



House Joint Resolution 17

Utilizing medication aides in long term care
Nursing Homes

December 2010



Governor Brian Schweitzer

Montana
Department of Labor and Industry
Business Standards Division

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HOUSE JOINT RESOLUTION NO. 17
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A JOINT RESOLUTION OF THE SENATE AND THE HOUSE OF REPRESENTATIVES
OF THE STATE OF MONTANA REQUESTING THE DEPARTMENT OF PUBLIC
HEALTH AND HUMAN SERVICES TO EXAMINE THE USE OF MEDICATION AIDES
IN NURSING HOMES AND TO PROVIDE A REPORT TO THE 62ND LEGISLATURE.

WHEREAS, nursing homes in Montana are experiencing a shortage of licensed nursing staff, particularly in the state's most rural communities; and

WHEREAS, the shortage is likely to only worsen as the baby boom generation continues to age and to seek health care services; and

WHEREAS, facilities are turning to agencies that supply traveling nurses to staff uncovered shifts in a practice that is not only expensive but also affects the delivery of care because the nurses are not familiar with the residents for whom they are caring; and

WHEREAS, to ensure availability of staff to provide care, there is a need to revise the service delivery in nursing homes to use resources that are available in Montana; and

WHEREAS, many states have developed a program of education, training, and certification to allow unlicensed assistive personnel, including certified nursing assistants, to become medication aides who are able to administer medications in nursing homes; and

WHEREAS, the establishment of this level of health care worker may help relieve the nursing shortage and improve the quality of care for nursing home residents by taking pressure off licensed nurses and providing them with more time for assessment and other complex nursing functions, by having medication aides who know the residents administer medications instead of traveling nurses who are not familiar with the

residents, and by improving retention and recruitment of certified nursing assistants through a career ladder approach; and

WHEREAS, establishing a nursing home medication aide program in Montana is a complex situation that requires study to obtain information from and cooperation among multiple agencies and organizations; and

WHEREAS, a study of this nature is best accomplished with the assistance of parties that will be involved in regulating nursing homes, nursing services, and medication aides and with the assistance of service providers, professionals, consumers, and advocacy groups who hold vital information.

NOW, THEREFORE, BE IT RESOLVED BY THE SENATE AND THE HOUSE OF REPRESENTATIVES OF THE STATE OF MONTANA:

That the Department of Public Health and Human Services work in cooperation with the Department of Labor and Industry, the Board of Nursing, and other stakeholders to examine the use of medication aides in nursing homes and to develop a report for the 2011 Legislature that would discuss all provisions necessary for the safe and effective use of medication aides in nursing homes.

BE IT FURTHER RESOLVED, that the study should include but is not limited to:

(1) identifying other states where the use of medication aides is allowed in nursing homes in order to obtain and review information from those states about:

(a) the qualifications of medication aides, including the level and type of education and training required;

(b) the level of supervision by licensed nurses that may be required for medication aides;

(c) the restrictions on the types of medications or routes of medication administration for medication aides;

(d) the liability and licensure issues related to supervision by licensed nurses;

(e) any study, evaluation, or analysis completed by other states related to the use of medication aides;

(f) the problems encountered and successes achieved in the use of medication aides;

(g) the structure for the regulation and licensure or certification of medication aides; and

(h) other information considered pertinent to the study; and

(2) obtaining and reviewing information from appropriate state or national organizations related to the use of medication aides, including but not limited to the National Council of State Boards of Nursing and the American Society of Consultant Pharmacists.

BE IT FURTHER RESOLVED, that the Department of Public Health and Human Services in cooperation with the Department of Labor and Industry and the Board of Nursing identify and include in the study and in the development of any report the affected parties and stakeholders, including individuals or associations representing nursing homes, nurses, and medication aides, as well as other service providers and professionals, consumers, and advocacy groups.

BE IT FURTHER RESOLVED, that the Department of Public Health and Human Services report at least quarterly to the Children, Families, Health, and Human Services Interim Committee on the status of the study and that the Department prepare a final report, including any findings, conclusions, comments, or recommendations for the 62nd Legislature.

- END -

Use of Medication Aides in Long-Term Care Setting

A Final Report on HJ 17

Report to the 62nd Montana State Legislature

Introduction:

Report Note: *HJ 17 references the term, “Nursing Home” which is not defined in Montana state statute but skilled nursing care and intermediate nursing care are defined in MCA 50-5-101(32) and (54) respectively. The term “nursing home” when used in this report refers to a “...facility that provides skilled or intermediate nursing care for 2 or more individuals...”*

The question whether Medication Aides should be utilized in nursing homes has been debated for several years. House Joint Resolution 17 assigned the Department of Public Health and Human Services (DPHHS), in conjunction with the Department of Labor & Industry (DLI), the Board of Nursing, and other stakeholders, to study the issue and present the results in a report to the Children Families, Health and Human Services Interim Committee.

Workgroup Formation

In August 2009, Director Anna Whiting Sorrell, Department of Public Health and Human Services (DPHHS) and Commissioner Keith Kelly, Department of Labor and Industry (DLI) sent a letter to various individuals and groups who were considered an interested party to this House Joint Resolution. Director Whiting Sorrell and Commissioner Kelly asked those interested in participating in the workgroup to respond in writing expressing their interest and willingness to participate. Of the responses, a group of 8 was chosen including representatives from the Montana Nurses Association, the Montana Hospital Association, the Montana Health Care Association, the Montana Board of Nursing, representatives from three long term care facilities and a legislative representative. The committee included the following:

- Montana House of Representatives – Ms. Julie French
- Montana Health Care Association – Ms. Rose Hughes
- Montana Hospital Association – Ms. Casey Blumenthal, MHSA, RN, CAE

- Montana Board of Nursing – Ms. Kathy Hayden, LPN, president
- Montana Nurses Association – Mr. Robert Allen
- St. John’s Lutheran Ministries – Ms. Libby Markus, RN
- Valley View Home – Glasgow – Ms. Lori Collins, RN
- Madison Valley Manor – Ms. Judy Melin, RN, LNHA

Administrative assistance was provided by:

- DPHHS – Mr. Roy Kemp, Administrator Quality Assurance Division
- DPHHS – Ms. Becky Fleming-Siebenaler, Bureau Chief, Licensure Bureau, Quality Assurance Division
- DOLI – Ms. Maggie Connor, Bureau Chief, Health Care Licensing Bureau, Business Standards Division.

Meeting Process

The first work group convened in November 19, 2009. Subsequent meetings were convened on January 8, 2010, February 3, 2010 and March 4, 2010.

The meetings were publically noticed and placed on the State electronic calendar. Minutes from the meetings are found on pages 39-58.

Background Discussion

The issue of using medication aides in nursing homes has surfaced due to the shortage of licensed nursing staff, particularly in Montana’s most rural communities. As a result of this shortage, these facilities are finding it difficult to recruit sufficient nursing staff to meet the needs of their residents and are turning to agencies that supply traveling nurses to staff uncovered shifts. This practice is not only expensive but also affects the delivery of care because these nurses are not familiar with the residents for whom they are caring.

In 2003, the legislature authorized the use of medication aides in assisted living facilities and established their scope of practice (MCA 37-8-422). The Montana Board of Nursing (BON) adopted regulations pursuant to the legislation (ARM 24.159.910). The workgroup reviewed the statute and regulations related to standards of practice, general requirements for medication aide training programs and instructors, general requirements for licensure and standards related to the medication aide’s responsibilities as a member of a health care team.

The existing rules and regulations provide for the BON approval of a facility specific training program followed by a testing requirement. The test itself is administered by Head Master, a company that is involved in training and testing of certified nursing assistants (CNAs) in Montana. Because the med aide training differs from facility to facility, the test may assume knowledge of material that has not been taught. This has been problematic and as a result Montana has only 6 people licensed as medication aides.

The work group agreed it would not make recommendations regarding the medication aide program for ALFs but wanted to be sure that this process didn't repeat the difficulties found in ALFs. As such, the group agreed that any training had to be standardized (vs. facility-specific). Testing should follow the standardized training accordingly.

Study Process, Concerns and Findings:

The goal was to discuss all provisions necessary for the safe and effective use of medication aides in nursing homes. This was achieved by determining all workgroup members' expectations and concerns, reviewing all states and identifying those with medication aide programs, selecting six states for a more detailed review, comparing national and association sample models and other available information.

In responding to the charges in HJ17 the workgroup addressed the 2 provisions of the resolution as follows:

(1) identifying other states where the use of medication aides is allowed in nursing homes in order to obtain and review information from those states about:

- (a) the qualifications of medication aides, including the level and type of education and training required;
- (b) the level of supervision by licensed nurses that may be required for medication aides;
- (c) the restrictions on the types of medications or routes of medication administration for medication aides;
- (d) the liability and licensure issues related to supervision by licensed nurses;
- (e) any study, evaluation, or analysis completed by other states related to the use of medication aides;

- (f) the problems encountered and successes achieved in the use of medication aides;
- (g) the structure for the regulation and licensure or certification of medication aides; and
- (h) other information considered pertinent to the study; and
- (2) obtaining and reviewing information from appropriate state or national organizations related to the use of medication aides, including but not limited to the National Council of State Boards of Nursing and the American Society of Consultant Pharmacists.**

Additionally, as part of its deliberation, the HJ17 workgroup relied on a variety of data and input from the following sources:

- American Nurses Association - Talking Points
- State of Arizona - Medication Technician Pilot Report
- National Council of State Boards of Nursing – Effects of Medication Aides on Job Losses
- National Council of State Boards of Nursing and the ANA - Joint Statement on Delegation
- National Council of State Boards of Nursing – Model curriculum for medication aides
- Medication Aides in Long-Term Care Survey Results
- DPHHS/DLI - Six State Review Study of Medication Aides
- University of North Dakota School of Medicine and Health Sciences – Utilization of Medication Assistants in North Dakota

This information is located in the appendix labeled **Attachments A through L**.

Resolution Points Addressed:

- (1) Identifying other states where the use of medication aides is allowed in nursing homes in order to obtain and review information from those states.

A review of other states (where the use of medication aides is allowed) was conducted. This review revealed that thirty-six (36) states use medication aides in some capacity, and (20) of them use medication aides in nursing homes.

Attachment A shows the specific information required by HJ17 as indicated.

The work group explored the programs in those twenty states for more in-depth study. After considerable discussion, focusing on length of experience with the program and resemblance to Montana issues, the list was narrowed to the following states: Arizona, Iowa, Maryland, Minnesota, North Dakota, and South Dakota. **Attachment B** shows the specific information for these states.

