

# MEDICATION AIDE PILOT PROGRAM REPORT

## OHIO BOARD OF NURSING

February 23, 2009



The mission of the Ohio Board of Nursing is to actively safeguard the health of the public through the effective regulation of nursing care.



## Ohio Medication Aide Pilot Program Report February 2009

The Ohio Board of Nursing is pleased to present the "Ohio Medication Aide Pilot Program Report," in accordance with Section 4723.63(F)(2) of the Ohio Revised Code (ORC). The statute specifies that not later than the one hundred eighty-first day after the day the Board issues a medication aide certificate under Section 4723.651 of the Revised Code to the seventy-fifth individual, the Board shall prepare a report of its findings and recommendations derived from the evaluation of the Pilot Program. Unfortunately, participation in the Pilot continued to be low with a limited number of the Pilot Program facilities using medication aides. Therefore, there is little data available for the Board to assess whether certified medication aides are able to safely administer medication in nursing homes and residential care facilities. Further, although costs and other financial information were submitted by Pilot Program facilities utilizing medication aides, this data is also limited and the Board is unable to determine the financial implications of using medication aides. The report includes a summary of the Pilot Program and the data as reported by the participating facilities.

A total of 33 facilities were approved to participate in the Pilot Program, 17 nursing homes and 16 residential care facilities. One of these residential care facilities subsequently withdrew from participation. Nine facilities reported using 29 medication aides; three nursing homes are using seven medication aides and six residential care facilities reported using 22 medication aides. Of the remaining 23 facilities, three facilities plan to begin using medication aides in 2009 and 20 do not employ medication aides.

As of the end of November 2008, 97 students completed the training program and passed the examination and 78 medication aide certificates were issued. Other students did not submit the required documentation for certification.

### BACKGROUND

In 2004, the Nursing Facility Reimbursement Study Council, composed of legislators, state agency policymakers, special interest groups, and consumer representatives, recommended the use of medication aides in Ohio. The proposal was initiated by the long-term care industry, both in Ohio and nationally.

The Ohio Board of Nursing (Board) monitored the progress of the proposal and took the position that if legislation was enacted, the Board should regulate the

individuals performing medication administration. The Board viewed nursing delegation as an essential aspect of nursing oversight for patient safety.

In 2005, House Bill 66, the biennial state budget bill, included provisions that authorized the certification of medication aides to administer medications in nursing homes and residential care facilities, a Medication Aide Pilot Program (Pilot Program), and approval of medication aide training programs. The legislation provided that the Board would implement the Pilot Program, certify and regulate medication aides, and approve medication aide training programs.

Section 4723.69, ORC, effective June 30, 2005, required the Board to adopt administrative rules by February 1, 2006 to implement Sections 4723.61 to 4723.68, ORC, including standards for the regulation of medication aides, both during and after the Pilot Program. Due to the lack of utilization of medication aides by Pilot Program facilities during the original Pilot Program period that was to end June 30, 2007, the Pilot Program was extended through House Bill 119, the biennial budget bill, enacted in 2007.

According to 4723.63, ORC, the Pilot Program end date was to be calculated based upon the date the Board issued the 75<sup>th</sup> medication aide certificate. This occurred on August 26, 2008. The extended Pilot Program will end March 26, 2009. (See Attachment A.) At that time any nursing home or residential care facility may use medication aides to administer medications to its residents.

### **MEDICATION AIDE ADVISORY COUNCIL**

Section 4723.62, ORC, established the Medication Aide Advisory Council (Advisory Council) for the purpose of making recommendations to the Board regarding the design and operation of the Pilot Program. In addition, the Advisory Council was to advise the Board regarding standards for medication aides and training programs, and assist the Board in evaluating the Pilot Program. See Attachment B for a list of Advisory Council members.

### **ADMINISTRATIVE RULES**

The Advisory Council worked diligently to advise the Board in the development of rules to implement the Pilot Program. The Board focused on promulgating regulations to balance resident safety and nursing oversight with the use of certified medication aides. The Board filed emergency rules that were effective on February 1, 2006. These were followed with non-emergency rules that became effective May 1, 2006. Due to the statutory extension of the Pilot Program the Board promulgated revisions to pertinent rules in 2007 consistent with the statutory changes.

## PILOT PROGRAM FACILITY CRITERIA AND SELECTION

Section 4723.63, ORC, authorized the Board to approve up to 80 nursing homes and 40 residential care facilities to participate in the Pilot Program and to establish eligibility requirements for participation. The original statute limited participation in the Pilot Program to nursing homes and residential care facilities that had no deficiencies related to medication administration, based on the two most recent surveys or inspections conducted by the Ohio Department of Health (ODH). This requirement was changed in 2007, through House Bill 119, to require that the Board only review the most recent survey or inspection conducted by ODH. In addition, for residential care facilities, the facility is required to be free of deficiencies related to skilled nursing care.

