

BUREAU OF HEALTH CARE QUALITY AND COMPLIANCE
POLICY AND PROCEDURE MANUAL

SECTION: APPROVAL OF MEDICATION CURRICULUM AND INSTRUCTOR

APPROVED BY: _____

TRANSMITTAL # _____

DATE: _____

EFFECTIVE DATE: _____

PURPOSE: To provide guidance and oversight to the Medication Management Training Program.

Regulatory Basis:

Nevada Administrative Code (NAC) 449.196 (3) (a)-(d), derived from Nevada Revised Statutes (NRS) 449.037(6)(e), authorizes the Bureau of Health Care Quality and Compliance (HCQC) to approve Medication Management curricula and instructors for the purpose of providing training for caregivers working in residential facilities for groups who administer medications to residents. Whereas it is the intent of the Bureau to review and approve curricula and instructors in a standardized manner, and with regard to important course content and effective adult education techniques, the following procedures were developed and will be utilized to evaluate curricula and monitor instructors.

I. Curriculum Approval

A. Application Process

Any individual or organization interested in providing Medication Management Training will be provided an application form (Attachment A, page 1), the protocols for obtaining approval (Attachment A, page 2) and a list of the minimum topics that must be included in the curriculum (Attachment A, pages 3-5).

B. Application Submittal

1. Upon receipt of an application, a designated HCQC staff member will review the application for content, using the application checklist (Attachment A, page 2) to ensure the following:
 - a. The application is filled in appropriately.
 - b. All the material indicated above has been submitted.
2. If any component of the application is missing, it will be marked "incomplete" and returned to the applicant indicating information that is missing.
3. If the application is complete, a designated HCQC staff member will review the curriculum.

C. Curriculum Review and Approval

1. The curriculum will be reviewed to make sure all the required topics are included. The Medication Management Curriculum Review form will be utilized (Attachment A, pages 3-5).
2. Once HCQC is satisfied that the training will meet the needs of the caregivers/medication technicians, HCQC will provide written approval of the curriculum and instructor(s) to the course coordinator. Approval will be granted for two years.
3. If the curriculum is approved the following will be sent electronically to the course coordinator:
 - a. A letter of approval (Attachment B).
 - b. A certificate with the assigned course number using the approval date and a sequential number (Attachment C)
 - c. A preformatted attendance roster spreadsheet (Attachment D).
 - d. A template of training certificates (Attachment E pages 1-3).
 - e. The HCQC approved examinations, answer keys and grading sheets.
4. The application packet will be retained by HCQC.
5. Changes made to a curriculum during the two-year approval period must be submitted to HCQC for review.
6. At the end of the two-year approval period, the curriculum must be re-evaluated and re-approved.

D. Curriculum Re-approval

The initial curriculum approval is valid for a period of two years. At the end of the two year period, the curriculum must be re-evaluated and re-approved by HCQC via the following process:

1. HCQC will send a reminder letter for Curriculum Re-approval and Medication Management Re-evaluation form (Attachment F, pages 1-4), and the application for re-approval form (Attachment A, pages 1-2), no later than 60 days prior to expiration date.
2. The course coordinator or their designee will complete the re-approval form and submit the packet to HCQC for review.
3. Upon receipt of the re-approval packet, a designated HCQC staff member will review the form to ensure the curriculum and instructor(s) meet the requirements set forth in Section I, Curriculum Approval and Section II, Instructor Approval.
4. If the training program is re-approved, the following will be sent electronically to the course coordinator:

- a. A letter of re-approval (Attachment B).
 - b. A certificate with a new course number using the re-approval date and a sequential number (Attachment C).
 - c. The renewal form will be retained by HCQC.
5. If HCQC determines additional information and/or clarification is necessary in order to process the curriculum re-approval, a designated staff member will contact the course coordinator to attempt resolution.
 6. If the curriculum re-approval is denied and determined not to meet HCQC criteria, a letter of denial will be sent to the course coordinator (Attachment G).
 - a. The course coordinator will have 30 days to resubmit a revised curriculum for approval.
 - b. If the course coordinator is unable to provide an acceptable curriculum within 30 days, the course coordinator may resubmit an application no less than 1 year from the course expiration date.

