The First National Survey of Medication Aides

Jill Budden, PhD

May 24, 2012
Background

- Goal to provide insights into Med Aide:
  - Work setting
  - Training
  - Supervision
  - Work role

- Help regulators make decisions about the implementation or development of safe and effective Med Aide programs

- Review NCSBN resources regarding medication aides
<table>
<thead>
<tr>
<th>State</th>
<th>Total Medication Aide Population</th>
<th>Study Sample</th>
<th>Number Mailed</th>
<th>Number Received</th>
<th>Who Regulates?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona</td>
<td>17</td>
<td>5</td>
<td>5</td>
<td>1</td>
<td>BON</td>
</tr>
<tr>
<td>Arkansas</td>
<td>47</td>
<td>15</td>
<td>15</td>
<td>5</td>
<td>BON</td>
</tr>
<tr>
<td>DC</td>
<td>465</td>
<td>155</td>
<td>155</td>
<td>28</td>
<td>BON</td>
</tr>
<tr>
<td>Indiana</td>
<td>3,161</td>
<td>1,053</td>
<td>1,053</td>
<td>237</td>
<td>Other Agency</td>
</tr>
<tr>
<td>Kansas</td>
<td>9,036</td>
<td>3,012</td>
<td>2,815</td>
<td>511</td>
<td>Other Agency</td>
</tr>
<tr>
<td>Maryland</td>
<td>68,479</td>
<td>22,826</td>
<td>3,967</td>
<td>275</td>
<td>BON</td>
</tr>
<tr>
<td>Montana (a)</td>
<td>6</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>BON</td>
</tr>
<tr>
<td>Nebraska (a)</td>
<td>8,933</td>
<td>2,977</td>
<td>2,810</td>
<td>293</td>
<td>Combination</td>
</tr>
<tr>
<td>Nebraska (b)</td>
<td>32</td>
<td>10</td>
<td>10</td>
<td>1</td>
<td>Combination</td>
</tr>
<tr>
<td>Nebraska (c)</td>
<td>9,590</td>
<td>3,196</td>
<td>2,825</td>
<td>501</td>
<td>Combination</td>
</tr>
<tr>
<td>State</td>
<td>Total Medication Aide Population</td>
<td>Study Sample</td>
<td>Number Mailed</td>
<td>Number Received</td>
<td>Who Regulates?</td>
</tr>
<tr>
<td>---------------------</td>
<td>---------------------------------</td>
<td>--------------</td>
<td>---------------</td>
<td>----------------</td>
<td>----------------</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>144</td>
<td>48</td>
<td>48</td>
<td>16</td>
<td>BON</td>
</tr>
<tr>
<td>New Jersey</td>
<td>2,088</td>
<td>696</td>
<td>696</td>
<td>141</td>
<td>Other Agency</td>
</tr>
<tr>
<td>New Mexico</td>
<td>452</td>
<td>150</td>
<td>150</td>
<td>29</td>
<td>BON</td>
</tr>
<tr>
<td>North Carolina (a)</td>
<td>2,628</td>
<td>876</td>
<td>876</td>
<td>137</td>
<td>Combination</td>
</tr>
<tr>
<td>North Dakota</td>
<td>1,772</td>
<td>590</td>
<td>590</td>
<td>158</td>
<td>BON</td>
</tr>
<tr>
<td>Ohio</td>
<td>93</td>
<td>31</td>
<td>31</td>
<td>7</td>
<td>BON</td>
</tr>
<tr>
<td>Oregon</td>
<td>1,274</td>
<td>424</td>
<td>424</td>
<td>101</td>
<td>BON</td>
</tr>
<tr>
<td>Texas</td>
<td>10,457</td>
<td>3,485</td>
<td>2,840</td>
<td>580</td>
<td>Other Agency</td>
</tr>
<tr>
<td>Virginia</td>
<td>3,989</td>
<td>1,329</td>
<td>1,329</td>
<td>312</td>
<td>BON</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>1,369</td>
<td>456</td>
<td>456</td>
<td>116</td>
<td>Other Agency</td>
</tr>
</tbody>
</table>
Demographics & Work Setting
<table>
<thead>
<tr>
<th>Work Setting</th>
<th>Count (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assisted living</td>
<td>1,107 (33%)</td>
</tr>
<tr>
<td>2. Nursing home</td>
<td>1,330 (39%)</td>
</tr>
<tr>
<td>3. A combination of assisted living or nursing home and some other facility</td>
<td>16 (&lt; 1%)</td>
</tr>
<tr>
<td>4. Other long-term care</td>
<td></td>
</tr>
<tr>
<td>Community-based services</td>
<td>49 (1%)</td>
</tr>
<tr>
<td>Board and care homes</td>
<td>18 (1%)</td>
</tr>
<tr>
<td>Home health</td>
<td>86 (3%)</td>
</tr>
<tr>
<td>Continuing care retirement communities</td>
<td>19 (1%)</td>
</tr>
<tr>
<td>Housing for aging and disabled individuals</td>
<td>41 (1%)</td>
</tr>
<tr>
<td>Adult day care</td>
<td>24 (1%)</td>
</tr>
<tr>
<td>Group home</td>
<td>135 (4%)</td>
</tr>
<tr>
<td>Residential care facility</td>
<td>81 (2%)</td>
</tr>
<tr>
<td>Intermediate care facility (for example, developmentally disabled facility)</td>
<td>112 (3%)</td>
</tr>
<tr>
<td>5. Other</td>
<td></td>
</tr>
<tr>
<td>Hospice</td>
<td>14 (&lt; 1%)</td>
</tr>
<tr>
<td>Hospital</td>
<td>33 (1%)</td>
</tr>
<tr>
<td>Rehabilitation facility</td>
<td>62 (2%)</td>
</tr>
<tr>
<td>Psychiatric or mental health facility</td>
<td>69 (2%)</td>
</tr>
<tr>
<td>Correctional facility</td>
<td>52 (2%)</td>
</tr>
<tr>
<td>Schools</td>
<td>33 (1%)</td>
</tr>
<tr>
<td>Other</td>
<td>103 (3%)</td>
</tr>
</tbody>
</table>
- Average age = 45
- 60% white, 27% African American, 7% Hispanic
- Primary employment title “Medication Aide” (72%)
- Average time worked = 8.05 years.
- Workload
  - Assisted living ($\text{median} = 25$ clients)
  - Nursing home ($\text{median} = 31$ clients)
  - Other long-term care facilities ($\text{median} = 4$ clients)
  - Other facilities ($\text{median} = 15$ clients)
- Required to be CNA before becoming Med Aide (68%)
Work Setting