If a facility is not found ineligible to participate based on the statutory requirements, under the administrative rules developed with input from the Advisory Council, the Board considered whether or not to approve the facility for participation. Paragraph (H) of Rule 4723-27-11, OAC, sets forth criteria such as geographic location, number of licensed beds, the number of years the facility has been licensed, and the facility's compliance and safety history as documented in the ODH reports. During the Pilot Program, the Board only applied the facility's compliance and safety history, from among those listed in Rule 4723-27-11(H), to exclude a facility from participation.

### Nursing Homes

The Board received and reviewed 37 nursing home Pilot Program applications:

1. Seventeen nursing homes were approved to participate in the Pilot Program. (See Attachment C.)
2. Fourteen nursing homes were determined ineligible, pursuant to Section 4723.63, ORC, based on the ODH survey or inspection reports documenting deficiencies related to medication administration, such as:
  - Failure to initiate a physician ordered oral treatment
  - Maintaining undated, opened vials of insulin
  - Failure of the facility to document adequate indications and monitoring for the use of psychotropic drugs
  - Failure to provide oxygen as ordered to a resident requiring oxygen
  - Administering an antibiotic to a resident despite a documented allergy
  - Failure to provide physician ordered medication ointment
  - Failure to provide nasal spray prior to hyperbaric treatment as ordered

- Failure to take an apical pulse before administering digoxin
3. Six nursing homes were not approved based on the ODH survey or inspection reports documenting compliance and safety issues such as:
- Inadequate assessments of health care status for residents
  - Inadequate provision of kind, considerate care
  - Deficiencies related to the care of residents with pressure sores
  - Failure to meet staffing requirements
  - Inadequate hand washing after caring for a resident with an antibiotic resistant organism
  - Deficiencies related to resident falls
  - Failure to follow physician's orders for resident suicide watches over a five-day period of time
  - Multiple deficiencies for multiple residents for failure to assess and treat pressure sores and/or stage II skin ulcers
  - Failure to follow treatment plans/deficient practices regarding multiple residents who display mental or psychosocial adjustment difficulties
  - Failure to adopt and implement policies and procedures for pneumococcal immunization
  - Failure to assess residents' functional capabilities and/or implement comprehensive care plans for multiple residents to insure resident safety issues (e.g., lack of wheelchair seat belts; resident smoking and wandering behaviors:
  - Multiple deficiencies related to life safety code standards (e.g., faulty sprinkler system, fire doors that did not close and latch to resist passage of smoke).

### Residential Care Facilities

The Board received and reviewed 20 residential care facility Pilot Program applications:

1. Sixteen residential care facilities were approved to participate in the Pilot Program. (See Attachment D.) One residential care facility later withdrew its participation
2. Two were ineligible, pursuant to Section 4723.63, ORC, based on the ODH inspection reports documenting deficiencies related to medication administration and/or skilled care. Examples include:
  - Failure to administer medications to a resident as ordered
  - Failure to document the nature and status of a resident's pressure sores for which treatment was prescribed
3. Two facilities failed to pay the Pilot Program participation fee.

## Application Review and Board Action

2006	Nursing Homes	Residential Care Facilities
March	13 applications reviewed <ul style="list-style-type: none"> <li>• 7 approved</li> <li>• 3 ineligible</li> <li>• 3 not approved due to deficiencies related to compliance and safety</li> </ul>	6 applications reviewed <ul style="list-style-type: none"> <li>• 4 approved</li> <li>• 2 ineligible</li> </ul>
April	8 applications reviewed 1 approved 5 ineligible 2 not approved due to deficiencies related to compliance and safety	5 applications reviewed 4 approved 1 failed to pay fee
May	6 applications reviewed 2 approved 4 ineligible	2 applications reviewed and 2 approved
July	3 applications reviewed 2 approved 1 ineligible	2 applications reviewed 1 approved 1 failed to pay fee
September	2 applications reviewed 1 approved 1 ineligible	1 application reviewed and 1 approved
November	No applications received	No applications received
2007	Nursing Homes	Residential Care Facilities
May	No applications received	1 application reviewed and 1 approved
September	1 application reviewed and 1 approved	No applications received
November	2 applications reviewed 1 approved 1 not approved due to deficiencies related to compliance and safety	No applications received
2008	Nursing Homes	Residential Care Facilities
July	1 application reviewed and 1 approved	1 application reviewed and 1 approved
September	1 application reviewed and 1 approved	2 applications reviewed and 2 approved

### Pilot Program Facility Site Visits

In accordance with paragraph (M) of Rule 4723-27-11, OAC, representatives of the Board are authorized to conduct announced and unannounced site visits of participating facilities to determine compliance with the requirements set forth in Sections 4723.61 to 4723.69, ORC, and Chapter 4723-27, OAC. Through the site visits, the Board would gather information for the purpose of evaluating whether certified medication aides are able to safely administer prescription medications to residents, or whether continued participation in the Pilot Program by a nursing home or residential care facility posed an imminent danger, risk of serious harm, or jeopardy to a resident, and to investigate medication errors or other acts of omissions required to be reported to the Board.

