral Health Practices
DDS Safe Transportation of People who use Wheelchairs
Human Rights Training for Self-Advocates
DDS MAP Training Resources
View
Edit
Revisions
MAP Curriculum and Adjunct Training Materials
This includes the Med Pass Demonstration and Demonstration of the Shoulder-to-Shoulder Count Procedure training videos.
DDS MAP Education Tools for Supervisors
Required MAP Trainer Webinars
Responsibilities in Action (RIA) Webinar Overview (July 2017)
Related MAP Trainer Videos and Webinars
DDS 2016 Fall MAP Trainer Webinar (Nov 2016)
DDS Spring MAP Trainer Webinar (April 2016)
DDS MAP Trainer Basics
DDS MOR HCSIS Data Entry (Oct. 2015)
Administering Multiple Medications (Oct. 2015)
Opioids and Medications to Treat Opioid Dependence (July 2015)
Warfarin Sodium Therapy Training (April 2015)
Overview of the DDS MAP Tech Assist Tool (April 2015)
Clozapine Therapy Training (April 2015) CURRENTLY BEING UPDATED
Additional MAP Webinars/Trainings
MedSoft Version 7.0
Other DDS Health and Safety Related Videos and Webinars


MEDSOFT 7.0
UCEDD
INDEX
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Mortality Review
Quality Assurance Reports
Webinars
Home / Programs / CDDER / Webinars / MAP Training Resources / MedSoft© Version 7.0
MedSoft© Version 7.0
Introduction and Training
MedSoft© 7.0 Database system is provided as a convenient option for users who are responsible for compliance with the Massachusetts Medication Administration Program guidelines and requirements. The use of this database system is not required by any agency of the Commonwealth of Massachusetts Executive Office of Health and Human Services. The database system is provided "As Is, As seen" and no warrantles are made as to its effectiveness or completeness and there is no promise of maintenance or future upgrades made by the Commonwealth or any of its subsidiary agencies.
Webinar: MedSoft© Version 7.0 Database Overview
This webinar is an overview of what the database includes. Most Providers use 2 primary features, which allows you to print health care provider orders (based on data entered from original orders) with corresponding medication sheets. This webinar is presented by Courtney Murphy, RN, Healthcare Coordinator of Residential Services at Bridgewell and Jim Culver, Medication Coordinator at The Bridge of Central Massachusetts.
Medsoft© v7 Database Overview PowerPoint Slides

MEDSOFT 7.0

Our Team

Aging with Intellectual and Developmental Disability Trainings

Fostering Social Inclusion and Community Engagement

CANDO

MedSoft© Database

Clicking on the following link will automatically download the file to your computer:

MedSoft© 7.0 (Microsoft Access, Uploaded 12/20/16)

Important Notes

- You may receive some warnings the first time you open the database on your computer. That is the norm for Access databases that originate on another computer. You can ignore or close these warnings. After the first time through the various warnings, the database should simply load on future attempts to launch it.
- You need to **enable macros** one time to make the database usable. Click OK and enable content and that will be the last time you see the warnings.
- It is really important that the database be opened by double clicking it from Windows Explorer (9Win7) or File Explorer (Win10), especially if you are running Access 2013 or 2016.
- Never save the database in the newer database format. It must remain an **mdb** file type, not an **accdb** file type. Saving in the newer format will render the database absolutely useless.

Word Documents

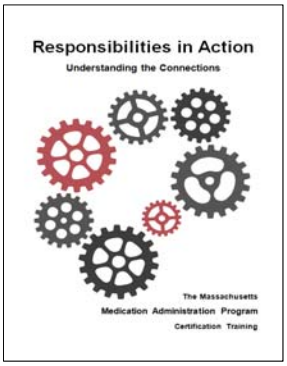
HCP Consultation Progress Note MedSoft© Version 7.0

HCP Instructions MedSoft© Version 7.0

Responsibilities in Action

Understanding the Connections

Released July 2017



Responsibilities in Action

- Curriculum
  - 9 Units
  - 'Words You Should Know'
  - Answer Key
  - Ask Your Supervisor…