E. Curriculum Denial

If the curriculum is determined not to meet the HCQC criteria, a letter of denial will be sent to applicant (Attachment G).

- a. The applicant will have 30 days to resubmit a revised curriculum for approval.
- b. If the applicant is unable to provide an acceptable curriculum within 30 days, the applicant may resubmit an application no less than 1 year from the original application date.

F. Curriculum Quality Assurance/Monitoring

1. The individual or organization presenting the curriculum must provide a roster of participants who completed the training and passed the course examination.

A preformatted attendance roster spreadsheet will be provided to the course coordinator (Attachment D). The course coordinator will complete and submit the attendance roster electronically to HCQC within 10 days of training. The roster of participants will be electronically transferred to a master spreadsheet that will allow data sorting for report generation.

3. The course coordinator will retain the participant post-training evaluation questionnaires for a period of 5 years. HCQC may request to review the post training evaluation as part of the quality assurance process.
3. An HCQC representative may attend the training program at any time unannounced, to verify the training is being presented as approved. The HCQC representative will present a DPBH ID badge. A curriculum audit form will be utilized (Attachment H, page 1).

II. Instructor Certification

Effective January <date> 2016, all existing and new instructors will be certified by HCQC.

A. Application Process

Any individual applying for instructor certification in order to teach Medication Management must meet the following requirements.

1. Qualifications:

- a. Licensed healthcare professional – MD, DO, PA, NP, RN, LPN
- b. OR must meet all of the following requirements:
 - 3-years' verifiable experience administering medications in a medical or non-medical facility
 - Must own or have authorized use of an approved medication management curriculum
 - Has completed the 16 hours and/or 8 hours of Medication Management class in the past twelve months and can provide evidence of completion.
 - Has the ability to speak, read, write and teach the entire course in English

B. Application Submission

The instructor application may be submitted as part of the curriculum application or independently if the course coordinator wishes to add instructors.

1. The applicant must submit the following information to HCQC for review and approval:
 - a. Application form (Attachment I)
 - b. Resume
 - c. Copy of license and/or certificate of instruction
 - d. Any information relevant to teaching experience
 - e. Copy of the Medication Management certificate – 16 hours and/or 8 hours
2. If any item of the application is missing, it will be marked “incomplete” and returned to the course coordinator indicating information that is missing.
3. If the application is complete, a designated HCQC staff will review the information provided and will determine if the applicant meets all requirements in Section A. 1.
4. HCQC staff will conduct an assessment of the applicant’s knowledge of medication-related regulations and presentation skills, using a standardized questionnaire, either in person or via teleconference. The applicant must achieve a passing score of 80%. (Attachment J – For HCQC Use Only)

C. Instructor Approval

1. HCQC staff will review the instructor’s application and determine if the applicant meets all requirements.
2. Once the applicant is approved, HCQC will provide the following to the instructor:
 - a. A letter of approval (Attachment K)

- b. An instructor certificate which will include the instructor ID number, date certified, and date of expiration. (Attachment L)
- c. The instructor certification is valid for two years and must be renewed prior to the expiration date.

D. Instructor Denial

If the instructor is determined not to meet the HCQC criteria:

1. A letter of denial will be sent to the applicant (See Attachment M).
2. The application will be retained by HCQC.

E. Instructor Recertification

Before the end of the two-year certification the course coordinator or instructor will submit the following to HCQC no later than thirty days before expiration date:

1. Instructor Recertification packet must include the following:
 - a. Instructor Application for Recertification form (Attachment I).
 - b. Updated resume and copy of any new license or certificate of instruction.
 - c. Any additional information relevant to teaching experience.
2. A designated HCQC staff will review the recertification packet and determine if the instructor meets the requirements for recertification set forth in Section 1. a. through c.
3. The recertification determination will include a review of the instructor's performance as described in the section labeled Instructor Quality Assurance Monitoring (See Section II, F.1. a.-f.).