Four site visits were conducted in September and October 2007. The Board found that two of the Board's administrative rule requirements were not being met. These requirements pertained to "as-needed" medications being included in the nursing plan of care for individual residents, and employer validation of the skills of medication aides. The Board advised all of the facilities about the requirements, and the facilities became compliant with the rules.

### **MEDICATION AIDE TRAINING PROGRAMS**

The Board's administrative rules establish the requirements for certification as a medication aide. One of the primary requirements is successful completion of an approved medication aide training program including a supervised clinical component. The supervised clinical experience must be provided in a nursing home or residential care facility participating in the Pilot Program. In accordance with Rule 4723-27-07, OAC, the Board is authorized to approve an unlimited number of medication aide training programs. During the duration of the Pilot Program, there was no training program initial application fee, and there was a \$500.00 fee for the Board's re-approval of the training programs every two years.

Training programs are required to provide a minimum curriculum of 120 hours, including 80 hours of didactic and laboratory experience and 40 hours of supervised clinical experience. A *Model Curriculum*, developed by the Board in consultation with the Medication Aide Advisory Council, complies with the curriculum requirements specified in Rule 4723-27-08, OAC. A training program may use the *Model Curriculum* as written, expand upon the content and hours, or establish its own curriculum provided it meets the established minimum requirements.

### Training Program Applicants

The Board received 30 initial training program applications and approved 24 programs. Six training program applications were determined incomplete

because their clinical site was not an approved Pilot Program facility. Eight of the approved training programs did not apply for re-approval. (See Attachment E.)

## **TESTING AND EXAMINATION FOR CERTIFICATION**

Section 4723.66(B)(3), ORC, requires that applicants for a medication aide certificate take an examination that complies with the rules adopted by the Board and that tests the candidate's ability to administer prescription medication safely.

The Board identified, approved and contracted with a testing service to provide both written and clinical examinations. D & S Diversified Technologies, LLP, dba HeadMaster, LLP, was selected as the Board approved examination service.

In accordance with Rule 4723-27-08, OAC, medication aide students are required to pass the Board approved examination within 60 days of satisfactorily completing the required classroom and supervised clinical practice. The examination, as required by Section 4723.66(B), ORC, evaluates whether the student's reading, writing, mathematical skills, and knowledge are sufficient to administer prescription medications safely.

The written test consists of 50 multiple-choice items or questions selected from six subject area pools that include the following: Ohio law and rules; effects of medications; medication errors; controlled substances; medication administration; medication administration documentation; and the role of the medication aide. The student must complete the written examination in 60 minutes with a minimum passing grade of eighty percent (80%). The cost of the written exam is \$23.00.

The purpose of the clinical examination is to evaluate a student's clinical skills. Two skill tasks are randomly selected for the test, such as the administration of oral or topical medications, ear or eye drops, or nasal sprays. The student must complete two skill tasks in 25 minutes and successfully complete all key steps. The cost of the skills examination is \$73.00.

## **MEDICATION AIDE CERTIFICATES**

In accordance with Section 4723.651, ORC, and Rule 4723-27-04, OAC, an applicant for certification as a medication aide must meet the following requirements:

- Be at least 18 years of age
- Have a high school diploma or a high school equivalence diploma
- Be a state tested nurse aide, to work as a certified medication aide in a nursing home

- Be a state tested nurse aide or have at least one year of direct care experience in a residential care facility to work as a certified medication aide in a residential care facility
- Complete a certified medication aide application on a form specified by the Board, including verification of written and skill examination results
- Have a completed criminal records check, including a Federal Bureau of Investigation (FBI) record check, or forward a certified copy of a records check conducted within five years prior to the date the application is submitted indicating that the applicant has not been convicted of, pleaded guilty to, or had a judicial finding of guilt for any violation referenced in Division (a)(6) of Section 4723.651, ORC
- Have written verification of successful completion of an approved medication aide training program

One of the statutory requirements for the certified medication aide application process is the criminal records check. Section 4723.65 requires an applicant for a medication aide certificate to submit a request to the Bureau of Criminal Identification and Investigation (BCII), including a request for an FBI records check. An exception exists if the applicant had a criminal records check conducted pursuant to Section 3721.121, ORC. (Section 3721.121 requires criminal background checks for prospective employees providing direct care to older adults in various settings.) Most of the applicants in 2006 did not meet this exception and thus were required by law to obtain a BCII and FBI criminal records check. The turnaround time to obtain the FBI check proved lengthy.