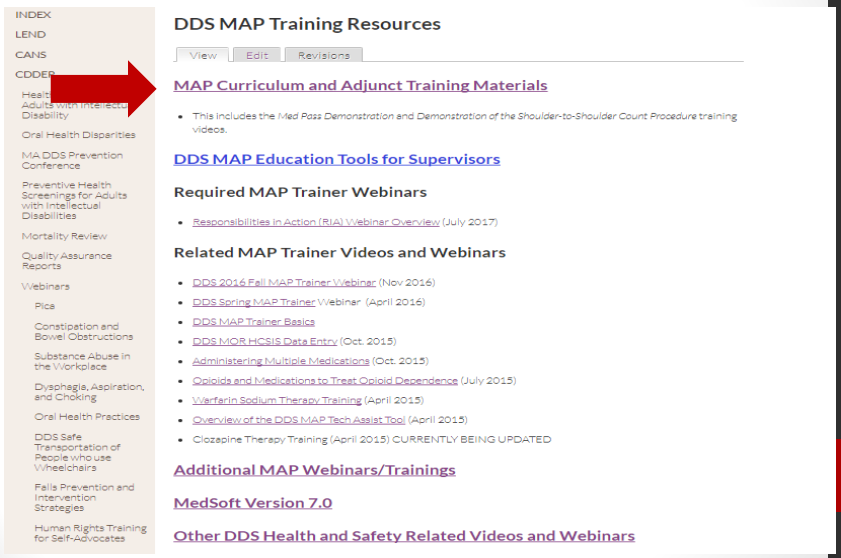
Responsibilities in Action

- New Training Materials
  - Medication Book
  - Count Book
  - Pharmacy Labels
  - Training Power Point
  - Study Guide

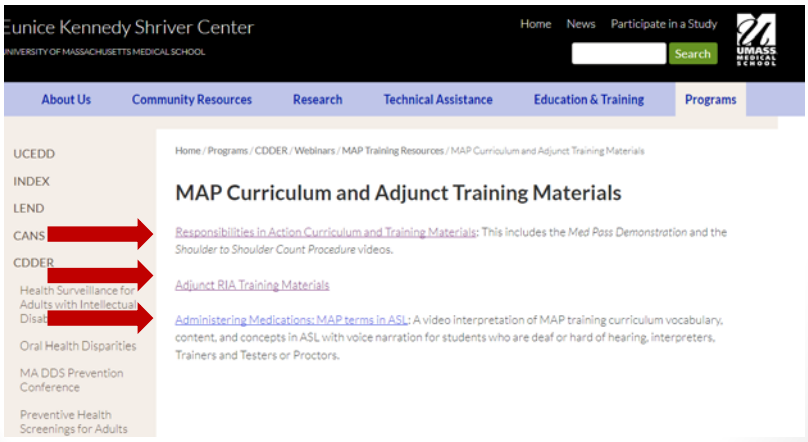
Responsibilities in Action

- For more information
  - Curriculum
  - Training Tools
  - Webinar
    - www.mass.gov/dph/map
    - DDS MAP Webinars

