LESSON PLAN: 2

COURSE TITLE: MEDICATION TECHNICIAN

UNIT: I INTRODUCTION

SCOPE OF UNIT:

This unit covers course objectives and requirements, the role of the medication technician related to the health care team, and state and federal controls.

INFORMATION TOPIC: I-2 OR DEMONSTRATION:

LONG-TERM HEALTH CARE TEAM
(Lesson Title)

OBJECTIVES – THE STUDENT WILL BE ABLE TO:

1. Trace lines of authority in a sample organizational chart of a long-term care facility.

2. Identify the responsibilities of the long-term health care team which includes the following: Administrator, physician, pharmacist, registered nurse, licensed practical nurse, and medication technician.

3. List six (6) tasks a medication technician may NOT perform.

4. Identify how the legal and ethical issues affect health care personnel.

5. Identify guidelines to follow to avoid medical/legal problems.

6. Identify situations that would constitute a breach in confidentiality of a resident's protected health information (HIPAA).

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Organizational Structure – Long-Term Health Care Facility

2. HO 2: Abuse and Neglect Reporting.

3. HO 3: Resident's Rights – State of Missouri.

INFORMATIONAL ASSIGNMENT:

Read Lesson Plan 2 prior to class and be prepared to discuss the information presented.

INTRODUCTION:

The term “health care team” is another way of describing the people who join together to assess, develop plans of care, provide care, and re-evaluate residents who require long-term care. The term illustrates that it takes more than one person to provide optimal health care to any resident or group of residents. In this lesson you will learn who makes up the health care team, their specific responsibilities, and the medical/legal aspects of medication therapy.

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OUTLINE:

I. Organizational Structure – Long-Term Health Care Facility (HO 1)

II. Role of the Health Care Team Members Involved in Medication Therapy – governed by state and federal regulations by varying degrees.

NOTE: The organizational structure of a Long Term Care facility may vary from the example provided in this text. The size of the facility and affiliation with a larger healthcare corporation may affect the manner in which the team is set up.

A. Administrator – responsible for all departments within the long term care facility.

1. Responsible for all policies and procedures.

2. Guides the quality assurance process.

3. Responsible for adequate staffing resources.

4. Responsible for lines of accountability.

B. Physician/medical provider – Medical Doctor (MD), Doctor of Osteopathy (DO), Nurse Practitioner (NP), or Physician's Assistant (PA).

1. Performs annual physical exam.

2. Diagnoses the resident.

3. Orders medications and treatments.

C. Pharmacist – allied health professional.

1. Provider role – drug delivery and administration systems. Services include:

a. Labeling.

b. Packaging.

c. Record and audit systems.

d. Accountability of controlled drug supplies and emergency drugs.

2. Consultant role – establish policy concerning drug use, drug regimen review, and in-service education. Services include:

a. Monthly chart review/drug regimen review.

b. Identifying irregularities in drug use.

c. Providing drug information.

d. Serving on committees such as Quality Assurance and Assessment

e. Developing drug use policy.

f. Performing medication pass reviews.

D. Registered Nurse (RN) – allied health professional.

1. Leader of nursing team.

2. Supervises medication technician.

3. Takes and records telephone and verbal orders.

4. Administers parenteral medications.

5. Is an educator.

E. Licensed Practical Nurse (LPN).

1. Supervises medication technician.

2. Takes and records telephone and verbal orders.

3. Administers parenteral medications including IV medications IV certified.

F. Medication technician responsibilities.

1. Meets basic care needs of the residents.

2. Reports and records information related to drug administration.

3. Maintain aseptic conditions by using body substance precautions.

4. Measure vital signs (TPR, B/P, and apical pulse); (refer to CNA manual).

5. Prepare, administer, report, and record medications by the oral, ophthalmic, otic, topical, transdermal patch, respiratory, nasal, vaginal and rectal routes.

6. Safeguard medication preparation and storage area.

7. Count controlled substances (per facility policy).

8. Transcribes orders (per facility policy).

9. Records and removes unused medications from active area.

10. Safeguards medications.

11. Gives simple precautions and directions to residents.

12. Administers oxygen by nasal cannula when the resident has a physician's order for oxygen and after assessment by licensed nurse.