F. Instructor Quality Assurance Monitoring

To ensure Medication Management instructors meet the training needs of caregivers who administer medications to residents, HCQC will conduct the following monitoring:

1. The instructor and caregiver accountability may include:
 - a. During an onsite licensure survey or complaint investigation, the inspector may review the facility's medication administration practices and may focus on:
 - Medications not administered according to physician's instructions
 - Routine and/or "as needed" (PRN) medications not readily available onsite
 - Missed doses of routine and/or PRN medications
 - Medication label different from physician's order
 - Unreconciled missing medications
 - Other medication-related deficient practices
 - b. If a deficient practice is identified, the inspector will attempt to establish the responsible caregiver/medication technician by identifying the initials on the Medication Administration Record (MAR), and/or by reviewing the facility's staff schedule, and/or by the administrator's confirmation. The HCQC inspector will obtain a copy of the caregiver's most recent Medication Management training

certificate, which should include the caregiver's name, date of training, course number, instructor's name and/or instructor's signature.

- c. The inspector may administer an onsite examination to the caregiver responsible for the deficient practice. (Attachment N – For HCQC Use Only)
- d. The deficient practice may be identified in the Statement of Deficiencies (SOD) in accordance with NAC 449 medication-related regulations.
- e. The instructor will be notified about the deficiency by a letter. A copy of the SOD and employee roster will be included. (Attachment O).
- f. Using the attendance roster spreadsheet, the caregiver responsible for the deficient practice and his/her corresponding instructor will be identified.
- g. One caregiver will equal one point against the instructor. The number of points may come from different facilities at any given time.
- h. The following disciplinary actions may be applied:

- | | |
|----------------|--|
| 1 – 3 points | Instructor will provide the 8-hour Medication Management refresher course to the caregiver(s) at instructor's expense. The instructor may be asked to provide a schedule of their upcoming Medication Management class. |
| 4 – 6 points | Instructor will receive a written warning and will provide the 8-hour Medication Management refresher course to the caregivers at instructor's expense. The instructor may be asked to provide a schedule of their upcoming Medication Management class. |
| 7 – 10 points | Instructor's certificate will be suspended for six months. Caregivers will retake the 8-hour Medication Management refresher course with a different instructor, at caregiver's expense. |
| Over 10 points | Instructor's certificate will be suspended for one year. Caregivers will retake the 8-hour Medication Management refresher course with a different instructor, at caregiver's expense. |

Or

A medication-related deficiency at Severity 3 and 4 will result in the immediate revocation of the instructor's certificate. The instructor may be allowed to submit a new application for certification after one year from date of revocation.

The caregiver's 8-hour Medication Management certificate will be identified as a "remedial" instead of "refresher" course.

If on another survey, the caregiver who completed a remedial course was identified with repeated deficient practice, the caregiver will no longer be allowed to administer medications for a period of one year from the date of survey. The facility may decide if the same caregiver may be allowed to administer medications after one year.

HCQC will maintain a database of disciplinary actions imposed on instructors, and will be reviewed for instructor recertification. (Attachment P)

2. An HCQC representative may attend the training program at any time unannounced, to verify the training is being presented as approved. The HCQC representative will present a DPBH ID badge. An Instructor Audit form may be utilized (Attachment H, page 2).
3. The course coordinator must notify HCQC of any instructors removed from the program within 10 days.
4. The course coordinator will retain the instructor post training evaluation questionnaires for a period of 5 years. HCQC may request to review the post training evaluation as part of the quality assurance process.