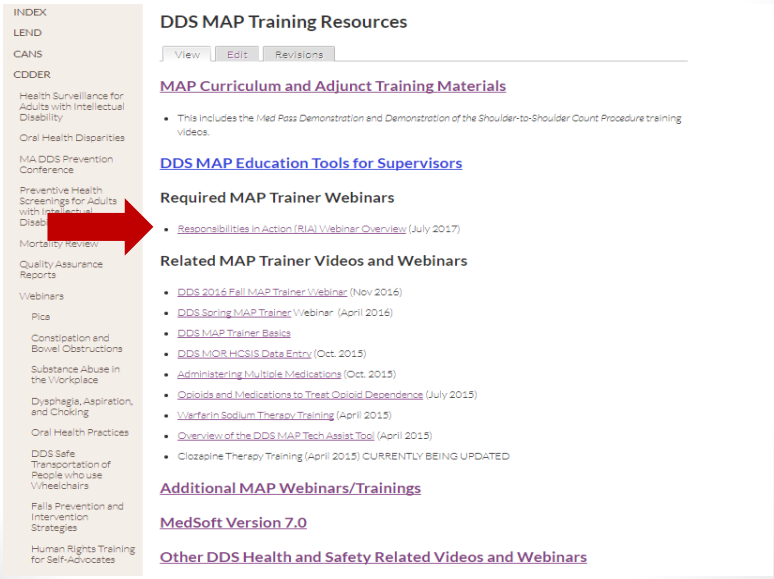
Responsibilities in Action



Responsibilities in Action

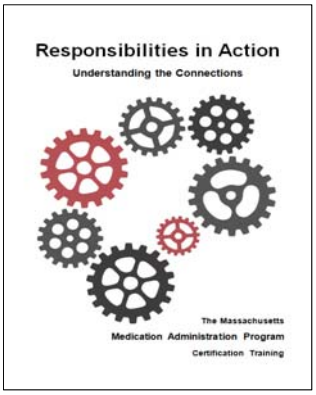


Responsibilities in Action

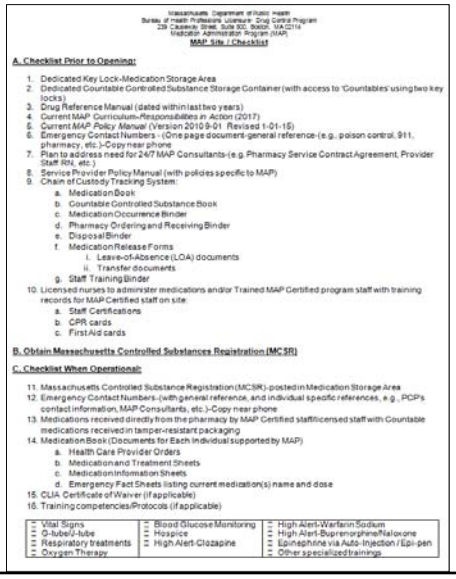


Responsibilities in Action

Understanding the Connections



New Site Checklist



Massachusetts Department of Public Health
Bureau of Health Professions Licensure: Drug Control Program
239 Causeway Street, Suite 500, Boston, MA 02114
Medication Administration Program (MAP)

MAP Site / Checklist

A. Checklist Prior to Opening:

1. Dedicated Key Lock-Medication Storage Area
2. Dedicated Countable Controlled Substance Storage Container (with access to 'Countables' using two key locks)
3. Drug Reference Manual (dated within last two years)
4. Current MAP Curriculum-*Responsibilities in Action* (2017)
5. Current *MAP Policy Manual* (Version 2010.9-01 Revised 1-01-15)
6. Emergency Contact Numbers - (One page document-general reference-(e.g., poison control, 911, pharmacy, etc.)-Copy near phone
7. Plan to address need for 24/7 MAP Consultants-(e.g. Pharmacy Service Contract Agreement, Provider Staff RN, etc.)
8. Service Provider Policy Manual (with policies specific to MAP)
9. Chain of Custody Tracking System:
   a. Medication Book
   b. Countable Controlled Substance Book
   c. Medication Occurrence Binder
   d. Pharmacy Ordering and Receiving Binder
   e. Disposal Binder
   f. Medication Release Forms
      i. Leave-of-Absence (LOA) documents
      ii. Transfer documents
   g. Staff Training Binder
10. Licensed nurses to administer medications and/or Trained MAP Certified program staff with training records for MAP Certified staff on site:
    a. Staff Certifications
    b. CPR cards
    c. First Aid cards

B. Obtain Massachusetts Controlled Substances Registration (MCSR)

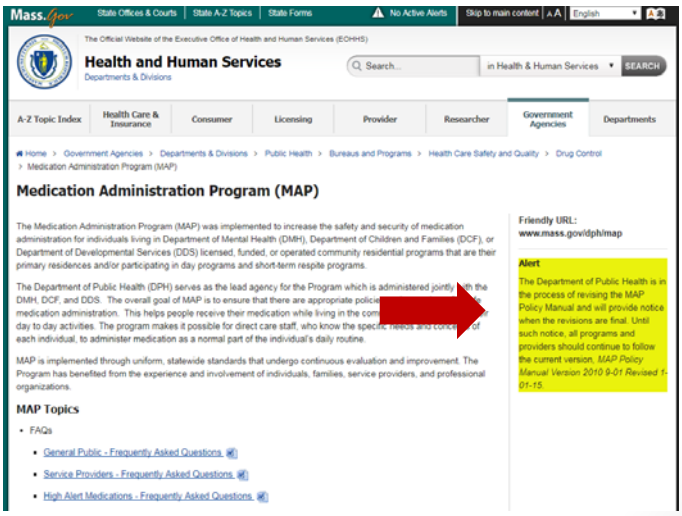
C. Checklist When Operational:

11. Massachusetts Controlled Substance Registration (MCSR)-posted in Medication Storage Area
12. Emergency Contact Numbers-(with general reference, and individual specific references, e.g., PCP's contact information, MAP Consultants, etc.)-Copy near phone
13. Medications received directly from the pharmacy by MAP Certified staff/licensed staff with Countable medications received in tamper-resistant packaging
14. Medication Book (Documents for Each Individual supported by MAP)
    a. Health Care Provider Orders
    b. Medication and Treatment Sheets
    c. Medication Information Sheets
    d. Emergency Fact Sheets listing current medication(s) name and dose
15. CLIA Certificate of Waiver (if applicable)
16. Training competencies/Protocols (if applicable)

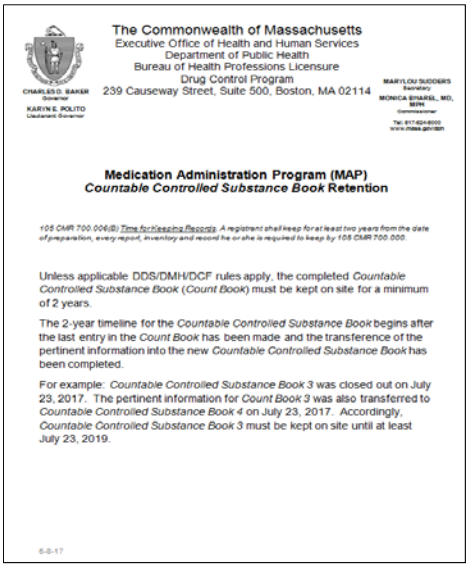
☐ Vital Signs	☐ Blood Glucose Monitoring	☐ High Alert-Warfarin Sodium
☐ G-tube/J-tube	☐ Hospice	☐ High Alert-Buprenorphine/Naloxone
☐ Respiratory treatments	☐ High Alert-Clozapine	☐ Epinephrine via Auto-Injection / Epi-pen
☐ Oxygen Therapy		☐ Other specialized trainings

Updates

DPH MAP Policy



Count Book Retention



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
Drug Control Program
239 Causeway Street, Suite 500, Boston, MA 02114

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Governor
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Lieutenant Governor

MARYLOU SUDDERS
Secretary
MONICA BHAREL, MD, MPH
Commissioner

Medication Administration Program (MAP)
***Countable Controlled Substance Book* Retention**

105 CMR 700.006(B) Time for Keeping Records. A registrant shall keep for at least two years from the date of preparation, every report, inventory and record he or she is required to keep by 105 CMR 700.000.

Unless applicable DDS/DMH/DCF rules apply, the completed *Countable Controlled Substance Book* (*Count Book*) must be kept on site for a minimum of 2 years.

The 2-year timeline for the *Countable Controlled Substance Book* begins after the last entry in the *Count Book* has been made and the transference of the pertinent information into the new *Countable Controlled Substance Book* has been completed.

For example: *Countable Controlled Substance Book 3* was closed out on July 23, 2017. The pertinent information for *Count Book 3* was also transferred to *Countable Controlled Substance Book 4* on July 23, 2017. Accordingly, *Countable Controlled Substance Book 3* must be kept on site until at least July 23, 2019.

