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# The First National Survey of Medication Aides

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 NCSBN

*National Council of State Boards of Nursing*

# 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

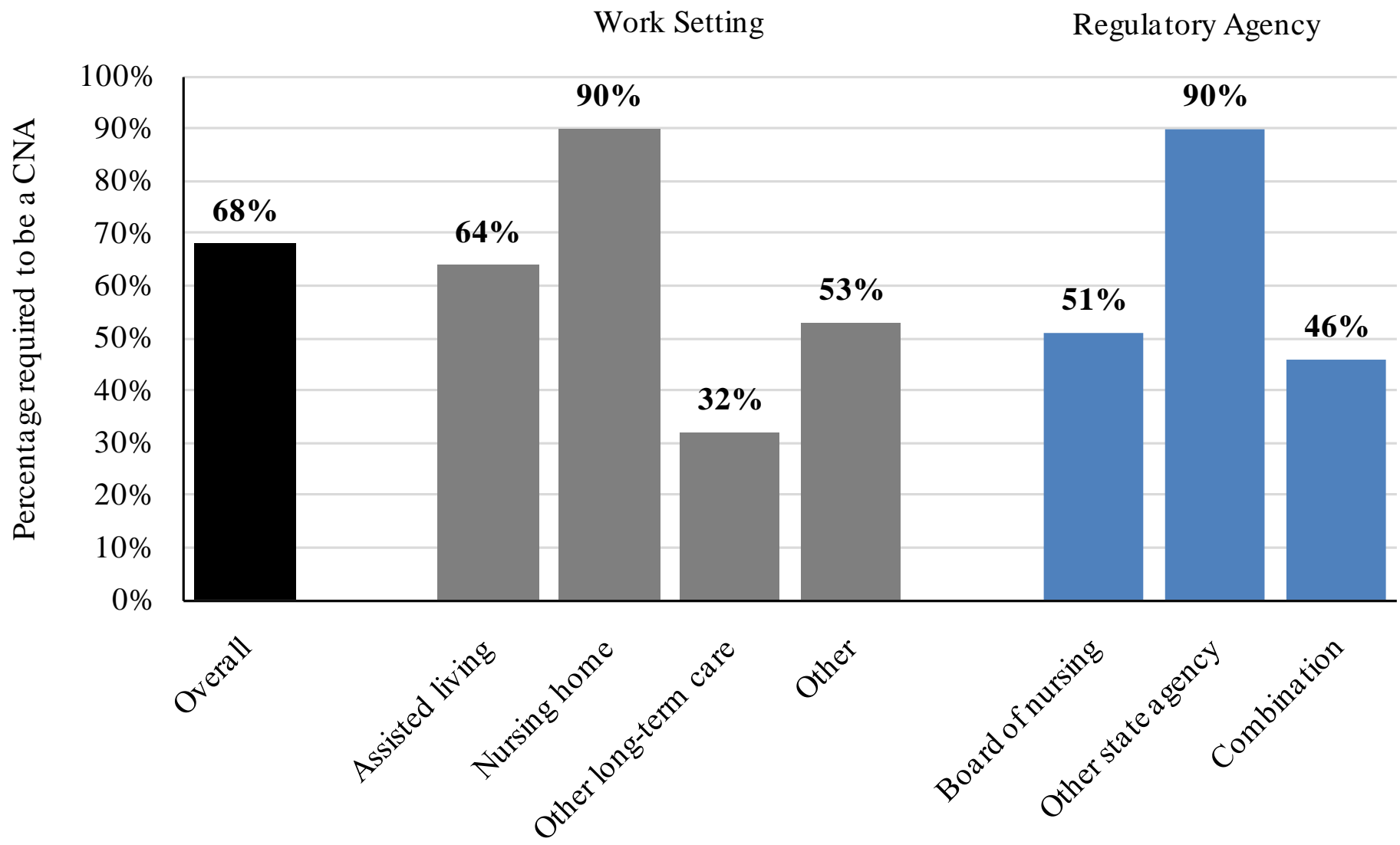
	Total Medication Aide Population	Study Sample	Number Mailed	Number Received	Who Regulates?
Arizona	17	5	5	1	BON
Arkansas	47	15	15	5	BON
DC	465	155	155	28	BON
Indiana	3,161	1,053	1,053	237	Other Agency
Kansas	9,036	3,012	2,815	511	Other Agency
Maryland	68,479	22,826	3,967	275	BON
Montana (a)	6	2	2	1	BON
Nebraska (a)	8,933	2,977	2,810	293	Combination
Nebraska (b)	32	10	10	1	Combination
Nebraska (c)	9,590	3,196	2,825	501	Combination

