Certified Medication Aides
Bridging the Gap

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Certified Medication Aides

Draft Rules October 24th 2024

4723-27-01 to 4723-27-11

Final rules published Sept 15th, 2025

- Brief history and background
- Benefits for the Resident, Nurse and CMA
- Regulations- old and new regulations
- Establishing your own program
- Suggestions/hints

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History

Timeline

- 2006 Pilot Program rolled out with 10 programs
- 2009 Program goes state wide
  - 80 Nursing homes 40 RCFs
- 2024 Rules finally updated

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Bridging the Gap with Certified Medication Aides

Original intent of OBN allowing CMAs:

- Relieve the licensed nursing shortage
- Allow licensed nursing staff time for more complex tasks

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CMAs as Part of the Health Care Team

- The time-consuming task of medication administration is removed from nurses
- Nurses can focus on higher level tasks
- Use of CMAs provide staffing options
- Financial relief for the facility

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Building a Bridge for the CMA

- Career ladder for aides
  - Rewards aides for performance
  - Provides a goal
  - Enhances the credibility of the aide as part of the health care team
  - CMAs can set an example for co-workers
  - Increases their pay
  - Encourages further education

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But Is Using A CMA Safe?

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3 Studies

- Scott
- Young and colleagues
- Arizona Board of Nursing
  - All found that the error rate for CMAs was either lower or equal to that of licensed staff

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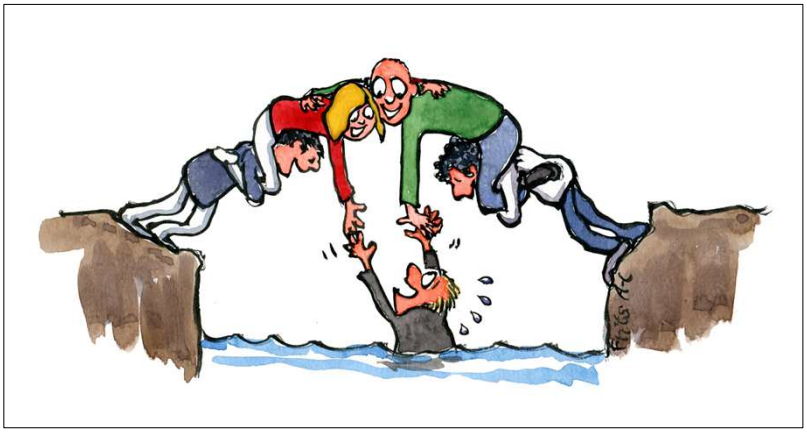
Bridge over Troubled Waters- Understanding the Regulations!



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Regulation- Length of Program

Prior to October 2024:
- 80 hours of classroom
- 40 hours of clinicals

After October 2024:
- 14 hours of classroom
- 16 hours of clinicals

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Regulation-Using Certified Medication Aides

YES	NO
Assisted Living	Adult Day Care
Nursing Homes/SNF	Independent Living
	Pediatric Residents
	Non-Residents (example: spouse)

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Regulation-Allowable Routes

- Oral
- Topical
- Eye, ear and nose drops
- Rectal and vaginal
- Inhalants in premeasured doses
- First dose of a medication (new)

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Regulation- First Dose

Final rules published in Sept: CMAs can do the first dose of a medication

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Regulation- Insulin Administration

Certified Medication Aides may administer insulin

- Two criteria:
  - Insulin must be administered with an insulin pen
  - CMA must satisfy training and competency requirements established by the aide's employer
    - How will that be documented?

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Steps for Insulin Pen Injection	Satisfactory	Needs Review
Wash hands		
Performs the 6 Rights and 3 checks, expiration date		
Collects supplies		
Prepares the pen: cleans the rubber stopper, attaches needle correctly, primes the pen		
Dials in correct dosage		
Introduces self, explains procedure, asks permission		
Identifies proper sites/prepares skin		
Injects insulin at correct angle, pushes trigger, holds in place for 6-10 seconds		
Removes needle safely, proper disposal		
Able to describe s/s of high and low blood sugar and appropriate response		

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Regulation- Controlled Substances

Certified Medication Aide may administer ALL controlled substances

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Regulation-As Needed Medications

The Certified Medication Aide can give all PRN medications without a nursing assessment

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Think About Your Process

What will YOUR process be?

- The CMA consults the nurse first?
- The CMA lets the nurse know a PRN was given after the fact?

