Rising Stars: Exploring the Surge of Certified Medication Aides

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About Me

- Licensed Nursing Home Administrator, Certified Exec. for Assisted Living, and Certified Dementia Practitioner
- Spent 8+ years in operations in Skilled Nursing centers and Assisted Livings
- Developed LeaderStat's Certified Medication Aide Training Program
- Provided assistance to many centers across the state on implementing the use of medication aides into their staffing profiles

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Objectives

Understand the Role of Medication Aides: Gain a comprehensive understanding of the responsibilities and scope of practice for medication aides in residential care settings.

Analyze the Increase in Utilization: Explore the factors contributing to the growing reliance on medication aides, including workforce shortages, cost considerations, and regulatory changes.

Examine Benefits and Challenges: Discuss the benefits of employing medication aides, such as improved medication management and enhanced resident care, as well as the challenges, including training requirements and supervision needs.

Best Practices for Integration: Learn best practices for effectively integrating medication aides into the clinical team, ensuring they are supported and utilized to their full potential.

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Regulatory Changes: *SB 144*

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Senate Bill 144- *Important Changes*

Intent: "to make it easier to become a certified medication aide and to expand medication aides' scope of practice with the goal of growing the number of medication aides employed in Ohio's SNFs and RCFs."

- Reducing training hours from 120 to 30
- Removing the entrance requirements of being a nurse aide or having one year of experience as a caregiver
- Allowing training programs to administer the exam
- Expanding the medication aide scope of practice

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Senate Bill 144- *Important Changes*

- Changing the accepted acronym from "MA-C" to "CMA"
- Eliminating Board of Nursing disciplinary procedures, instead requiring CEUs and no findings of abuse, neglect, or misappropriation
- Requiring OBN to maintain an online registry of CMAs
- Streamlining requirements for operating a medication aide training program
- Changing delegation to ***supervision***

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Senate Bill 144- *Important Changes*

What now?

- OBN has released the ***DRAFT*** rules to go with the new laws that were passed in SB 144
- Technically, the changes went into effect ***October 23, 2024***
- Keep an eye out for the ***FINAL*** version of the rules for **4723-27-01 - 4723-27-11**

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Understanding the Role of Certified Medication Aides

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Becoming a Certified Medication Aide

- Must be 18 years of age or older
- Must have a high school diploma or equivalent
- Must pass an approved training program
- Must pass both portions of the state test- written and skills
- Application must be approved by the regulating agency (i.e. Board of Nursing)

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Maintaining a Medication Aide Certification

- Renewed every 2 years on or before April 30th of even-numbered years
- $50 renewal fee
- Documentation that the CMA successfully completed 8 contact hours of CEUs
  - One hour directly related to the regulations in 4723-27
  - One hour directly related to establishing and maintaining professional boundaries
  - Six hours related to medications or the administration of prescription medications

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Allowable Tasks


Oral Medications


Topical Medications


Nasal sprays & Drops or Ointments to Eyes, Ears, or Nose


Inhalants delivered by inhalers, nebulizers, or aerosols that allow for a single dose of a fixed, pre-measured amount of medication


Rectal and Vaginal Medications

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Allowable Tasks- *effective 10/23/24*


Narcotics (including Schedule II)

For any CMA certified prior to 10/23/24, ensure training and competencies are completed and stored in HR files- *there is no specific competency for this- use your community policies*

Insulin by injection ***IF*** both of the following are satisfied:

- The medication aide satisfies training and competency requirements established by the employer
- The insulin is injected using an insulin pen device that contains a dosage indicator

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A CMA cannot administer meds in the following categories...

- Medications including inhalants delivered by inhalers, nebulizers, or aerosols, requiring dosage calculations
- Medications that are not approved drugs
- Medications being administered as part of clinical research
- Oxygen

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A CMA cannot administer meds by any of the following methods...

- Injection (except approved insulin)
- IV therapy
- Splitting pills for purposes of changing the dose being given
- Through jejunostomy, gastronomy, nasogastric, or oral gastric tubes

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Required Documentation

Immediately following administration of a medication, the CMA must document in the medical records:

- The name of the medication and the dosage administered
- The route of administration
- The date and time of administration
- The name of the CMA administering the medication
- Refusal by a resident to comply with medication administration

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Required Reporting

The CMA must *report to a nurse*, all of the following (not limited to):

- Refusal of resident to comply with medication administration
- Any deviation from the delegated medication administration
- Any unanticipated reaction by the resident to the medication administration
- Anything about the condition of a resident that should cause concern to the CMA

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Important Notes

- A CMA shall not accept a resident care assignment during the performance of medication administration
- A CMA may perform other resident care activities when he or she is not engaged in, or scheduled to be engaged in, medication administration
  - Fewer distractions during medication passes
  - Create a task list for a CMA to complete when not engaged in medication administration
- A CMA shall display the title "Certified Medication Aide" at all times when administering medications

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A CMA cannot...