The workgroup saw great value in the Arizona and the NCSBN models; however, there was one key difference: these programs were designed under a “delegation” model. Current BON rules [(ARM24.159.1902(9))] define “delegation” as, “...the act of authorizing and directing a UAP to perform a specific nursing task in a specific situation in accordance with these rules.” A UAP (unlicensed assistive personnel) is not equivalent to a licensed medication aide. The delegation model also exposes the delegating nurse to more liability than the assignment model. The work group wanted to limit the licensed nurse’s liability as much as possible.

The workgroup agreed an “assignment model” is more appropriate for Montana; ARM 24.159.1602(4) defines “assignment” as “...giving to a UAP or licensee a specific task that the UAP or licensee is competent to perform and which is within the UAP’s area of responsibility or a licensee’s areas of accountability or scope of practice.” Although the nurse provides overall supervision to a medication aide, a licensed person has a defined scope of practice under which s/he functions and to which s/he is accountable. Assigning work to a licensed medication aide relieves the nurse of liability, provided the assignment is within the medication aide’s scope of practice.

The workgroup discussed whether error rates would increase as a result of utilizing medication aides. The group specifically reviewed the Arizona pilot project document with this in mind. The Arizona pilot project provided data showing no significant difference in medication error rates among medication aides, LPNs or RNs. In addition to the Arizona results, the committee agreed that a carefully designed program including proper training encompassing the NCSBN recommended curriculum, and instituting certain restrictions for medication aides, would address concerns about the potential for errors.

- (2) Obtaining and reviewing information from appropriate state or national organizations related to the use of medication aides, including but not limited to the National Council of State Boards of Nursing and the American Society of Consultant Pharmacists.

As mentioned above, the workgroup spent a significant time over two meetings researching information about medication aides from the perspective of the National Council of State Boards of Nursing (NCSBN) and found value in the information gathered. The workgroup sought information from the American Society of Consultant Pharmacists as recommended in the resolution; however, according to the research and to discussions with the Montana Board of Pharmacy's Executive Director, the American Society of Consultant Pharmacists has no official position on the use of medication aides in nursing home settings.

Conclusions and Recommendations:

Medication aides are a means to help the nursing shortage in Montana. Their use in other states has shown improved job satisfaction for nurses, better patient care, no increase in medication error rates, and no nursing job losses. The use of medication aides may have the added benefits of reducing the use of outside agency staff that are unfamiliar with the individuals receiving care and of providing a career ladder for nursing assistants.

This report summarizes the outcome of the workgroup's efforts and its recommendations to the legislature. There was agreement on all recommendations with the exception of the extent to which medication aides should be allowed to administer PRN (as needed) medications. Ultimately, the workgroup agreed to recommend PRN administration with appropriate restrictions to be determined by the Board of Nursing through its rulemaking process. The workgroup concluded that the use of medication aides is a viable health care service delivery option if the recommended training, testing, supervision and restrictions on scope of practice are implemented. The group also agreed that an evaluation of any implementation will be vital to the success of this effort.

This report does not include proposed legislation to implement the recommendations; it does however, provide information and processes that are important in developing such a public policy for Montana. Critical issues surrounding the qualifications including education and training, the restrictions to medication aides scope of practice, and the amount of supervision needed were addressed. These issues and the recommendations concerning these issues should be strongly considered in developing public policy around this issue.

In order for any model to be successful for Montana, the workgroup was steadfast in its determination that proper education and training was the key. The

workgroup spent significant time discussing and studying the curriculum models from Arizona, North Dakota, Iowa, Maryland, Minnesota and South Dakota (See **Attachments F and K**) and the curriculum established by the National Council of State Boards of Nursing (NCSBN—**Attachment I**). Ultimately, the group reached general consensus that the NCSBN curriculum—with a few adaptations--fit the needs for a successful medication aide program in Montana.

Therefore, after careful consideration the workgroup agreed the following is necessary to create a successful medication aide program in Montana:

1. Model and Structure: The Board of Nursing should have oversight of medication aides. The model to be created should follow an “assignment model” allowing medication aides to work within their own scope of practice, thus alleviating nurse liability as a result of delegation.
2. Qualifications
 - a. Must be 18 years of age, have a GED or high school diploma
 - b. Must be a certified nurse aide (CNA) with at least two years experience in a nursing home.
 - c. Must be CPR certified
 - d. Must complete Montana Board of Nursing approved training program or be currently licensed as a medication aide in another state.
 - e. Must pass a Montana Board of Nursing medication aide test with 80% proficiency.
 - f. Must complete 4 hours of continuing education annually specific to pharmacology.
3. Restrictions on scope of Practice. Even though medication aides would have their own scope of practice, they would be subject to the following restrictions:
 - (a) Can administer PRN medication with appropriate restrictions to be determined by the Board of Nursing through rulemaking under the Montana Administrative Act (MAPA).
 - (b) Cannot administer parenteral or subcutaneous medications except for pre-labeled, pre-drawn insulin;
 - (c) Cannot administer medications through nasogastric routes or by gastrostomy or jejunostomy tubes;

- (d) Cannot take verbal orders as they relate to changes in medications or issuance of new medications,
 - (e) Cannot convert or calculate dosages.
3. Training and competency examination. The BON will create a curriculum that closely resembles the NCSBN curriculum which involves:
- (a) 100 hours of education—of those 100 hours, 45 must be didactic instruction, 15 hours must involve skills lab, and 40 hours of supervised medication administration to residents;
 - (b) curriculum must consist of basic pharmacology and safe medication administration principles;
 - (c) a state administered competency exam.
4. Supervision. The medication aide must work under the direct supervision of a Montana nurse with an unencumbered license. Direct supervision means that the supervisor is on the premises and is quickly and easily available (ARM 24.159.301(12)). A “nurse” means either an LPN or an RN; and
5. The supervising nurse must be on-site.

Attachment D specifically outlines recommendations as listed above.

The HJ17 workgroup has completed the tasks as outlined in the resolution and after careful consideration provides recommendations that meet the intent of the resolution.

Acknowledgments:

The Department of Public Health and Human Services and the Department of Labor and Industry acknowledges and thanks those contributing to this study including the distinguished members of the workgroup, staff members from both DPHHS and DLI, meeting attendees and the various representatives and contacts from other states and organizations that provided information for this study.

Attachment A

	Medication Aides	Allowed N homes?	Qualifications	Level & Type of Edu/Train Rqd	Restrictions	Supervision Requirements (liability and licensure issues)	Study, evaluation, or analysis completed	Problems encountered	Successes Achieved	Structure for regulation and licensure or certification	Other info
Alabama	no	no									
Alaska	no	no									
Arizona	no	no									
Arkansas	yes	Not specified in the rules, it only states that they can function in a facility designated by the board of nursing and if a facility wishes to use Medication Aides, it must contact the board	Must be currently registered on state's nurse registry for at least 1 year; completed 1 continuous year as a CAN in the state; currently employee at a designated facility; have a high school dip/GED, successfully completed a literacy and reading comprehension screening process approved by the board, successfully completed a 100 hour medication assistive training course; successfully pass exam or completed a portion of the nursing education program equivalent to the medication assistive persons training and passed exam.		Cannot administer controlled substances. Medication administration must be limited to: non-prescription drugs and legend drugs ordered by an authorized prescriber. Routes administered limited to: oral, topical, ear, eye and nose drops, vaginally, rectally, transdermally, and oral inhalation.	Must be supervised by a licensed nurse				Board of Nursing	
California	yes	Did not find any info									
Colorado	yes	Yes	An official transcript from an approved Colorado practical nursing program or approved licensed psychiatric technician educational program documenting successful completion of the required courses, credit hours and practicum. Where letter grades are provided, C or higher grade in each course is required. An official certificate of completion from a medication aide program that has been reviewed by the board and found to be in compliance with the educational and practicum requirements of C.R.S.		Can only administer meds that have been reviewed by a RN. They cannot administer coumadin, or its derivatives; controlled substances; non oral medications or PRN medications.	Must be supervised by a licensed RN or LPN				Colorado State Board of Nursing	

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Connecticut	yes	Can administer meds at chronic and convalescent nursing homes and rest homes	High school dip/GED, must be a current nurses aide and have maintained good standing for at least 2 years, must be recommended by director of nurses at the facility at which the nurses aide is employed, must have completed a training program of 45 hours of pharmacology training and 80 supervised clinical hours. They must also pass a written exam and a practical administered by a nurse.		Selected Nursing homes can allow medication techs to administer oral and topical nonprescription drugs under the direct supervision of a RN and according to a standard written protocol developed by DPH. A medication tech cannot administer controlled substances	Must be supervised by a licensed nurse				Dept. of Public Health	
Delaware	no	no									
Florida	yes	No, can work in intermediate care facilities for the developmentally disabled.				Must be supervised by RN					
Georgia	yes	No	18 years old, high school dip/GED, background check. Must pass qualified med aide program at Atlanta Tech college 36 clinical hrs; must pass exam within 6 mos of program completion.		Cannot administer initial dose, no i.v., colostomy or urinary catheters no verbal orders.	Must be supervised by RN	Legislation will sunset 6/30/2011 and be assessed			Georgia Dept of Technical & Adult Education	Only 2 registered as of 11/12/09. Renew biennially with notarized statement from REN at Community Living Arrangement where employed. 12 hours CE required annually.
Hawaii	No	no									
Idaho	yes	No			Allowed Routes: Orally including sublingual, bucal; Topically; for the eye, ear, or nose; vaginally; rectally; transdermally; oral inhaler; or established gastric (non-nasogastric tube)	Must be under direct supervision of a licensed nurse					
Illinois	no	no									
Indiana	yes	Yes	Must pass a 100 hour (60 clinical hr/40 practicum hr) course at Ivy Tech Community College and pass competency exam		Cannot give injections, inhalation meds (except metered dose inhaler), by nasogastric tube, & irrigation methods (ie enema)	Direct supervision of licensed nurse required				Dept of Health	
Iowa	yes	YES	Need to first be a Nurses Aide then must have worked at facility for 6months with letter of recommendation - Then take a 50 hour course and exam to get CMA		Only administer non parenteral meds	Must be supervised by a licensed nurse once certified in on site if long term care	Yes study done and law implemented prior to 1994	No prblms - site surveys found CMAs pass meds as other groups - no greater instance of problems	It's been a very successful program	Dept Inspection & Appeals - Also regulate survey and certification and state licensure	