6-8-17

Unidentified/Non-Prescribed Substance

- **Definition**
  - **If found at a MAP Site**
    - **Procedure**
    - **Tracking Form**

Unidentified Substance

- **Procedure/Tracking Form**

DDS Unidentified/Non-prescribed Substance Discovery in MAP Programs
Procedure and Tracking Form

Definition: The term "unidentified non-prescribed substance" refers to a substance that is either illegal to possess or legally available but not prescribed for anyone in the MAP registered site in which it was found. These guidelines do not apply to any HCP interest and pharmacy labeled medication for individuals living at or attending the program. If there are unknown substances noted within such packaging, the medication should remain secured per MAP Policy and the DPH Drug Control Program (DCP) must be notified.

Procedure

The intent of this procedure is to maintain the individual's safety and guide staff through the process of dealing with the legal ramifications of an unidentified non-prescribed substance if found at a MAP registered site. If an unidentified or non-prescribed substance is found in a DDS MAP program, address any possible individual's needs first, then the substance.

The Person

1. For any medical emergency, call 911.
2. If not a medical emergency, and staff are aware or suspects person may be under the influence and/or have knowledge that the person has ingested an unidentified substance/non-prescribed medication, contact the person's prescribed/ by for a recommendation in regards to whether any prescribed medication the person is due to receive should be given as ordered.
   a. Document and follow the recommendation.
3. If the person was transported to the emergency room or the prescriber's recommendation was to have the person evaluated at the emergency room, then during the ER visit, staff should obtain medical clearance for the person to receive any prescribed medications.
   a. At the emergency room, ask for documentation of medical clearance to ensure it is safe for MAP Certified staff to administer any prescribed medication as ordered.
4. If it appears that harm may have come to an individual as a result of the incident, call the Disabled Person's Protection Commission (DPPC) 24 hour hotline at 1-888-426-9009 or 1-888-622-0305 TTY.

The Substance

1. Complete the Tracking Form.
2. Take pictures of the substance, including the label if present.
   a. If in the form of a tablet, etc.
      i. Take pictures of the front side and back side.
         i. Note how many sheets are found.
3. The pictures can be emailed to a MAP Consultant (pharmacist) to identify the substance.
4. Call the police.
   a. Call the non-emergency number, explain what happened and ask if this is reportable.
      i. If yes:
         1. Ask if the substance should be "saved" as evidence and if so, secure them.
         2. If it is handed over to the police ask them to sign a medication transfer form.
      ii. If no:
         1. Secure the substance separately from prescribed medication until it is determined whether it is needed in the event DPPC or DDS investigates.
         2. If it is handed over to the DPPC or DDS investigator ask them to sign a medication transfer form.
   b. Whether or not the police have the unidentified non-prescribed substance, ask for a copy of the police report if they respond to the call.
5. The Program Supervisor will obtain a written statement of events from each staff present.
6. Complete a DPH Drug Incident Report (DIR) and file with any police report, transfer form and staff statements to 811-755-6063. The DIR is located at http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/drug-control/drug-diversion/drug-incident-report-form-and-policy.html
7. Only after confirming that the police, DPPC and/or DDS investigators do not need the substance found can it may be disposed of per MAP policy.
8. Maintain original and/or copies of all documents related to the incident at the program.
9. Notify the Regional MAP Coordinator of the incident.

Final 10/18/17

DDS Unidentified/Non-prescribed Substance Discovery in MAP Programs
Procedure and Tracking Form

Date found:

Provider:

Site address:

Description (unidentified/non-prescribed substance, including the amount). Attach copies of any supporting documentation.

Date transferred (complete and attach copy of transfer form(s)):

Date disposed (complete DPH disposal form):

Program Supervisor Signature:

Final 10/18/17

Epinephrine via Auto-injector

Epinephrine via Auto-injector

- Management of Epinephrine via auto-injector
  - Spring 2016 Webinar guidelines
    - Updated

Epinephrine via Auto-injector

- Current administration options
  1. A licensed or MAP Certified staff, tied to a MAP registered site, is available to administer the Epinephrine via auto-injector
     - Or
  2. The individual is able to self-administer the Epinephrine via auto-injector

Option 1

- MAP Certified/Licensed Staff
  - Must be available
    - Residential program
    - Day program/Day hab
    - Work
    - Staffed LOA

Option 2

- Self-administration
  - Must meet all criteria for self-administration
    - Carries the medication safely on their person
      - Administers to self if/when needed