13. Administers inhaled medications using a nebulizer if permitted by facility policy. Due to variances in equipment, the facility must provide the Certified Medication Technician with training on the operation of the nebulizer system(s) being used in the facility prior to their use. Documentation of this training and competency in use of the equipment must be placed in the employee's record.

14. Monitors resident's health status such as vital signs and pain scale scores and reports abnormalities to the licensed nurse.

15. Adheres to facility policies.

NOTE: The Medication Technician may be employed in a Skilled or Intermediate Care facility (SNF/ICF). A CMT cannot set up or administer medications when working in any other setting including but not limited to home care or hospitals.

III. The Medication Technician Does NOT:

A. Inject parenteral drugs with the exception of insulin if insulin certified.

B. Administer bladder instillations.

C. Calculate drug dosages or conversions.

D. Dispose of medications.

E. Administer oxygen by a re-breathing mask or nasal catheter.

F. Administer enteral nutrition, fluids or medications via a feeding tube including but not limited to gastrostomy, jejunostomy, nasogastric (NG) or Nasointestinal (NI) tubes.

IV. Health Care Personnel, Law and Ethics

A. As an employee in the health care occupations, it is important for you to be aware of your legal and ethical responsibilities to prevent medical/legal problems.

B. When you care for residents or have access to their records, you are expected to maintain their confidence and trust. Any violation of the resident's trust and confidence may be defined as an illegal or immoral act.

C. There are certain laws which protect the rights of residents who enter long-term or other health care facilities (HO 2, HO 3). The resident voluntarily signs an admission agreement giving his or her consent for treatment and care.

D. Missouri State Regulations require that each person who has, or may have contact with residents, wear an identification badge while on duty. The badge must give the employee's name, title and if applicable the state of their license or certification as a health care professional. This rule applies to all personnel who provide services to any resident directly or indirectly.

E. Some possible situations for legal problems might be:

1. Assault (threat or harm) – For example telling a resident "If you don't be quiet, I'll tie your hands down."

2. Restraining a resident – All restraints require a physician's order. They are used only as a last resort when the resident could harm himself or others.

3. Gossiping about residents may be defined as "defamation of character" or "defamation by slander."

4. A written entry in a chart such as "the resident was a cross old crackpot today" could be defined as written defamation and "libel."

5. Personal information about residents comes under the classification of "privileged information." Talking about a resident with or around others not directly involved in the resident's care violates the resident's right to confidentiality.

6. In the long-term care facility, a surveyor may want to look at resident's skin. Without the resident's consent or proper screening, this could be an "invasion of privacy."

7. Performing procedures outside the scope of practice of a medication technician or performing procedures that you have not been trained to perform.

8. Documenting procedures or medications prior to actually performing the procedure or administering the medications.

F. As a health care worker, you must become familiar with legal and ethical terms that will assist you in understanding your responsibility and help you uphold your resident's rights.

G. Legal documents or records are accepted in the courts of law as evidence of truth. A resident's chart is a legal document or record. The "signed consent" is a legal record, just as a will is a legal document. The consent must be voluntarily signed in ink by a resident of sound mind. The signing must be witnessed by at least two persons aged 21 or over.

V. Guidelines to Avoid Medical/Legal Problems

1. Maintain good relationships with residents, family members and coworkers.

2. Remember that the resident is your responsibility.

3. Observe the resident's rights and avoid violating them.

4. Prepare all paper work accurately and in a timely manner according to facility policy.

5. Know your lines of authority. Do only those things which you have been trained and supervised to do. Seek assistance from your charge nurse if you are in doubt.