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Kansas	yes	Yes	Must be a CAN first by passing a state approved program then can become a Certified Medication Aide by passing specific state approved program - Program is 75 clock hours		Can only pass meds not allowed to give anything invasive - mostly oral/topical type drugs	Must be supervised by a licensed nurse once certified		NONE	Is a successful program	Certified by Dept. of Health and Environment, Division of Health	
Kentucky	yes	?	Successful completion of state approved training program and competency evaluation								
Louisiana	yes	?									
Maine	yes	Yes, (psych hosp and correctional facilities also)	Must be a CNA first; requires 150 hr approved program and state test (going up to 180 hr course soon). Must have worked 2080 hrs then can apply for the CNA Med 120 hour course. Upon completion of CNAM course get certificate. - Can work in Assisted Living without CRMA (Certified Residential Medication Aide) course.		No injectibles, schedulr II narcotics, nebulizer meds, oxygen, chemotherapy, nasogastric & gastrostomy tubes, or meds that involve sterile procedure or technique.	Under RN only			Very successful due to RN supervision and restrictions on meds allowed to administer	Department of Health & Human Services	
Maryland	yes	Yes	Must first obtain an unencumbered nursing assistant certificate (CNA). Must be currently employed with 2 years experience as a CNA and be recommended by the Director of Nursing for Certified Medication Aide (CMA) training. CMA training is 60 hours. CMA certification must be renewed annually by completing the CMA clinical update. If clinical update is not completed the CMA must take the 60 hr course again.		Cannot administer by injection, intravenous route, by way of a tube inserted in a cavity of the body (including nasogastric or gastrostomy tube feeding. Cannot teach clients or accept verbal or telephone orders. Cannot be responsible for maintaining access to the locked container for controlled schedule drugs.	Must be supervised by RN				Dept of Health and Mental Hygiene	
Massachusetts	no	no									
Michigan	no	no									
Minnesota	yes	yes	unlicensed nursing personnel who administer medications in a nursing home must have completed a nursing assistant training program approved by the department and have completed a standardized medication administration training program for unlicensed personnel in nursing homes which is offered through a Minnesota postsecondary educational institution		A trained person who is delegated the responsibility may administer meds - oral, suppository, eye drops, ear drops, inhalant, or topical if they are regularly scheduled. In the case of PRN meds the administration of the medication is authorized by a nurse or reported to a nurse within a time period that is specified by the nursing home prior to administration	Directory of nursing services				Department of Health Nursing Assistant registry	
Mississippi	no	no									

	Medication Aides	Allowed N homes?	Qualifications	Level & Type of Edu/Train Rqd	Restrictions	Supervision Requirements (liability and licensure issues)	Study, evaluation, or analysis completed	Problems encountered	Successes Achieved	Structure for regulation and licensure or certification	Other info
Missouri	yes	No-Only in Residential Care Facilities and Assisted Living Facilities	Any individual employable by a RCF or ALF involved with direct resident care shall be eligible to enroll as a student. Employable means -at least 18, not on departments employee disqualification list, not convicted or a no contest pleas to a class A/B felony unless a good cause waiver granted. EXAM CHALLENGE: enrolled in or has been enrolled in prof nursing school or in a practical nursing prgrm who have completed the med administration or pharmacology course and have letters of endorsement from directors of programs may challenge the exam and qualify as a level 1 medication aide Independent Self Study course with 16 hours of integrated formal instruction and practice supervised by an approved instructor which should include a final written and practical exam		Medication administration of non parenteral drugs only (oral or inhalation)	Physician or Licensed Nurse				Department of Health and Senior Services	
Montana	yes	No-Only in Assisted Living facilities	Employee of an Assisted Living Facility that is at least 18 years old, has a high school diploma and has successfully completed a board approved medication aide training program		Administer only oral, sublingual, topical, ophthalmic, otic, nasal and inhalant methods for medication that are unit dose packaged, in a pre filled medication holder, and PRN and routing medications.INSULIN MAY ONLY BE GIVEN SUBCUTANEOUSLY FROM A PRE FILLED, LABELED, UNIT DOSE, SYRINGE	general supervision of a nurse with an unencumbered license				Montana Board of Nursing	
Nebraska	yes	Yes-along with assisting competent individuals, caretakers who are foster parents, parents, family members, friends or legal guardians, and licensed health care professionals. Medication Aides working in Assisted Living facilities, ICF-MR facilities of Nursing Homes are required to meet the qualifications of TYPE 2 as listed in next column	2 types of medication Assistants- TYPE 1- Medication Aide: must demonstrate minimum competencies for placement on registry, be 18, be good moral character, and be a US citizen or a qualified alien under the Federal Immigration and naturalization act. TYPE 2-all the above plus completed a 40 hour course and passed the exam administered by the department. Nursing students can meet the 40 hour course requirements by having an instructor in an approved program verify the student completed course work related to competencies.		When direction and monitoring is provided med aides may provide routine meds by oral, inhalation, topical, and instilatin routes, Routine meds are those for which the frequency of administration of medication and the amount, strength, and method of administration is specifically fixed. Under certain conditions, medication aides may be authorized to provide PRN medications, medications by additional routes and to participate in monitoring.	Medication recipient with capability and capacity, caretaker, and licensed health care professional				Department of Health and Human Services Licensing and Regulatory Affairs Division	

	Medication Aides	Allowed N homes?	Qualifications	Level & Type of Edu/Train Rqd		Supervision Requirements (liability and licensure issues)	Study, evaluation, or analysis completed	Problems encountered	Successes Achieved	Structure for regulation and licensure or certification	Other info
North Carolina	yes	yes	Must pass a 24 hour NC board approved medication aide training program and pass the state medication aide exam to be listed on the N.C. Medication Aide Registry. High School diploma/GED .Successful completion of a 24 hour medication aide training program approved by the board of nursing, successful completion of a state-approved competency evaluation program and listing on the NC division of Health Service Regulation Medication Aide Registry.		Medication administration does not include intravenous or injectable medication services.	North Carolina				Department of Health and Human Services Division of Health Service Regulation Health Care Personnel Registry Section	
North Dakota	yes	yes	Successfully completing a board approved medication assistant program. Or submitting evidence of successful completion of a medication assistant program in another state equal in content to a board approved medication assistant program. successful completion of two semesters of an approved nursing education program, each of which must have included a clinical nursing component. The two semesters combined must have included basic clinical skills, basic pharmacology, principles of medication administration, and mathematics competency, or submitting evidence of		Medication administration does not include intravenous or injectable medication.	1. In nursing facility, nurse must be on the unit and available for immediate direction. 2.In an ambulatory health care setting the nurse delegates the intervention of giving meds to individual, the nurse must be available for direction. 3.In any other setting where the licensed nurse delegates the intervention of giving medications to another individual, the licensed nurse must establish in writing the process for providing the supervision in order to provide the recipient of the medication appropriate safeguards.					
Ohio	yes	yes	Rm or LPN - Medication aide certificate		Medication administration does not include intravenous or injectable medication services. Splitting of pills or through jejunostomy,gastrostomy,nasogastric,or oral gastric tubes. Shall not receive, transcribe or alter a medication order. Administer meds without the delegation by a nurse. Administer meds to pediatric residents or access schedule II controlled substance.	Shall administer meds only at the delegation of a registered nurse or LPN.				Ohio Board of Nursing	
Oklahoma	yes	yes	Have to be Advanced Practice, Physicians Assistant or APRN - The sponsoring facility must provide 24 hours of clinical training. The aide must also take a 24 hour certification course, have been a nurse aide for at least six month s and pass a board written and clinical test. They must also complete 8 hours of continuing education annually.							Department of Health	

	Medication Aides	Allowed N homes?	Qualifications	Level & Type of Edu/Train Rqd	Restrictions	Supervision Requirements (liability and licensure issues)	Study, evaluation, or analysis completed	Problems encountered	Successes Achieved	Structure for regulation and licensure or certification	Other info
Oregon	yes	yes	A CMA must have a current unencumbered Oregon CMA certificate and be listed on the Oregon CAN registry prior to performing medication aide duties. Training and competency exam. Hold a current CNA certificate. Completion of 80 hour med aide training. Document within the two years preceding application for med aide exam. Six months full time experience as nursing assistant. Pass board med aide exam.		No injections.	Supervised by a licensed nurse.				Oregon Board of Nursing	
Pennsylvania	yes	yes	One year experience as a personnel care assistant-evidences experience in basic resident care procedures. Currently employed in a licensed facility. Current recommendation for program attendance by the director of nursing or immediate supervisor. Current character reference. Written Exam		Provide residents with assistance, as needed, with medication prescribed for self-administration. Assistance includes helping the resident to remember the schedule for taking the medication, storing the medication in a secure place and offering the resident the medication at the prescribed times. If assistance includes helping the resident to remember the schedule for taking the medication, the prescribed schedule shall be followed. Medications not prescribed for self-administration shall be administered by a licensed physician, nurse or dentist, as appropriate, IM and IV.					Department of Public Welfare	
Rhode Island	yes	no	Completion of approved medication aide training program. High School diploma/GED		Shall not administer medication by intramuscular, intravenous or subcutaneous route. Shall not take medication orders, alter medication dosage as ordered by the prescriber, not perform any function or service for students for which a nursing license is require	Supervised by a licensed nurse.				State of Rhode Island and Providence Plantations Department of Health	Allowed in specified health care facility.
South Carolina	yes	yes	A certificate will be awarded upon successful completion of all components of the training program. Training and competency exam. Hold a current CNA certificate. Completion of 80 hour med aide training. Document within the two years preceding application for med aide exam. Six months full time experience as nursing assistant. Pass board med aide exam.		With regard to injectable medications, this authority only applies to regularly scheduled insulin and prescribed anaphylactic treatments under established medical protocol and does not include sliding insulin or other injectable medications.	Supervised by a licensed RN or LPN nurse.					
South Dakota	yes	Yes Listed as UAP w/ med aide course	20 hour course (16 hr classroom/4 clinical). Students are tested in each unit of curriculum with a final test and skills evaluation			must be supervised by licensed nurse	Would like more education hrs & CE	non compliant or aggressive residents		Approval through SD Board of Nursing w/renewal every 2 yrs	

	Medication Aides	Allowed N homes?	Qualifications	Level & Type of Edu/Train Rqd	Restrictions	Supervision Requirements (liability and licensure issues)	Study, evaluation, or analysis completed	Problems encountered	Successes Achieved	Structure for regulation and licensure or certification	Other info
Tennessee	no	bill proposed	high school dip/equiv CAN for 1 yr - 75 hours instruction			must be supervised by licensed nurse					6 hrs CE/yr 5 in pharmacology
Texas	yes	Yes	high school dip/GED & be 18, be a nurses aide or nonlicensed direct care staff. State approval required for program - 140 hr total, must pass written competency evaluation		no injections - may not administer the initial dose of a medication	Must be supervised by licensed vocational nurse or RN	No studies or problems identified med aids since 1980's			TX Dept of Aging & Disability Services	
Utah	yes	Yes	high school dip/GED - 2000 hrs exp. As a CAN in a long term care facility - 2 letters of recommendation background and fingerprint check. 60 hrs medication aide training program - 40 hr practical training medication aide exam		i.m., subcutaneous or iv, central lines, colostomy, epidural barium, controlled substances limit of 40 residents per shift	must be supervised by licensed nurse				State of UT Division of Occupational and Professional Licensing	
Vermont	no	no									
Virginia	yes	No	Direct care training program by DSS or approved Nurse Aide Program - 68 hrs medication aide program (8 hr of insulin) or 8 hr refresher course if employed for 12 mos in an Assisted Living Facility prior to 12/08		no IV or IM cannot make assessments, no verbal orders to a pharmacy	must be supervised by a licensed nurse				Virginia Board of Nursing	
Washington	no	no									