OR

- No additional steps– if the med is on the MAR it has already been reviewed/approved

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Regulation-Prior Experience

No longer required to have one year experience in AL or to be a STNA in a Skilled Facility

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Think About Your Process

- A CMA with no prior Resident care experience:
  - What is their background/experience?
  - Will they know how to manage Residents?
  - What about dementia Residents?
  - Will they know how to provide fluids? Position correctly?
  - How can they be part of team? Will they be accepted?
  - How will the orientation be different?
  - Will 16 hours of clinical be sufficient?
  - What work history would you find acceptable?

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Regulation-Prohibited Tasks

- A Resident assignment while on the med cart
- Medications that are part of a clinical study
- Drug/dose calculations
- Oxygen*

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Prohibited Tasks

- Administering meds to a person other than a Resident
- Splitting pills for the purpose of changing the dose
- Anything through a tube (peg tube, j-tube)
- Receiving, transcribing or altering orders

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Regulation-No Background Check Required ???

The CMA will be handling controlled substances and medication administration duties. Are you confident their legal background warrants your trust?

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Regulation-CEUs

- CMAs renew their certificates every 2 years (even years)
  - Need to complete 8 Continuing Education Units
    - One hour related to rules and regulations
    - One hour relating to establishing and maintaining professional boundaries
    - Six hours related to medications or the administration of prescription medications
- Few if any courses specifically for CMAs
  - Nurses can assist the CMAs to pick appropriate courses

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The nurse must remain the leader!

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Regulation-Responsibilities of the Nurse

The nurse evaluates the Resident:

- The Resident's mental and physical ability
- The medication to be administered

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Regulation-Nurse Evaluates

- The timeframe the medication is to be given
- The route of medication
- The ability of the CMA to safely administer

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Regulation- Nurse Responsibilities

- Reviewing the medication delivery process to assure there have been no errors in stocking or preparing medications
- Accepting, transcribing, and reviewing Resident medication orders
- Monitoring Residents to whom medications are administered for side effects or changes in health status

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Regulation- Nurse Responsibilities

- Talking to physicians, NP, family
- Insulin in vials
- Medications requiring calculations
- Meds given IV or through a tube
- Oxygen

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Regulation- Nursing Supervision

- NH: licensed nurse must be present 24/7
- AL: licensed nurse must be immediately available by telecommunication

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Nursing Supervision

What can the nurse be observing:

- Med administration– are the 6 rights and 3 checks being used?
- Is the CMA using good infection control?
- Is the CMA proficient in all routes of administration?
- How long does it take the CMA to complete the med pass? Does it seem appropriate?

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Regulation-Documentation of Supervision of CMA

Regulation requires:

Review of documentation completed by the CMA including EMAR

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Sample Documentation

CMA	100% of eMAR Reviewed	Observation of med admin	Consistently demonstrates professionalism	Notes/follow up	Nurse signature
Sally Jones					
Carl Simon					
Suzy Short					
Mary Brown					

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Reviewing the MAR

- Accuracy-meds are signed off correctly, vitals recorded as ordered, PRN documentation
- Timeliness- meds are signed off per protocol
- Documentation of refused medications
- Documentation of effectiveness of PRNs

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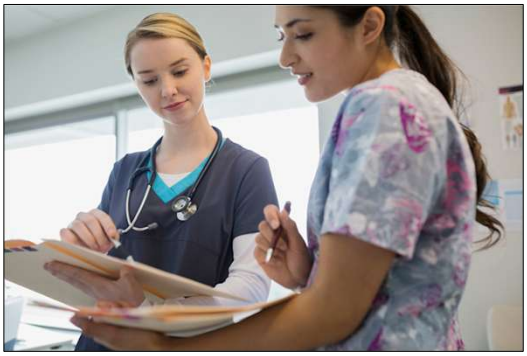
Good Nursing Practice



Is the CMA meeting professional expectation?

- Need a job description with defined expectations

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Professionalism

- Competency:
  - does she consistently and accurately perform med admin tasks?
  - Accuracy: is the CMA using the 6 Rights and the 3 Checks?
  - Good technique for eye drops, insulin pens, crushing meds, topicals
- Accountability:
  - does the CMA accept responsibility? Can they admit to making a mistake AND want to fix it
  - Can the nurse trust the CMA to complete all tasks correctly and efficiently?
  - Do they show up and are they on time?
- Appropriate recognition:
  - does the CMA know when something is wrong and what to do about it?
  - does he tell you what you need to know about the Residents?
  - does the CMA know when to ask questions?