**STATE OF NEVADA
DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
BUREAU OF HEALTH CARE QUALITY AND COMPLIANCE**

**APPLICATION FOR APPROVAL OF
MEDICATION MANAGEMENT CURRICULIM - 16 HOURS**

APPLICATION: Initial Approval Re-approval

Please Print:

Course Coordinator: _____

Agency/Organization: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Email: _____

Curriculum Title: _____

Training Location: _____ (if available)

Training Length of Time: _____ (must be minimum 16 hours)

Note: This request must be submitted to HCQC at least **60 days** prior to the anticipated start date or approval expiration date. A course outline detailing topics and instructors must be submitted with this request.

COURSE COORDINATOR: I will be responsible for the instruction and presentation of the above course. I understand that any omission of required information or misrepresentation will result in denial of approval. Failure to provide class rosters within the time allowed may result in revocation of approval.

Print Name

Signature

Date

PROTOCOL FOR OBTAINING CURRICULUM APPROVAL

In order to obtain approval for a Medication Management curriculum, it is necessary to submit a completed application to the Bureau of Health Care Quality and Compliance (HCQC). The application must be submitted at least **60 days** prior to the anticipated start of training date. All applications must be submitted on the form supplied by HCQC.

****INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE COURSE COORDINATOR****

***** PLEASE DO NOT COPY ANOTHER TRAINER'S PROGRAM WITHOUT PERMISSION*****

Applications must include:

- 1 Name, address and telephone number of course coordinator
- 2 Statement of course objectives
- 3 Title and outline of each topic and all material to be presented.
- 4 Length of training time for each topic.
- 5 A copy of handouts, videos, or graphical training aids that will be used in the training program.
- 6 Signature of the course coordinator.
- 7 Names of instructors for each topic to be presented, if applicable.
- 8 For each instructor, provide the required information listed in Section II, A. and B. of the policy.
- 9 Copy of curriculum and instructor post training evaluation questionnaire to be completed by the participant/trainee.
- 10 The curriculum for Medication Management must cover the topics outlined in Attachment A, pages 3-5.

All Medication Management curriculum must have written approval from HCQC prior to start of training.

MEDICATION MANAGEMENT CURRICULUM REVIEW

Below is a list of topics that must be included in the curriculum. The course coordinator or curriculum developer may or may not follow the same order of topics to be presented. This list will be used for evaluating the curriculum submitted for approval.

- A. NRS and NAC concerning medication management in detail (NRS. 449.037 (6) and NAC 449.2742-NAC 449.2748). The regulations may be imbedded throughout the training relevant to the topic being presented.

- B. Medication Technician:
 1. Duties and responsibilities
 2. Can and cannot do

- C. General Information:
 1. Common abbreviations used by physicians and pharmacists for medication prescription/instructions.
 2. Facility's Medication Plan – protocols, policies and procedures for:
 - a) ordering new prescriptions
 - b) re-ordering current prescriptions,
 - c) requesting refills,
 - d) medication safe storage and handling – oral, topical, suppositories, ophthalmic
 - e) medication destruction
 - f) medication delivery log
 3. Common medication types and what they are for; generic and brand name: statin drugs, blood thinners, nitroglycerin, laxatives, antihistamines, antibiotics, bronchodilators, diuretics, anti-hypertensives, analgesics, anti-depressant, anti-anxiety, sedative/hypnotic, anti-psychotic, anti-ulcer, anti-osteoporosis, eye drops, ear drops, etc.
 4. Commonly prescribed controlled substances/medications (in residential care)
 5. Types of orders a physician may give – routine, PRN, single (one-time), STAT, hold, change, discontinue.
 6. Different routes medication can be administered – Allowed; not allowed
 - a) Oral
 - b) Sublingual
 - c) Transdermal
 - d) Topical
 - e) Otic (ear)
 - f) Ophthalmic (ocular)
 7. Medication packaging types – bottles, bubble packs, blister packs, patches, etc.
 8. Medication forms – tablet, capsule, cream, elixir, enteric coated tablet, fast-dissolving tablet, gelcap, powdered, inhaler, ointment, solution, suspension, transdermal patch.