Considerations

- If the allergy has not been re-verified in adulthood
  - Retesting is highly recommended
    - To verify that condition has not changed

Epinephrine via Auto-injector Protocol

- Must include
  - Diagnosis
  - Objective criteria for use
  - When to call 911
  - If/when a second dose is required
  - Follow up care

Epinephrine via Auto-injector Protocol

- If determined by the HCP, the individual does not require Epinephrine via auto-injector available at all times, such as
  - Traveling between MAP sites
  - LOA (non staffed)
  - non MAP work sites
    - The HCP approved protocol must include how to manage an event
    - (i.e. Call 911)

Epinephrine via Auto-injector Protocol

- Must be
  - Reviewed
    - At least yearly
    - Signed/dated
      - by prescribing HCP

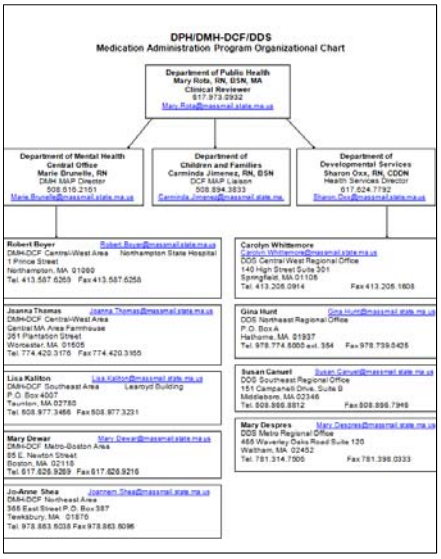
Non-MAP

- If the person lives in a non-MAP setting
  - Such as Shared Living
- Works at a non-MAP location
  - MAP rules regarding Epinephrine via auto-injector administration do not apply

MAP Policy 01-2

- Criteria for site registration with DPH
  - DMH/DCF and adult DDS
    - Licensed, funded or operated
      - Community Residential Programs
      - Day Programs
      - Short Term Respite

Questions?



DPH/DMH-DCF/DDS
Medication Administration Program Organizational Chart

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PRN for Pain

'See Pain Indicators'

All Must Agree

- **HCP order**
- **Pharmacy label**
- **Medication sheet**

Reason for Use

- If the person is non-verbal
  - Target signs and symptoms may be listed
    - For example
      - **Tylenol 650mg by mouth every 6 hours PRN for *grimacing, crying, moaning or head slapping*.**

‘PRN for Pain’

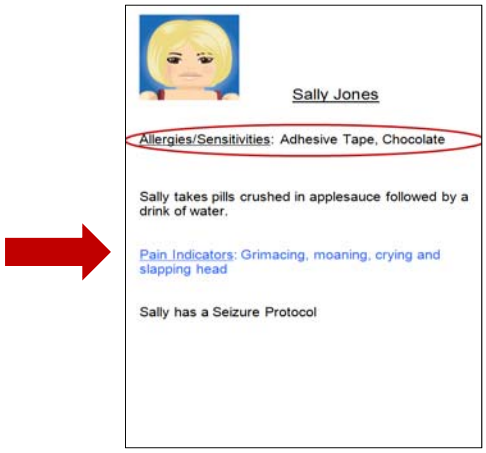
- If the person is non-verbal
  - HCP may write ‘PRN for pain, see pain indicators’
    - For example
      - **Tylenol 650mg by mouth every 6 hours PRN for pain, *see pain indicators*.**

Pain Indicators

- **HCP order**
  - Every 6 hours PRN pain, *see pain indicators*
- **Pharmacy label**
  - Every 6 hours PRN pain, *see pain indicators*
- **Medication sheet**
  - Every 6 hours PRN pain, *see pain indicators*