As of the end of November 2008, 97 students completed the training program and passed the examination and 78 medication aide certificates were issued. Other students did not submit the required documentation for certification.

### **REPORTS OF MEDICATION ERRORS**

Rule 4723-27-13(B)(13), OAC, requires Pilot Program facilities to report medication errors that involved medication aides to the Board. The Board received a total of 13 reports of medication errors from two facilities.

<b>Type of error</b>	<b>Outcome of Resident</b>
Administered to wrong resident	Required additional monitoring
Missed dose of medication	No ill effects
Wrong medication dose administered	No adverse reaction
Wrong medication dose administered	No adverse reaction
Transcription Error by nurse resulting in wrong dose administration	No adverse reaction

Missed dose of medication	No adverse effect noted
Missed dose of medication due to transcription	No adverse effect noted
Other: Medication not held as ordered by physician	No adverse effect noted
Medication administered at wrong time, and wrong documentation	No adverse effect noted
Medication administered at wrong time	No adverse effect
Missed dose of medication due to transcription error by nurse	Resident required additional treatment
Missed dose of medication for 20 consecutive days	No adverse outcome
Medication administered at wrong time	No adverse effect

### **PILOT PROGRAM DATA**

Pilot Program facilities were to submit a final report to the Board by December 26, 2008. This report was to include data gathered through October 27, 2008 regarding costs and other financial implications associated with the use of medication aides. Facilities were also to report information related to their experiences in using medication aides during the Pilot Program, i.e., the perception of the benefits, challenges, and quality of service provided by the medication aides. The Board notified the 32 Pilot Program facilities that each facility was required by law to complete the report even if the data would be minimal.

Due to the low participation rate, there is not enough data for analysis, evaluation, or recommendations. Attachments C, D, and F include the data and comments submitted by the reporting facilities. The following summarizes the use of medication aides in the Pilot Program:

1. Of the 17 approved nursing homes, three facilities are using seven medication aides. Fourteen facilities are not employing or utilizing medication aides.
2. Of the 15 currently approved residential care facilities, six facilities are using 22 medication aides. Nine facilities are not employing or utilizing medications aides.

In conclusion, there is very little data for the Board to assess whether certified medication aides are able to safely administer medication in nursing homes and residential care facilities. Further, although costs and other financial information were submitted by a limited number of Pilot Program facilities, the data is not significant enough to determine financial implications.

Although interest in the Pilot Program was expressed to the Board, facilities also expressed hesitancy to participate because of the reporting requirements and participation fee of \$1,935. Some nursing homes report that nurse aides are not interested in obtaining medication aide certification due to added responsibilities and minimum pay raises.

Overall, the facilities that have actively participated in the Pilot Program have expressed excitement regarding their involvement and have been pleased with the Board's implementation of the Pilot Program.

**ATTACHMENT A**

**TIMELINE FOR EXPANSION OF MEDICATION AIDE  
PILOT PROGRAM AS OF AUGUST 26, 2008**

An amendment to the budget bill extended the Medication Aide Pilot Program. On August 26, 2008, the Board issued the seventy-fifth Medication Aide Certificate. Under Ohio law, once the seventy-fifth medication aide is certified, the “clock” begins allowing the Board to calculate the ending date of the Pilot Program. The end date will be **March 26, 2009**. The timeline below indicates the relevant timeframes leading to the Pilot Program end date.

Pilot Start Date 5/1/06	8/26/08	11/25/08	.63 (A)(3) Pilot facilities report due to Bd. 31 days after request		
		91 days	12/26/08 31 days	2/23/09 181 days	3/26/09 31 days
<b>.63 (A)</b>	<b>.63(F)(2)</b>	<b>.63(F)(1)(a)</b>	<b>.63(F)(2)</b>	<b>.63(A)&amp; .64</b>	
	<b>Bd. must post notice on website date on which all facilities can begin using MAs [the date the Pilot ends under .64]</b>	<b>Bd. must request data from each pilot facility 91 days after 75<sup>th</sup> MA certified</b>	<b>Bd. Report submitted 181 days after date 75<sup>th</sup> MA certified</b>	<b>Pilot Ends 31 days after Bd. submits Report</b>	

