**DRAFT**

**BOARD OF HEALTH PROFESSIONS**
**REGULATORY RESEARCH COMMITTEE**
**PUBLIC HEARING ON EMERGING PROFESSIONS**
**Medication Aide Expansion into Nursing Homes (HJ90)**
**August 16, 2010**

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|---|---|
| **TIME AND PLACE:** | The public hearing was called to order at 10:00 a.m. at the Department of Health Professions. The purpose for the hearing was to receive public comment pursuant to its study into the need to regulate the emerging profession: Medication Aide Expansion into Nursing Homes (HJ90). |
| **PRESIDING CHAIR:** | Damien Howell, P.T., D.P.T., O.C.S |
| **MEMBERS PRESENT:** | Damien Howell, P.T., D.P.T., O.C.S. |
| **STAFF PRESENT:** | Elizabeth A. Carter, Ph.D., Executive Director, Board of Health Professions<br>Laura Chapman, Operations Manager<br>Gabrielle Brost, Research Assistant<br>Arne Owns, Deputy Director<br>Caroline Juran<br>Paula Saxby<br>Jay Douglas<br>Brenda Krohn<br>Jodi Power<br>Lisa Hahn |
| **OTHERS PRESENT:** | Donna Finch, Corp. Nurse Cal<br>Kristen Bolling, Emeritus Senior Living<br>Paul Clements, Administrator Lynn Care Center<br>Kim Hurt, American Retirement Homes<br>Ed Owen, VANHA<br>May Fox, VALA<br>Donna Finch, Corp. Nurse<br>Natalie Kent, Emeritus at Deep Run<br>Annie Robins, BN Consultant/Legacy Pharmacy<br>Larry Kelley, Rph<br>Lora Epperly, RN, MSN<br>Judy Hackler, VALA<br>Dana Parsons, VANHA<br>Marilyn Gladding, VANHA<br>Valerie McCray<br>Pam Hough<br>Chris Cummins<br>Annette Kelley, DSS Licensing<br>Mary Lynne Bailey, VHCA<br>Lisa Gangi, Attorney, HOJN<br>Beverley Soble |

Chris Durrer, VDH
Randy Scott, St. Mary's Woods

**COURT REPORTER:** Wanda Blanks, Farnsworth & Taylor Reporting, LLC

**PRESENTATION:** Gabrielle Brost, researcher for HJ90(2010) provided background information regarding the need to regulate Medication Aide Expansion into Nursing Homes. The presentation is attached.

**PUBLIC COMMENT:** Donna Finch, Corp. Nurse
Currently has 22 Med Aides scheduled to sit for the test. The turn around time has increased from approximately one week to one month. Ms. Finch is very concerned with the workforce shortage. Her staff has now gone to 12 hour shifts. They train their own med techs and are able to retain approximately 50%. Larger facilities are paying up to $4.00 more per hour for a rate of $12-$13.00 per hour.

Kristen Bolling, Emeritus Senior Living
Manages 11 Adult Living Facilities with 980 residents. There is one med tech for eight residents. She has a 5-10% turnover rate, which is similar to LPNs. They do in house training. Ms. Bolling is concerned that there is no structured outside training and that due to the small workforce, the med aides are drawn from the same pool that nursing homes use.

Paul Clements, RN, Lynn Care Center
Safety for the residents is paramount. Since nurses must administer the medication, much of their time is spent distributing medication, often times they are interrupted which can cause medication errors. Mr. Clements feels that medication aides in nursing homes should move forward but with adequate training. He does not want nurses to feel that they are being replaced, but adding additional services so that the nurse can focus on her tasks. He feels this could be a win/win situation for all involved.

Kim Hurt, American Retirement Homes
Ms. Hurt manages six assisted living facilities in Virginia with a range of 20-60 beds. She stated that staffing is very challenging in rural areas. They do in house training, but often lose staff to larger facilities once training is complete, as they are able to pay more per hour.