9. Allergies, drug interactions, contraindications, side-effects, adverse reaction and toxicity
- D. How to read the label on medications.
- E. Doctor's Order:
1. Importance of following the instructions as they are written on a label of medication.
 2. Importance of administering medications as prescribed, as it relates to the therapeutic medication levels in the bloodstream.
 3. Importance of having over the counter medications, dietary supplements and any other substances approved by the physician prior to the resident receiving them.
 4. How to determine the schedule of administration based on physician's instructions.
- F. Medication Administration:
1. Ultimate User Agreement
 2. Resident's rights concerning medication administration
 3. Six Rights of medication administration – right resident, right drug, right dosage, right time, right route, and right record/documentation
 4. Three checks prior to administration
 5. When a pill can be cut and the proper way to cut a pill
 6. When a pill can be crushed and how to crush a pill properly
 7. When a liquid medication can be given and how to measure liquid medication accurately
 8. Antibiotic therapy and therapeutic serum levels
 9. Situation when a caregiver can provide treatments such as antibiotic cream and other topical solutions to a resident without a physician's order
 10. How to determine a resident's need for "as needed/PRN" medications.
- G. Medication Administration Record (MAR) - Documentation of...
1. Routine medication administration
 2. PRN medication administration
 3. Change order of medications
 4. Discontinued medications
 5. Medication refusals; necessary notifications to physician, family, guardian, etc.
 6. Resident out of the facility (hospital, with family member, etc.)
 7. What to do if/when a mistake is made in administration of medication
- H. Changes in a resident's condition that should be reported to a physician; signs and symptoms of allergic reaction
- I. What constitutes an emergency that warrants a 911 call
- J. Caring for residents with special needs:
- 1) How to assist residents with oxygen – concentrator, portable O2 tanks
 - 2) Residents with two types of diabetes as related to medications

- 3) Residents with dementia, its various symptoms, types and treatments; ie. Alzheimer's disease, vascular dementia, as they relate to medications
 - 4) Residents with Parkinson's disease and treatments as related to medications
 - 5) Dealing with "troubling behavior" of residents and noting behavior changes as related to medications
 - 6) Residents with renal dialysis, as related to medications and diet
 - 7) How to assist residents with asthma and treatments such as nebulizer
 - 8) Managing and assisting residents in self-administering medications
- K. How to prevent disease transmission, hand washing, appropriate actions when exposed to blood borne pathogens
- L. Finding information about medications

COMPETENCY DEMONSTRATION:

1. Hand washing
2. Putting on and taking off gloves
3. Pouring medication and passing to a "dummy" resident while practicing the 3 Checks and 6 Rights.
4. Assisting with oral, sublingual, topical (patches, creams/lotions/other solutions)
5. Assisting with eye drops, ear drops, nose drops/spray, inhalers
6. Cutting, crushing medications
7. Reading/interpreting a prescription label
8. Labeling OTC meds and nutrition supplements
9. Controlled substances counts
10. Storing external properly
11. Documenting on MAR – routine and PRN
12. Documenting a "DC" order
13. Completing an Incident Report documenting a medication error
14. Filling out Medication Destruction Log/Form
15. Filling out Medication Delivery Log
16. Filling out Resident Missed/Refused Form to be sent to the physician
17. Changing the order on MAR and bottle
18. How to discard unused medications

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Governor

RICHARD WHITLEY, MS
Director



CODY PHINNEY
Administrator

TRACEY D. GREEN, MD
Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
4220 S. Maryland Parkway, Suite 810, Bldg. D, Las Vegas, NV 89119
Telephone: (702) 486-6515 · Fax: (702) 486-6520
dph.nv.gov

<DATE>

<Medication Mgt CurriculumName>
< Proctor/trainer>
<St Address>
<City>, NV <ZIP>

Dear < >:

The curriculum for Medication Management submitted to the Bureau Health Care Quality and Compliance (HCQC) has been approved <re-approved>.

The course number assigned to your program is <. Please include this number in all correspondence and course material. This number is utilized by HCQC to identify your approved curriculum.