Percentage required to be a CNA:
- Overall: 68%
- Assisted living: 64%
- Nursing home: 90%
- Other long-term care: 32%
- Other: 53%

Regulatory Agency

- Board of nursing: 90%
- Other state agency: 51%
- Combination: 46%
Training & Education Results
- **Training location**
  - 1% reported having no training
  - 43% obtained education from employer
  - 32% obtained education from community or junior college

- Median # of classroom training hours = 40 hours
- Median # of clinical training hours = 14 hours
- Median # of total training hours = 56 hours
- 71% indicated nurse delegation was covered
- 83% indicated nurse supervision was covered
- 46% indicated Med Aide training needed to be more challenging.
Supervision Results
8% reported having no supervision

By work setting:
- 6% in assisted living
- 3% in nursing homes
- 21% in other long-term care
- 10% in other facilities

Of those with supervision, 19% indicated supervisor was never on site.
Authorized Duties Results
21% were not given a written job description that addressed the scope of their medication-related responsibilities.

33% indicted there needed to be more information about their authorized duties.

21% indicated they thought some of the tasks they performed were beyond what they should be doing in their job role.

- 514 (15%) specified some of the tasks…
1. Performing multiple tasks when administering meds / performing multiple roles (62 responses)
2. Assessment (20 responses)
3. Overworked / role issues (28 responses)
4. Meds, treatments, procedures / wounds / insulin / breathing / narcotics / pain (119 responses)
5. Doctor, pharmacy, family communications / change or reorder medications / initial meds / documentation (59 responses)
6. Issues related to patient care (19 responses)
7. Other issues related to patient care (including CNA duties) (103 responses)
8. Multiple issues & other (74 responses)
1. Performing multiple tasks when administering meds / performing multiple roles (62 responses)

- “I feel like I do a nurse’s job.”

- “Having more patients – this needs to be regulated by the state and enforced with RN there. Forcing the MA to do things that are to be done by RNs.”

- “No nurse in building. There is a nurse in other buildings. Facility makes us do IPPB treatments and other treatments that a nurse should do, or else we get terminated.”

- “Answer call while you are giving meds. Take out garbage. Care for residents. Too many things when you are giving meds.

- “When short of staff they want us to do CNA’s job.”

- “When I first started it was uninterrupted medication passes – now you take care of high fall risk res./alarm on bed and chair. The med pass is constantly being interrupted.”
2. Assessment (20 responses)

- “Assessing patients when giving PRN medications. Assessing a patient’s pain levels.”

- “Assessing residents when falls occur. No nurse on duty, only available 9 to 5 or via phone, but never answers.”