- Receive, transcribe, or alter a medication order
- Administer the initial dose of a medication ordered for a resident
- Administer medications to a person other than a resident of a SNF or RCF
- Administer any medication without the task having been ***delegated by a nurse***
- Administer the medications to pediatric residents

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Role of Floor Nurse- *Supervision vs. Delegation*

not finalized by OBN, yet

- Supervision directly by an RN, or an LPN acting at the direction of an RN
  - SNF- must be an RN and/or LPN on site
  - RCF- RN and/or LPN can be offsite, but available immediately by telecommunication
- When supervising a CMA, a nurse must evaluate the following:
  - The resident and his or her medication needs including:
    - the resident's mental and physical stability
    - the medication to be administered
    - the timeframe during which the medication is to be administered
    - the route or method of administration

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Role of Floor Nurse- *Supervision vs. Delegation*

not finalized by OBN, yet

- A nurse remains responsible for the following:
  - Reviewing the medication delivery process to assure there have been no errors in stocking or preparing medications
  - Accepting, transcribing, and reviewing resident medication orders
  - Monitoring residents to whom medications are administered for side effects or changes in health status
  - Reviewing documentation completed by a CMA, including the MAR

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Analyzing the Increase in Utilization of Certified Medication Aides

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A NURSE HAS 20 RESIDENTS ON ASSIGNMENT FOR A 12-HOUR SHIFT (720 MIN)

THAT SAME NURSE WILL HAVE 3 MED PASSES AT ABOUT 2 HOURS EACH

6 HOURS WILL BE SPENT PASSING MEDICATIONS
30MIN WILL BE SPENT ON LUNCH OR BREAKS
5.5 HOURS WILL BE LEFT TO DO ALL OTHER TASKS

EACH RESIDENT RECEIVES ABOUT **16 MINUTES** OF THAT NURSE'S TIME DURING A 12-HOUR SHIFT (330MIN/20RESIDENTS)

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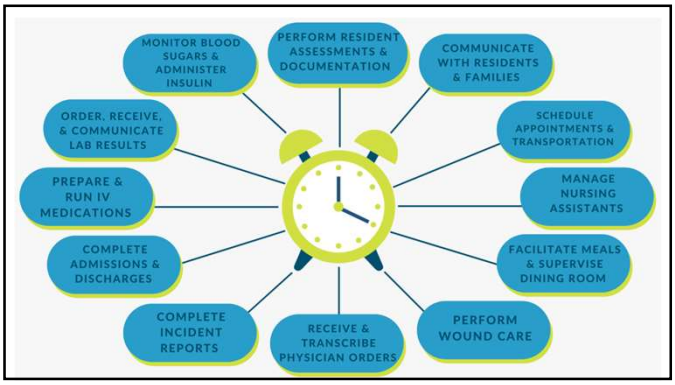

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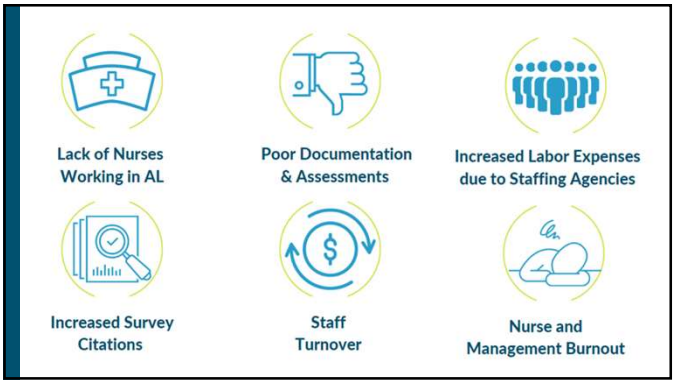

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70% OF NURSES HAVE CONSIDERED LEAVING THE LONG TERM CARE FIELD

A RECENT SURVEY OF 245 GRADUATING RNs SHOWED THAT ONLY 27 WENT INTO LTC AND ONLY 5 WENT INTO ASSISTED LIVING

PROJECTIONS SHOW THAT AS MANY AS 8.2 MILLION STAFFING JOBS WILL NEED FILLED IN LONG-TERM CARE BY 2028- 40% OF THESE BEING LPNs & RNs

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"[Nurses] keep calling out for help. They keep asking for people to really hear what they're trying to say and nobody is hearing [them]. Nobody is listening to what they're actually saying or what they're needing."