Pain Indicators

- **Face sheet example:**



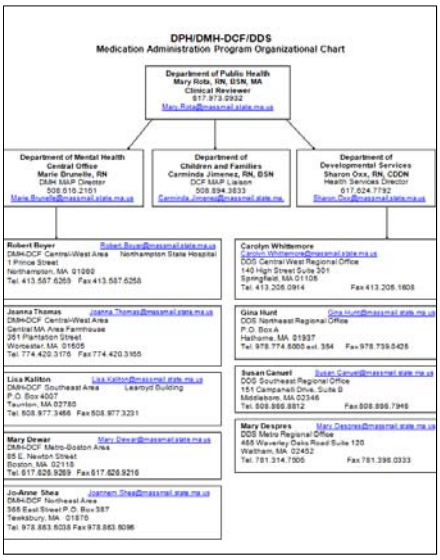
As Requested

- If applicable, may be
  - 'As requested' by the person
    - For example
      - **Tylenol 650mg by mouth every 6 hours PRN for *headache* as requested**

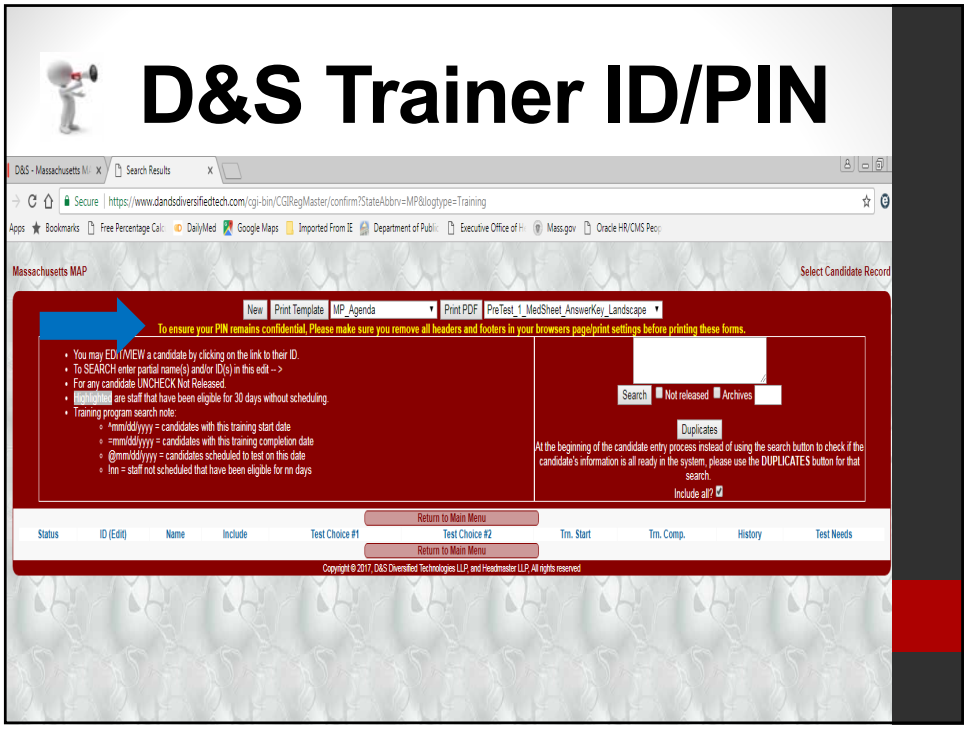
Follow up

- Document
  - Observations
    - Subjective
      - What the person tells you
        - “My headache is gone”
    - Objective
      - What you see the person doing
        - ‘Sally is sleeping on the couch’

Questions?

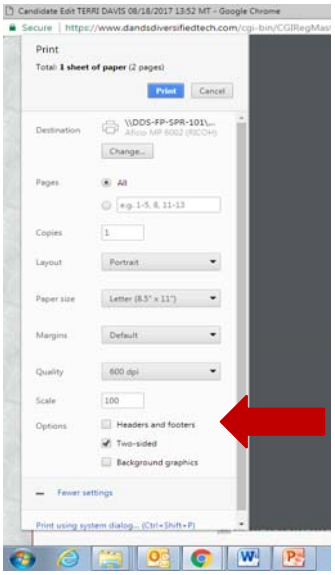


D&S Trainer ID/PIN



D&S Trainer ID/PIN

Header/Footer



D&S Diversified Technologies

- If question of PIN security
  - Contact D&S
    - Request new PIN

Reminders

MORs in HCSIS

Time Consultant Contacted (HH:MM AM/PM):	09:30 AM
Was medical intervention recommended?	No
If Yes, Select All that Apply:	
Did any of these situations/conditions follow the Medication Occurrence? (Select all that apply)	
If one resulted, was DPH notified?	No
Date DPH was Notifi M/DD/YYYY):	
Time DPH was Notifi HH:MM AM/PM):	
Was an Incident Rep filed as a result of this Medication Occurrence?	No
If yes, Incident ID:	
What is the agency's response to prevent this type of Medication Occurrence from happening in the future?	