	Medication Aides	Allowed N homes?	Qualifications	Level & Type of Edu/Train Rqd	Restrictions	Supervision Requirements (liability and licensure issues)	Study, evaluation, or analysis completed	Problems encountered	Successes Achieved	Structure for regulation and licensure or certification	Other info
West Virginia	yes	no	UAP with high school dip/GED, CPR & First Aid at intermediate care facilities. Each facility may develop it's own training and competency program to be approved by the Dept. of Health & Human Resources - OHFLAC		no evaluations, injections, assessments	must be supervised by a RN				WV Dept of Health & Human Resources	Med aids are in specified health care facilities - must go through retraining program every 2 years- paper done on formally trained vs. individually trained- 2001
Wisconsin	yes	no	High school/GED, 18 yrs old. Current Nurse Aide, current Fed NA - 2000 hrs experience in direct patient care in the past 3 yrs. 100 hr Med Aide Course - minimum of 6 quizzes with an avg grade of 85% to take exam and 85% on the final written & practicum eto complete the practical experience portion.		injectible meds, medications administered via internal tubes or other complex tasks	Licensed Charge Nurse				Dept of Health & Family Services	attend 4 hrs inservice annually plus 12 hrs for NA
Wyoming	no	no									

NOTES:

1. 36 states use medication aides in some capacity - 14 do not

2. 20 of the 36, allow medication aides in nursing homes

3. 2 unknown and 1 maybe

HJ 17 Study of Medication Aides in Nursing Homes

Six (6) State Review

State	Med Aid Pgm	MA allowed in NH?	Qualifications Level Educ & trng	Restrictions	Supervision requirements	Study, Eval/Analysis	Problems	Successes Achieved	Structure for regulation	Other Info—error rates
Arizona* Pilot Program	Y	Is being presented to 1/10 legislature – expected to pass	<ul style="list-style-type: none"> •CNA first • 100 hrs of training •45 didactic •15 skill lab •40 supervised administration to residents time •CNA must work with a nurse for a period of time following certification 	<ul style="list-style-type: none"> •first dose •med req. math conversion •inhalant med •skin patches •vaginal meds •sublingual med •PRN's 	“assigned” by RN or LPN who is onsite	<ul style="list-style-type: none"> •2 year pilot program •specifically trained facilities on how to utilize MA and on MA scope •addressed delegation issues early on 	<ul style="list-style-type: none"> •Lack of CNA's •Higher turnover •fiscal constraint 	<ul style="list-style-type: none"> •study showed that MA were beneficial •MA allowed nurses more time to conduct other import duties •less job stress 	Depart of Health and BON	Some errors but not significant by research methods
Iowa	Y	Y	<ul style="list-style-type: none"> •Must be a CNA first. •Must have worked at facility for 6 mos. •Take a 50 hr course and exam 	Can only admin. non parenteral meds	Supervised by a licensed nurse once certified	Study conducted and law implemented prior to 1994	None. Site surveys found CMA pass meds w/o any more problems than others	The state feels this is successful	Dept Inspection and Appeals ; this areas also houses certification and state licensure	
Maryland	Y	Y	<ul style="list-style-type: none"> •Unencumbered CNA certificate •currently employed w/ 2yrs experience as CNA •be recommended by the DON for CMA training •CMA training is 60 hours •annual renewal 	<ul style="list-style-type: none"> •No injection or intravenous meds •cannot teach clients •cannot accept verbal orders •cannot be responsible for maintaining access to locked container for controlled meds 	Must be supervised by an RN		None reported		Dept. of Health and Mental Hygiene	

State	Med Aid Pgm	MA allowed in NH?	Qualifications Level Educ & trng	Restrictions	Supervision requirements	Study, Eval/Analysis	Problems	Successes Achieved	Structure for regulation	Other Info
Minnesota	Y	Y	<ul style="list-style-type: none"> •Must receive CNA training that is approved by the dept. •complete a standardized medication administration trng program (for unlicensed personnel). Prgm is offered through 2ndary educational system •Lori recalls the need to learn about drug effects and responses. 	<ul style="list-style-type: none"> •delegation must happen— administer oral, suppository, eye drops, ear drops, inhalant or topical meds if they are scheduled. •PRN must 1st be authorized by nurse or reported to nurse w/in a facility given time period 	Director of Nursing Services— however a nurse must be available and in the building.				Dept. of Health— Nursing Assistant Registry	
N. Dakota	Y	Y	<ul style="list-style-type: none"> •successful completion of a board approved med asst program or •submitting evidence of successful completion of another states CMA program; •successful completion of 2 sem. of approved nursing education (clinical nursing). These two sems. must have included clinical skills, basic pharmacology, principles of MA and math. • 3 levels—I, II, III; each level differs in the amount of training. 	<ul style="list-style-type: none"> •all levels of MA can admin.oral, eye, ear and nasal medications. • Only MA III's may administer intramuscular injections •NO MA can admin. med's thru a central line or intravenously. 	<ul style="list-style-type: none"> •Nursing facility—RN on unit and available for immediate direction. •in ASC— delegation by RN, RN must be available •any other setting—RN delegates but must establish in writing the process for providing the supervision in order to provide appropriate safeguards. 	Study was done in Sept of 2006				
S. Dakota	Y	Y—listed as a UAP w/med aide course	<ul style="list-style-type: none"> •20 hour course(16 classroom, +4 clinical) • Students are tested in each unit w/final test and skills eval. 		Must be supervised by licensed nurse	Would like to add more education and CE hours	Non compliant or aggressive residents		Approval through SD BON Renewal every 2 yrs	

HJ 17- Study of Medication Aides in Nursing Homes

Montana Recommendations

Updated 2/22/2010

Final 03-18-10

Qualifications Level Educ & trng	Restrictions	Supervision requirements	Structure for regulation
<ol style="list-style-type: none"> 1. Must be 18 yoa, have a GED or High School diploma; 2. Medication Aide must first have acquired a CNA certification; 3. Have 2 years experience as a CNA in a skilled nursing environment. 4. Must be CPR certified. 5. Must complete Mt. Board of Nursing approved training program or be currently licensed as a Medication Aide in another state. 6. Pass a Mt. Board of Nursing Medication Aide test with 80% proficiency. 7. 4 hours of continuing education specific to pharmacology 	<ol style="list-style-type: none"> 1. PRN medications are allowed with appropriate restrictions to be determined by the Board of Nursing through rule making; 2. Cannot administer parenteral or subcutaneous medications except for pre-labeled, pre-drawn insulin. 3. Cannot administer medications through nasogastric routes or by gastrostomy or jejunostomy tubes. Cannot take verbal orders as they relate to changes in medications or issuance of new medications, 4. Cannot convert or calculate dosages 	<ol style="list-style-type: none"> 1. Under the direct supervision of a licensed nurse with an unencumbered MT nursing license. 2. This supervising nurse must be on-site. 	<ol style="list-style-type: none"> 1. MT. Board of Nursing

Notes for Consideration:

1. Board of Nursing Supervision Requirements (ARM 24.159.301 (12)).
2. Definition of “assignment” and “delegation” (ARM 24.159.1602)

HJ17 Study of Medication Aides in Nursing Homes
Montana Recommendations for Curriculum
Drafted, Developed and Recommended--February 2010
Finalized March 2010

NOTES:

1. The HJ17 workgroup examined the curricula from 6 states that utilize Medication Aides (MA) plus the curriculum developed by the National Council of State Boards of Nursing (NCSBN).
2. One overriding comment from the HJ17 workgroup is that Montana should enact one standardized curriculum for purposes of training; the test then would be derived from the curriculum and utilized by anyone desiring to be licensed as a Nursing Home Medication Aide in Montana. This process is different from that currently being used by Medication Aides in Assisted Living environments.
3. The following is the recommendation for Montana and is almost exclusively based on the NCSBN curriculum with a few exceptions. The curriculum is based upon 6 modules:

A. Medication Fundamentals	Medication Administration
B. Safety	Ethical and Legal Considerations
C. Communication and Documentation	F. Practicum
4. Like the NCSBN, Montana recommends the curriculum entail **100 hours**--60 for didactic training (which includes skills lab) and 40 hours of supervised clinical practicum.

D.

Module 1: Medication Fundamentals—20 hours

Content Outline			
Medication Orders, Documentation, Storage and Disposal			
A. Medication Prescription Order		B. Medication Documentation System	
<div>1. Recorded on patient record</div> <div>2. Complete order<ul style="list-style-type: none">signedlegibledrug namedoseroutetimefrequency</div> <div>3. MA will not take verbal or telephone orders</div> <div>4. Questioning an incomplete medication order</div>		<div>1. Documentation of orders onto agency’s medication document</div> <div>2. Medication Administration Record (MAR)</div> <div>3. Controlled substance medication log</div> <div></div> <div>C. Medication Storage</div> <div>1. Storage Area</div> <div>2. Medication room</div> <div>3. Medication cart</div> <div>4. Medication Tray</div> <div></div> <div>D. Disposal of outdated, contaminated or unused medication.</div>	
Mathematics, Weights and Measures			
<div>A. MA does not convert medication dosages</div> <div>B. Systems of Measurement</div>			
A. Liquids		B. Solid and Semi-Solid	
Forms of Medication			
<div>1. Aerosol</div> <div>2. Inhalant</div> <div>3. Drops</div> <div>4. Elixir</div> <div>5. Spray</div> <div>6. Solution</div> <div>7. Suspension</div>		<div>8. Syrup</div> <div>9. Tincture</div> <div></div> <div>1. Capsules</div> <div>2. Tablet</div> <div>3. Scored v. unscored</div> <div>4. Caplets</div> <div>5. Time-released</div> <div>6. Covered w/special coating</div>	<div>7. Lozenges</div> <div>8. Ointment</div> <div>9. Paste</div> <div>10. Powder</div> <div>11. Cream/Lotion</div> <div>12. Liniment</div>