**\*All references above are to subsections of Chapter 4723, ORC**

**Attachment B**  
**2005-2006 Medication Aide Advisory Council Members**

Chairperson, Ohio Board of Nursing

Judith Brachman, Board member

Ohio Nurses Association

Deborah DeRose, RN (Representative for Long-Term Care)

Joyce Zurmehly, PhD, MSN, RN (Representative for researching gerontology)

Licensed Practical Nurse Association of Ohio

Jean Czerniak, LPN

Ohio Association of Advanced Practice Nurses

Cheryl Kramb, MS, RN, CNP

Ohio Health Care Association

Ginger Norris, RN

Association of Ohio Philanthropic Homes, Housing and Services for the Aging

Paulette Luneborg, BSN, RN

Ohio Academy of Nursing Homes

Victoria L. Gresh, Executive Director

Ohio Assisted Living Association

Jean Thompson, Executive Director

Ohio Association of Regional LTC Ombudsmen

Kaye Mason-Inoshita

American Association of Retired Persons

Dorothy Fiorino, RN

Representative of Facility Residents and Families

Judy Hoffhine

Senior Care Pharmacy Alliance

Ginny Roberts, Executive Director

Ohio Department of Health

Madelyn Dile, Assistant Chief, Division of Quality Assurance

Office of the State Long-Term Care Ombudsperson Program

Hilary Stai, Elder Rights Division, Ohio Department of Aging

Ohio Department of Job & Family Services

Karen A. Jennings

**Attachment C**  
**Approved Pilot Program Facilities – Nursing Homes**  
**Information as of January 2, 2008**

<b>Nursing Homes</b>	<b>Date Facility Began Use of Medication Aides</b>	<b>Medication Aides Employed</b>	<b>Residents Consenting To Medication Aides</b>	<b>Financial Implications</b>
Anchor Lodge Nursing Home Inc. (Lorain)	The facility did not proceed with the implementation of the Medication Aide Pilot Program	None	Not applicable	None reported
Avon Oaks Nursing Home (Avon)	Has not begun use of medication aides	None	Not applicable	None reported
Bradley Bay Health Center (Bay Village)	January 2007	5 employed; currently using 4	Licensed capacity of facility-138  Resident consents-59	Training cost per medication aide \$578  Average hourly wage \$11.81 in 2008. Utilized 4,579 regular and 113 overtime hours
Center Ridge Nursing Home (North Ridgeville)	January 2007	4 employed; currently using 1	Licensed capacity of facility-150  Resident consents-128  128 residents receiving medications from medication aide on the day shift	Training cost per medication aide \$578  Average hourly wage \$10.80 in 2008. Utilized 4,365 regular and 115.75 hours of overtime.
Glencare Center (Cincinnati)	Has not begun use of medication aides	None	Not applicable	None reported
Glen Meadows (Hamilton)	Have not used medication aides	None	Not applicable	None reported
Heartland of Chillicothe (Chillicothe)	Chose not to utilize medication aides	None	Not applicable	None reported

Nursing Homes	Date Facility Began Use of Medication Aides	Medication Aides Employed	Residents Consenting To Medication Aides	Financial Implications
The Home at Hearth Stone (Hamilton)	Has not utilized medication aides.	None	Not applicable	None reported
Hyde Park Health Center (Cincinnati)	Never felt comfortable enough to substitute a medication aide for a licensed nurse	None	Not applicable	Paid \$750 for one training program, trained three staff, but chose not to employ as medication aides.
Lanfair Center for Rehabilitation & Nursing Care, Inc. (Lancaster)	Has opted not to utilize medication aides	None	Not applicable	None reported
Logan Elm Health Center (Circleville)	Has not begun use of medication aides. States has not needed to employ this level of staff	4 staff are trained but not employed as medication aides	Not applicable	None reported
Residence at Garden Gate (Cincinnati)	October 15, 2007	2	Resident consents-82	Medication aides reduced the direct care cost of payroll dollars associated with LPNs and Aides in the facility. Medication aide wage is \$15.20 per hour. Program training costs \$3,930
Sidney Care Center (Sidney)	Have not utilized medication aides	None	Not applicable	None reported

Nursing Homes	Date Facility Began Use of Medication Aides	Medication Aides Employed	Residents Consenting To Medication Aides	Financial Implications
St. Catherine's Care Center (Washington Court House)	Have never utilized medication aides.	None	Not applicable	None reported
Vancrest Health Care Center of Delphos (Delphos)	Written report not received. Verbal report: have opted not to utilize medication aides			
The Village at St. Edward	Have not begun use of medication aides. First class is February 16, 2009.	None	Not applicable	None reported
Wellington Manor (Hamilton)	Did not utilize medication aides	None	Not applicable	None reported

