
Perspectives on Delegation of Medications

Developmental Disabilities Nurses Association
18th Annual Education Conference

Reno, Nevada
May 15th, 2010

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National Association of State Directors of Developmental Disabilities Services



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Presentation Outline

Part 1. Information about people receiving services

Part 2. Policies on the administration of medication

Part 3. Training

Part 4. Quality assurance

Part 5. Federal requirements

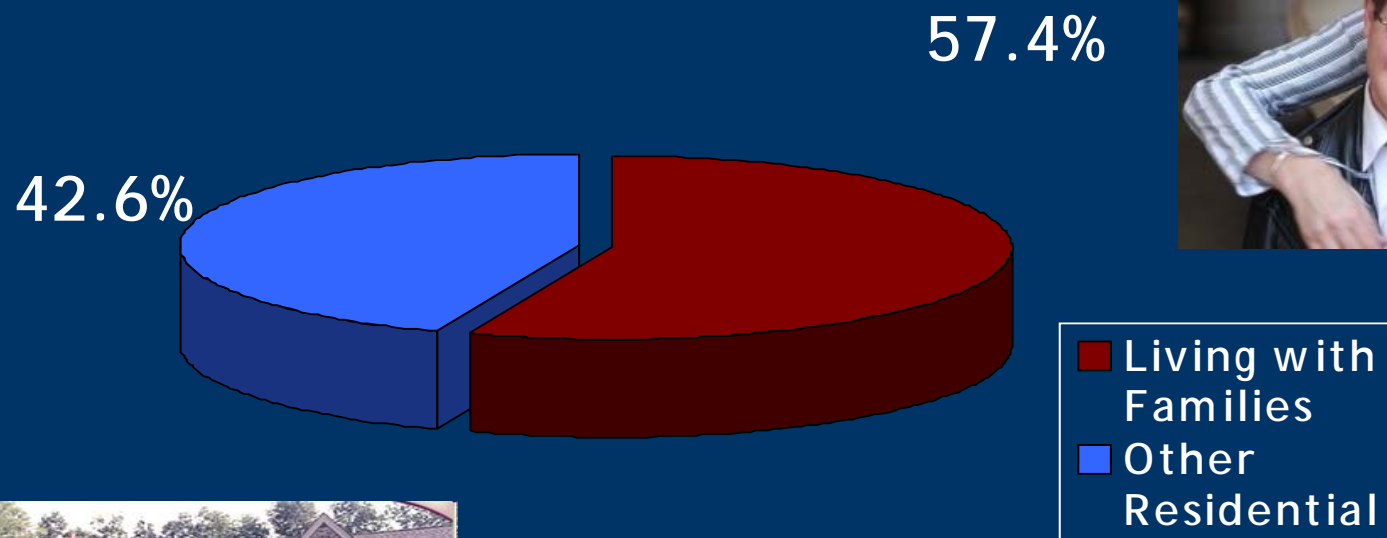
About 1 Million People Receive Publically Funded Services

Incidence of IDD is 3.5 Million

- 428,803 Family Support
- 532,830 Residential Services
- 38,262 Shared Living/Host Homes
- Most people are living in the community without public services – 2.5 million

The State of the States in Developmental Disabilities
(Braddock, Hemp, & Rizzolo, 2008)