	<b>Total Medication Aide Population</b>	<b>Study Sample</b>	<b>Number Mailed</b>	<b>Number Received</b>	<b>Who Regulates?</b>
New Hampshire	144	48	48	<b>16</b>	BON
New Jersey	2,088	696	696	<b>141</b>	Other Agency
New Mexico	452	150	150	<b>29</b>	BON
North Carolina (a)	2,628	876	876	<b>137</b>	Combination
North Dakota	1,772	590	590	<b>158</b>	BON
Ohio	93	31	31	<b>7</b>	BON
Oregon	1,274	424	424	<b>101</b>	BON
Texas	10,457	3,485	2,840	<b>580</b>	Other Agency
Virginia	3,989	1,329	1,329	<b>312</b>	BON
Wisconsin	1,369	456	456	<b>116</b>	Other Agency

# Demographics & Work Setting

<i>Work Setting</i>		( <i>n</i> = 3,384)
<b>1. Assisted living</b>		<b>1,107 (33%)</b>
<b>2. Nursing home</b>		<b>1,330 (39%)</b>
3. A combination of assisted living or nursing home and some other facility		16 (< 1%)
4. Other long-term care		
Community-based services		49 (1%)
Board and care homes		18 (1%)
Home health		86 (3%)
Continuing care retirement communities		19 (1%)
Housing for aging and disabled individuals		41 (1%)
Adult day care		24 (1%)
Group home		135 (4%)
Residential care facility		81 (2%)
Intermediate care facility (for example, developmentally disabled facility)		112 (3%)
5. Other		
Hospice		14 (< 1%)
Hospital		33 (1%)
Rehabilitation facility		62 (2%)
Psychiatric or mental health facility		69 (2%)
Correctional facility		52 (2%)
Schools		33 (1%)
Other		103 (3%)