MORs in HCSIS

What happened?	Wrong Dose
Date the Medication Occurrence Happened (MM/DD/YYYY):	08/18/2017
Time the Medication Occurrence Happened (HH:MM AM/PM):	06:00 AM
Date the Medication Occurrence was first discovered (MM/DD/YYYY):	08/19/2017
Time the Medication Occurrence was first discovered (HH:MM AM/PM):	08:00 PM
Did the Medication Occurrence happen over multiple consecutive administrations?	No
If Yes, Number of Doses:	
Staff Position of Person Giving Medication:	MAP Certified Staff - Direct Care
Why did the Medication Occurrence happen? (Select all that apply)	Mixed up dose or strength of medication

MORs in HCSIS

Time the Medication Occurrence Happened (HH:MM AM/PM):	08:00 PM
Date the Medication Occurrence was first discovered (MM/DD/YYYY):	08/21/2017
Time the Medication Occurrence was first discovered (HH:MM AM/PM):	09:00 AM
Did the Medication Occurrence happen over multiple consecutive administrations?	No
If Yes, Number of Doses:	1
Staff Position of Person Giving Medication:	MAP Certified Staff - Direct Care
Why did the Medication Occurrence happen? (Select all that apply)	Failure to remember

MORs in HCSIS

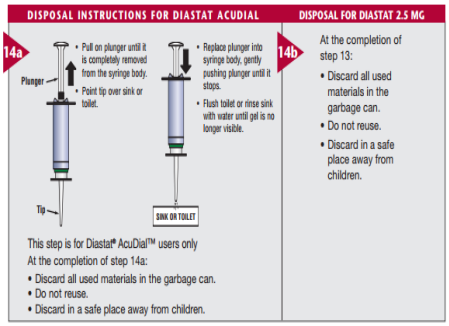
Time the Medication Occurrence happened (HH:MM AM/PM):	08:00 AM
Date the Medication Occurrence was first discovered (MM/DD/YYYY):	08/21/2017
Time the Medication Occurrence was first discovered (HH:MM AM/PM):	08:00 AM
Did the Medication Occurrence happen over multiple consecutive administrations?	Yes
If Yes, Number of Doses:	2
Staff Position of Person Giving Medication:	MAP Certified Staff - Direct Care
Why did the Medication Occurrence happen? (Select all that apply)	Did not get prescription, order, or refill from health care provider

Diastat

- Remind staff
  - When counting
    - Look to ensure the seal is intact and the medication is still in the container

Diastat Disposal

- Read
  - Medication Information Sheet
    - For disposal instructions



Medication Security

- There may *only* be one set each of
  - medication storage keys and
  - back up set of keys

Medication Security

- The count is conducted each time
  - The medication storage keys change hands and
    - When placed into or are removed from the coded lock box

Back-up Keys

- Access known to an offsite administrative staff

Trends

MCSR and Documents

- Documents that are not part of a person's confidential record:
  - Disposal records
  - Medication Occurrence Reports
  - Count Book
    - 'Tied' to the MCSR/site address

LOA Medication

- In DDS programs
  - Cutting a blister pack
    - May ***NEVER*** be done
      - To prepare LOA medication

D&S Diversified Technologies

- Common reasons for failing transcription
  - Incorrect Stop date
    - Listed as the day after the last dose is scheduled
  - Misspellings

D&S Diversified Technologies

- Common reasons for failing medication administration
  - Selects the wrong blister pack of medication
    - Correct person, wrong med or
    - Correct med, wrong person

Next Webinar Date

- Spring 2018