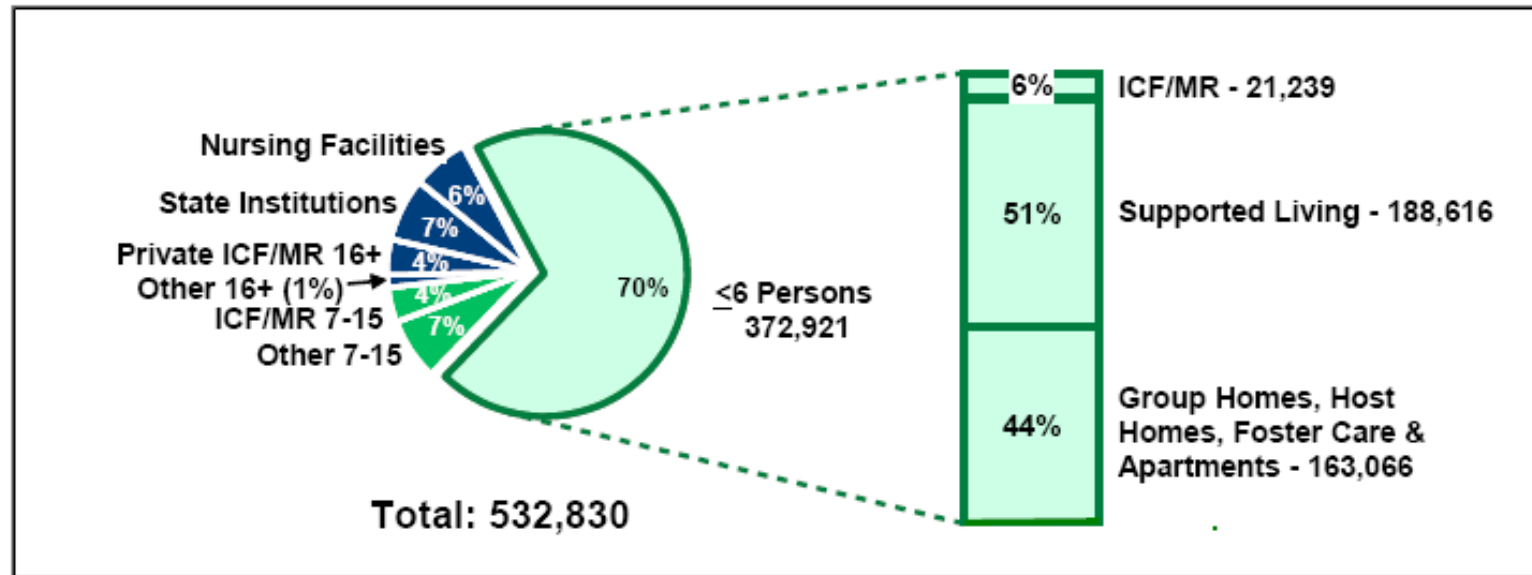
In 2008 Most Individuals with DD Receiving Services are Living with Families



This does not include the 2.5 million who do not Receive services

People Living in Residential Service

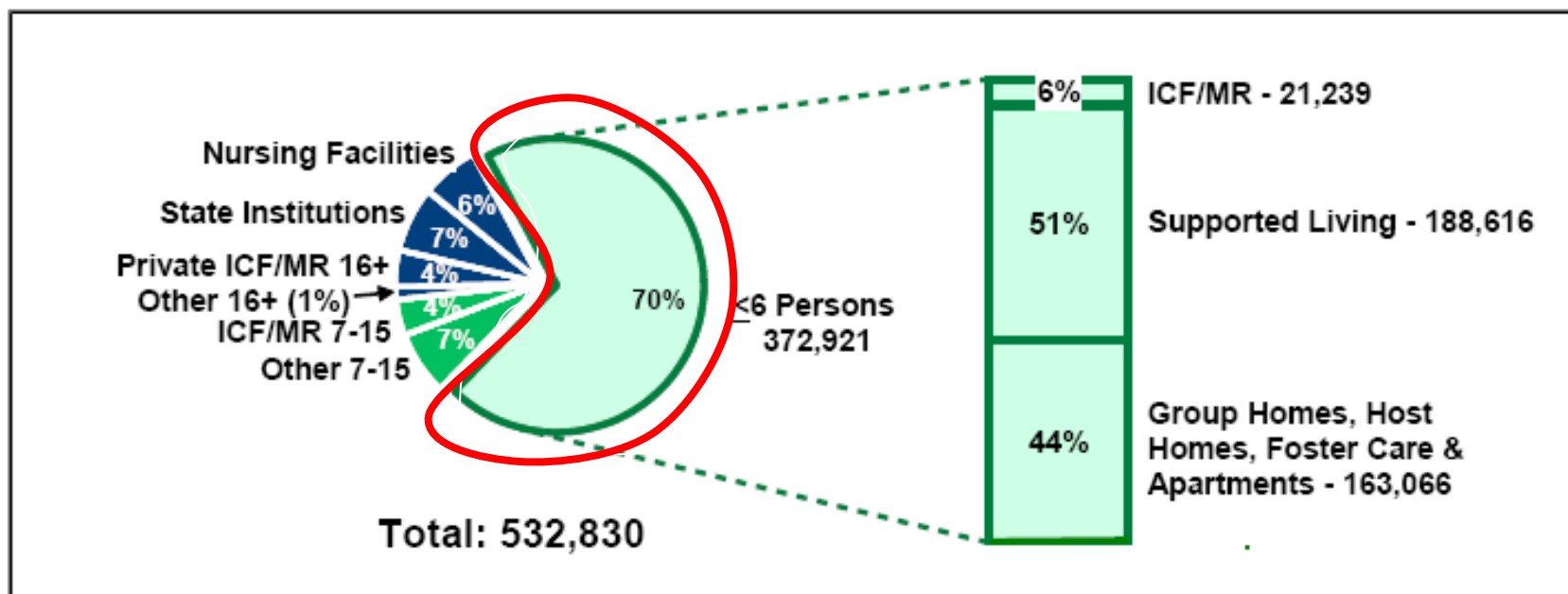
Residents with I/DD by Setting in 2006



The State of the States in Developmental Disabilities
(Braddock, Hemp, & Rizzolo, 2008)