Content Outline (cont)	
Medication Basics	
<ul style="list-style-type: none"> A. Terminology B. Abbreviations C. Dosage Range D. Actions E. Implications for Administration F. Therapeutic Effects G. Side Effects H. Precautions 	<ul style="list-style-type: none"> I. Contraindications J. Allergic Reactions K. Adverse Reactions L. Tolerance M. Interactions N. Additive O. Idiosyncratic Effect P. Paradoxical Effect
Safety and Rights of Medication Administration	
<ul style="list-style-type: none"> A. Three Safety Checks: <ul style="list-style-type: none"> 1. When removing from med. package from storage 2. When removing med. from package/container 3. When returning package to where it is stored 	<ul style="list-style-type: none"> B. Six Rights of Medication Administration <ul style="list-style-type: none"> 1. Right Client 2. Right Drug 3. Right Dose 4. Right Route 5. Right Time 6. Right Documentation
Preparation and Actual Medication Administration	
<ul style="list-style-type: none"> A. Wash hands B. Review medications that require checking of pulse or blood pressure before administering C. Identify the client D. Introduce yourself E. Explain what you are going to do 	<ul style="list-style-type: none"> F. Glove if necessary G. Position the client H. Do what you explained I. Wash your hands J. Special considerations K. Document

Module 2: Safety—7 hours

Content Outline	
Prevention of Medication Errors	Causes and Reporting of Medication Errors
<ul style="list-style-type: none">A. Know the following before administering medications<ul style="list-style-type: none">1. Name2. Purpose3. Effect4. Length of time to take effect5. Side Effect6. Adverse Effects7. Interactions8. Special Instructions9. Where to get Help	<ul style="list-style-type: none">A. Failure to follow prescriber's orders exactlyB. Failure to follow accepted standards for medication administrationC. Failure to listen to a client's or family's concernsD. Notify the agency's nurse/supervisor/pharmacist/physician or other prescriberE. Complete a medication error or incident report

Module 3: Communication and Documentation—8 hours

Content Outline	
Building Relationships	Reporting of Symptoms or Side Effects
A. Review the Communication Process B. Review barriers to effective listening and communication C. Setting boundaries D. Review team building	A. Observe, monitor and report any change that is different from the clients normal condition B. Notify the nurse as soon as possible with as much info as available C. Record Changes
Report Any Change from the Normal Condition for the Patient	Documentation of Medication Administration
A. Temperature B. Pulse C. Respirations D. Blood Pressure E. Observe and report complaints of pain F. Changes in levels of consciousness G. Other changes in condition	A. Identifying initials and time on MAR B. Circle and document reasons that client may not take meds C. PRN medication Issues
Content Outline (cont)	
Role of Supervising Nurse	
A. Explain the Responsibilities of the supervising nurse when assigning medication administration to the Medication Aide B. Assignment Vs. Delegation	

Module 4: Medication Administration—20 hours

Course Outline					
Routes of Administration			Factors Affecting How the Body Uses Medication		
A. Oral B. Buccal C. Sublingual D. Inhaler E. Nebulizer	F. Nasal G. Eye H. Ear I. Topical J. Dressing	K. Soaks L. Transdermal M. Suppositories	A. Age B. Size C. Family Traits D. Diet	E. Disease F. Psychological Issues G. Gender	H. Metabolic Rate I. Dosage
Classes of Medications Related to Body Systems and Common Actions Identify the Classifications of Medications and State Common Side Effects					
A. Antimicrobials B. Cardiovascular C. Dermatological D. Endocrine		E. Gastrointestinal F. Musculoskeletal G. Neurological H. Nutrients/Vitamins/Minerals		I. Respiratory J. Sensory K. Urinary	
Location of Resources and References Allows the MA to identify resources for contact and clarification					
A. Nurse B. Pharmacist C. Physician			D. Package/drug insert E. Drug Reference Manuals		

Module 5: Ethical and Legal—5 hours

Course Outline
<p style="text-align: center;">Role of the Medication Aide</p> <ul style="list-style-type: none">A. The MA may perform a task involving administration of medications if:<ul style="list-style-type: none">1. The MA's assignment is to administer medications under the supervision of a licensed nurse in accordance with provisions of the governing act and subsequent rules;2. The assignment is not prohibited by any provision of the act and rulesB. Role of the MA includes medication administration. The following acts shall not be assigned to the MA:<ul style="list-style-type: none">1. Administration of PRN medications must be consistent with ARM 24.159.915;2. Cannot administer parenteral or subcutaneous medications except for pre-labeled, pre-drawn insulin.3. Cannot administer medications through nasogastric routes or by gastrostomy or jejunostomy tubes.4. Cannot take verbal orders as they relate to changes in medications or issuance of new medications5. Cannot convert or calculate dosagesC. Any MA who has any reason to believe that he/she has made an error in the administration of medication shall follow facility policy and procedure to report the possible or known error to the appropriate superior and shall assist in completing any required documentation of the medication error.D. Medication Administration Policies<ul style="list-style-type: none">1. The MA shall report to the supervising nurse;<ul style="list-style-type: none">a. Signs or symptoms that appear life-threatening;b. Events that appear health-threatening; andc. Medications that produce no results or undesirable effects as reported by the client or as observed by the MA.
<p style="text-align: center;">The Responsibility of the MA when Accepting Assignment Tasks</p> <ul style="list-style-type: none">A. The MA has the responsibility not to accept an assignment that she/he knows is beyond her/his knowledge and skills.B. The MA is expected to speak up and ask for training and assistance in performing the assignment or request not to be assigned a particular task/function/activity.C. Both the nurse and the MA need the appropriate interpersonal and communication skills and organizational support to successfully resolve assignment issues.

Course Outline (Cont)			
Rights of Individuals		Specific Legal and Ethical Issues	
A. Maintaining confidentiality	E. Communicating respectfully	A. Abuse and/or Neglect	B. Exposure to medical malpractice/negligence claims/lawsuits
B. Respecting clients rights	F. Respecting client's wishes whenever possible	Identify types of abuse	
C. Respecting clients privacy	G. Right to refuse medication	1. Preventive measures	C. Fraud
D. Respecting client's individuality and autonomy	H. Right to be informed	2. Duty to report	D. Theft
		3.	E. Diversion
Safety and Rights of Medication Administration			
A. Review the three safety checks			
B. Review the six rights of medication administration			

Module 6: Practicum—40 hours

- 40 hours of supervised clinical practicum, which should be progressive, where the instructor observes medication administration; gradually, the instructor increases the number of clients to whom the student administers medications.



Use of Medication Assistants / Technicians

Myth Medication Assistants can be trained to safely administer medications.

Fact

Safe administration of medications is much more than a technical process.

The medication administration procedure involves the “five rights” which are: the right patient, right medication, right dose, right method and the right time. Also, a sixth right has been proposed – the right response of the patient to the medication. Nurses are the sixth right, in evaluating for the “right” response. (Wilson & DiVito-Thomas 2004)

The administration of medications involves complex thinking and application of scientific knowledge.

The actual act of administering medication is a small part of the professional nurse’s responsibility in the medication administration process. Professional vigilance is required when administering medication and includes:

- Observation for signals and cues as to whether the medication is working as intended.
- Calculation of risk associated with the medication and a readiness to act appropriately and efficiently.

(Eisenhauer et al., Nurses Thinking During Medication Administration 2007) *Journal Of Nursing Scholarship*)

Any nursing intervention that requires independent, specialized, nursing knowledge, skill or judgment can not be delegated. (*Registered Nurse Utilization of Unlicensed Assistive Personnel Position Statement, ANA 1992*)

Nurses are the last link in the safety net to prevent errors.

For further information, you may contact ANA:

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ARIZONA STATE BOARD OF NURSING

Janet Napolitano
Governor

Joey Ridenour
Executive Director



REPORT TO THE LEGISLATURE

ARIZONA MEDICATION TECHNICIAN PILOT PROJECT

To see the entire document you must double click. There are 111 pages.

The Effects of Medication Aides/Assistants on Job Losses in Long-term Care Settings: A Non-Experimental Investigation

In July 2009, NCSBN conducted a non-experimental survey to investigate the effects of medication aides/assistants (med aides) on job losses in long-term care settings. Specifically, the purpose of the survey was to determine if nurse aides or licensed practical/ vocational nurses (LPN/VNs) were experiencing job losses as a result of med aides being introduced into long-term care facilities. A summary of the results are as follows:

- Of the 43 states that were sent the survey, 30 responded (response rate = 69 percent).
- Of the 30 states that responded, two did not have med aides (i.e., Nevada and Wyoming), and two were waiting for final steps on program approval (i.e., Idaho was deciding on a certification exam and Tennessee was waiting for the Governor's signature on a bill).
- Of the 26 states currently using med aides:
 - There were 17 states that reported no job losses as a result of med aides being introduced into long-term care settings where either nurse aides or LPN/VNs were working;
 - There were six states that either did not have med aides or did not have them in long-term care settings; and
 - There were three states that did not know if there were job losses as a result of med aides being introduced into long-term care settings because this information was not maintained by the board of nursing.

[Download the complete survey results](#), which include responses by state/jurisdiction and additional comments by state.

It should be noted that no causal conclusions can be drawn from this study. Additionally, it is not known how the 17 states that reported no job losses as a result of med aides being introduced into long-term care settings verified this information. Future studies should more fully investigate the relationship between the utilization of med aides and nurse aide/LPN/VN job losses in long-term care settings. For example, an investigation of staffing levels pre- versus post- med aide introduction could be conducted or an investigation of staffing levels of facilities with versus without med aides could be tracked and compared.

More information regarding med aides will be published as it becomes available. Please send any inquiries regarding this study to nnaap_maceinfo@ncsbn.org.

To see the entire document you must double click. There is 1 page.

Joint Statement on Delegation

American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN)

Introduction

There is more nursing to do than there are nurses to do it. Many nurses are stretched to the limit in the current chaotic healthcare environment. Increasing numbers of people needing healthcare combined with increasing complexity of therapies create a tremendous demand for nursing care. More than ever, nurses need to work effectively with assistive personnel. The abilities to delegate, assign, and supervise are critical competencies for the 21st century nurse.

In 2005, both the American Nurses Association and the National Council of State Boards of Nursing adopted papers on delegation.¹ Both papers presented the same message: delegation is an essential nursing skill. This joint statement was developed to support the practicing nurse in using delegation safely and effectively.

Terminology

Although there is considerable variation in the language used to talk about delegation, ANA and NCSBN both defined delegation as the process for a nurse to direct another person to perform nursing tasks and activities. NCSBN describes this as the nurse transferring authority while ANA calls this a transfer of responsibility. Both mean that a registered nurse (RN) can direct another individual to do something that that person would not normally be allowed to do. Both papers stress that the nurse retains accountability for the delegation.

Both papers define assignment as *the distribution of work that each staff member is responsible for during a given work period*. The NCSBN uses the verb "assign" to describe those situations when a nurse directs an individual to do something the individual is already authorized to do, e.g., when an RN directs another RN to assess a patient, the second RN is already authorized to assess patients in the RN scope of practice.

Both papers consider supervision² to be the provision of guidance and oversight of a delegated nursing task. ANA refers to on-site supervision and NCSBN refers to direct supervision, but both have to do with the physical presence and immediate availability of the supervising nurse. The ANA refers to off-site supervision, and NCSBN refers to indirect supervision. Both have to do with availability of the supervising nurse through various means of written and verbal communication.