Ed Owen, Administrator, Masonic Home of Virginia
Not for Profit Home for the Aging
Nurse distraction is an organizational problem, not a personnel issue. Mr. Owen feels that assisted living has

less risk than nursing homes do. The issue is greater than just "passing pills" to residents. CNAs who have taken medication aide training will be paid more than a medication aide will, but the cost of training may not be offset by quality. Mr. Owen's would prefer to see increased slots for LPNs.

May Fox, Virginia Assisted Living Association
Ms. Fox feels concentration on a "forced development" pathway for direct care training, medication aide training, CNA and CNA Med Tech training, as they are a similar candidate pool, is the route to take. Ms. Fox feels that the priority should be to increase the labor pool.

Randy Scott, St. Mary's Woods
Mr. Scott stated that the use of Med Aides would be beneficial for assisted living facilities but feels that there is a lack of any real training programs which can create an increased risk for errors. He suggests that the minimal entry level be a CNA.

Marilyn Gladding, VANHA
Starting out as a CNA, then LPN, then RN, now CEO she is opposed to medication aides in nursing homes. She feels that the nursing home arena is too technical and theoretical, requiring assessment skills that can not be handled by a medication aide.

Dana Parsons, Legislative Affairs Legal Counsel
Virginia Association of Nonprofit Homes for the Aging
Ms. Parsons stated her concern of having medication aides in nursing homes due to the level of care required for these residents.

Annie Robins, RN, Nurse Consultant
Legacy Consultant Pharmacy
Ms. Robins is a registered instructor for med techs and a consultant working in North Carolina, Virginia and Maryland. She stated that med pass has changed dramatically, with nurses often using two carts, each pass taking up to four hours with each shift requiring multiple med passes. Ms. Robins read statements from her North Carolina staff who agreed that medication aides are an extension of the nurse and are not sure how they would handle their work load if it were not for the medication aides assisting them.

Larry Kelly, Pharmacist, Remidi Senior Care
Mr. Kelly has 28 years experience in long term care pharmacy. He stated that there are no Pyxis systems in nursing homes as they are not allowed by the Board of

Pharmacy. Mr. Kelly supplied a copy of an Arizona study that found no change in error rates. He feels that certified med aides do not have a higher rate of drug diversion than nurses do. He provided "candy" samples of the drug packs that are currently being used which reduce the error rate.

Lora Epperly, RN, MSN
Director of Resident and Clinical Services at CCR
Ms. Epperly has nine long term care facilities in both urban and rural areas. She stated that in long term care they are heavily regulated making sure they are protecting the frail and elderly. There is zero tolerance for abuse. She feels that the advance CNA training program criteria should be incorporated into the medication aide training. She said that she struggles to find qualified nurses for her facilities. There are two types of residents 1) those in skilled nursing facilities (medical/surgical recovery) and is not in favor of medication aides working with acutely ill patients. 2) Long term care residents (non acute/chronic). Most facilities do not separate these units, but they are easily able to be separated.

Carter Harrison, VA Public Policy Coordinator
Alzheimer's Association
Mr. Harrison is concerned about the use of medication aides in nursing facilities based on their level of training. Instead of removing necessary training items from the curriculum, he recommends adding and increasing current hours spent in training. He feels that an assisted living medication aide can not be placed into a nursing home facility.

**ADJOURNMENT:** The public hearing adjourned at 11:18 a.m.

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Damien Howell, P.T.
Chair

_____
Elizabeth A. Carter, Ph.D. Executive Director
Board of Health Professions

Attachment 1

# Medication Aide Expansion into Nursing Homes

HJ90

Gabrielle Brost
Virginia Department of Health Professions
Board of Health Professions
Healthcare Workforce Data Center
Email: Gabrielle.Brost@dhp.virginia.gov

## Introduction

- The number of elderly individuals utilizing long-term care facilities expected to grow from 8 million to 19 million in next 50 years.
- Elderly population expected to increase by 74% by 2030.
  → Driven by the aging baby-boomer generation
- Certain cohort characteristics make it more likely that these individuals will utilize long-term care facilities.

# Definitions

- ***Registered Medication Aide (RMA)***
  The term "registered medication aide" (RMA) shall be reserved for individuals whom are regulated by the Virginia Board of Nursing to administer medication in assisted living facilities (ALFs) in the Commonwealth of Virginia.