Medication Administration in Non-Institutional Residential Settings

Residents with I/DD by Setting in 2006



Part 2. Policies

Why is the Administration of Medications and Important Issue?

- People with IDD need to receive their medications accurately and timely
- People with IDD want to have their freedom and live an everyday life – like everyone else.

State Policies

The authority to allow the delegation of medication administration varies

State Legislatures

- Montana - the state legislature passed an amendment allowing nonmedical professionals to assist and supervise in the self-administration of medications by persons with developmental disabilities. The Board of Nursing is the legal entity authorized to define the medication assistance activities of direct care staff.
- Washington – the state legislature passed the Nurse Delegation Law which allows a registered nurse to delegate certain nursing tasks to direct support staff who are not nurses.

Board of Nursing

- Alabama - The Board of Nursing adopted regulations allowing residential and day programs nurses delegate assistance with administering of medication to direct support professionals.

State Policies

Some states operate on the assumption that the state Nurse Practice Acts only govern what nurses do and the program agency governs the practice.

- In Oregon the Board of Nursing has no authority over the setting in which medications are administered by unlicensed personnel; the program office issued regulations
- The Pennsylvania Dept. of Public Welfare passed regulations addressing medication administration in a number of settings including small community homes (8 people or fewer), small ICF/MR (8 people or fewer) and adult training and vocational facilities.

The state policy may be crafted for a wide range of human services including services to the elderly, children's services and mental health services. Pennsylvania's medication administration training applies Aging, Children and Youth, and Personal Care Homes as well as for providers for people with IDD.

State Policies

The scope of delegation to unlicensed staff varies by state

- ❑ Administer prescribed medications, perform health-related activities, perform tube feedings and administer medications per a G/J tube, and administer insulin by subcutaneous injection - Ohio,
- ❑ Complete tasks that consumers would otherwise do for themselves, or have a family member do with the exception of injectable medication - Alabama
- ❑ South Dakota has a problem with people with medical needs that are not delegatable tasks such as insulin injections. The Board of Nursing is considering making this a delegatable task
- ❑ Foster parents have the same authority over medication assistance as parents or legal guardians - Alabama

State Policies

Some states place primary responsibility on the provider agency

- Minnesota - The license holder is responsible for meeting the health service needs assigned to the license holder in the individual service plan
- Wyoming - all home and community-based waiver providers, who assist participants with medications, shall develop and implement policies and procedures in accordance to the standards listed herein and adhere to the specified timelines for compliance

State Policies

- **Institutions and state operated programs**

States generally do not allow the administration of medications by unlicensed personnel in institutions both public and private and often do not allow the practice in state operated facilities regardless of size

- **Most states have statutes or published rules regulations that govern the practice of administering medications**

Part 3. Training

Training

- Training Programs - Examples
 - Alabama - 12 module training
 - Minnesota - 16 hours of classroom instruction, self study, no less than 80% performance on a written exam & 100% performance on a practicum
 - New Hampshire - minimum of 8 hours of classroom training
 - PA - course teaches oral administration with guidance about other routes of administration that must be taught by a clinical, licensed professional such as a nurse or physician.
 - **Ohio** - training must be done by an RN who has been trained and certified by the Ohio ODD; approved curriculums for all training courses - 14 hours course covers medication administration and health-related activities; 4 hour course covers G/J tubes; 4 hours course covers insulin injection.

Training

- Trainers - Examples
 - Nurse –Alabama
 - Train the trainer program – Pennsylvania , Wyoming, and New Hampshire - nurses must train and certify the trainers
 - Self taught : This is accomplished by studying the Health and Medication Administration Manual , a self-study manual . Staff must pass a written test with a score of 90% or higher - Montana
 - Four year colleges; DDSN employed or contracted clinical staff; or community provider agencies themselves - S.C.
 - Home providers are to be directly trained by the ordering physician and respite providers are trained by the home provider or family member employing them - Vermont .