**Attachment D**  
**Approved Pilot Program Facilities – Residential Care Facilities**  
**Information as of January 2, 2008**

<b>Residential Care Facilities</b>	<b>Date Facility Began Use of Medication Aides</b>	<b>Medication Aides Employed</b>	<b>Residents Consenting To Medication Aides</b>	<b>Financial Implications</b>
Anchor Lodge Retirement Village (Lorain)	The facility did not implement the Medication Aide Pilot Program	None	Not applicable	None reported
Arden Courts of Anderson (Cincinnati)	Facility has not used medication aides	None	Not applicable	Not applicable
Arden Courts of Bainbridge (Chagrin Falls)	Has not begun use of medication aides. Training scheduled for February 2009.	None	Not applicable	None reported
Arden Courts of Bath (Akron)	No written report received. Verbal report from facility staff: has not used medication aides	None	Not applicable	Not applicable
Arden Courts of Parma (Parma)	February 2008	2	Resident consents-56	No report received
Arden Courts – Westlake (Westlake)	September 18, 2007	5	Resident consents-54	Total expenditures to date in utilization: \$28,284
Bradley Bay Assisted Living (Bay Village)	Opted not to use medication aides	None	Not applicable	None reported
The Greens Adult Living Communities (Lyndhurst)	September 1, 2006	2	Resident consents-77	Did not decrease nursing hours. Implementation costs \$8,320 annually
Kingston Residence of Sylvania, (Sylvania)	January 2007	1	Resident consents-12	Total costs: \$6,026
Alterra Sterling House of Fairfield (Fairfield)	Received notice in September 2007 that facility opted out of the Pilot Program	None	Not applicable	Not applicable

Residential Care Facilities	Date Facility Began Use of Medication Aides	Medication Aides Employed	Residents Consenting To Medication Aides	Financial Implications
Otterbein North Shore Retirement Community (Lakeside-Marblehead)	March 2007	7	Resident consents-37	Implementation costs: \$7,395
St. Leonard (Centerville)	Chose not to use medication aides	None	Not applicable	None reported
Salida Woods (Mentor)	August 2008	5	Resident consents-63	Initial costs \$2,200 per person with future costs estimated to be \$1,200 per person. Estimated cost savings \$36,480 per year.
The Sanctuary at Tuttle Crossing (Dublin)	Never employed or utilized medication aides; was Pilot facility only for purposes of training program clinical site	None	Not applicable	None reported
The Village at St. Edward (Fairlawn)	Has not begun utilization of medication aides. Training scheduled February 2009.	None	Not applicable	None reported
Wayne Manor Assisted Living (Wooster)	Did not follow through with implementation of medication aides; no interest	None	Not applicable	None reported

## Attachment E: Approved Training Programs

Training Program	Current Status
Absolute Health Care Training Center (North Canton)	Approved
Arden Courts-Bath (Akron)	Approved
Arden Courts-Anderson (Cincinnati)	Approved
Arden Courts-Parma (Parma)	Approved
Arden Courts-Westlake (Westlake)	Approved
Beeber Pharmacies (Englewood)	Expired
Bradley Bay Health Center (Bay Village)	Approved
Brookdale Senior Living (Saint Paris)	Expired
Carington Health Systems (Cincinnati)	Approved
Center Ridge Nursing Home (North Ridgeville)	Approved
Cincinnati State Technical and Community College (Cincinnati)	Approved
Grace Management Services (Lorain)	Approved
Greens Adult Living Community (Lyndhurst)	Expired
Kingston Care Center of Sylvania (Sylvania)	Expired
Lorain County Community College (Lorain)	Approved
Ohio Medical Career Center (Dayton)	Approved
Otterbein North Shore Retirement Community (Lakeside-Marblehead)	Approved
Pickaway-Ross JVC (Chillicothe)	Expired
Salida Woods Assisted Living (Mentor)	Approved
Sinclair Community College (Dayton)	Expired
Tolles Career & Technical Center (Plain City)	Approved
Tri-State Medical Academy, Inc. (Cincinnati)	Approved
Vancrest Health Care Center (Delphos)	Expired
The Village at St. Edward (Fairlawn)	Approved

## **Attachment F: Pilot Program Facility Comments**

### **Nursing Homes**

#### **Glen Meadows Nursing Home**

“Have not used any Med Techs”

#### **Sidney Care Center**

No comments provided.

#### **Bradley Bay Health Center**

“We have found the Medication Aide program to provide a wonderful adjunct to our nursing component. We utilize our program on a long-term care unit which has great resident stability. The residents who participate are pleased with the program and have a high confidence in the medication aides. Our medication aides have done an excellent job regarding medication administration and the nurses on the unit provide ongoing oversight which as resulted in no medication errors to date. The training and the quality utilized by our facility has been exceptional and the program is to be commended.”