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Professionalism

- Administration:
  - is the CMA's cart prepared?
  - Follows the 6 rights and 3 checks
  - Hand washing, providing privacy, greeting the Resident, disposal of wasted medications?
- Knowledge of medications:
  - does the CMA know why he is giving the medication and possible side effects?
- Consulting :
  - does the CMA come to the nurse with issues, concerns, worries?
  - do they know they aren't a mini nurse?
- Documentation:
  - is the CMA completing with accuracy and integrity?

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Bridging the Gap Between Training and Competency

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Mentoring the CMA

- Set clear expectations
  - Job description
  - Attendance
  - Dress code
  - Discuss in specific terms what is expected from a CMA
- Observe and provide feedback – correct in private, praise in public
- Find ways to teach something every shift
- Set a good example- accountability and responsibility
- Share knowledge
- Listen and validate

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Dressing Changes?

Dressing Changes

- Is it a simple, non-sterile dressing?
- Is it a complex wound requiring an assessment?
- Has the task been delegated by a licensed nurse?
  - Trained with written directions
  - Demonstration by a licensed nurse
  - Competency check documented

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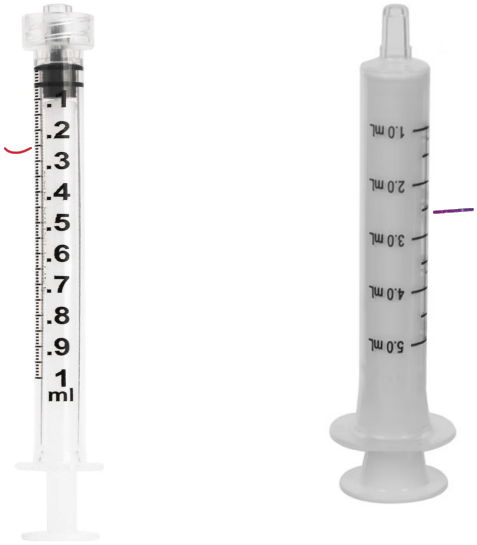

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Regulation-CMA's Responsibilities

- Following the 6 Rights and the 3 checks
- Witnessing the Resident swallow the medication
- Reporting to the nurse in a timely manner
- **Asking questions, clarifying, updating, informing**
- Documenting
- Working within scope of practice

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CMAs are a Bridge to Better Nursing Care

- Increased interactions with Residents
  - Cognitive status
  - Mobility assessments
  - Observation in the dining room and activities
  - Supervision of aides– are showers really getting done? Mouth care? Incontinent care?
  - Skin checks- wound prevention
  - Disease management
  - Educating families regarding dementia decline
  - Care planning especially for high acuity Residents
  - Competency checks
  - Working with the physicians and NP
  - Coordination of care with home care and hospice
  - Mentoring CMAs

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Is Your Community Ready For CMAs?

- Is your current medication administration process running smoothly, efficiently and with a high degree of accuracy?
- If you already have Medication Aides, do you know for certain they are following all your policies and procedures?

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Report Card

Task	Grade
Meds are always reconciled	
Discontinued meds are off the cart	
Meds are always available	
Vital signs/blood sugars recorded	
No expired meds in the cart	
Meds dated when opened	
Clean/organized med cart	
Errors and near missed ALWAYS reported	

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Quick Detour for Error Reporting

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Medication Error Reporting

- 95% of nursing medication errors are unreported:
  - Omission of a medication is the LEAST reported error
  - Overmedication is the most common error reported
- Are all medication errors reported?
- Reason for not reporting:
  - No harm- no need to make a report
  - Disagreement over the definition of an error and the need to report it
  - Embarrassment, fear of punishment

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What Is A Medication Error?

Any difference between what the Resident received or was supposed to receive and what the prescriber intended in the original order

- Medication errors:
  - wrong person, time, drug, dose, route, no documentation
- These are also considered errors:
  - Giving a PRN without an order, improper technique, expired meds, meds not stored correctly
- Risky behaviors:
  - Keeping discontinued meds, carrying meds in uniform pockets, pre-pouring medications, medication borrowing

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Establish A Policy of Error Reporting

- Define what is an error
- Define what is a “near miss”
- Define how quickly an error is to be reported and what documentation is to be completed
- Will errors always be reported to the prescriber?
- Will errors always be reported to the family?
- Is there an opportunity for education/training?
- What is the follow up post the error?