Training

- Proficiency
 - Proficiency tests for each module
 - Staff may administer medications only after they demonstrate the ability, as defined in the license holder's medication administration policy and procedures - Minnesota
- States have worked with the Board of Nursing to develop their curriculum – Kentucky , Pennsylvania
- Revocation of Certification in some states

Training

- Recertification Requirements - Examples
 - 4 hours of update training every 2 years to remain in good standing. 1.25 hours per consumer of RN time for the purposes of delegation and oversight of medication administration and other delegated nursing tasks - Minn.
 - Trainers must recertify every 3 years and medication administrators must pass an annual practicum including 4 MAR reviews and observations of 2 medication passes – N.H.
 - All staff must recertify every two years - Montana
 - Trainers must recertify every 3 years and medication administrators must pass an annual practicum including 4 MAR reviews and observations of 2 medication passes - NH

Challenges - Examples

State #1 The state scope of practice act bars those other than family members, nurses, doctors and pharmacists from administering parenteral medication.

Providers must use nurses and have billed the state plan service in order to recover the costs associated with having to use nurses. This has created financial accountability assurance challenges from Medicaid.

State #2 To administer medications, staff must complete a 60 hour course, (40 hours of classroom theory, and 20 hours of practical with 10 hours conducted in the workplace showing proficiency in 25 skill areas with either a physical or verbal demonstration to the satisfaction of a RN or LPN. To maintain the CMA status, the person must be recertified yearly by completing 9 hours of in-service training (two hours relating directly to the employing agency's medication administration policy and procedure and 7 hours relating to medication administration). This has proven to be burdensome.

Part 4. Quality

Quality – Examples of Monitoring

- Individuals administering medication are monitored on a regular basis through reviews of the Medication Administration Records (MAR) they complete and observations of medication passes – N.H.
- State program certification staff review compliance with the NDP during their annual site visits - Alabama
- DID Risk Management staff, Area Administrators, Certification Review Team and DID Nurse Consultant/Inspector monitor the implementation process - Kentucky
- Nurses in each Region monitor the data, communicate with the providers, their RN's, medication administration instructors, and assure that interventions taken result in the desired outcome. They also provide training to the Community RN providing the oversight. - Missouri
- Quality oversight consists of Quality Reviews to agencies once in a 2 year cycle. A 10% sample of the agency clients are sampled and of that a smaller percentage are chosen for a medical review. At this 2 year review, delegation policy and procedure are reviewed as well as individual staff delegation training - Vermont

Quality – Monitoring Connecticut

- The initial administration of medications is observed by the supervising registered nurse at the employee's worksite.
- The supervising registered nurse makes periodic observations of the administration of medications by certified unlicensed staff at least annually at the employee's worksite.
- At least four times a year on a quarterly schedule, the supervising registered nurse reviews documentation pertaining to the administration of medication including prescriber orders, medication records, and controlled drug counts.
- The supervising registered nurse reviews all incident reports related to medication errors and ensures corrective actions are taken as a result of staff noncompliance with agency regulations.
- Reports are submitted to Director of Health Services as needed for consideration of department sanctions including suspension or revocation of medication certification.

Quality – Monitoring in Managed Care: Wisconsin

- “The MCO is responsible for monitoring the performance of providers in the administration of medications to participants.
- The Division of Quality Assurance (DQA) regulates licensed and certified residential facilities including annual onsite monitoring and investigation of complaints and incidents with those facilities.
- Any findings related to health and safety including medication errors found in a facility where a participant resides are reported to the MCO and the Office of Family Care Expansion which oversees the contracts with MCOs.
- The external quality review organization (EQRO) evaluates the performance of MCOs for appropriate medication management as part of annual quality reviews.”

Quality - – Medication Error Reporting

Wyoming Example

- The method(s) used to rectify problems in a quick and appropriate manner, including possible consultation with the person's physician or other medical professional
 - The person responsible for reporting
 - The timeframe for reporting any incident
 - The incidents, which are reportable to other necessary parties, such as the case manager, guardian, etc.
 - The responsible party who will review incidents for trends and quality improvement
 - The system used to track incidents and analyze how the incident happened, how it was rectified, and if other concerns are noted for further follow up.
- Analysis of these events is to be performed at least quarterly by the case manager and must include follow up of identified trends.

Quality - – Medication Error Reporting

Wyoming Example cont.