#### **Anchor Lodge Nursing Home Inc. and Anchor Lodge Retirement Village**

“This facility did not proceed with the implementation of the medication aide pilot program, therefore has never participated.”

#### **Center Ridge Nursing Home**

“Based on comments from residents, families, and staff the Medication Aide program is working well. Specifically facility perception is that aides are well prepared. The medication error rate is very low. The medication aides understand the nature of the job. The pilot participation by this facility has been a successful one.”

#### **Residence at Garden Gate**

“The Residence at Garden Gate began using medication aides on October 15, 2007 and feel the experience has been very positive. In the beginning, we were challenged with the task of developing the relationship and trust between the charge nurse and the medication aide. Charge nurses were very cautious and skeptical about the program and were also concerned about losing their positions at the facility. It took time and patience from both the nurses and medication aides, but with management support, the nurses eventually found the MA-Cs to be quite beneficial. As a result, nurses now have more time to care for their residents, complete their documentation and supervise unlicensed personnel.

Our recommendation is that the facility should continue to utilize medication aides. Please feel free to contact me at the facility should you have any questions.”

“Our medication aides are fulfilling their responsibilities and duties as outlined in the medication aides pilot program. All have been trained and are very confident in their positions. The MA-Cs are administering medications with out error, as outlined in the MAC’s guideline. All residents and families are very receptive of the program. We are very proud to be a pilot program facility.”

**Lanfair Center**

No comments provided.

**Heartland of Chillicothe**

“Never started program.”

**Wellington Manor**

“We never received any applications and we didn’t have the opportunity to utilize any trained by CHS classes.”

**The Villas at St. Edward**

“N/A first class will be 2/16/09”

**St. Catherines Manor**

“We have never utilized medication aides in our facility.”

**Hyde Park Health Center**

“After the Medication Aides completed their training, we determined that we felt that they were still limited on all that they were capable of doing. The need for a licensed nurse was still necessary. We didn’t feel that we could replace any of our positions with a MA. Further we have had no problem in recruiting the necessary licensed staff. The 3 staff members that were trained as MA never worked as MA in the facility.”

**The Home at Hearth Stone**

“Have not used them yet.” “We are not & have not utilized Medication Aides at this time.”

**Glencare Center**

“Facility was just recently approved to participate in Medication Aide Pilot program. We have not begun utilizing at this time.”

**Avon Oaks Nursing Home**

“We were waiting for Lorain County Community College to hold the classes, they are scheduled for the spring.”

**Logan Elm Health Care**

“Have not yet begun use of Medication Aides.”

## Residential Care Facilities

### Bradley Bay Assisted Living

No comments provided.

### Salida Woods

Benefits: Eased the burden on nursing staff; cost reductions; Consistency of the staff administering medications; Developing a career ladder for the caregivers; Nurses are involved in well checks/prevention programs; New leadership developed in the caregiver staff as the CMAs moved into medication administration.

Challenges: Acceptance by the nursing staff; We trained 5 caregivers at one time. Scheduling became a logistical problem-both in class and in the community; The required number of hours in the state curriculum was not supported by the certification test; Establishing boundaries for the CMA staff; The medication list provided in the model curriculum was not helpful for class instruction or the certification test; The abbreviation list was not adequate for the certification test; Unanswered regulatory questions: When is the CMA able to work without 1 to 1 supervision of a nurse? The resident medical evaluation requires an assessment by the physician regarding who can give the medication. Can this now be left off the medication evaluation form? IF a CMA candidate is not able to pass the skills test after the 2<sup>nd</sup> try, why do they need to repeat the 80 hours of classroom time? When the pilot program is over, do families still have the right to refuse to participate in the program? If yes, can the family be charged for the nursing required?

Challenges with D&S Diversified Technologies Testing Center: The student booklet provided by the testing center was confusing and poorly written, the required steps for the skills test were poorly written and inconsistent; The booklet provided by the testing center contained several hundred vocabulary words; Too much class time was spent instructing on the words with no benefits for the task of medication administration or in taking the exam; The forms used by the testing center were poorly written and confusing; The testing center did not return phone calls nor answer e-mails seeking clarification of information on the forms and in the booklets; Test results from D&S lacked useful information other than pass or fail. There was no clear description of problem areas for the skills testing; Evaluator stated, "Very few people pass the first time". Why is this happening? The state curriculum did not adequately prepare the students for the state certification exam.

Recommendations: 80 hours of classroom time should not be attempted in 2 weeks. Classroom should be spread out over 3-4 weeks.