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Non-Punitive Error Reporting or a “Just Culture”

A “Just Culture”: is shared accountability, employees are encouraged to come forward with mistakes without fear of disciplinary action.

- Focus on systems rather than individual failings
- Open communication
- Learning from the error – what training or education is needed?
- What comes next? Who will follow up to assure compliance?

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Blame Culture

- CMA Suzy had been on the same med cart on day shift for 6 months. There had been few medication changes in the last 2 months. Suzy knew all the Residents meds without the MAR
- The facility was using paper MARs.
- On the day of the error, the pharmacy techs came in to do the monthly medication exchange. The techs were using the MAR books to review med orders.
- The CMA went ahead and did her afternoon meds. Including giving coumadin 7.0 mg to Mary Smith
- Because she didn't use the MAR, she didn't see that the coumadin had been discontinued due to a high PT/INR.
- When she asked for the MAR book to sign off her meds, she discovered that the Coumadin had been discontinued several days ago.
- She reported the error to the nurse.
- Suzy states she was verbally disciplined in a team meeting for a medication error. She was then written up and removed from the med cart for two weeks

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Blame Culture

- CMA Katie Hurley stated she was suspended from work for 3 days and was relieved of her CMA duties for 2 weeks
- Katie stated that she missed giving 2 morning medications to Cora Jones for 3 days.
- Katie stated she was administering her meds following the color-coding system that the nurses marked on the 30 day med cards. A pink stripe was to be added to morning medication cards.
- The nurse had added new medication cards to the cart but hadn't put the color coding on top of the cards. The CMA missed the morning meds because she was looking for the pink stripe on top of the card and not following the mar.
- No root cause analysis was done. The nurse was not counseled. No system was changed post the incident.

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Detour Over…Back to Complex Tasks

Cart and Medication Room Checks

- The nurse should be monitoring the med carts at least once a week:
  - Is the cart clean? No loose pills? Well organized?
  - Medications dated when open?
  - Any expired medications?
  - Discontinued medications are off the cart?
- Check out the medication room:
  - The room is clean, organized, refrigerators are being properly used
  - Super secret medication storage drawer- not advisable

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Building Your Own Program

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Establishing A Program

- Submit an application seeking approval from the OBN to provide a Certified Medication Aide Training Program:
  - $50 fee
  - Good for 2 years and then renewal is needed
- The application is on the Ohio Board of Nursing web site
- Required supplemental documentation
  - Curriculum, outcomes, policies, objectives, testing and clinicals
  - Application has a good description of what needs to be attached

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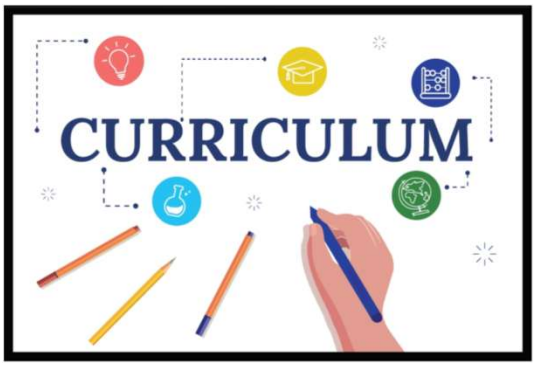
Develop a Curriculum Plan



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Required Length of 30 Hours

Per OBN Ms. Hashemian, JD, MSN, RN
EDUCATION REGULATORY SURVEYOR
OHIO BOARD OF NURSING

- Do not submit an application in which the classroom portion exceeds 14 hours.
- Legal analysis shows that a program approved by the board is limited to 30 hours: 14 hours classroom and 16 hours of clinical
- If a program wants to include more than 30 hours of training, it must be outside the board-approved 30 hours.