- All Medication errors that meet the Division's criteria shall be reported to the Division via the Critical Incident Reporting process within 24 hours. The Division shall review:
 - If the medication error is an incident that should be reviewed by other investigative parties for further follow up.
 - Provider follow up after the error to review that the action taken by the provider was appropriate in addressing and resolving the incident.
- Trend analysis on reported errors.
- If the provider needs to complete a Quality Improvement Plan within 15 days to address the concerns.

QUALITY – Examples of Monitoring Medication Errors

- Alabama collects and analyzes data on Levels I, II, and III medication errors as part of the Incident Prevention and Management Plan.
- Mass. and Pennsylvania have a medication error reporting system that is automated
- Missouri Provider organizations are required to report medication error events.
 - These events are shared with the RN providing delegation and oversight
 - and they are entered into the Division's data tracking system so that
 - QE reports can identify trends and patterns that can be addressed
 - through additional training, curriculum modification, or the identified
 - most appropriate intervention.

QUALITY – Examples of Monitoring Medication Errors cont.

- Medication error reporting- All Boards and community providers who utilize Medication Technicians to administer medications will be required to follow Policy Directive 100-29-DD “Medication Error/Event Reporting”

Provider agencies track and follow up with Medication Technicians who commit medication errors. Appropriate follow up may include closer nursing supervision, re-training, progressive discipline or the removal of medication administration privileges - South Carolina

- As well those individuals administering medication are monitored on a regular basis through reviews of the Medication Administration Records (MAR) they complete and observations of medication passes.
- Pennsylvania

It's Not Just About Administering Medications

- Quality generally is defined in terms of life outcomes, with the goal of people with I/DD having the same routines, rhythms and experiences as their peers
- Health problems include
 - high rates of obesity and related diseases
 - poor dental care
 - overuse of medications
 - sexuality
 - sexual and physical abuse
 - mental illness
- The role for nurses must expand to include consumer and staff training, oversight and health monitoring

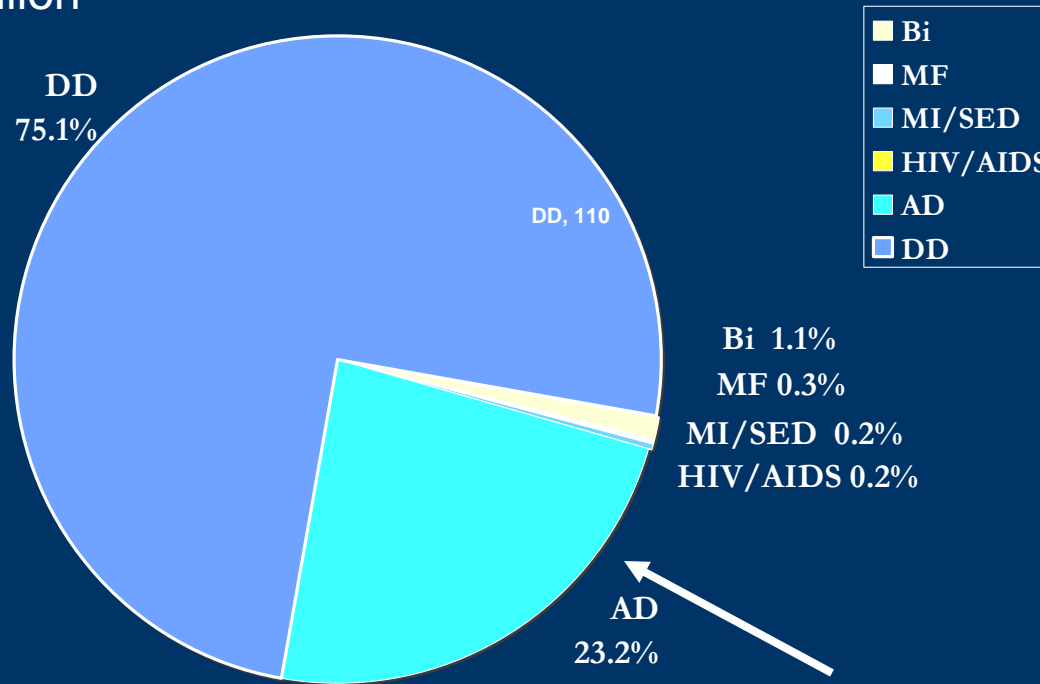
Part 5. Federal Requirements

Application for a Federal §1915 (c) Medicaid Home and Community Based Services Waiver

- Federal Requirements for the administration of medication
- Populations covered by HCBS Waiver Programs
 - Developmental Disabilities
 - Aging and Physically Disabled
 - Traumatic Brain Injury
- <https://www.hcbswaivers.net/CMS/faces/portal.jsp>

DD is 75% of Medicaid HCBS Waiver Expenditures and the Most Waivers 2007

Total \$41.7 Billion



Growing rapidly

Appendix G-1: Response to Critical Events or Incidents

- a. **Critical Event or Incident Reporting and Management Process.** Indicate whether the State operates Critical Event or Incident Reporting and Management Process that enables the State to collect information on sentinel events occurring in the waiver program.