The approval by HCQC is valid for a period of two years. You will be required to re-apply prior to your expiration date of <.

After completion of each course, the course coordinator must retain the following documentation for a period of five years after training:

- Copies of sign in sheets
- Copies of the attendance roster
- Indication of pass or fail for each attendee

The course coordinator must submit the attendance roster electronically to <email address> at HCQC within 10 days of conducting a training class.

An HCQC representative may attend the training at any time unannounced, to verify the training is being presented as approved. For official identification, the HCQC representative will present a Nevada State Division of Public and Behavioral Health, HCQC ID badge.

If you have any questions concerning the instructions contained in this letter, please call (702) 486-6515.

Please retain this letter for your records.

Sincerely:

<, Health Facilities Inspector
For: Kyle Devine, M.S.W., Bureau Chief

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
THE BUREAU OF HEALTH CARE QUALITY & COMPLIANCE

Certify to all that

Name

Has successfully completed the requirements for
Approved Medication Management Curriculum
in accordance with the BHCOC Policy and Procedure.

Course Title

Course #

Location of Class or "Various Facilities"

Course Coordinator

Signature

Certification Date

Expiration Date

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
THE BUREAU OF HEALTH CARE QUALITY & COMPLIANCE

<Instructor(s)>

Certify to all that

Name

Has successfully completed the initial Medication Management Training (16 hours)
and passed the approved examination as required by NAC 449.196(3)(a)(d)

Course Title

Course #

Instructor's Name

Signature

Instructor's ID #

Completion Date

Score

Expiration Date

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THE BUREAU OF HEALTH CARE QUALITY & COMPLIANCE

<Instructor(s)>

Certify to all that

Name

Has successfully completed the annual Medication Management Training (8 hours)
and passed the approved examination as required by NAC 449.196(3)(b)(d)

Course Title

Course #

Instructor's Name

Signature

Instructor's ID #

Completion Date

Score

Expiration Date

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THE BUREAU OF HEALTH CARE QUALITY & COMPLIANCE

<Instructor(s)>

Certify to all that

Name

Has successfully passed the approved Medication Management refresher examination
as required by NAC 449.196(3)(b)

Course Title

Course #

Instructor's Name

Signature

Instructor's ID #

Completion Date

Score

Expiration Date

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Telephone: 702-486-6515, Fax: 702-486-6520
www.dpbh.nv.gov

<DATE>

<Program>

<Trainer>

<Address>

<City, State, Zip>

Dear <Trainer>:

Enclosed is a Medication Management Curriculum Re-evaluation form. The curriculum approval by HCQC is valid for a period of two years. You will be required to re-apply prior to your expiration date of <Date>. Currently, the re-application process consists of submitting the enclosed Medication Management Curriculum Re-approval Application and Re-evaluation form. They must be completed and returned to our office no later than 30 days prior to the curriculum's expiration date. The form will be reviewed by HCQC, and if approved, an approval letter will be mailed to you with the new course number.

The current course number assigned to your curriculum is <Course Number>. Please include this number on all correspondence and course materials. This number is utilized by HCQC to identify your curriculum.

An HCQC representative may attend the training program at any time unannounced, to verify the training is being presented as approved. For official identification, the HCQC representative will present a Nevada State Division of Public and Behavioral Health ID badge.

If you have any questions concerning the instructions contained in this letter, please call (702) 486-6515.

Please retain this letter for your records.

Sincerely:

◇, Health Facilities Inspector

◇, Health Facilities Inspector

For: Kyle Devine, M.S.W., Bureau Chief

STATE OF NEVADA

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RICHARD WHITLEY, MS
Director



CODY PHINNEY
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Medication Management Curriculum Renewal Re-evaluation

Please complete the following form and return it to our office in person, by mail or by fax no later than 30 days prior to the course expiration date. The phone number is 702-486-6515. The fax number is 702-486-6520. Please address it to the attention of ◊ or ◊.