- ***Medication Aide***
  The term "medication aide" shall apply to *certified/registered* individuals whom receive extra training in the administration of routine medications and perform delegated medication administration tasks under supervision in states outside of Virginia.

- ***Unlicensed Assistive Personnel (UAP)***
  All other individuals whom are unlicensed personnel that administer medication shall be referred to as "unlicensed assistive personnel" (UAP).

- ***Certified Nurse Aides (CNA)***
  The term "certified nurse aide" (CNA) shall be reserved for individuals who are certified by their respective state to practice as a nurse aide or nurse assistant.

# Definitions

- ***Nursing Home***

In Virginia, a "nursing home" is defined in § 32.1-123 of the *Code of Virginia* as:

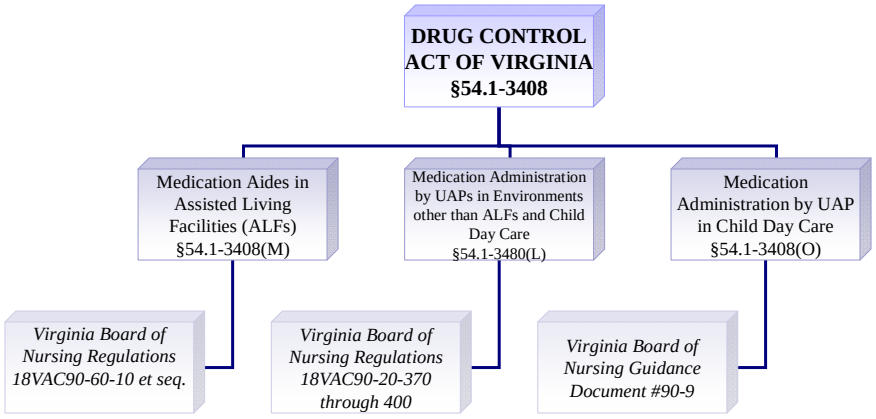
*…a facility or any identifiable component of any facility licensed according to Code of Virginia in which the primary function is the provision, on a continuing basis, of nursing services and health-related services for the treatment and inpatient care of two or more nonrelated individuals, including facilities known by varying nomenclature or designation such as convalescent homes, skilled nursing facilities or skilled care facilities, intermediate care facilities, extended care facilities, and nursing or nursing care facilities.*

- ***Assisted Living***

In comparison, the definition of "assisted living" is defined in §63.2-100 of the *Code of Virginia* as:

*A level of service provided by an adult care residence for adults who may have physical or mental impairments and require at least moderate assistance with activities of daily living.*

# Statutory Authority




# UAPs in Virginia

- UAPs are present in multiple venues in Virginia, such as:
  - Virginia Department of Social Services (VDSS)
  - Virginia Department of Behavioral Health and Developmental Services (VDBHDS)
  - Virginia Association of Independent Special Education Facilities (VAISEF)
  - Virginia Department of Corrections (VDOC)
  - Virginia Department of Education

# UAPs Administering Medications in Virginia

- UAPs in other venues have distinct training requirements, scope of practice, and training curriculum.
- Requirements, scope of practice, and restrictions may vary but generally adhere to the guidelines set forth by BON.

| **SUMMARY OF MEDICATION ADMINISTRATION TRAINING PROGRAM 18VAC90-20-370 through 400** | | | |
|---|---|---|---|
| Program Requirements | Training Requirements | Curriculum Requirements | Examination Requirements |
| - shall be submitted to VBON for approval<br>- taught by licensed health care professionals | -32 hours of didactic and skill instruction | -preparing for safe administration to clients in specific settings<br>- maintaining aseptic conditions<br>- facilitation client self-administration or assisting with medication administration<br>- administering medications via:<br>Oral<br>Eye<br>Ear<br>Nasal<br>Topical<br>Vaginal<br>Rectal<br>Inhalation<br>- documentation<br>-medication management<br>- facilitating client self-administration or assisting with insulin administration | - must pass a written and practical competency exam at the conclusion of training |

# Medication Aides in ALFs in Virginia

- Currently, medication aides are **required to be registered** with the BON *only* if employed by ALFs in the Commonwealth of Virginia.
- **The Final Regulations Governing the Registration of Medication Aides**, Virginia Board of Nursing, 18VAC90-60-10 *et seq*. govern registered medication aides.

