

**AD HOC COMMITTEE
ON SAFETY OF MEDICATION ADMINISTRATION BY CERTIFIED MEDICATION
AIDES**

Meeting Location

Oklahoma State Department of Health
1000 N.E. 10th Street, Room 314
Oklahoma City, OK 73117

Meeting Notes for February 8, 2007

❖ **Call to Order and Introductions**

Diane Hambric, Committee Chair opened the meeting at 10:05 a.m. Ms. Hambric introduced herself and asked everyone to introduce herself or himself. Ms. Hambric explained that it has been a full year to the day since we had resolution on rules and at that time we said we would take a look back at a year. So, we are here today to see what's working and what's not working. Ms Hambric said that in reviewing rules, there were some items brought to light over the past year that may need to be reviewed and may need revision. She referred to the handout dated on February 8, 2007, Chapter 677.

❖ **Discussion of Proposed Changes to OAC 310:677**

(Proposed for permanent adoption, to be effective in July 2007)

Hank Hartsell directs group to refer to the February 8, 2007 change document and explains changes.

Language to be added to the January 17, 2007 draft rule is **underlined and highlighted**.

Language to be deleted from the January 17, 2007 draft rule is **overstruck and highlighted** or **overstruck and highlighted**.

• **CHANGE 1**

See just above the middle of page 1 of the 1/17/2007 draft.

310:677-1-3(e)(b) is changed on the fifth line down by removing overstrike on the word "no" as follows:

~~individual has had no confirmed findings regarding allegations of~~

• **CHANGE 2**

See the middle of page 1 of the 1/17/2007 draft.

310:677-1-3(e)(c) is changed as follows:

~~(e)~~(c) The Department shall grant an exception to the nurse aide training requirements in 310:677-9-4 for home health aides, 310:677-11-4 for long term care

aides, 310:677-13-4 for certified medication aides, 310:677-15-3 for developmentally disabled direct care aides, 310:677-17-3 for residential care aides and 310:677-19-3 for adult day care aides, and allow an individual to sit for the competency examination if the individual submits all information specified on the ~~Department's training exception request form~~ Training Exception Application (ODH Form 832), which requires the following:

- **CHANGE 3**
See the bottom of page 1 of the 1/17/2007 draft.

310:677-1-3(f)(d)(1) is changed as follows:

(1) The individual submits all information specified on the Department's ~~training and competency testing waiver request form~~ Nurse Aide Training and Competency Evaluation Program Waiver Application (ODH Form 844), which requires the following:

- **CHANGE 4**
See above the middle of page 2.

310:677-1-3(f)(d)(2) is changed as follows:

(2) The Department ~~verifies the following:~~
(A) ~~The individual is in good standing with the~~ does not have a denied, revoked or suspended license or certificate or an administrative penalty or disciplinary action imposed by the Oklahoma Board of Nursing or the individual does not have confirmation of abuse, neglect or misappropriation of patient/resident/client property; similar agency in another state, territory or district of the United States or in another country, to be evidenced by the individual's attestation.

- **CHANGE 5**
See near the bottom of page 2.

310:677-1-3(g)(e)(1) is changed as follows:

(1) The individual submits the Foreign Graduate Training Exception ~~Request form~~ Application (ODH Form 843), which requires the following:

- **CHANGE 6**
See near the top of page 3.

310:677-1-3(g)(e)(2) is changed as follows:

(2) The individual does not have a denied, revoked or suspended license or certificate or an administrative penalty or disciplinary action imposed by the Oklahoma Board of Nursing or similar agency in another state, territory or district of the United States, to be evidenced by the individual's attestation.

- **CHANGE 7**
See near the top of page 3.