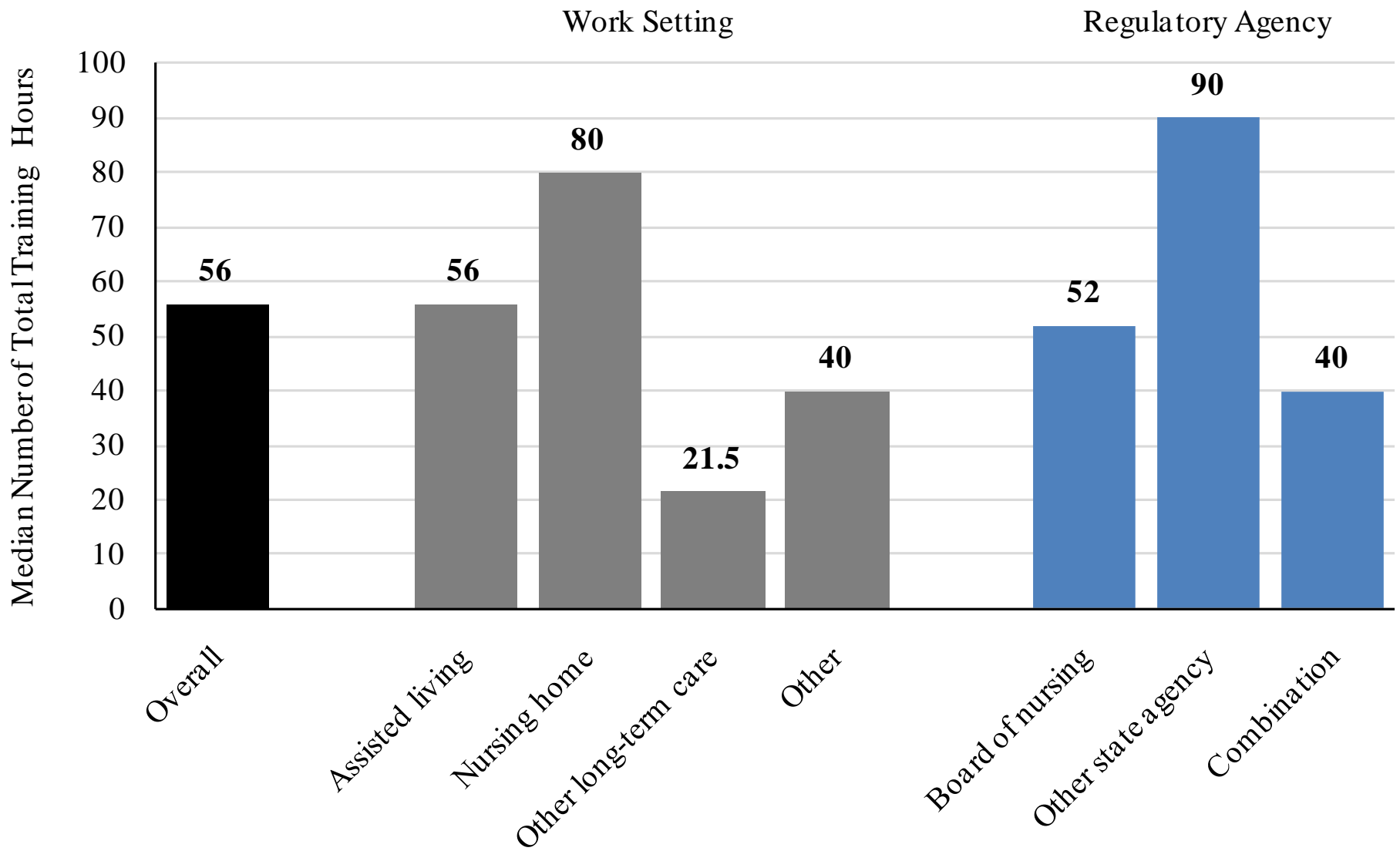
- Average age = 45
- 60% white, 27% African American, 7% Hispanic
- Primary employment title “Medication Aide” (72%)
- Average time worked = 8.05 years.
- Workload
  - Assisted living (*median* = 25 clients)
  - Nursing home (*median* = 31 clients)
  - Other long-term care facilities (*median* = 4 clients)
  - Other facilities (*median* = 15 clients)
- Required to be CNA before becoming Med Aide (68%)