¹ ANA and NCSBN have different constituencies. The constituency of ANA is state nursing associations and member RNs. The constituency of NCSBN is state boards of nursing and all licensed nursing. Although for the purpose of collaboration, this joint paper refers to registered nurse practice, NCSBN acknowledges that in many states LPN/VNs have limited authority to delegate.

² ANA defines supervision to be the active process of directing, guiding, and influencing the outcome of an individual's performance of a task. Similarly, NCSBN defines supervision as the provision of guidance or direction, oversight, evaluation and follow-up by the licensed nurse for the accomplishment of a delegated nursing task by assistive personnel. Individuals engaging in supervision of patient care should not be construed to be managerial supervisors on behalf of the employer under federal labor law.

To see the entire document you must double click. There are 9 pages.



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Medication Assistant-Certified (MA-C) Model Curriculum

Adopted by NCSBN's Delegate Assembly, August, 9, 2007

NCSBN Practice, Regulation and Education Committee

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Medication Aides/Assistants in Long-Term Care Survey Results

July 2009

State	Does your state have medication aides?	Do medication aides work in long-term care settings in your state?	Are medication aides working in the same facility as nurse aides?	Are medication aides working in the same facility as licensed practical/vocational nurses?	Are nurse aides losing their jobs when MAs are hired in long-term care settings?	Are licensed practical/vocational nurses losing their jobs when MAs are hired in long-term care settings?
Alabama	We have unlicensed folks in public schools and mental health that have to go through training to assist nurses with medications but they are not technically called medication aides.	No	No	Yes	No	No
Arizona	We have a limited pilot program in five facilities	Yes	Yes	Yes	No	No
Arkansas	Yes	Yes	Yes	Yes	No	No
Colorado	Yes, Practice Act authorized medication aide authority for CNAs. No CNAs have applied for or been granted the authority. Authority has been repealed and Medication aide authority will be recreated via rulemaking.	Yes, However - we do not have a MA who has qualified to take the exam.	Yes	Yes	No, MAs are an authority that are attached to a nurse aide certification. Again, we do not have anyone qualified in Colorado to have such authority.	No
Connecticut	Yes, CT General Statute Section 20-14i is entitled Administration of medication by trained persons. This statute does not prohibit the administration of medications to persons attending day programs, residing in residential facilities or receiving individual and family support under the jurisdiction of the Departments of Children and Families (DCF), Correction, Developmental Services and Mental Health and Addiction Services or being detained in juvenile detention centers or residing in residential facilities dually licensed by DCF and DEPTH when medication is ordered by a MD, APRN, DMD licensed in CT.	No, The above referenced statute does not exempt a Long term care facility. Nurses are required to provide medication administration.	Yes, They may be. Medication technicians must undergo specific training designed and under the jurisdiction of the state agency through which they are employed. Not all aides employed in such settings are required or are certified to be med technicians.	No	No	No

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Utilization of Medication Assistants in North Dakota

September 2006

**Patricia L. Moulton, Ph.D.
Karen K. Speaker, B.A.**

Funding for this project was provided by the
North Dakota Board of Nursing.

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the health of people in rural communities.*

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pages.**

HJ 17 WORKGROUP
November 19, 2009
Room 152, State Capitol Building
Helena, MT 59601

MEMBERS PRESENT:

Libby Marcus, RN, St. John's Lutheran Ministries; Lori Collins, RN, Valley View Home-Glasgow; Robert Allen, Montana Nurses Association; Judy Melin, Madison Valley Manor; Representative Julie French, Montana House of Representatives; Casey Blumenthal, MHSA, RN, CAE, Montana Hospital Association; Rose Hughes, Montana Health Care Association;

MEMBERS ABSENT:

Kathy Hayden, LPN, Montana Board of Nursing.

VISITORS:

Anna Whiting Sorrell, Director Department of Health and Human Services; Kelly Williams, DPHHS; Richard Norine, DPHHS; Katherine Beaty, Valley View Estates-Hamilton; Tammy Salley, Riverside Health Care- Missoula; Ronald Klein, Montana Board of Pharmacy.

STAFF PRESENT:

Maggie Connor, Department of Labor and Industry; Becky Fleming-Siebenaler, Department of Health and Human Services; Roy Kemp, Quality Assurance Division; Linda Ashworth



MEETING MINUTES

WELCOME:

Director Anna Whiting Sorrell and Becky Fleming-Siebenaler welcomed the workgroup and guests. Director Whiting Sorrell commented about the department's commitment to this resolution and the importance of the information forthcoming. She encouraged members to consider the use of WebEx for meetings and talked about the success of WebEx from a recent all staff meeting she conducted. She concluded by encouraging members to contact Becky, Roy or Maggie if additional issues arose that were not discussed in the scheduled meetings.

Commissioner Kelly was unable to make this meeting, but Maggie conveyed his appreciation for everyone's involvement and commitment to doing good work.

INTRODUCTION:

Members of the workgroup introduced themselves and shared hopes and fears for the work of the committee. It was the hope of the group to produce a meaningful, comprehensive document that will lay out the best path for Montana regarding the use of medication aides in nursing homes and to provide a comprehensive report to the 62nd Legislature. The group agreed to listen to each other and try to understand the positions of all and listen to the opinions of those that don't share the same view. Other hopes and fears consisted of the following:

- Making sure any designation of medication aides involved true licensure, not a ‘certification’;
- Use the existing process as a “spring board” so as to not throw out what may be working positively. This makes this process more effective; and
- The use of medication aides should be an optional choice for facilities—do not make it a mandatory use.

Preference for Meetings: It was the consensus of the group to set up Tele-medicine sites or WebEx for several meetings during the winter months. It was further suggested that at least one more face-to-face meeting be held.

REVIEW OF HJ17 RESOLUTION AND WORK PLAN:

Maggie Connor and Roy Kemp provided a work plan for the HJ Medication Aide Study.

HJ 17 directs the Department to examine the use of medication aides in nursing homes and to provide a report to the 62nd legislature. The work plan outlines the proposed process to complete the study in cooperation with the Department of Labor and Industry and the Board of Nursing. The Quality Assurance Division (QAD) in joint consultation with the senior and Long Term Care Division (SLTC) will lead the effort for DPHHS as directed by the joint resolution. DPHHS and DLI will prepare a report as required by the resolution and will provide update reports to The Children, Families, Health, and Human Services Interim Committee on the status of the study.

Areas of Study for the 18 month study in response to HJ17 with the goal of addressing the specific provisions of the resolution will include:

1. Identifying other states where the use of medication aides is allowed in nursing homes in order to obtain and review information from those states about:
 - a) the qualifications of medication aides, including the level and type of education and training required;
 - b) the level of supervision by licensed nurses that may be required for medication aides;
 - c) the restrictions on the types of medications or routes of medication administration for medication aides;
 - d) the liability and licensure issues related to supervision by licensed nurses;
 - e) any study, evaluation, or analysis completed by other states related to the use of medication aides;
 - f) the problems encountered and successes achieved in the use of medication aides;
 - g) the structure for the regulation and licensure or certification of medication aides; and
 - h) other information considered pertinent to the study; and
2. Obtaining and reviewing information from appropriate state or national organizations related to the use of medication aides, including but not limited to the National Council of State Boards of Nursing and the American Society of Consultant Pharmacists.

Representative French cautioned the group that when the resolution was heard in committee there were concerns that this would replace nurses and that this issue cannot be mandatory. Roy indicated that 70% of all assisted living programs in the state are 20 beds or less. When comparing to other states the group needs to remember that “small” nursing homes in other states are large in comparison to Montana.

Timelines for Production of the Report:

The group agreed to meet approximately every six weeks with the goal of finalizing the report by September 2010. The report will be distributed electronically to legislators and interested parties in Nov/Dec. 2010. It was emphasized that the report will provide information about the use of medication aides in Montana nursing homes but will not specifically recommend whether legislation will be sought. That decision will have to be made independently by the Interim Committee or by advocacy groups.

One member of the group did comment that the resolution does speak of “recommendations”. Becky and Roy cautioned the group to think of that statement not so much as a recommendation for legislation, but to focus the report on what will be in the best interest of Montana Nursing Homes, staff and ultimately the residents. In other words, the ‘recommendation’ should specify whether the use of Medication Aides will work in Montana and under what circumstances.

PUBLIC COMMENT PERIOD:

Kelly Williams and Richard Norine, Department of Human Services, stated they were in attendance to answer questions, if needed.

DISCUSSION REGARDING HJ 17 RESOLUTION: HOW DID WE GET HERE?

Maggie and Becky provided the following background for the resolution:

1. Nursing homes in Montana are experiencing a shortage of licensed nursing staff, particularly in rural areas of the state.
2. The shortage will likely worsen as baby boomers continue to age and seek health care services;
3. Facilities are using traveling nurses to staff uncovered shifts in a practice which leads to added expenses for facilities and possibly affects the quality of the delivery of care;
4. To ensure availability of staff to provide care, there is a need to revise the service delivery in nursing homes to use resources that are available in Montana;
5. Many states have developed a program of education, training and certification to allow unlicensed assistive personnel to become medication aides who are able to administer medication in nursing homes;
6. This level of health care may help relieve nursing home shortage and improve the quality of health care for nursing home residents.
7. Establishing this program in Montana is complex and requires study to obtain information from multiple organizations and agencies.

Discussion of License Summary for Medication Aides:

Discussion focused on the need to redefine the scope of practice and clarification of rules for medication aides. Possibilities would include working off the framework of current rules which

exist in assisted living facilities. In this respect, the group could identify new areas of recommendations, and adjust those areas to meet the needs of Nursing Home facilities.

Maggie reported that there are currently 4 medication aides licensed in the state. She indicated the apparent reason for the lack of licensed aides is because there is a disconnect between the test and the training for medication aides. It was the consensus of the group that under this study, further examination of a more consistent training program was needed. Perhaps a standardized test needs to be recommended? The current test should be analyzed and compared to the curriculum. Becky Fleming-Siebenaler will research whether other states have one standardized curriculum/training course for all medication aide trainees. The group will look at inviting instructors from Headmaster (the current organization used for Testing) for a possible panel discussion via webex.

One member brought up the need to review Federal regulations related to the dispensing of psychotropic medications; specifically, with respect to nurses reporting affects of medication on patients (Federal Tag--F312??). This member's question: Can this be taught? Or should this be considered one of the restrictions to what a medication aide can do? This could be liability for nurses.

An additional item brought forth concerned whether a medication aid would need to have continuing education hours? Currently CNA's must have continuing education, RN's do not. However, it was indicated that this requirement for RN's is changing.

Representative French indicated it was her preference that any medication aide must first have certification as a CNA. This sentiment was echoed by the majority of the group. As such, the question was raised whether this item was a consensus decision. The group concurred that it was.