310:677-1-3(h)(f) is changed as follows:

(h)(f) An individual who has not completed an approved Oklahoma Nurse Aide Training program and is submitting an application to be included on the Oklahoma Nurse Aide Registry as a certified nurse aide shall submit the following nonrefundable fee with the required completed application:

- (1) Deeming Application, \$10.00 fee applicable to each of the following deeming applications except (A) of this paragraph;
 - (A) Home Care Aide Deemed to Long Term Care Aide (ODH Form 755) with no fee required;
 - (B) Home Care Aide Deemed to Developmentally Disabled Direct Care Aide (ODH Form 836);
 - (C) Home Care Aide Deemed to residential Care Aide (ODH Form 837);
 - (D) Home Care Aide Deemed to Adult Day Care Aide (ODH Form 838);
 - (E) Long Term Care Aide Deemed to Developmentally Disabled Direct Care Aide (ODH Form 830);
 - (F) Long Term Care Aide Deemed to residential Care Aide, (ODH Form 831);
 - (G) Long Term Care Aide Deemed to Adult Day Care Aide, (ODH Form 839);
 - (H) Developmentally Disabled Direct Care Aide Deemed to Residential Care Aide (ODH Form 834); and
 - (I) Developmentally Disabled Direct Care Aide Deemed to Adult Day Care Aide (ODH Form 835);
- (2) Reciprocity Application (ODH Form 735), \$15.00 fee;
- (3) Training Exception Application (ODH Form 832), or Foreign Graduate Training Exception Application (ODH Form 843), \$15.00 fee; or
- (4) Nurse Aide Training and Competency Evaluation Program Waiver Application (ODH Form 844), \$15.00 fee.

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- **CHANGE 8**
See near the middle of page 3.

310:677-1-3(g)(i) is changed as follows:

(g)(i) An individual who has previously completed a Department approved Nurse Aide Training and Competency Evaluation Program and is unable to renew his or her certification may ~~submit a Re-Testing~~ obtain approval to take a retest by filing a Certified Nurse Aide Retest Application (ODH Form 841) ~~with a \$10.00 nonrefundable fee~~ if any of the following ~~applies~~ criteria are met:

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- **CHANGE 9**
See bottom third of page 3.

310:677-1-3(g)(i) is changed and (j) is added as follows:

- (4) ~~A Re-Testing application~~ A Certified Nurse Aide Retest Application (ODH Form 841) submitted by a home care aide, ~~certified medication aide,~~ developmentally disabled direct care aide, residential care aide, or adult day care aide shall be accompanied by a \$10.00 nonrefundable fee.

(5) An individual who fails the approved ~~re-test~~ **retest** shall be required to retrain before ~~repeating~~ the competency evaluation program again **taking any subsequent retests.**

(j) An individual may request a duplicate or amended certification card by submitting a Duplicate or Amended Nurse Aide Card Application (ODH Form 738) with a nonrefundable \$5.00 fee. A fee shall not be charged on an application requesting a duplicate or amended long term care aide certification card.

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- **CHANGE 10**
See page 5, just below the middle of the page.

310:677-3-3(c)(1) is amended as follows:

~~(1) An instructor qualification record for each instructor. Name and contact information for the owner or operator of address for the entity sponsoring the program, and for the person or persons who administer~~ **contact person for the program:**

A similar change will be made on page 19 in 677-13-9(b)(1), regarding CMA programs, and on page 20 in 677-13-12(a)(1) regarding continuing education programs.

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- **CHANGE 11**
See page 6, near the top:

310:677-3-3(c)(7) is amended as follows:

~~(7) Position descriptions and~~ **minimum** ~~education and experience requirements for training supervisors and instructors, and the program's procedure to ensure for~~ **ensuring** ~~that supervisors and instructors satisfy such descriptions and requirements.~~

A similar change will be made on page 19 in 677-13-9(b)(3), regarding CMA programs, and on page 20 in 677-13-12(a)(3) regarding continuing education programs.

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- **CHANGE 12**
See the middle of page 8.

310:677-3-4(c)(3) is amended as follows:

~~(3) The employer entity uses an uncertified individual as a nurse aide for longer than 120 cumulative days who has not completed a nurse aide training and competency examination program~~ **four months. To use an uncertified individual as a nurse aide for four months or less, an entity must have a temporary emergency waiver approved pursuant to 63 O.S. Section 1-1950.3.**

- **CHANGE 13**
See page 9, below the middle of the page.