**CURRENT VIRGINIA REQUIREMENTS FOR REGISTRATION OF MEDICATION AIDES**

| Title | Training Requirements | Content Areas | Costs | Level of Supervision | Requirements for Registration |
|---|---|---|---|---|---|
| Registered Medication Aides<br>(only in Assisted Living Facilities) | Didactic: 40 hours<br>Clinical: 20 hours<br>Module on insulin administration: 8 hours<br>TOTAL: 68 hours | - safe administration of medication<br>- aseptic conditions<br>- basic pharmacology<br>- facilitating client self-administration or assisting with medication administration<br>- proper procedure<br>- appropriate procedure for documenting and reporting | App fee: $50<br>Annual renewal fee: $25 | Assisted living administrators | - documentation of successful completion of VDSS direct client care program<br>OR<br>Approved nurse aide program<br>- documentation of successful completion of medication aide training program, nursing education program<br>OR<br>Eight-hour refresher course and one year experience working as medication aide in ALF<br>- successful completion of competency evaluation (clinical and written) |

| CURRENT STANDARDS OF PRACTICE FOR REGISTERED MEDICATION AIDES IN VIRGINIA | |
|---|---|
| **A Registered Medication Aide SHALL:** | **A Registered Medication Aide SHALL NOT:** |
| - document and report all medication errors and adverse reactions immediately to a licensed healthcare professional or prescriber<br>- give all medications in accordance with prescriber's orders and instructions and document administration in client's record<br>- document and report any information giving reason to suspect abuse, neglect, or exploitation immediately | - transmit verbal orders to a pharmacy<br>- make an assessment of a client or deviate from medication regime ordered by prescriber<br>- mix, dilute, or reconstitute two ore more drug products, with the exception of insulin and glucagon<br>- *administer by:*<br>intramuscular route<br>intravenous route<br>nasogastric route<br>percutaneuous endoscopic gastric tube route |

# Medication Aides in Nursing Homes in Other States

- Currently, 20 states employ medication aides in nursing homes.
- Each state is responsible for creating regulations which govern the training, scope of practice, and regulation of medication aides.

## MEDICATION AIDE REQUIREMENTS IN NURSING HOMES

| State | Title | Training Requirements | Costs | Level of Supervision |
|---|---|---|---|---|
| Arkansas | Medication Assitive Person/ Medication Assistant - Certified | Didactic: 45 hours Clinical: 40 hours Skills Lab: 15 Total: 100 hours | initial: $65 exam fee and renewal fee unknown | licensed nurse |
| Indiana | Qualified Medication Aide | Didactic: 60 hours Clinical: 40 hours Total: 100 hours | initial fee: $75 yearly fee: $10 | licensed nurse |
| Iowa | Certified Medication Aide | | UNKNOWN | licensed nurse |
| Kansas | Certified Medication Aide | Didactic:50 hours Clinical: 25 hours Total: 75 hours | initial fee: $20 renewal: $10 | licensed nurse |
| Kentucky | Medication Aide Credentialed | Total: 80 hours | exam fee: $40 | licensed nurse |
| Maryland | Medication Aide | Total: 60 hours | UNKNOWN | licensed nurse |
| Minnesota | Trained Medication Aide | | UNKNOWN | licensed nurse |
| Missouri | Certified Medication Aide (Level I, II, III) | Didactic: 60 hours Clinical: 8 hours Total: 68 hours | UNKNOWN | licensed nurse |
| Nebraska | Medication Aide 40 Hour | Total: 40 hours | app/renewal fee: $18 examination fee to exam provider | licensed nurse |
| New Hampshire | Licensed Nursing Assistant - Medication Certified | Didactic: 30 hours Clinical: 30 hours | app fee: $10 | licensed nurse |
| North Carolina | Medication Aide | | exam fee: $55 | licensed nurse |
| North Dakota | Medication Aide (Level I, II, III) | | $40 fee | licensed nurse |
| Oklahoma | Certified Medication Aide | Didactic: 24 hours Clinical: 16 hours Total: 40 hours | app fee: $50 renewal: $10 | licensed nurse |
| Ohio | Medication Aides Certified | Didactic: 80 hours Clinical: 40 hours Total: 120 hours | app fee: $50 | licensed nurse |
| Oregon | Certified Medication Aide | Total: 80 hours | app fee: $73 renewal: $15 | licensed nurse |
| Rhode Island | Medication Aide | Didactic: 80 hours Clinical: 20 hours Total: 100 hours | app. fee: $40 written exam:$20 clinical exam:$35 total: $95 | licensed nurse |
| South Dakota | Unlicensed Assistive Personnel | Didactic: 16 hours Clinical: 4 hours Total: 20 hours | UNKNOWN | licensed nurse |
| Texas | Medication Aide | Didactic: 100 hours Clinical: 10 hours Skills Lab: 30 hours Total: 140 hours | permit app and exam fee: $25 | licensed nurse |
| Utah | Medication Aide Certified | Didactic: 60 hours Clinical: 40 hours Total: 100 hours | app fee: $90 | licensed nurse |
| Wisconsin | Medication Aide | Didactic: 60 hours Clinical: 40 hours Total: 100 hours | UNKNOWN | licensed nurse |