# 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

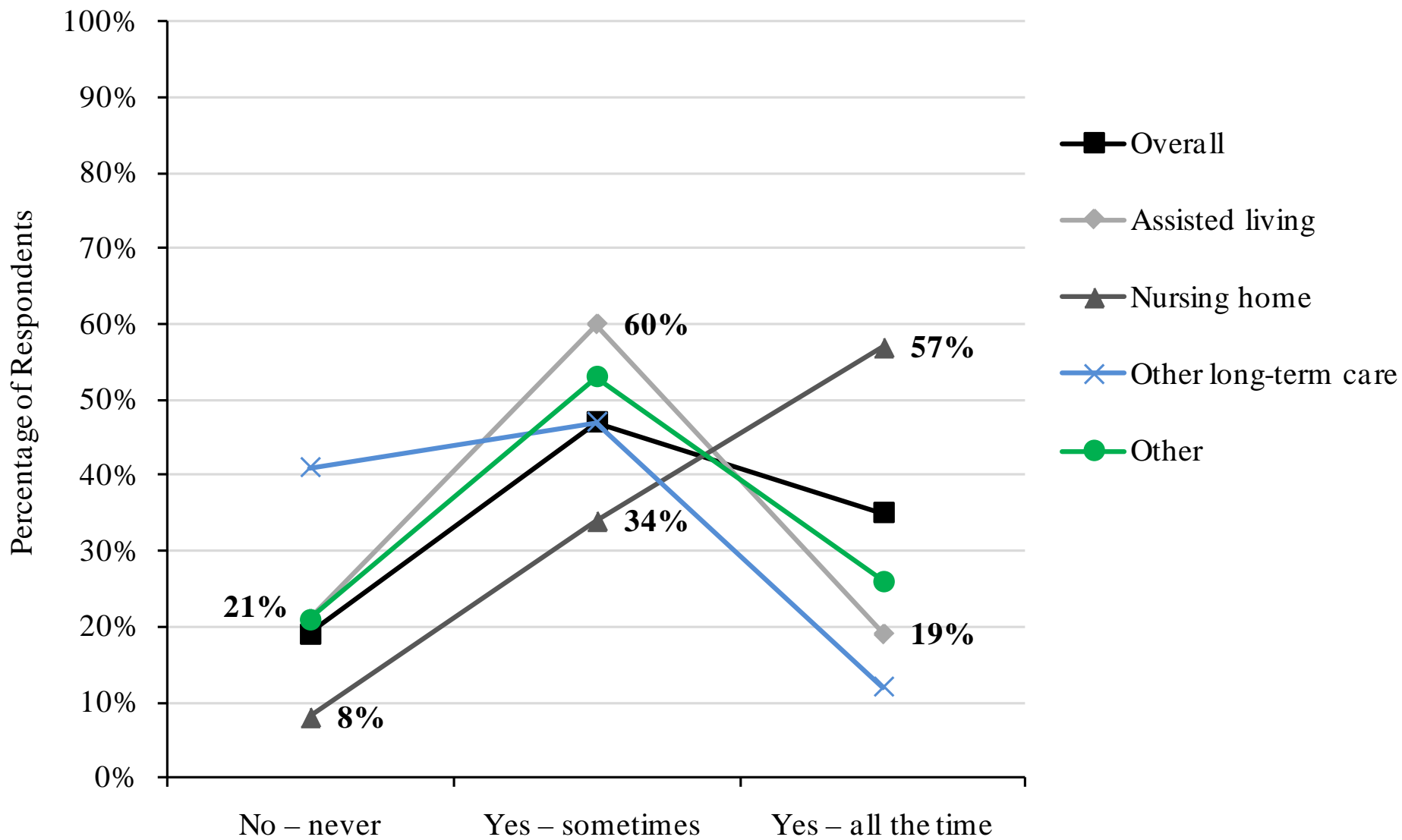


- 71% indicated nurse delegation was covered
- 83% indicated nurse supervision was covered
- 46% indicated Med Aide training needed to be more challenging.

# 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% indicated 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.*
- ***J-tubes. G-tubes. Or feeding tubes. Doing blood sugars. Some bedsores.”***

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.”*
- ***“Making mixed alcohol drinks. Doing laundry. Taking out trash.”***
- *“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)