Curriculum Name: _____

Address: _____

Phone Number: _____ Email: _____

List all Instructors: _____

1) Are you using your own curriculum or a purchased curriculum? _____

2) Are you planning on continuing with your past approved curriculum?

3) Where are you teaching your medication course? _____

4) What teaching method are you using for the 16 hours and the 8 hour course (lecture, on-line, etc.)? _____

5) What is your training method for the practical? _____

6) How are you proctoring the examinations? How are you rotating the examinations?

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Telephone: 702-486-6515, Fax: 702-486-6520
www.dpbh.nv.gov

<DATE>

<Curriculum Applicant>
<Address>
<City, State, Zip>

Dear <Curriculum Applicant>:

Your application for a Medication Management Curriculum submitted to the Bureau of Health Care Quality and Compliance (HCQC) for <initial approval> <reapproval> has been denied for the following reasons:

- The initial curriculum application/curriculum re-evaluation form was incomplete: _____
- The curriculum did not meet the required qualifications: _____
- Other: _____

If you wish to reapply for curriculum approval, you may do so after ____ <days> <months> from the date of this letter.

If you have any questions concerning the instructions contained in this letter, please call (702) 486-6515.

Please retain this letter for your records.

Sincerely:

<Inspector Name>, Health Facilities Inspector II
For Kyle Devine, M.S.W., Bureau Chief

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
BUREAU OF HEALTH CARE QUALITY AND COMPLIANCE**

Curriculum Audit

COURSE TITLE _____

COURSE NUMBER _____ INSTRUCTOR: _____

DATE: _____ START TIME _____ END TIME _____ [] 16 hours [] 8 hours

Rating Scale:
 5 = Definitely Agree
 4 = Somewhat Agree
 3 = Neither Agree nor Disagree
 2 = Somewhat Disagree
 1 = Definitely Disagree
 0 = Not applicable.

Enter Rating	CRITERIA
	1. The class started on time.
	2. The curriculum included all required topics.
	3. The regulations were presented clearly and were relevant to the topic being discussed.
	4. All regulations related to medication management were covered.
	5. The training materials were easy to follow and understand.
	6. Realistic examples were presented and were relevant to the topic being discussed.
	7. The videos were interesting and were viewed for just the right length of time.
	8. All participants were given enough time for hands-on competency evaluation.
	9. The class was adjourned after the expected length of time – 16 hours or 8 hours
	10. Additional observations/comments.

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BUREAU OF HEALTH CARE QUALITY AND COMPLIANCE**

Instructor Audit

COURSE TITLE _____

COURSE NUMBER _____ INSTRUCTOR: _____

DATE: _____ START TIME _____ END TIME _____ [] 16 hours [] 8 hours

Rating Scale:
 5 = Definitely Agree
 4 = Somewhat Agree
 3 = Neither Agree nor Disagree
 2 = Somewhat Disagree
 1 = Definitely Disagree
 0 = Not applicable.

Enter Rating	CRITERIA
	1. The instructor spoke clearly and at the right speed.
	2. The instructor followed the sequence of topics as outlined in the curriculum.
	3. The instructor presented the medication management <u>regulations</u> clearly and kept the participants interested and engaged.
	4. The instructor explained each topic in a clear and organized manner.
	5. The instructor was knowledgeable and professional.
	6. The instructor encouraged the participants to ask questions and interact with each other.
	7. The instructor presented the videos following the order in the curriculum.
	8. The instructor gave participants enough time for hands-on competency evaluation.
	9. After the training, I felt I know everything to do my job well and keep residents safe.
	10. The entire training was presented in English.
	11. Additional observations/comments

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DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
BUREAU OF HEALTH CARE QUALITY AND COMPLIANCE**

APPLICATION FOR INSTRUCTOR CERTIFICATION/RECERTIFICATION

APPLICATION: Initial Certification Recertification

Please print:

Applicant: _____

Agency/Organization: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Email: _____

Curriculum Title: _____

Training Location: _____ (if applicable)

Note: This request must be submitted to HCQC at least 60 days prior to the anticipated start of training date or certification expiration date.