## DRUG ADMINISTRATION IN NURSING HOMES

| State | PRN medications | Schedule II | Narcotics | Other |
|---|---|---|---|---|
| Arkansas | UNKNOWN | NO | NO | |
| Indiana | Yes subject to specific requirements & facility policy | NO | NO | crush, alter medications |
| Iowa | X | X | X | crush, alter medications |
| Kansas | UNKNOWN | UNKNOWN | UNKNOWN | |
| Kentucky | UNKNOWN | UNKNOWN | UNKNOWN | |
| Maryland | Yes, subject to specific requirements | UNKNOWN | UNKNOWN | |
| Minnesota | X | X | X | |
| Missouri | X | X | X | |
| Nebraska | Yes, subject to specific requirements | UNKNOWN | UNKNOWN | |
| New Hampshire | X | UKNOWN | UNKWOWN | |
| North Carolina | UNKNOWN | UNKNOWN | UNKNOWN | |
| North Dakota | UNKNOWN | UNKNOWN | UNKNOWN | |
| Oklahoma | YES subject to specific requirements | UNKNOWN | UNKNOWN | |
| Ohio | X | NO | UNKNOWN | |
| Oregon | X | NO | NO | |
| Rhode Island | X | NO | X | accept verbal/telephone orders |
| South Dakota | X | Under certain circumstances | UNKNOWN | |
| Texas | Yes, subject to specific requirements | X | UKNOWN | crush, alter medications |
| Utah | X | UKNOWN | UNKNOWN | crush, alter medications |
| Wisconsin | X | X | UNKNOWN | |

A designation with "X" indicates that state regulations specifically allow item.
A designation of UNKNOWN indicates that regulations do not speak specifically to subject area.
A designation of NO indicates that regulations specifically prohibit item.