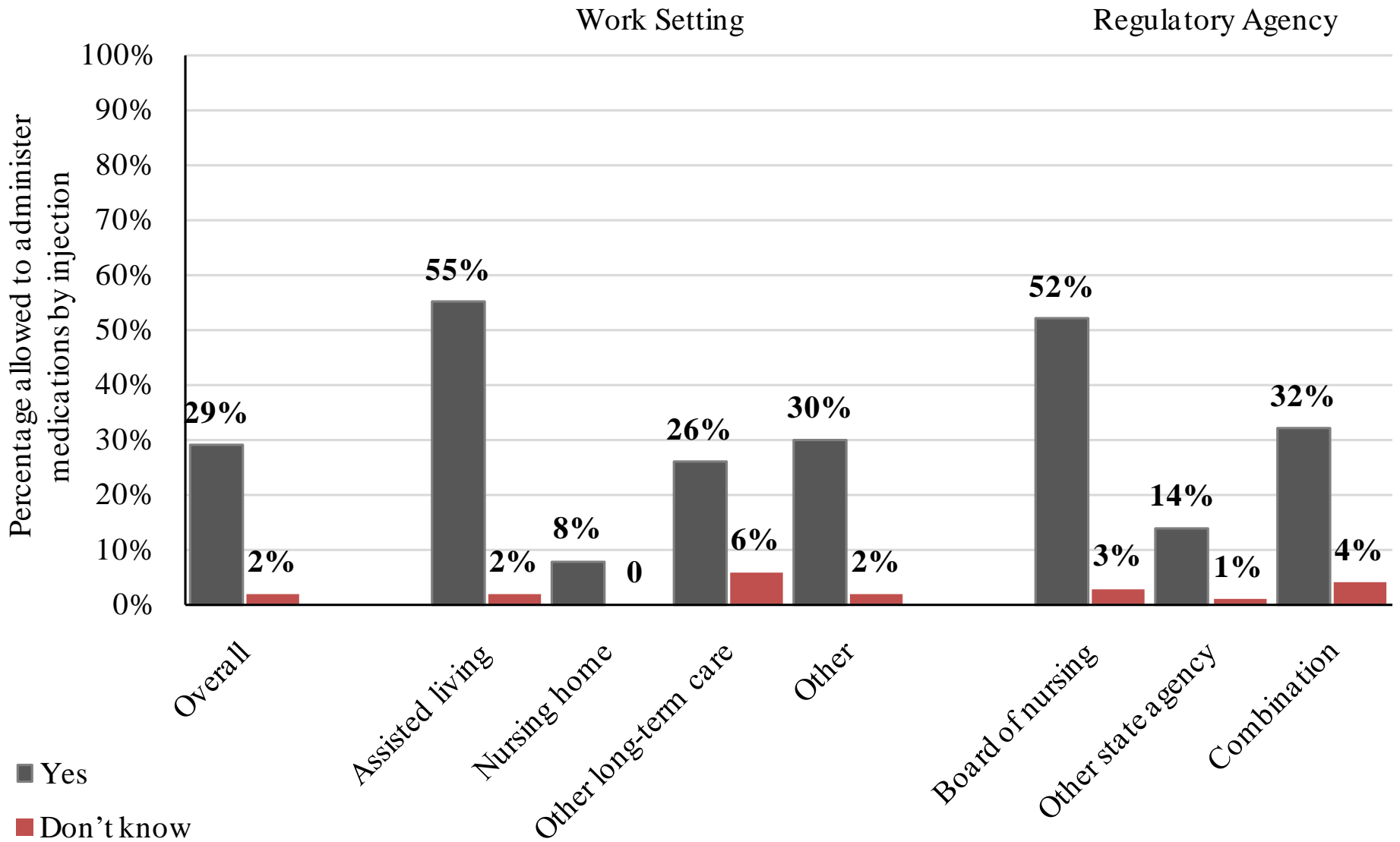
- ***“Assessing patients. Insulin shots. Drawing blood. Deciding what level of oxygen for oxygen tanks. Narcotics. Colostomy changes.”***
- *“Doing what a nurse or doctor should be doing. Cleaning wounds. Looking for signs that a doctor or nurse should do.”*
- ***“Supervising role of caregivers (CNAs) 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).”*
- ***“giving meds – helping in dining room. Making beds. Doing baths. Feeding people. Serving trays. Giving towels. Doing charge aide work. Doctor’s orders. Anything else asked of us.”***

# 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



# 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 medication 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>

➤ MACE exam information available at:

<https://www.ncsbn.org/1480.htm>

# Discussion

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