6. Be familiar with and follow facility and pharmacy policies and procedures.

VI. Summary and Conclusion

A. Organizational structure.

B. Responsibilities of the team members involved in medication therapy.

C. Tasks a medication technician may NOT perform.

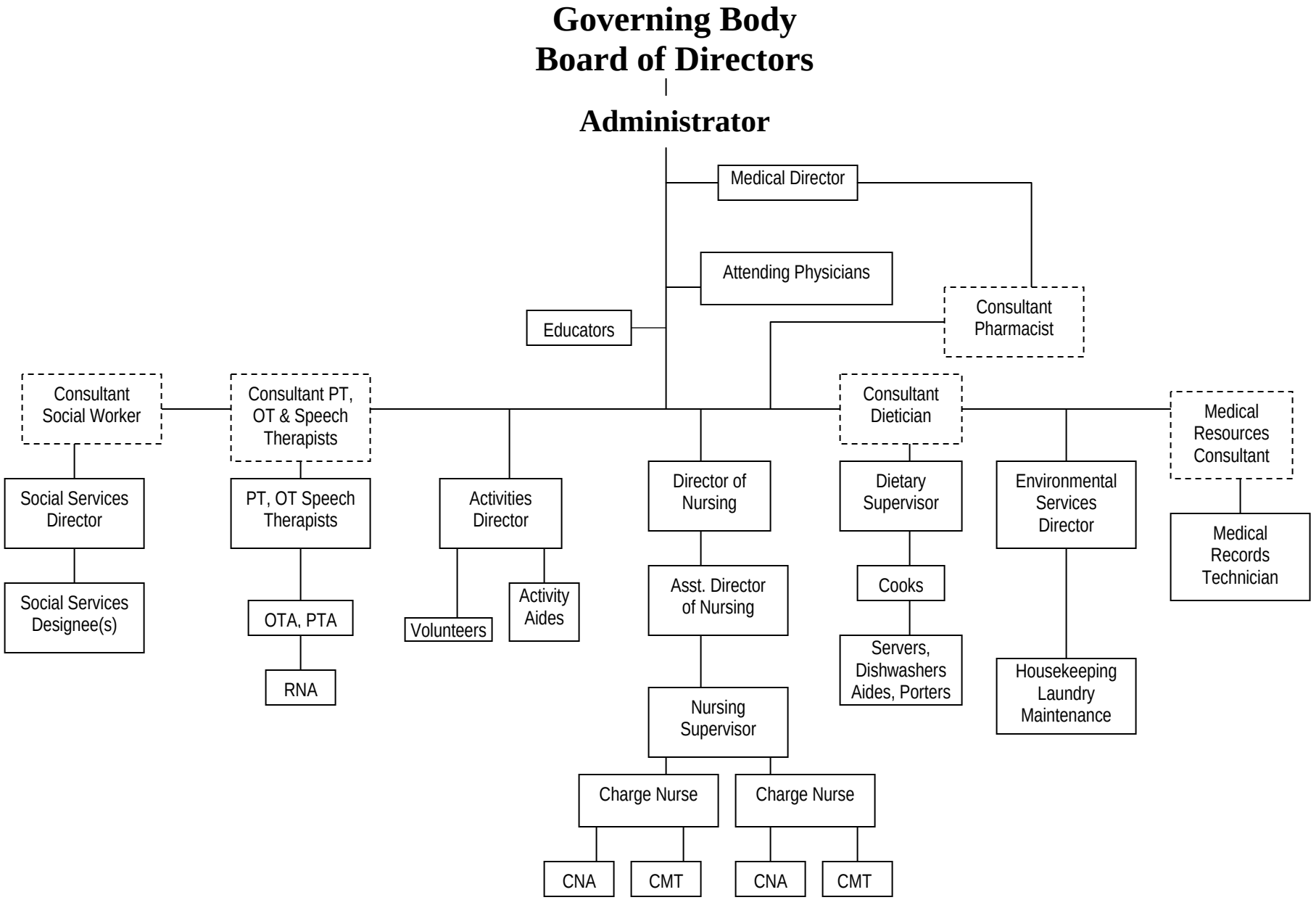
D. Medical/Legal terminology.

E. Legal and ethical issues affecting health care personnel.

F. Guidelines to avoid medical/legal problems.

The next lesson is on state and federal controls.

ORGANIZATIONAL STRUCTURE OF A LONG-TERM CARE FACILITY



ABUSE AND NEGLECT REPORTING

The following is a summary of the Omnibus Nursing Home Act in Section 198.070. It is only a summary of key points specific to the instructor and student of this manual for use in long-term care facilities. For a complete reference, refer to the Missouri Code of State Statues at 198.070.