Ron Klein was asked to research whether the Board of Pharmacy has any information on medication aides and their use in assisted living facilities and nursing homes. He indicated he was sure he did and would bring information back to the next meeting.

Nurse Shortage Discussion:

The term "nurse", for the purpose of this workgroup's discussion will encompass both RNs and LPNs with the differences being distinguished between the two.

Because of the shortage of licensed nursing staff, bringing in medication aides to nursing homes will allow nurses to free up time for other nursing tasks, such as conducting assessments. Currently, in Montana, medication aides have been approved for assisted living facilities. The approval of using medication aides in nursing homes would begin to address the shortage of nurses and have the added benefit of improving retention and recruitment of CNAs through a career ladder approach.

The group did not feel the need to discuss this issue at length; the legislation would not have been needed if facilities were adequately staffed. Instead, the group decided that this statement

will be part of the resolution because it's part of the legislation. The group will not spend significant time studying this subject.

Current Medication Aide Programs in Assisted Living Facilities:

A summary from the Department of Labor & Industry Board of Nursing for obtaining licensure as a Medication Aide in Montana was provided. Also provided was the Medication Aide scope of practice from the Montana Code Annotated (MCA) 2009 and the Administrative Rules of Montana as they pertain to the purpose of standards of practice for the licensed medication aide, general requirements for medication aide training programs and instructors, general requirements for licensure as medication aide and standards related to the medication aide's responsibilities as a member of the health team.

Fifty State Review:

Maggie and Becky provided a spreadsheet outlining research on medication aides in nursing homes by state. Thirty-six states use medication aides in some capacity, but only twenty of them use medication aides in nursing homes. The group decided to focus on those twenty. After considerable discussion, focusing on length of experience with the program and resemblance to Montana issues, the list was narrowed to the following states: Arizona, Iowa, Maryland, Minnesota, North Dakota and South Dakota.

Minnesota appears to have a strong use of medication aides. It was suggested that we give strong consideration of the system in that state.

Further research on the six states will look at medication errors with nurses vs. medication aides and complaints or discipline action with nurses vs. medication.

Casey Blumenthal and Rose Hughes believe they have access to the Arizona pilot program. A copy of this report will be e-mailed to Becky and she will pass it on to the other members. Rose Hughes indicated that she had previously given a copy of a medication aide report from the National Council of State Boards of Nursing to the department. Becky will avail this report to the committee.

During this section of the agenda, Robert Allen was able to access (on his computer) from the American Nurses Association and their position on the use of medication aides. This report conducted by the ANA questions the following:

- Can medication aides be adequately trained to safely administer medications?
Knowledge of medication, its purpose and its reactions involves a high degree of science. Can the training adequately address this?
- Standard of care involves the 5 Rights of medications...there is now a 6th right and that involves the RN. How does the use of medication aides affect the 6th right?
- Delegation rules differ by state. How will the use of medication aides affect RN delegation laws?

Robert was able to fwd a copy of this report to Becky's email during the meeting. Becky will get this report posted to the HJ17 website and notify committee members accordingly so that they may access the document.

Rose inquired whether a federal survey could show degrees of deficiencies involved medication errors. Becky indicated she would talk to Jill Caldwell, Certification Bureau Chief and see if such information could be garnered. If so, she will specifically try to review such information from the designated 6 states and Montana.

PUBLIC COMMENT PERIOD

There was no public comment during the meeting's afternoon session.

DRAFT AGENDA FOR NEXT MEETING:

The next meeting will be January 8th in the afternoon via Tele-med or WebEx.

Topics for the next meeting will include:

- The workgroup will look at training, testing, qualification restrictions, supervision, and medication errors involving medication aides.
- Ron Klein will provide resources and research on the use of medication aides in the pharmacy field.
- Robert Allan will provide members with information on this issue from the American Nurses' Association.
- National Council on State Boards of Nursing report to be reviewed.
- Casey Blumenthal and or Rose Hughes will provide a copy of the pilot program from Arizona. Becky will e-mail the information to the workgroup.

It was suggested that someone follow up the Board of Nursing representatives. Their participation is very important to the process and their voice needs to be heard.

HJ 17 WORKGROUP
January 8, 2010
Conducted via Telemedicine Sites:
Helena, Missoula, Glasgow, Billings

MEMBERS PRESENT:

Libby Markus, RN, St. John's Lutheran Ministries; Lori Collins, RN, Valley View Home-Glasgow; Kathy Hayden, LPN, Montana Board of Nursing; Casey Blumenthal, MHSA, RN, CAE, Montana Hospital Association; Rose Hughes, Montana Health Care Association;

MEMBERS ABSENT:

Robert Allen, Montana Nurses Association; Judy Melin, Madison Valley Manor; Representative Julie French, Montana House of Representatives

VISITORS: none

STAFF PRESENT:

Becky Fleming-Siebenaler, Department of Health and Human Services; Roy Kemp, Quality Assurance Division; Maggie Connor, Department of Labor and Industry

MEETING MINUTES: Approved as written

I. ANA Position Statement Regarding Medication Aides – Becky Fleming-Siebenaler

Ms. Fleming-Siebenaler reported for Mr. Allen that the MNA has no problem with the use of medication aides as long as a nurse is available on site and the medication aide is first a CNA. A proper curriculum and training is also important.

Key points and agreements in the discussion were:

1. Nurse means an LPN or a RN.
2. The proposed 6th right – there is a proposed 6th right; however, this right has not been formally adopted into the national accepted standards of practice. Even so, the group felt this was an important concept and needed to be acknowledged as such.
3. A scope of practice for medication aides is necessary. This would address concerns as medication aides would work under their own license, not that of the nurse.
4. Nurses wouldn't delegate to medication aides they would assign. A delegation model implies that the nurse is responsible. An assignment model with a medication aide scope of practice would not impact the nurse's license like the delegation model, although the nurse would still retain overall supervision for the licensed aide.
5. Curriculum and training is essential.

6. When BON looks at the education curriculum, “assignment” and “delegation” are critical competencies for future nurses. Ms. Hayden stated this is currently in the nursing curriculum.
7. Assisted living and nursing home medication aides are not the same. HJ17 pertains to nursing home medication aides and the group will not review the assisted living medication aide scope.

II. Review of the Arizona Pilot Study—Maggie Connor

The group reviewed the high points of the Arizona pilot study. The purpose of the study was to determine the impact to patient health and safety allowing nursing assistants acting as medication technicians to administer medications under educational requirements and conditions prescribed by the board. The study found the use of medication aides in long term care facilities beneficial and the board is presenting legislation to the Arizona legislature in January 2010. This study states that medication aides can be used safely. There must be proper training for the medication aide, the nurse, and the facility for the role to be successful.

1. Certain medications and tasks could not be delegated
2. Education consisted of :
 - a. 100 hours; 45 hours didactic instruction, 15 hours skills lab, and 40 hours supervised medication administration to residents;
 - b. curriculum consisted of basic pharmacology and safe medication administration principles
 - c. state administered competency exam; and
 - d. a training program for all instructors.

Conclusion of the Arizona study - The use of medication aides

1. did not significantly impact medication error rates. The error rate of medication aides in the study was less than nurses, but the number of participants was so few that the difference was not statistically significant;
2. does not result in job losses for nurses;
3. resulted in nurses being able to attend to more nursing duties;
4. increased job satisfaction, and decreased stress for nurses; and
5. improved resident care.

III. Board of Pharmacy Information on Medication Aides—Ron Klein

Mr. Klein was not able to attend. The group restated they would like to know what the American Association of Consultant Pharmacists has on medication aide guidelines and error rates.

IV. Effects of Medication Aides/Assistants on job losses in long term care settings by National Council of State Boards of Nursing (NCSBN)

NCSBN asked whether there were job losses to nurses due to the use of medication aides and all indications are no. The real result is that nurses have more time to do nursing tasks.

V. Report from the NCSBN— Becky Fleming-Siebenaler and Rose Hughes

The important piece to this is that the National Council looked at the used of medication aides, developed a curriculum and determined this can be done safely.

The group agreed a single standardized curriculum would be the best route for Montana.

VI. Six State Review— Becky Fleming-Siebenaler, Maggie Connor and Roy Kemp

The group reviewed current regulations from Arizona, Iowa, Maryland, Minnesota North Dakota, and South Dakota to look at the following issues:

1. Do they use medication aides in nursing homes?
2. The qualifications including level and type of education and training required.
3. Restrictions on the types of medications or routes of medications administration
4. The liability and licensure issues related to supervision by licensed nurses.
5. Studies, evaluations or analysis completed by other states
6. Problems encountered and success achieved.
7. The structure for the regulation and licensure.
8. Other information considered pertinent to the study.

The results of this review are attached.

The group agreed that once we are able to answer all these questions we're ready to write the report. Ms. Hayden will present the information to the Board of Nursing meeting on January 14th. Once we know the BON's position we will be able to write the report with the group's recommendations.

VII. PUBLIC COMMENT PERIOD – none

VIII. Draft Agenda for Next Meeting—Becky Fleming-Siebenaler

- A. Decide Next Meeting Date—February 3, 2010 at MHA
- B. Identify additional research (if needed)
 - a. Ron Klein research Am Assoc Consulting Pharmacists position

NOTE: It was decided that this report was not necessary; the group concurred that we are ready to answer the questions above in VI. relating to Montana.

C. Group Assignments

- a. Becky will update table
- b. Ms. Hayden report to the Board of Nursing and report back their position.