- “Delegation of CNA duties. No licensed nurse in building requires “assessment of residents in some instances.”
3. Overworked / role issues (28 responses)

- “Giving medication on 2 separate floors at the same time.”
- “The number of patients I administer medications to (55 patients) is too much.”
4. Meds, treatments, procedures / wounds / insulin / breathing / narcotics / pain (119 responses)

- “Giving meds I’m not familiar with. Observing effect of med changes. Giving PRN meds with little info as to why.”

- “administer inhalant, oxygen treatments, nebulizer, and intermittent positive pressure. Give initial dose of medication, perform blood glucose test. Assist the nurse instill irrigation fluids. Colostomy, urinary catheter, enema.”

- “Drawing up insulin. Taking care of sliding scale insulin.”

- “Nebulizer treatment – not in my scope but charge nurses expect me to do it.”

- “Giving breathing treatments. Skin treatments. Wounds, etc. Initial doses.”

- Dressing, decubitus ulcers stages III – IV.

5. Doctor, pharmacy, family communications / change or reorder medications / initial meds / documentation (59 responses)

- “Calling doctor. Faxing orders to the pharmacy. Taking phone orders from doctors.”
- “Talk to pharmacy, doctors, and family members about all residents’ care and concerns.”
- “Deal with family members because nurse doesn’t want to.”
- “Writing in nurse’s notes. Writing on all PRN meds and behaviors.”
- “Excessive paperwork – most that should be supervisor’s responsibility.”
6. Issues related to patient care (19 responses)

- “When we have an emergency we are sometimes expected to take full control of the situation because we cannot get a hold of nurse on call – this happens a lot.”

- “Taking vital signs – this is not taught in medication technician training.”

- “Evaluating the resident.”
7. Other issues related to patient care (including CNA duties) (103 responses)

- “Cleaning rooms and serving meals.”
- “Washing kitchen linens. I don’t think you should be doing caregiver tasks if you are hired to do medication administration.”
- “Setting tables. Bussing tables. Food server. Patient care. Laundry. Med Techs can’t focus on medication if they have too many other tasks to do.”
- “Fixing things that brake. Shoveling snow. Yard work.”
8. Multiple issues & other (74 responses)


- “Doing what a nurse or doctor should be doing. Cleaning wounds. Looking for signs that a doctor or nurse should do.”

- “Supervising role of caregivers (CNAs) in absence of nurse. Wounds.”

- “Initial dose of meds. Clarifying med orders. Performing duties that a nurse is supposed to do, such as when you obtain an abnormal b/p and you notify the nurse and they do nothing but (not legible).”

Medication Administration Results
Inhalants

- Allowed to administer:
  - Inhalant medications (79%)
  - Metered dose inhaler (68%)
  - Medication used for intermittent positive pressure breathing (IPPB treatments) (23%)
  - Medications or treatments via nebulizer (66%)
  - Oxygen (69%)
Injectables

Percentage allowed to administer medications by injection

Work Setting

<table>
<thead>
<tr>
<th>Setting</th>
<th>Allowed to Administer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>29%</td>
</tr>
<tr>
<td>Assisted living</td>
<td>55%</td>
</tr>
<tr>
<td>Nursing home</td>
<td>8%</td>
</tr>
<tr>
<td>Other long-term care</td>
<td>26%</td>
</tr>
<tr>
<td>Other</td>
<td>30%</td>
</tr>
</tbody>
</table>

Regulatory Agency

<table>
<thead>
<tr>
<th>Agency</th>
<th>Allowed to Administer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of nursing</td>
<td>52%</td>
</tr>
<tr>
<td>Other state agency</td>
<td>14%</td>
</tr>
<tr>
<td>Combination</td>
<td>32%</td>
</tr>
</tbody>
</table>

Yes

Don’t know
Injectables continued

- Of respondents that indicated they were allowed to administer medications by injection:
  - Intramuscular route (27%)
  - Intravenous route (7%)
  - Subcutaneous route (62%)
  - Intradermal route (19%)
  - Hypodermoclysis route (7%)
  - Pre-drawn insulin (70%)
  - Insulin that was not pre-drawn (57%)
  - Epinephrine (34%)
Topicals

- 94% allowed to administer topical medications
- Of Med Aides allowed to administer topical medications:
  - Topical patches (93%)
  - Treatments that involve advanced skin conditions, including stage III and IV decubitus ulcers (19%)
  - Topical medications requiring a sterile dressing (43%)
  - Topical medications requiring an assessment of skin condition (34%)
Orals

- Allowed to administer:
  - Sublingual medications (82%)
  - Maintenance doses of oral anticoagulants (e.g., Coumadin) (78%)
Tubes

- Allowed to administer medication inserted into:
  - Nasogastric tube (8%)
  - Gastric tube (17%)
  - Jejunostomy tube (9%)
Classes of Drugs