When any long term care facility employee has reasonable cause to believe a resident has been abused or neglected or financially exploited, the employee shall immediately report or cause a report to be made to the Department of Health and Senior Services.

The report shall contain the name and address of the facility, the name of the resident, information regarding the nature of the abuse or neglect, the name of the person making the complaint, and any other information, which might be helpful in an investigation.

Anyone who fails to make a report or cause a report to be made within a reasonable time after the act of abuse or neglect is guilty of a class (A) misdemeanor.

When the Department of Health and Senior Services receives a report, the department will begin an investigation with in twenty-four hours. The department will notify the resident's next of kin or responsible party of the report and the investigation and will further notify them whether the report was substantiated or unsubstantiated. The department will report substantiated abuse to the appropriate law enforcement agency and prosecutor.

If the investigation indicates possible abuse or neglect of a resident, the investigator shall refer the report to the department director for appropriate action. If the department has reasonable cause to believe that immediate removal is necessary to protect the resident from abuse of neglect, the department will seek to protect the resident by petitioning to have the resident removed for temporary care and protection.

Reports shall be confidential.

Anyone, except any person who has abused or neglected a resident in a facility, who makes a report or who testifies in any administrative or judicial proceeding shall be immune from any civil or criminal liability for making such a report or for testifying. It is a crime for any person to purposefully file a false report of elder abuse or neglect.

Within five working days of making the report, the reporter will receive notice that the investigation was initiated.

No person who directs or exercises any authority in a facility shall evict, harass, dismiss or retaliate against a resident, family member or employee who makes an abuse or neglect report to the department. If the reporter has reasonable cause to believe retaliation is being committed against him or her, the department shall provide information about their rights, protections, and options in these cases.

Any person who abuses or neglects a resident of a facility is subject to criminal prosecution.

The department shall maintain the Employee Disqualification List (EDL) and shall place the names of any persons who are or have been employed in any facility and who have been found to have knowingly or recklessly abused or neglected a resident. A person acts "knowingly" with respect to the person's conduct when a reasonable person should be aware of the result caused by his or her conduct. A person acts "recklessly" when the person consciously disregards a substantial or justifiable risk that the person's conduct will results in serious physical injury and such disregard constitutes a gross deviation from standard of care that a reasonable person would exercise in the situation.

The Missouri Department of Health and Senior Services Elder Abuse and Neglect Hotline phone number is (800) 392-0210.

RESIDENTS RIGHTS - STATE OF MISSOURI

Title 13 - DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30 - Division of Health Standards and Licensure
Chapter 88 – Resident's Rights and Handling Resident Funds and Property in Long-Term Care Facilities

19 CSR 30-88.010 - effective August 28, 2001; amended: filed March 1, 2004 - effective Oct. 30, 2004.

NOTE: Underlined regulations are specific to the duties and responsibilities of certified medication technicians. I, II, and III refer to the class of deficiencies. Class I deficiencies are the violation of which would present either imminent danger to the health, safety, or welfare of any resident, death or serious harm. Class II deficiencies are violations which have a direct or immediate relationship to the health, safety, or welfare of any resident but does not create imminent danger. Class III is deficiencies that have an indirect or a potential impact on any resident.

Requirements for all types of Licensed Long-Term Care Facilities.

The resident has the:

1. The facility shall retain and make available for public inspection at the facility to facility personnel, residents, their families or legal representatives and the general public, a list of names, addresses and occupations of all individuals who have a property interest in the facility as well as a complete copy of each official notification from the Division of Aging of violations, deficiencies, licensure approval, disapprovals, or a combination of these, and responses. This includes, as a minimum, statements of deficiencies, copies of plan(s) of correction, acceptance, or rejection notice regarding the plan(s) of corrections and revisit inspection report. II/III

2. Any notice of noncompliance shall be posted in a conspicuous location along with a copy of the most recent inspection reports, as required by section 198.026(6), RSMo. II/III

3. A copy of the most current Division of Aging rules governing the facility shall be kept available and easily accessible in the facility for review by residents, their families, legal guardians and the public. II/III

4. Each resident admitted to the facility, or his/her guardian or legally qualified representative, shall be fully informed of his/her rights and responsibilities as a resident. These rights shall be reviewed annually with each resident, guardian or legally qualified representative, either in a group session or individually.