- b. **State Critical Event or Incident Reporting Requirements.** Specify the types of critical events or incidents (including alleged abuse, neglect and exploitation) that the State requires to be reported for review and follow-up action by an appropriate authority, the individuals and/or entities that are required to report such events and incidents, and the timelines for reporting.

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- c. **Participant Training and Education.** Describe how training and/or information is provided to participants (and/or families or legal representatives, as appropriate) concerning protections from abuse, neglect, and exploitation, including how participants (and/or families or legal representatives, as appropriate) can notify appropriate authorities or entities when the participant may have experienced abuse, neglect or exploitation.

 - d. **Responsibility for Review of and Response to Critical Events or Incidents.** Specify the entity (or entities) that receives reports of critical events or incidents specified in item G-1-a, the methods that are employed to evaluate such reports, and the processes and time-frames for responding to critical events or incidents, including conducting investigations.

 - e. **Responsibility for Oversight of Critical Incidents and Events.** Identify the State agency (or agencies) responsible for overseeing the reporting of and response to critical incidents or events that affect waiver participants, how this oversight is conducted, and how frequently.

Appendix G-3: Medication Management and Administration

a. **Applicability.** Select one:

Yes. This Appendix applies (*complete the remaining items*).

No. This Appendix is not applicable (*do not complete the items*).

b. **Medication Management and Follow-Up**

i. **Responsibility.** Specify the entity (or entities) that have ongoing responsibility for monitoring participant medication regimens, the methods for conducting monitoring, and the frequency of monitoring.

ii. **Methods of State Oversight and Follow-Up.** Describe: (a) the method(s) that the State uses to ensure that participant medications are managed appropriately, including: (a) the identification of potentially harmful practices (e.g., the concurrent use of contraindicated medications); (b) the method(s) for following up on potentially harmful practices; and, (c) the State agency (or agencies) that is responsible for follow-up and oversight.

c. Medication Administration by Waiver Providers

i. Provider Administration of Medications. *Select one:*

- Waiver providers are responsible for the administration of medications to waiver participants who cannot self-administer and/or have responsibility to oversee participant self-administration of medications. *(complete the remaining items)*
- Not applicable *(do not complete the remaining items)*

ii. State Policy. Summarize the State policies that apply to the administration of medications by waiver providers or waiver provider responsibilities when participants self-administer medications, including (if applicable) policies concerning medication administration by non-medical waiver provider personnel. State laws, regulations, and policies referenced in the specification are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

iii. Medication Error Reporting. *Select one of the following:*

- Providers that are responsible for medication administration are required to *both* record and report medication errors to a State agency (or agencies). *Complete the following three items:*
 - (a) Specify State agency (or agencies) to which errors are reported:
 - (b) Specify the types of medication errors that providers are required to *record*:
 - (c) Specify the types of medication errors that providers must *report* to the State:
- Providers responsible for medication administration are required to *record* medication errors but make information about medication errors available only when requested by the State. Specify the types of medication errors that providers are required to record:

iv. State Oversight Responsibility. Specify the State agency (or agencies) responsible for monitoring the performance of waiver providers in the administration of medications to waiver participants and how monitoring is performed and its frequency.

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Quality - – Medication Error Reporting in Wyoming

- Providers shall develop policies and procedures to comply with the following Division's standards for reporting and tracking medication errors and tracking other medication incidents. The provider policies and procedures shall include:
- Medication Error categories reportable to the Division, to include any occurrence of the following:
 - Wrong medication
 - Wrong dosage
 - Wrong participant
 - Wrong route
 - Wrong Time – Deviation from accepted standard time frame
- Other Medication Incident Reporting categories for internal incidents, to include:
 - Refusal to take medication,
 - Dropped medication,
 - Expired or damaged medication,
 - Lost or missing medication,
 - Other medication events determined to need action