Respectfully Submitted,

Maggie Connor, Bureau Chief
Health Care Facility Licensing/Business Standards Division
Montana Department of Labor and Industry

HJ 17 Study of Medication Aides in Nursing Homes
Six (6) State Review

State	Med Aid Pgm	MA allowed in NH?	Qualifications Level Educ & trng	Restrictions	Supervision requirements	Study, Eval/Analysis	Problems	Successes Achieved	Structure for regulation	Other Info—error rates
Arizona* Pilot Program	Y	Is being presented to 1/10 legislature – expected to pass	<ul style="list-style-type: none"> •CNA first ▪ 100 hrs of training ▪45 didactic ▪15 skill lab ▪40 supervised administration to residents time •CAN must work with a nurse for a period of time following certification 	<ul style="list-style-type: none"> •first dose •med req. math conversion •inhalant med •skin patches •vaginal meds •sublingual med •PRN's 	"assigned" by RN or LPN who is onsite	<ul style="list-style-type: none"> ▪2 year pilot program •specifically trained facilities on how to utilize MA and on MA scope •addressed delegation issues early on 	<ul style="list-style-type: none"> •Lack of CNA's •Higher turnover •fiscal constraint 	<ul style="list-style-type: none"> ▪study showed that MA were beneficial •MA allowed nurses more time to conduct other import duties •less job stress 	Depart of Health and BON	Some errors but not significant by research methods
Iowa	Y	Y	<ul style="list-style-type: none"> •Must be a CNA first. •Must have worked at facility for 6 mos. •Take a 50 hr course and exam 	Can only admin. Non parenteral meds	Supervised by a licensed nurse once certified	Study conducted and law implemented prior to 1994	None. Site surveys found CMA pass meds w/o any more problems than others	The state feels this is successful	Dept Inspection and Appeals; this areas also houses certification and state licensure	
Maryland	Y	Y	<ul style="list-style-type: none"> •Unencumbered CNA certificate •currently employed w/ 2yrs experience as CAN •be recommended by the DON for CMA training •CMA training is 60 hours •annual renewal 	<ul style="list-style-type: none"> •No injection or intravenous meds •cannot teach clients •cannot accept verbal orders •cannot be responsible for maintaining access to locked container for controlled meds 	Must be supervised by an RN		None reported		Dept. of Health and Mental Hygiene	

State	Med Aid Pgm	MA allowed in NH?	Qualifications Level Educ & trng	Restrictions	Supervision requirements	Study, Eval/Analysis	Problems	Successes Achieved	Structure for regulation	Other Info
Minnesota	Y	Y	<ul style="list-style-type: none"> •Must receive CNA training that is approved by the dept. •complete a standardized medication administration trng program (for unlicensed personnel). Prgm is offered through 2ndary educational system •Lori recalls the need to learn about drug effects and responses. 	<ul style="list-style-type: none"> •delegation must happen— administer oral, suppository, eye drops, ear drops, inhalant or topical meds if they are scheduled. •PRN must 1st be authorized by nurse or reported to nurse w/in a facility given time period 	Director of Nursing Services— however a nurse must be available and in the building.				Dept. of Health— Nursing Assistant Registry	
N. Dakota	Y	Y	<ul style="list-style-type: none"> •successful completion of a board approved med asst program or •submitting evidence of successful completion of another states CMA program; •successful completion of 2 sem. Of approved nursing education (clinical nursing). These two sems. Must have included clinical skills, basic pharmacology, principles of MA and math. • 3 levels—I, II, III; each level differs in the amount of training. 	<ul style="list-style-type: none"> •all levels of MA can admin.oral, eye, ear and nasal medications. • Only MA III's may administer intramuscular injections •NO MA can admin. Med's thru a central line or intravenously. 	<ul style="list-style-type: none"> •Nursing facility—RN on unit and available for immediate direction. •in ASC— delegation by RN, RN must be available •any other setting—RN delegates but must establish in writing the process for providing the supervision in order to provide appropriate safeguards. 	Study was done in Sept of 2006				
S. Dakota	Y	Y—listed as a UAP w/med aid course	<ul style="list-style-type: none"> •20 hour course(16 classroom, +4 clinical) • Students are tested in each unit w/final test and skills eval. 		Must be supervised by licensed nurse	Would like to add more education and CE hours	Non compliant or aggressive residents		Approval through SD BON Renewal every 2 yrs	

HJ 17 WORKGROUP
February 3, 2010
Meeting Held at Montana Hospital Association
1720 9th Avenue
Helena, MT 59601

MEMBERS PRESENT:

Ms. Libby Marcus, RN, St. John's Lutheran Ministries; Ms. Lori Collins, RN, Valley View Home-Glasgow; Casey Blumenthal, MHSA, RN, CAE, Montana Hospital Association; Ms. Rose Hughes, Montana Health Care Association; Ms. Judy Melin, Madison Valley Manor;

CONFERENCE CALL: Mr. Robert Allen, Montana Nurses Association;

MEMBERS ABSENT:

Representative Ms. Julie French, Montana House of Representatives; Ms. Kathy Hayden, LPN, Montana Board of Nursing

VISITORS: Mr. Rick Norine, DPHHS

STAFF PRESENT:

Ms. Becky Fleming-Siebenaler, Department of Health and Human Services; Mr. Roy Kemp, Quality Assurance Division; Ms. Maggie Connor, Department of Labor and Industry

MEETING MINUTES:

1. Ms. Blumenthal spotted a typo stating mediation aides rather than medication aides.
2. Mr. Allen clarified the MNA's perspective on medication aides in nursing homes. The MNA would support this, but the wording of "no problem with the use of medication aides" in the previous minutes was not an accurate statement. There must be good training, appropriate restrictions, and supervision to assure safety.

Everyone in the group agreed we can do this in a way that is safe with qualifications, some restrictions, and supervision.

Roy clarified the study guides of 6 states will be part of the final report and we've agreed on those issues. That work is done for the committee and now working on what this should look like for Montana.

I. Recommendations for a Medication Aide Program in Montana

A. Qualifications

For reference we all have the six state comparisons - previously reviewed and discussed; the Model curriculum from NCSBN; and the Arizona model.

Consensus – minimum requirements:

1. CNA with 2 years prior experience in a skilled nursing setting (transitional care units or Long term care);
2. 18 years or older;
3. HS diploma or GED;
4. CPR certified;
5. must complete a BON approved training program be currently licensed in another state or US jurisdiction; and
6. pass an examination approved by the BON with 80% proficiency

Discussed able to read, speak and write English and competent in basic math.

C. Restrictions

1. Cannot administer PRN Narcotics;
2. Cannot administer parenteral or subcutaneous medications, except for pre-labeled, pre-drawn insulin
3. Cannot administer medications through nasogastric routes or by gastrostomy or jejunostomy tubes;
4. Cannot take verbal orders;
5. Cannot convert dosages

D. Supervision

E.

1. Must practice under the direct supervision of a RN or LPN with an unencumbered MT license who is on site – (reference 24.159.301(12), ARM)

Note: There was a discussion regarding assignment and delegation as defined in the Board of Nursing rules, 24.159.1602 (4) and (9).

MNA would like RN supervision, but group agreed to not restrict to RN due to the realities of nursing practice in skilled nursing facilities. All agreed.

II. Recommendations for Training and Testing

1. 100 hours – 60 hours didactic including skills lab and 40 clinical practicum;
2. One standardized curriculum – look at Modules and Subcategories in NCSBN model only change delegation to assignment.
3. What about CE? – there is value in it and already in place.

III. Other items – Follow-up

Request note from Ron Klein regarding research stating information on medication error rates and medication aides is not available for the American Society of Consultant Pharmacists.

IV. Public Comment Period – none

V. Next Meeting March 4, 1-5 pm at MHA

HJ 17 WORKGROUP
March 4, 2010
Meeting Held at Montana Hospital Association
1720 9th Avenue
Helena, MT 59601

MEMBERS PRESENT:

Ms. Libby Marcus, RN, St. John's Lutheran Ministries; Ms. Lori Collins, RN, Valley View Home-Glasgow; Casey Blumenthal, MHSA, RN, CAE, Montana Hospital Association; Ms. Rose Hughes, Montana Health Care Association; Ms. Kathy Hayden, LPN, Montana Board of Nursing; Mr. Robert Allen, Montana Nurses Association

MEMBERS ABSENT:

Representative Ms. Julie French, Montana House of Representatives; Ms. Judy Melin, Madison Valley Manor

STAFF PRESENT:

Ms. Becky Fleming-Siebenaler, Department of Health and Human Services; Mr. Roy Kemp, Quality Assurance Division; Ms. Maggie Connor, Department of Labor and Industry

AGENDA:

- I. **MEETING MINUTES:** Several changes to the minutes were discussed and approved as amended. The language in the previous minutes did not accurately reflect the actual discussion and recommendations made by the workgroup. The minutes were corrected to show that the group did agree to the items listed in the Montana Recommendations for Curriculum. Those changes were:
 - a. The group agreed the items identified in the Montana Recommendations for Curriculum are what was discussed and agreed to items;
 - b. There was a discussion regarding assign and delegate and decided the BON definitions in the rules is appropriate (24.159.1602 (4) and (9)). The group is recommending assignment rather than delegation.
 - c. Recommended the Montana Recommendations for Curriculum and the NCSBN curriculum should be attached.

II. The group reviewed the Montana Recommendations.

A. Recommendations pertaining to Qualifications, Restrictions and Supervision:

Restrictions – Agreed: administration of PRNs only as defined 24.159.915ARM. Also, add psychotropics to 1, delete 2, change 3 to say cannot administer parenteral or subcutaneous medications except for pre-labeled, pre-drawn insulin.

A lengthy discussion about PRNs occurred with MNA's belief that no state allows PRNs which conflicts with NCSBN's and our research.

The discussion was active and covered a broad arena, but in the end the BON has established rules for PRN medications in a med certified aide scope of practice and we will defer to the BON rule writing process. All agreed to move forward with the MNA aware they will have the opportunity to express their concerns through the rule process.

Qualifications – add 4 hours of CE specific to pharmacology. The medication aides must complete the CE requirements for a CNA, and add 4 hours of pharmacology CE.

Question: What does periodic review mean? How often are orders reviewed in long term care? Generally, the facility establishes the frequency of order review. In long term care it is once a month.

B. Recommendations pertaining to Training and Testing:

There was some discussion regarding whether 2 years experience as a CNA is reasonable. It may be difficult for institutions to keep individual for 2 years to get to the medication aide training. Agreed 2 years is appropriate recommendation.

The medical aide must pass test with 80 not 85% proficiency.

C. Curriculum

Previously agreed by group:

1. one standardized curriculum
2. Test derived from this curriculum
3. 6 modules
4. 100 hours – 60 didactic includes a skills lab and 40 hours clinical

We reviewed each module. Everyone agreed to recommend the 6 modules with the minor changes listed below.

1. Medication Fundamentals – 20 hours
Add approved to abbreviations
Typo – Suspension not suspension
2. Safety - 7 hours

- Under causes and reporting of medication errors – delete B
3. Communication and Documentation – 8 hours
 - a. Under Report any Change from the normal condition – change F. to “any changes in levels of consciousness”
 4. Medication Administration – 20 hours
 5. Ethical and Legal – 5 hours
 - a. Under B – delete words “under nursing supervision”
 - b. Change B3 to match restrictions list agreed to in Montana Recommendations
 - c. D.1.c. add “or observed by the medication aid” to end of sentence.
 - d. Delete D. 2.
 - e. Delete D. 3 a. and b.
 6. Practicum – 40 hours

All agreed the curriculum is acceptable with changes noted above.

III. Report

Becky, Maggie and Roy will have a draft report prepared for the group by May 1, 2010. We will share the draft with the group for comment through email, and set a meeting to get together once again. Agreed on format to go through the resolution and answer the questions.

E. Public Comment Period – none

F. Other –

- Rose will check with the American Society of Consultant Pharmacists see what they have to say about on medication aides and long term care.
- There is discussion at NCSBN on June 29 and 30 in Chicago involving the role of nursing and medication aides.