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Curriculum

There is no standardized curriculum- each program develops their own

*don't state that you will use OBN curriculum

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Standard Curriculum Requirements

Component	Former regulation	New regulation
Communication	4 hours	no set requirement
Resident Rights	1 hour	no set requirement
Six Rights of Med Admin/Lab	3 hours	no set requirement
Drug terminology, storage, disposal	4 hours	no set requirement
Safe Administration of medications/Lab	20 hours	no set requirement
Standard Precautions	2 hours	no set requirement
Documentation	2 hours	no set requirement
Fundamentals of body systems	20 hours	removed from requirements
Reporting to nurse/error reporting	8 hours	removed from requirements
Role of the CMA	4 hours	removed from requirements
Pharmacology, classifications, affect on body, controlled substances	12 hours	no set requirement

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Tips for Curriculum Plan

- List the required components in regulation 4723-27-08 B and the expected outcomes related to the role of the CMA
- List labs-example: hand washing, insulin pens, and topical medications

Suggestions:

- Concentrate on common Resident health issues and medications used to treat
- Side effects and what should be reported to the nurse
- Common drug interactions
- Proper administration techniques
- Six rights and 3 checks
- Documentation
- Communication, boundaries, infection control, anatomy and physiology

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Two Testing Requirements

1. Before acceptance into the training program: a mechanism for evaluating whether an individual's reading, writing and mathematical skills are sufficient for the individual to administer medications safely
2. At completion of the training program: examination that tests the ability to administer prescription medication safely.
   - D&S Diversified Technologies: can be used if the program doesn't want to develop their own testing.

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Evaluating Sufficient Ability

Current training program uses the application and pretest. On the application we ask:

- Why do you want to be a CMA?
- Describe what is professional behavior for a CMA
- Describe your current relationship with the nursing staff at your community

Math questions:

- If the medication order is for 50 mg and your patient has 25 mg tablets, how many tablets will the resident receive_____
- Solve the following math problems:

  1.5 mg X 2 =_____

  ½ of 60 mg = _____

  ½ of 7.0 mg= _____

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Examinations Demonstrating Ability

Written

- Program decides how many questions and format
  - 35 questions/30-45 minutes
  - Mix of multiple choice, fill in the blanks
- Test important information
  - For example: narcotics, PRN medication usage, communicating with the nurse, insulin pens
- What is a passing score?
- How many times can a student take the test before the student has to repeat the program?

Skills

- Program develops their skills test
  - Currently using criteria of 2 perfect medication administrations to have a passing score
    - Each student gets 2 Residents with 3-4 different med routes to perform
    - Each student must do a perfect insulin pen demonstration
- The board can ask for the testing components that you have used

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Credentials

Provide the name and credentials of all individuals serving as instructors in the program

- LPN can now be classroom instructor
- Include resume/CV
- Attach the verification of license
- Employment application in place of resume (?)

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Clinical Site Information

Supervised clinicals:

- Nursing Home: ODH has found the facility to be free from real and present danger related to the administration of medications
- Assisted Living: ODH has found the facility to be free from real and present danger related to the administration of medications AND the provision of skilled nursing care
  - Unless the facility has an approved plan of correction as it relates to real and present danger
  - The facility has resolved the real and present danger

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Supervised Clinicals

- Sufficient to assure that students are prepared to administer medications as a Certified Medication Aide in a safe and effective manner
  - Not less than 16 hours under the direction and supervision of a nurse
  - A skills check list is no longer required. But… still a good idea

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Skill	Date Demonstrated	Signature of Nurse
Hand Washing		
Medication Cart Stocked		
Oral Medications • **Tablets** • **Liquids** • **Sublingual**		
Eye/ear drops		
Eye Ointments		
Topical Medications • **Placement** • **Removal/disposal**		
• **Controlled substances**		

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Form A

After the completion of the classroom hours, passing the written and skills test and then clinicals, Form A needs to be sent to the Board of Nursing

- Student completes their portion in class
- Program Administrator completes the rest of the form
  - Document the date the program started and ended
  - Document on the form that the student passed both the written and skills test
  - Scan and email to: medicationaides@nursing.ohio.gov
  - Request verification that the email was received

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Student Application To OBN

- Student needs to complete an application with the OBN
  - Not easy. Must be done on lap top or desk top. It won't work on a hand-held device.
  - Takes 20-30 minutes.
- Pay a fee of $50
- Student is NOT a Certified Medication Aide until the certificate is issued by the board
- Verification of certification should be placed in the employee file
- CMA needs to renew certification every 2 years (even years).
  - Need to complete 8 CEUs
  - $50 fee with their renewal

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Almost Done

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Despite all the Bridges- There are Challenges

- Lack of strong candidates and not enough staffing to allow for class time and clinicals
- Working outside scope of practice
- Lack of problem-solving skills
- Inadequate supervision
- Self fulfilling prophecy with LPNs and RNs
- Are we going in the right direction?