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Examine Benefits and Challenges

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A NURSE HAS 20 RESIDENTS ON ASSIGNMENT FOR A 12-HOUR SHIFT (720 MIN) & DELEGATES A CMA TO ADMINISTER MEDICATIONS TO 17 RESIDENTS

THE NURSE ADMINISTERS MEDICATION TO 3 HIGH-ACUITY RESIDENTS 3 TIMES DURING SHIFT AT 20 MINUTES EACH

1 HOUR WILL BE SPENT PASSING MEDICATIONS
30MIN WILL BE SPENT ON LUNCH BREAK
10 HOURS WILL BE LEFT TO DO ALL OTHER TASKS

EACH RESIDENT RECEIVES ABOUT **32 MINUTES** OF THAT NURSE'S TIME DURING A 12-HOUR SHIFT (630MIN/20RESIDENTS)

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Benefits

Staff Retention: offers career path, less burnout of nurses, higher staff morale and teamwork, brings nurses back to their "why"

Decreased medication error rates: one person solely focused on passing medications

Enhanced performance of floor nurses: improved nursing assessments, decreased return to hospital, improved admission and discharge processes, better survey outcomes, improved supervisory skills

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Benefits

Staffing Coverage: additional options to cover staffing holes, less burnout of nurse management staff

Financial Relief: reduces nurse overtime, reduces nurse agency usage, potential cost savings on labor expenses

Higher resident/family satisfaction: residents benefit from focused nursing, increased contact/communication with residents and family members, allows for nurses to know their residents on a more individualized basis

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Potential Barriers & Things to Consider

Limited training programs	New regulations are making it easier for communities/companies to become their own training program
Cost of training: on average, $1,200 per student	Possible grant opportunities available; this could be the cost of a few pick-up bonuses for nurses
Current staffing needs hinder the ability to allow staff to attend class	New regulations reduce the training hours from 120 to 30

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Potential Barriers & Things to Consider

Fear of increased medication errors	One person solely focused on medication administration shows less medication errors
Fear of increased opportunity for deficiencies from ODH	Develop thorough policies and procedures that include oversight, documentation, communication, analyzing and evaluating the outcomes of the program
Fear of nurses becoming less motivated and/or "losing skills"	Brings nurses back to their "why" and enhances supervisory skills, assessment skills, and improved documentation

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Best Practices for Integration

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Important Steps to Consider

- ***ALL* staff education-** perhaps the most important step
- Policy, procedure, and process review
- Education to residents and families
- Job description for new position
- Review of staff assignments for best utilization options
- Putting the *right* employees through the program
- Communication to the medical director
- Knowing the difference between certifications (DODD)

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Utilization Ideas

- Recommended ratio: 1 RN/LPN for every 2-3 CMAs ***in SNF***
- RCF utilization can look different because there does ***not*** need to be an LPN/RN onsite when a CMA is working
  - Many RCF operators have replaced night shift nurses with CMAs
- Hybrid model
  - Utilizing a CMA for parts of shifts (i.e., a CMA would administer meds from 7a-11a, and from 11a-3p they would work a CNA assignment)
  - Consider:
    - What time(s) does med pass take the longest?
    - What hall has the highest acuity?
- Memory Care

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Medication Aide Training Program Requirements

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Requirements

- Total program shall include 30 hours of instruction that includes both classroom and at least 16 hours of clinicals
- The program must include a mechanism for evaluating whether an individual's reading, writing, and math skills are sufficient to administer medications safely
- Must include an RN Program Administrator
- Clinical portion must be conducted at either of the following:
  - a SNF that is free of deficiencies related to medication administration for their last two (2) annual surveys
  - a RCF that meets the above, as well as being free from deficiencies related to the provision of skilled nursing

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Components of the Application

Clinical Personnel: The name and credentials of the program's RN administrator and the name(s) and credentials of any instructors in the program

Organizational Chart: All individuals associated with the training program must be listed

Course Curriculum: Objectives and outcomes of the program and course, teaching strategies and core competencies or other evaluation methods

Program Schedule: outlining 30 hours, including 16 hours of clinical; how many hours to be spent on each topic area

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New Process for Testing... *YAY!*

A medication aide training program shall provide written certification, ~~on a form specified by the board, to a board approved examination service provider of a student's eligibility to take a board approved examination, according to rule 4723-27-08 of the Administrative Code to the board :~~

- (a) that an applicant has completed the program and;
- (b) that the applicant successfully passed an examination demonstrating their ability to administer prescription medication safely, unless the applicant utilized a testing organization separate from the program authorized by the board.

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QUESTIONS
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Connect with me!!
Thank you
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