| | ROUTES OF ADMINISTRATION | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| State | Oral | Ear | Eye | Inhaled | Nasal | Topical | Injection | Intravenous | Tubualar (G-tube, J-tube, Nasogastric) | Vaginal/Rectal |
| Arkansas | X | X | X | X | X | X | NO | NO | NO | X |
| Indiana | X | X | X | X | X | X | NO | NO | X - no nasogastric | X |
| Iowa (nonparenteral) | X | X | X | X | X | X | NO | NO | NO | UNKNOWN |
| Kansas | UNKNOWN | UNKNOWN | UNKNOWN | UNKNOWN | UNKNOWN | UNKNOWN | UNKNOWN | UNKNOWN | UNKNOWN | UNKNOWN |
| Kentucky | UNKNOWN | UNKNOWN | UNKNOWN | UNKNOWN | UNKNOWN | UNKNOWN | UNKNOWN | UNKNOWN | UNKNOWN | UNKNOWN |
| Maryland | X | UNKNOWN | UNKNOWN | UNKNOWN | UNKNOWN | X | NO | NO | NO | X |
| Minnesota | X | X | X | X | UNKNOWN | X | UNKNOWN | UNKNOWN | UNKNOWN | X |
| Missouri (nonparenteral) | X | X | X | X | X | X | NO | NO | NO | UNKNOWN |
| Nebraska | X | X | X | X | X | X | LIMITED | LIMITED | LIMITED | LIMITED |
| New Hampshire | X | X | X | UNKNOWN | X | X | UNKNOWN | UNKNOWN | X | X |
| North Carolina | X | X | X | X | X | X | NO | NO | UNKNOWN | UNKNOWN |
| North Dakota | X | X | X | X | X | X | X -Level III only | NO | X - no nasogastric | X |
| Oklahoma | X | X | X | X | X | X | UNKNOWN | UNKNOWN | X | X |
| Ohio | X | X | X | X | X | X | NO | NO | NO | X |
| Oregon | X | X | X | X | X | X | NO | NO | X | X |
| Rhode Island | X | X | X | X | X | X | NO | NO | NO | X |
| South Dakota | X | UNKNOWN | UNKNOWN | X | UNKNOWN | X | NO | NO | NO | X |
| Texas | X | X | X | X | X | NO | NO | NO | NO | X |
| Utah | X | X | X | X | X | X | NO | NO | NO | X |
| Wisconsin | UNKNOWN | UNKNOWN | UNKNOWN | No nebulizers | UNKNOWN | UNKNOWN | NO | UNKNOWN | NO | UNKNOWN |

A designation with "X" indicates that state regulations specifically allow item.
A designation of UNKNOWN indicates that regulations do not speak specifically to subject area.
A designation of NO indicates that regulations specifically prohibit item.

# Risks Associated with Medication Aide Presence in Nursing Homes in Other States

- There are several risks associated with the presence of medication aides in nursing home facilities which include:
  - the possibility of **medication errors**
  - resident **abuse and neglect**
  - drug **diversion**.
- The vulnerability of the nursing home population is higher than the population in assisted living facilities
  - **severity of health deterioration** and
  - **advanced cognitive impairment**

    → may exacerbate risks associated with medication aide presence.

# Medication Errors

- Approximately **1.5 million** preventable adverse drug events occur every year
  - a portion of these errors result in permanent injury or death[1].
- The Institute of Medicine (IOM) estimates that nearly **one-quarter** of all medication errors are preventable.
- Estimated that **800,000** preventable medication-related injuries occur in nursing homes each year.[2]


- [1] Stefanacci, R. G. (2006). Preventing medication errors. *Annals of Long-Term Care: Clinical Care and Aging 14 (10)* .
- [2] Gurwitz et al.(2003). Incidence and preventability of adverse drug events among older persons in the ambulatory setting. *The Journal of the American Medical Associatio, 289(9)*. p.1107-1116


# Medication Errors

- Although empirical findings are mixed, the current conclusion is that medication aides have **similar medication error rates** when compared to RNs and LPNs.


Walker, M.J.,(2008) Effects of the medication nursing assistant role on nurse job satisfaction and job stress in long term care. *Nursing Administration Quarterly, 32(4)* p. 296-300

# Medication Errors

- Types of medication errors:
  - administering the **wrong dose** of medication,
  - administering the **wrong drug** to the **wrong resident,**
  - an **omission** of medication,
  - administration of **unnecessary medication**, and
  - medication administered at the **wrong time**

# Medication Errors

- Medication error rates influenced by many factors:
  - Level of **supervision**
  - Type of medication
    - Higher rates of significant medication errors associated with **anticoagulants** (i.e. Warfarin) and **psychotropic** drugs
  - Method of medication administration/obtainment
    - **Pyxis** distribution may be associated with higher levels of medication errors

## Drug Diversion

- Drug diversion may be increased in nursing homes due to:
  - Increased presence of Schedule II, **controlled substances**
  - **Pyxis** systems
  - Lack of proper **supervision**

## Abuse and Neglect

- The poor health conditions of nursing home residents may make them an **easier target** of abuse, compared to ALF residents,
- Nursing home residents have significantly more **communication difficulty** than residents in assisted living facilities
  - may not be able to report any physical, emotional, psychological, sexual, or economic abuse.