- 90% allowed to administer controlled substances
  - Of these, 82% were allowed to administer schedule II narcotics

- 27% allowed to administer chemotherapeutic agents
  - Of these, 39% indicated oral maintenance chemotherapy was the only chemotherapeutic agent they were allowed to administer
  - While, 22% indicated Tamoxifen was the only oral chemotherapeutic agent they were allowed to administer
### Others

**Allowed to administer:**

- The first dose of a new medication (80%)
- The first dose of a changed medication (87%)
- PRN or “as needed” medications (only after an assessment of the patient by a licensed nurse) (89%)
- **PRN or “as needed” medications (assessment of the patient by a licensed nurse not required)** (67%)
- Medications administered when the patient’s condition is unstable or the patient has changing nursing needs (49%)
- Medications administered when the supervising nurse is unavailable to monitor the progress and/or the effect of the medication on the patient (46%)
- Medications administered without the task having been delegated by a nurse (67%)
- **Medications that require a mathematical conversion between units of measurement to determine the correct dose** (35%)
- Medications being administered as part of clinical research (12%)
Allowed to perform the following tasks/activities:

- Regulating of intravenous fluids (4%)
- Programming insulin pumps (4%)
- Complete documentation for medication administration (82%)
- Complete medication error reports (67%)
- Take telephone or verbal orders for medication (18%)
- Receive written orders for medication (37%)
- Transcribe medication and treatment orders (23%)
- Order initial medications from pharmacy (36%)
- Reorder medications from pharmacy (74%)
- Account for controlled substances (perform a narcotic count), if assisted by a licensed nurse (85%)
- Account for controlled substances (perform a narcotic count), if assisted by another Medication Aide (76%)
- Receive and count medications (86%)
Allowed to perform the following tasks/activities:

- Instill irrigation fluids of any type (including, but not limited to: colostomy, urinary catheter, and enema) (22%)
- Perform any sterile procedure or medication administration that involves sterile technique (28%)
- Conduct patient assessments or evaluations (23%)
- Engage in patient teaching activities related to medications (49%)
- Take vital signs prior to or after administering medications (93%)
- Administer medications that are in a unit dose package or a pre-filled medication holder (86%)
- Assume responsibility for medication pumps including patient-controlled analgesia (8%)
- Perform oral, nasal, or tracheal suctioning (12%)
- Perform blood glucose testing (62%)
- Crush medications (authorization by a licensed nurse not required) (59%)
- Crush medications (authorization by a licensed nurse is required) (74%)
- Destroy medications (36%)
- Calculate drug dosages (26%)
Expected to do the following:

- Recognize normal and abnormal conditions for the patient (i.e., identify a change in condition) (94%)
- Recognize changes in patients’ conditions or behaviors (98%)
- Recognize side effects (94%)
- Recognize toxic effects (80%)
- Recognize allergic reactions (92%)
- Recognize immediate desired effects (85%)
- Recognize unusual and unexpected effects (90%)
- Recognize changes in client’s condition that contraindicates continued administration of the medication (81%)
- Anticipate effects which may rapidly endanger a client’s life or well-being and make judgments and decisions concerning actions to take (51%)
- Review the patient’s plan-of-care (61%)
- Collect and document patient conditions (63%)
Finally...

- 33% indicated that a licensed nurse never assesses a patient within 30 minutes prior to or after a patient’s medication administration.
Implications & Conclusions

- Help make decisions about the implementation or development of safe and effective Med Aide programs
- Variations by work setting and regulatory agency
- Implications for
  - Regulators
  - Educators
  - Long-term care administrators
  - Nurses that supervise and delegate to medications aides
  - Medication Aides
Recommendations and Resources

Address the inconsistencies in education and practice

- Use this data to identify Medication Aide practice issues in your state
- Individual state data along with comparisons to state NPA is available from NCSBN
- Review the new Model Act and Rules regarding Medication Aides when available (August 2012)
Recommendations and Resources

Get the Word Out!

- Meet with education program directors/instructors to review your state’s regulations regarding medication Aide education and practice
- Share the survey data to highlight the discrepancies between regulations and practice
Recommendations and Resources

Use NCSBN resources to support regulatory excellence

- JNR articles available at:
  [https://www.ncsbn.org/2894.htm](https://www.ncsbn.org/2894.htm)

- MACE exam information available at:
  [https://www.ncsbn.org/1480.htm](https://www.ncsbn.org/1480.htm)
Discussion
NCSBN Contact Information

- Jill Budden, Associate, Research
  jbudden@ncsbn.org

- Mary Pat Olson, Director, Outreach Services
  molson@ncsbn.org