5. All incoming and present residents in a facility shall be provided statements of resident rights along with rules governing conduct and responsibilities in a manner

which effectively communicates, in terms the resident can reasonably be expected to understand, those rights and responsibilities. II/III

6. The facility shall document the disclosure of resident's rights information to the resident or his/her legal guardian. III

7. Information regarding resident rights and facility rules shall be posted in a conspicuous location in the facility and copies shall be provided to anyone requesting this information. Informational documents which contain, but are not limited to, updated information on selecting an Alzheimer's special care unit or program shall be given by a facility offering to provide or providing these services to any person seeking information about or placement in an Alzheimer's special care unit or program. III

8. Prior to or at the time of admission and during his/her stay in the facility, each resident shall be fully informed, in writing, of services available in the facility and of related charges, including any charges for services not covered by the facility's basic per-diem rate or federal or state programs. Information shall include procedures to be followed by the facility in cases of medical emergency, including transfer agreements and costs. All residents who receive treatment in an Alzheimer's special care program or unit and their next of kin, designee, legally qualified representative or guardian shall be given a copy of the Alzheimer's Special Care Services Disclosure Form at the time of admission. Residents also shall be informed of services outside the facility which may reasonably be made available to the resident and of any reasonable estimate of any foreseeable costs connected with those services. II/III

9. Prior to or upon admission, each prospective resident or each resident shall be informed of the home and community based services available in this state by providing such resident a copy of the most current Missouri's Guide to Home and Community Based Services, incorporated by reference, or any successor pamphlet as may be incorporated by reference in a subsequent amendment to this section. III

10. Prior to or upon admission and at least annually after that, each resident or guardian shall be informed of facility policies regarding provision of emergency and life sustaining care, of an individual's right to make treatment decisions for him/herself and of state laws related to advance directives for health-care decision making. The annual discussion may be handled either on a group or on an individual basis. Family members or other concerned individuals also shall be informed, upon request, regarding state laws related to advance directives for health-care decision making as well as the facility's policies regarding the provision of emergency or life-sustaining medical care or treatment. If a resident has a written advance health-care directive, a copy shall be placed in the resident's medical record and reviewed annually with the resident unless, in the interval, he/she has been determined incapacitated, in accordance with section 475.075 or 404.825, RSMo. Residents' guardians or health care attorneys-in-fact shall be contacted annually to assure their accessibility and understanding of the facility policies regarding emergency and life-sustaining care. II/III

11. A physician shall fully inform each resident of his/her health and medical condition unless medically contraindicated. If the physician determines the resident's medical condition contraindicates his/her being fully informed of his/her diagnosis, treatment or any known prognosis, the medical record shall contain documentation and justification of this signed by the physician. If there is a legally authorized representative to make health-care decisions, that person shall be fully informed of the resident's medical condition and shall have free access to the resident's medical records for that purpose, subject to the limitations provided by the power of attorney or any federal law. I/II

12. Each resident shall be afforded the opportunity to participate in the planning of his/her total care and medical treatment, to refuse treatment and to participate in experimental research only upon his/her informed written consent. If a resident refuses treatment, this refusal shall be documented in the resident's record and the resident, legal guardian, or both, shall be informed of possible consequences of not receiving treatment. II

13. Each resident shall have the privilege of selecting his/her own physician who will be responsible for the resident's total care. II

14. No resident shall be transferred or discharged except in the case of an emergency discharge unless the resident, the next of kin, the legal representative, the attending physician and the responsible agency, if any, are notified at least thirty (30) days in advance of the transfer or discharge, and casework services or other means are utilized to assure that adequate arrangements exist for meeting the resident's needs. II

15. A resident may be transferred or discharged only for medical reasons or for his/her welfare or that of other residents, or for nonpayment for his/her stay. II

16. No resident may be discharged without full and adequate notice of his/her right to a hearing before the Department of Social Services and an opportunity to be heard on the issue of whether his/her discharge is necessary. Such notice shall be given in writing no less than thirty (30) days in advance of the discharge except in the case of an emergency discharge and must comply with the requirements set forth in 19 CSR 30-82.050. II/III