310:677-3-5(c)(4) is amended as follows:

(4) A change in ownership of different legal entity sponsoring the program; or

- **CHANGE 14**

See near the top of page 10.

310:677-5-2(d) is amended as follows:

(d) A home care aide, long term care aide, developmentally disabled direct care aide, residential care aide, and adult day care aide shall renew individual certification once every two (2) years. A The recertification application shall be on a form provided by the Department that requires The individual certified as a home care aide, developmentally disabled direct care aide, residential care aide, or adult day care aide shall file a Recertification Application (ODH Form 717). The individual certified as a long term care aide shall file a Recertification Application for Long Term Care Aide (ODH Form 840). Each recertification application requires:

- **CHANGE 15**

See page 12, above the middle of the page.

310:677-13-1(d)(1) is amended as follows:

(1) Documentation of completion of at least eight (8) hours of continuing education within the previous every twelve (12) months, excluding the first year after certification as a medication aide. Classroom and supervised practical training hours completed by a CMA in a Department-approved advanced training program may count towards the eight required hours of continuing education. On and after July 1, 2008, the continuing education completed by a CMA applying for renewal of an advanced training certification shall include at least two (2) hours of continuing education related to each area of advanced training for which the CMA requests renewal;

- **CHANGE 16**

See near the bottom of page 15.

310:677-13-4(c)(2)(I)(vi) is amended as follows:

(vi) Demonstrate administration of a dose of insulin (or saline) to self or another person and/or to a training mannequin appropriate for injections during classroom training; and

(vii) Demonstrate administration of a dose of insulin (or saline) to self or another person during supervised practical training;

- **CHANGE 17**

See near the top of page 16.

310:677-13-4(d)(1) is amended as follows:

(1) A combined minimum of **eight (8)** hours of classroom and supervised practical training;

• **CHANGE 18**

See page 16, just above the middle of the page.

310:677-13-4(d)(2) is amended as follows:

(2) Training in at least the following subject areas:

(A) Gastrointestinal system and alternative methods for providing medications and nourishment;

(B) Nasogastric and gastrostomy equipment and supplies;

(C) Procedures and techniques for insertion of nasogastric tube by a licensed nurse, and assessment of patient by registered nurse after placement of nasogastric or gastrostomy tube and before administration of medication or feedings;

(D) Procedures and techniques for checking stomach contents through a gastrostomy tube prior to the administration of medication and/or feedings per licensed nurse delegation, when assessment of gastrostomy tube placement and assessment of resident status by a licensed nurse is not indicated based on the resident's current assessment and care plan and/or status and condition;

~~(D)(E)~~ Methods and techniques for administration of medications and nutrition via nasogastric and gastrostomy tubes; **and**

~~(E)(F)~~ Identification of and responses to potential problems associated with administration of medications and nutrition via nasogastric and gastrostomy tubes;

~~(F)(G)~~ Respiratory system and methods for delivery of medications;

~~(G)(H)~~ Equipment and supplies for administration of medication via metered dose inhalers and nebulizers;

~~(H)(I)~~ Methods and techniques for administering medications via metered dose inhalers and nebulizers; and

~~(J)(K)~~ Identification of and responses to potential problems associated with administration of medications via metered dose inhalers and nebulizers; and

• **CHANGE 19**

See the bottom of page 16 and top of page 17.

310:677-13-4(f) and (g) are amended as follows:

(f) The advanced training program for administration of medications and nutrition via nasogastric and gastrostomy tubes **only, with no administration via oral metered dose inhalers and nebulizers,** shall include:

(1) A combined minimum of ~~three (3)~~**four (4)** hours of classroom training and ~~one (1)~~**two (2)** hours of supervised practical training;

(4) Training in the subject areas identified in subparagraphs (d)(2)(A), (B), (C), (D) and (E) of this section; and

(3) Return demonstrations of skill with a proficiency of 100% and didactic testing measuring curriculum knowledge at ~~90%~~**80%** or greater.