# Role of Licensed Nurses and Nurse Delegation in Other States

- In Virginia, there is **no requirement for nurses to delegate** medication administration to RMAs.
  - Delegation regulations prohibit this activity with the exception of special circumstances that are addressed in Virginia's *Drug Control Act*.
  - Proper licensed nurse **delegation and supervision is key** to safe and successful utilization of medication aides.
- Important that licensed nurses be instructed on proper delegation and supervision duties – 5 Rights of Delegation

# Current Issues Impacting RMA Performance According to VDSS

- Limited supervision
- RMAs more precise than LPNs due to limited distraction/interruption
- Medication Errors
  - Wrong time errors common (staffing issue, not competency issue)
  - Liquid medication administration issues
- Abuse and Neglect
  - No increase in incidence of abuse, neglect, or misappropriation
- Drug Diversion
  - Growing problem – drug diversion occurring in small numbers
  - Too early to establish patterns

**REGULATION IS STILL IN INFANCY STAGES, IT IS TOO EARLY TO DRAW ANY CONCRETE CONCLUSIONS**

# RMA Complaints and Violations in FY09-10

| Counts of Complaints for Medications from FY09-10 | | | |
|---|---|---|---|
| **Occupation** | **Complaint Category** | **Total Complaints** | **Total Violations** |
| Medication Aide | Eligibility | 28 | 26 |
| | Unlicensed Activity | 26 | 1 |
| | Standard of Care, Medication/Prescription | 23 | 11 |
| | Standard of Care, Exceeding Scope | 16 | 4 |
| | Abuse/Abandonment/Neglect | 10 | 5 |
| | Drug Related, Patient Care | 6 | 2 |
| | Inability to Safely Practice | 4 | 1 |
| | Inappropriate Relationship | 2 | 1 |
| | Fraud, Patient Care | 3 | 2 |
| | Missapropriation of Patient Property | 1 | 1 |
| | **TOTAL:** | **119** | **54** |

**SINCE REGISTRATION HAS ONLY BEEN REQUESTED FOR A YEAR, THE BREADTH AND DEPTH OF COMPLAINTS MAY NOT YET BE DETERMINED**

# Key Factors Impacting Medication Aide Performance in Other States

- In other states which utilize medication aides in nursing homes, **low percentage of complaints**.
- Key factors contributing to low amounts of medication aide performance issues:
  - Consistent, proper RN **supervision** and delegation
  - Clearly defined **boundaries** (i.e. scope of practice)

# Benefits Associated with Medication Aide Presence in Nursing Homes

- The use of medication aides increasingly popular in many states
  - due to the **nursing shortage.**
- The time that must be spent performing medication passes **interferes with the time nurses need to do nurse specific tasks**
  - i.e. assessments and other important patient care tasks[1].

→***Medication aides alleviate this.***

[1] Walker, M.J.,(2008) Effects of the medication nursing assistant role on nurse job satisfaction and job stress in long term care. *Nursing Administration Quarterly, 32(4)* p. 296-300

# Benefits Associated with Medication Aide Presence in Nursing Homes

- Medication aides meant to:

## Benefits Associated with Medication Aide Presence in Nursing Homes

- Use of medication aides in long-term care settings has been associated with:
  - **lower levels of perceived stress**
  - **higher levels of nurse satisfaction**[1].

[1] New Mexico (2004). Trial program for medication aides in licensed nursing facilities.

## Workforce Impact

- Concern regarding replacement of **LPNs and CNAs** by medication aides.
- Since medication aides cannot perform tasks under the scope of practice of LPNs and CNAs, **the use of LPNs and CNAs is critical.**

# Summary

- Increasing elderly population will increase demand on nursing home staff.
- Medication aides in other states currently working in nursing homes have been shown to be mostly effective.
- There is little to no empirical data regarding the efficacy of medication aides in nursing homes.
- There is not enough data to determine the performance of RMAs in ALFs in Virginia.