17. In emergency discharge situations a written notice of discharge and right to a hearing shall be given as soon as practicable. II/III

18. A room transfer of a resident within a facility, except in an emergency situation, requires consultation with the resident as far ahead of time as possible and shall not be permitted where this transfer would result in any avoidable detriment to the resident's physical, mental, or emotional condition. II/III

19. Each resident shall be encouraged and assisted, throughout his/her period of stay, to exercise his/her rights as a resident and as a citizen and to this end a resident may voice grievances and recommend changes in policies and services to facility personnel or to outside representatives of his/her choice. A staff person shall be

designated to receive grievances and the residents shall be free to voice their complaints and recommendations to the staff designee, an ombudsman or to any person outside the institution. Residents shall be informed of and provided a viable format for recommending changes in policy and services. The facility shall assist residents in exercising their rights to vote. II/III

20. The exercise of resident rights shall be free from restraint, interference, coercion, discrimination or reprisal. II/III

21. Each resident shall be free from mental and physical abuse. I

22. The resident has the right to be free from any physical or chemical restraint except as follows:

    (A) When used to treat a specified medical symptom as a part of a total program of care to assist the resident to attain or maintain the highest practicable level of physical, mental or psychosocial well-being. The use of restraints must be authorized in writing by a physician for a specified period of time; or

    (B) When necessary in an emergency to protect the resident from injury to him/herself or to others, in which case restraints may be authorized by professional personnel so designated by the facility. The action taken shall be reported immediately to the resident's physician and an order obtained which shall include the reason for the restraint, when the restraint may be removed, the type of restraint and any other actions required. When restraints are indicated, only devices that are the least restrictive for the resident and consistent with the resident's total treatment program shall be used. I/II

23. In a residential care facility I or II, if it is ever necessary to use a restraint in case of emergency, the resident shall be reevaluated immediately for appropriateness of placement and transferred if necessary. II/III

24. All information contained in a resident's medical, personal or financial record and information concerning source of payment shall be held confidential. Facility personnel shall not discuss aspects of the resident's record or care in front of persons not involved in the resident's care or in front of other residents. Written consent of the resident or legal guardian shall be required for the release of information to persons not otherwise authorized by law to receive it. II/III

25. Each resident shall be treated with consideration, respect and full recognition of his/her dignity and individuality, including privacy in treatment and care of his/her personal needs. All persons, other than the attending physician, the facility personnel necessary for any treatment or personal care, or the Division of Aging or Department of Mental Health staff, as appropriate, shall be excluded from observing the resident during any time of examination, treatment or care unless consent has been given by the resident. II/III

26. No resident shall be required to perform services for the facility. If the resident desires and it is not contraindicated by his/her physician, the resident may perform tasks or services for him/herself or others. II/III

27. Each resident shall be permitted to communicate, associate and meet privately with persons of his/her choice whether on the resident's initiative or the other person's initiative, unless to do so would infringe upon the rights of other residents. The person(s) may visit, talk with and make personal, social or legal services available, inform residents of their rights and entitlements by means of distributing educational materials or discussions, assisting residents in asserting their legal rights regarding claims for public assistance, medical assistance and Social Security benefits and engaging in any other methods of assisting, advising and representing residents so as to extend to them the full enjoyment of their rights. The facility, however, may place reasonable limitations on solicitations. II/III

28. The facility shall permit a resident to meet alone with persons of his/her choice and provide an area which assures privacy. II/III

29. Telephones appropriate to the residents' needs shall be accessible at all times. Telephones available for residents' use shall enable all residents to make and receive calls privately. II/III

30. If the resident cannot open mail, written consent by the resident or legal guardian shall be obtained to have all mail opened and read to the resident. II/III

31. Each resident shall be permitted to participate, as well as not participate, in activities of social, religious or community groups at his/her discretion, both within the facility, as well as outside the facility, unless contraindicated for reasons documented by physician in the resident's medical record. II/III