INSTRUCTOR APPLICANT: Please include the following to this application form:

- Current/updated resume
- Copy of license and/or certificate of instruction
- Copy of the Medication Management training certificate.
- Any additional information relevant to teaching experience.

By signing below, I attest that all information provided is true and verifiable. Any omission of required information or misrepresentation will result in denial of certification. Failure to submit the application for recertification within the required timeframe will result in delay of recertification.

Print and Sign

Date

STATE OF NEVADA

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director



CODY PHINNEY
Administrator

TRACEY D. GREEN, MD
Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
BUREAU OF HEALTH CARE QUALITY AND COMPLIANCE
4220 S. Maryland Parkway, Suite 810, Bldg D, Las Vegas, NV 89119
Telephone: 702-486-6515, Fax: 702-486-6520
dpbh.nv.gov

<Date>
<Instructor>
<Street Address>
<City, NV, Zip>

Dear < >:

Congratulations! Your application for Medication Management Instructor has been approved. Your approval is valid for two years and must be renewed prior to the expiration date.

Your Identification Number is <_____>. Please include this ID number on all certificates and correspondence. This number will be utilized by HCQC to identify your certification and authorization to provide training. Your ID number will also be used for report generation purposes.

After each class, you or your course coordinator (if applicable), will submit the electronic attendance roster to HCQC within 10 days of the class date following a standard format.

An HCQC representative may attend the training at any time unannounced, to verify the training is being presented as approved. For official identification, the HCQC representative will present a Nevada State Division of Public and Behavioral Health, HCQC ID badge.

If you have any questions concerning the instructions contained in this letter, please call <775-684-1030> <702-486-6515>.

Sincerely,

◇, Health Facilities Inspector
For: Kyle Devine, M.S.W., Bureau Chief

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
THE BUREAU OF HEALTH CARE QUALITY & COMPLIANCE

Certify to all that

Name

Has successfully completed the requirements for
Medication Management Instructor
in accordance with the BHCQC Policy and Procedure.

Course #

Course Title

Instructor's ID #

Signature

Expiration Date

Instructor's Name

Certification Date

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<DATE>

<Instructor Applicant>
<Address>
<City, State, Zip>

Dear <Instructor Applicant>:

Your application for Medication Management Instructor submitted to the Bureau of Health Care Quality and Compliance (HCQC) for <initial certification> <recertification> has been denied for the following reasons:

- The instructor did not meet the required qualifications.
- The application did not include the resume and copy of license and/or certificate of instruction.
- The instructor was received adverse action due to regulatory violation(s) by their attendees.

If you wish to reapply for a recertification, you may do so after ____ months from the date of this letter.

If you have any questions concerning the instructions contained in this letter, please call (702) 486-6515.

Please retain this letter for your records.

Sincerely:

<Inspector Name>, Health Facilities Inspector II
For Kyle Devine, M.S.W., Bureau Chief

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<DATE>

<Instructor>

<Address>

<City, State, Zip>

DEFICIENCY NOTIFICATION

Dear <Instructor>:

A <licensure survey> <complaint investigation> was conducted at <facility name> on <survey exit date>. A deficient practice in medication administration was identified and is reported in the attached Statement of Deficiencies (SOD). It was established the caregiver(s) responsible for the deficient practice <was> <were> <caregiver's name>.

In accordance with the BHCQC Policy and Procedure Manual on Approval of Medication Curriculum and Instructor, effective <date>, you are required to provide the 8-hour Medication Management refresher course to the above caregiver. On their certificate, please specify that they completed a "remedial" class instead of a "refresher" class.

If you have any questions concerning the instructions contained in this letter, please call (702) 486-6515.

Please retain this letter for your records.

Sincerely:

<Inspector Name>, Health Facilities Inspector II
For Kyle Devine, M.S.W., Bureau Chief

Encl: # Pages of the SOD
Page Employee Roster