Training Program: Salida Woods Assisted Living educated the Medication Aides employed by the facility; 4 Medication aides are employed by the facility; One Medication Aide was not able to pass the skills test after two attempts.

Quality and Nature of the Medication Aide Training Program: We conducted our own training program. The curriculum was clinically sound and covered the required elements. We added information to meet our residents' needs. CMAs were adequately prepared for the task of medication administration. CMA performance has been strong. They have taken on their new role seriously and have been detail oriented."

### **The Villa at St. Edward**

“N/A First class will be 2/16/09.”

### **Wayne Manor**

“We never actually went through the med aide after signing up as we did not have interest.”

### **The Sanctuary at Tuttle Crossing**

“We never employed any medication aides. Our facility was the clinical site for the Tolles students.”

### **St. Leonard**

“We did not participate in this program, nor do we have any medication aides on staff.”

### **Otterbein North Shore Retirement Community**

Benefits: Promoting educational opportunities that allow staff to improve their skills is a rewarding experience for both the staff member and our company. The CMA assumes a Leadership role among her peers and more readily takes on additional responsibility. It expands her role as the caregiver, and she assumes ownership in the care of the residents.

Implementing CMAS in our program has improved the efficiency of staffing our campus. The nurse has more time to spend on evaluations of residents, talking with physicians and others involved in the resident’s care, and developing a better plan for the resident.

Challenges: The greatest challenge was on-the-floor staffing without creating overtime while aides participated in classes.

Recommendations: The Certified Medication Aide program has created a sense of excitement among our staff. They have been supportive of one another and celebrated together when passing certification. It has boosted morale and created stronger ties among staff.

Quality: We are very pleased with the quality of training the Medication Aides received in the classroom and on the floor during clinicals. The material adequately covered the curriculum, and we had a 100% passing rate in certification testing this year.”

### **Kingston Residence of Sylvania**

Facility Experience in Utilizing Certified Medication Aides: I truly recommend the MA-C program. In our community I believe it may be that extra support that our nursing staff needs. Our nursing staff can focus on the resident a little more if routine medications are delegated to a MA-C. The nurse in our Assisted Living Community is passing medication, talking with Doctors/family members, overseeing the Resident Care Staff, taking care of emergencies and addressing anything else that comes up. The only challenges we have really seen is the consent forms, however; even that works out once the family or sponsor gets comfortable and trust the staff. We plan on the MA-C to work along side the nurse that we have on staff.

Quality and Nature of the Medication Aide Training Program: I believe the staff that we have put through the program have done very well. We currently only have one of the original aides

still on our staff. Our RN that taught the class to our staff had them very prepared to take the MA-C exam and they all did very well. The employee that we still employ really takes a lot of pride in her role as the MA-C for the Memory Care Unit. I feel the program has been very successful.”

### **The Greens Adult Living**

“We had almost no family member or resident refuse the use of our MA because they were never left alone-the nurse was always available. It helped with our customer satisfaction, thoroughness of our med pass and retention of staff. Since we did not want to compromise our nursing coverage by decreasing nursing hours-the main challenge was financial. We could not afford to hire more MA’s unless we reduced nursing hours. Overall it has been a very successful experience.”

### **Arden Courts-Westlake**

“I must admit the initial preparation, costs, and training have been a challenge for a facility our size. Having our RN out of the building twice a week for 6 weeks teaching put a strain on our nursing department. Equally straining was covering the shifts of the aides who were going through the training program. Not to mention my time and commitment to writing and implementing policies and communicating these new policies and procedures to our families.

However, with all being said, we are quite pleased with the results of this undertaking. The increased responsibility of our licensed CMAs has increased their morale and self-confidence. They are so proud of their accomplishment and their new role in the facility. And they should be proud. They gave up their free time to learn and study the curriculum, which was quite encompassing. Not only did the training prepare them for the CMA role, it gave them additional understanding of our residents and their diagnosis.

The benefit of using CMAs has been nothing but positive. They have allowed our LPNs to spend more time with our residents; allowing them to be proactive instead of reactive to resident issues. We have had many costs associated with the program, but regaining LPN sanity is priceless.

Families have been very receptive and supportive of the program as well. Out of 55 current residents, we have only one family who did not give consent for a CMA to administer their loved one their medications.”

### **Arden Courts of Bainbridge**

“At this time, we have not conducted a training program. A training program is scheduled for February 2009. Once employees are trained, we will begin using Medication Aides.”

### **Anchor Lodge Retirement Village**

“This facility did not proceed with the implementation of the medication aide pilot program, therefore has never participated.”

### **Arden Court of Parma**

No comments provided.