(g) The advanced training program for administration of oral metered dose inhalers and nebulizers only, with no administration via nasogastric and gastrostomy tubes, shall include:

- (1) A combined minimum of ~~three (3)~~two (2) hours of classroom training and one (1) hour of supervised practical training;
- (2) Training in the subject areas identified in subparagraphs (d)(2)(F), (G), (H) and (I) of this section; and
- (3) Return demonstrations of skill with a proficiency of 100% and didactic testing measuring curriculum knowledge at ~~90%~~80% or greater.

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- **CHANGE 20**
See the middle of page 18.

310:677-13-8(b) is amended as follows:

(b) Application criteria and processing requirements for recertification are as follows:

- (1) ~~The certified medication aide submits proof of work experience and continuing education for recertification; and~~ The certified medication aide shall submit a recertification request on an application form Recertification Application (ODH Form 717) that requires information to demonstrate compliance with 310:677-13-1(d).
- (2) The application for recertification Recertification Application (ODH Form 717) shall be accompanied by the a five dollar (\$5.00) fee required in this section.
- (3) Each recertification shall be effective for twelve months from the expiration date of the medication aide's previous certification.
- (2)(4) ~~The medication aide may~~ shall be required to retest if certification has expired by more than one year, ~~and to.~~ The individual may obtain approval to take a retest by filing a Certified Medication Aide Retest Application (ODH Form 842) with a \$10 nonrefundable fee. The aide shall retrain and test if the medication aide fails the retest or if certification has expired by more than three years.
- (5) ~~The recertification application~~ Recertification Application (ODH Form 717) for such a medication aide shall include documentation of continuing education equivalent to eight hours for every twelve months of certification, excluding the first year of certification.

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- **CHANGE 21**
See the bottom of page 18.

310:677-13-8(e) is removed from the draft:

(e) A five dollar (\$5.00) fee shall be paid by the certified medication aide for the processing and renewal of certifications and for replacement of a wallet card for change of name or other reason.

❖ **Discussion of Report to the Long Term Care Facility Advisory Board**

There was consensus to present the above changes to the Long Term Care Facility Advisory Board at the February 14, 2007 meeting.

❖ **Other Public Comment**

Ms. Hambric asked if there were any statistics that show how many people have gone through training for CMA Diabetic statewide. Dr. Hartsell gave statistics through February 6, 2007, as follows:

Glucose Monitoring	108
Insulin Administration	96
Respiratory Gastrostomy	596

These numbers indicate those that have passed and applied for certification.

Dr. Hartsell thanked everyone for their input and advice on the rules. Ms. Hambric thanked everyone for coming to the meeting and thanked them for their time.

Adjournment at 11:46 a.m.

Appendix A. Names on the Attendance Sheet, February 8, 2007

<u>NAME</u>	<u>AFFILIATION</u>
Hank Hartsell	State Health Department
Penny Ridenour	OKALA
Ned Gray	Ok. Dept. Career Tech
Diane Hambric	Heatheridge Heights Assisted Living
Donna James	State Health Department
Elvia Murrell	State Health Department
Mary Brinkley	OKAHS
Greg Guymon	Gold Medallion
Diane Tucker	Gold Medallion
Lynne Taylor	Autry Technology Center
Lawana Sullivan	DHA/DDSD
Lisa McAlister	State Health Department
Mary Womack	State Health Department
Louise Drake	Board of Nursing
Tony Lippe	OSU-OKC
Nancy Smart	Tulsa Technology Center
Stephanie Merritt	Tulsa Technology Center
Marietta Lynch	OAHCP
Marty Knight	Red River
Loretta Sconyers	Kiamichi Technology Center
Esther Houser	LTC Ombudsman Program
Melissa Mahaffey	Rambling Oaks
Phil Parker	DDSD/DHS
Darlene Simmons	State Health Department
Cindy Minor	Moore Norman Technology Center
Merrie Preston	Moore Norman Technology Center
Belinda Arguello	Silver Oak Senior Living
Karen Tomigan	Oklahoma Nursing Association