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Recommendation—Careful Student Selection

- Not every aide is ideal
  - Do they have the reading, writing and thinking skills to pass medications?
  - Does this aide work well with the nurses?
  - Understands boundaries?
  - Do they work well with team member, Residents and family?
  - Do they have excellent attendance?
  - Dependable, trustworthy?
  - Self starter, can they work independently?
  - Demonstrates strong critical thinking skills
  - How do you feel about the aide having keys to the narcotics?

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Recommendation--Job Description

- A study found that 54% of CMAs had no written job description
- 21% of Medication Aides stated they performed tasks outside their role
- Job description should include:
  - Required training/certification
  - Essential duties, responsibilities and prohibitions
  - Professional behavior expectations
  - Handling of narcotics and PRNs
  - Communication with the nurse

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Recommendation-Teach Students to Think it Through

During class discuss how to look at situations

- What is the desired outcome?
- What information needs to be collected to make a decision?
- What should the next step be?
- Determine if the situation has been resolved or if further actions are needed

It's important to strike a balance between teaching a CMA to think through a situation and staying within their scope of practice.

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Class Exercises to Encourage Thinking

Ask the students to think through scenarios:

- Your Resident is on blood pressure medication and a diuretic. This morning the Resident complains of being dizzy and feeling unsteady. What could be the reason and what do you do next?
- Your diabetic Resident is sweating, confused and states he is dizzy. What could be the cause and what should you do next?
- You have fallen way behind on your medication pass. You still have 3 more Residents to do. What order would you do them in: A) Resident that needs her eye drops B) A Resident that needs his vitamins and Metamucil C) A Resident needing insulin. Why?

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Recommendation- Clinical Training and Supervision

- The 30-hour training program should not be the end of the process- just the beginning
  - Provide continuing education: 10-15 minutes weekly
- Nurses needs to be involved in daily supervision with follow through on concerns
- Tenure improved with: training, involvement in decision making, supervision from nurses, pay and benefits
  - Have CMA student sign agreement to stay 1 year after completion of the class

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Recommendation- Communication

- Keep everyone informed of the exciting changes!
- Licensed staff may fear that CMAs will be replacing them
- Meet with your staff and discuss:
  - What's new, what's the plan, how the changes will affect them
  - How and when the changes will be made
  - Ask how staff want to be involved
    - Be sensitive to the Medication Aide that went through a much tougher program
- Meet with Residents and share the news
- Let families know that you will be rolling out a new program that will only enrich the life of their loved one

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Suggestion: Practice Medication Administration

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Suggestion: Insulin and Controlled Substances

Higher risk medications:

- Nurses need to insist on proper technique every single time
- Observe technique for proper procedure often
- No short cuts
- Continuing education after the basics
- Importance of narcotic counts
- 6 Rights and 3 checks!

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Suggestion: Cone Of Silence

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Calculate the Cost of the Program

- $50 Application fee
- Time for preparation of application/documents
- Time for development of curriculum, labs, skills check list, competency check list
- Instructor's time
- Student's hours in class and clinicals and coverage while in class
- CMA certification fee $50
- Classroom materials, handouts, medication administration practice materials
- Pay increase?

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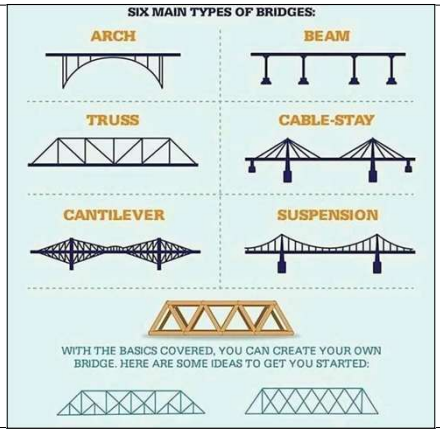
What Direction Will You Go?



- Decide not to use CMAs
- Hire CMAs
- Establish your own program
- Update the way you are using CMAs
- Staffing model:
  - Primarily nurses, few CMAs
  - CMAs and nursing
  - CMAs primary Resident contact
- What role will your nurses have?

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Consistency, Integrity, Vigilance

- Be selective who can take the class or who you will hire
- Give a tough written and skills test
- Insist on strong supervision, document competency at least yearly
- Carefully determine what tasks a CMA can do. Make decisions based on regulatory guidelines and best nursing practices
- Keep Resident safety as a guide

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Questions

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