32. Each resident shall be permitted to retain and use personal clothing and possessions as space permits. Personal possessions may include furniture and decorations in accordance with the facility's policies and shall not create a fire hazard. The facility shall maintain a record of any personal items accompanying the resident upon admission to the facility, or which are brought to the resident during his/her stay in the facility, which are to be returned to the resident or responsible party upon discharge, transfer or death. II/III

33. Each married resident shall be assured privacy for visits by his/her spouse. II/III

34. If both husband and wife are residents, they shall be allowed the choice of sharing or not sharing a room. III

35. Each resident shall be allowed the option of purchasing or renting goods or services not included in the per diem or monthly rate from a supplier of his/her own choice, provided the quality of goods or services meets the reasonable standards of the facility. Freedom of choice of pharmacy shall be permitted provided the facility's policy and procedures for packaging specifications are met. II/III

36. Residents shall not have their personal lives regulated or controlled beyond reasonable adherence to meal schedules and other written policies which may be necessary for the orderly management of the facility and the personal safety of the residents. II

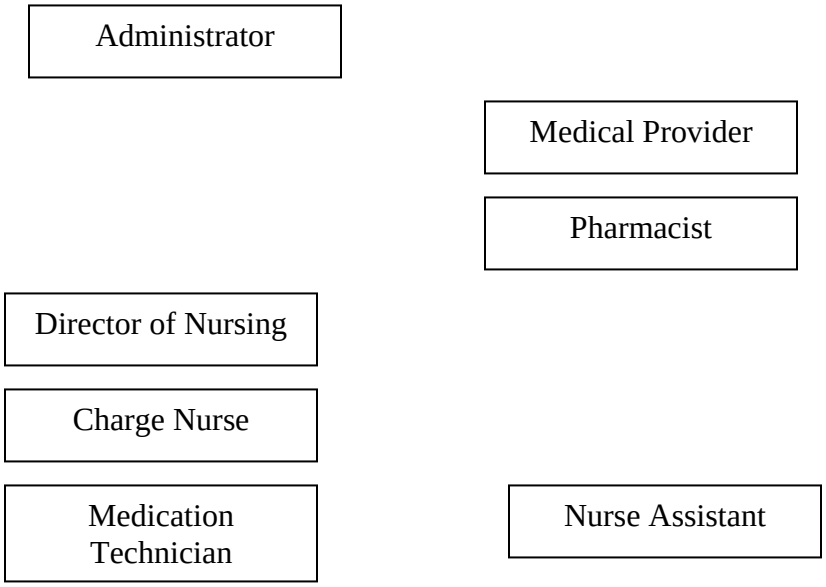
LESSON PLAN: 2

COURSE TITLE: MEDICATION TECHNICIAN

UNIT: I INTRODUCTION

EVALUATION ITEMS:

1. Trace the lines of authority.



Match the following occupations and primary responsibilities.

____ 2.	Leads the nursing team.	a.	Medication Technician
____ 3.	Gives orders to initiate drug therapy.	b.	Pharmacist
____ 4.	Labels and packages medications.	c.	Medical Provider
____ 5.	Prepares and administers non-parenteral medications only.	d.	Registered Nurse
		e.	Administrator
____ 6.	Is responsible for all departments in the facility.		

Circle the letter of the best answer.

7. Who would you contact first if you have a question about a resident's reaction to a medication?

   a. Certified Nurse Assistant.
   b. Pharmacist.
   c. Physician.
   d. Charge Nurse.

8. Select the statement that includes responsibilities the medication technician CANNOT do.

    a. Prepares and administers oral medications, transcribes orders, and inventories drugs.
    b. Safeguards medications, maintains aseptic technique, and administers eye drops.
    c. Administers oxygen by re-breathing mask, injects parenteral drugs, administers bladder instillations, and disposes of medications.
    d. Applies ointments, records drugs administered, reports information related to drug administration, and reorders medication from the pharmacy.

9. Telling a resident “If you don’t be quiet, I’ll tie your hands down” is an example of____ .

    a. assault
    b. defamation of character
    c. libel
    d. invasion of privacy

10. Which of the following guidelines will help you to avoid medical/legal problems?

    a. remembering that the resident is the nurse’s responsibility
    b. violating resident rights
    c. performing any task the resident or family asks you to
    d. being familiar with facility and pharmacy policies and procedures