BOARD OF HEALTH PROFESSIONS
REGULATORY RESEARCH COMMITTEE
Medication Aide Expansion into Nursing Homes (HJ90) Roundtable Discussion
September 17, 2010

TIME AND PLACE:	The roundtable discussion was called to order at 1:41 p.m. at the Department of Health Professions. The purpose for the discussion was to receive comment pursuant to its study into Medication Aide Expansion into Nursing Homes (HJ90).
PRESIDING CHAIR:	Damien Howell, P.T., D.P.T., O.C.S
MEMBERS PRESENT:	Damien Howell, P.T., D.P.T., O.C.S.
STAFF PRESENT:	Elizabeth A. Carter, Ph.D., Executive Director, Board of Health Professions Laura Chapman, Operations Manager Justin Crow, Research Assistant Caroline Juran, Acting Executive Director, Board of Pharmacy Jay Douglas, Executive Director, Board of Nursing Brenda Krohn, Deputy Executive Director, Board of Nursing Jodi Power, Deputy Executive Director, Board of Nursing
OTHERS PRESENT:	Eric Gregory, Office of the Attorney General Paul Clements, Administrator Lynn Care Center Ed Owen, VANHA May Fox, VALA Annie Robins, Consultant/Legacy Pharmacy Larry Kelley, Rph Lora Epperly, RN, MSN Dana Parsons, VANHA Marilyn Gladding, VANHA Mary Lynne Bailey, VHCA Beverley Soble, VHCA Chris Durrer, VDH Carter Harrison, Alzheimer's Assoc. Kathy Pryor, Virginia Poverty Law Center Joani Latimer, Virginia Assoc. of Area Agencies in Aging Susan Ward, VHHA Paul Clements, VHCA
COURT REPORTER:	Beth Ailiff, Farnsworth & Taylor Reporting, LLC
PRESENTATION:	Justin Crow, Research Assistant, researcher for

COMMENT:

HJ90(2010) provided background information regarding the need to regulate Medication Aide Expansion into Nursing Homes.

The roundtable was asked to consider the following questions:

1) What should the eligibility requirements for medication aides in nursing homes be? CNA credentials? Experience? Facility "sponsorship"?

2) Can medication aides be successful or help to reduce error rates in environments where medication error rates are already high using LPNs and RNs?

3) Why should we lower qualifications in nursing homes when the IOM describes medication error rates in nursing homes as unacceptable?

After group discussion it was determined that the following items are a concern for the individuals of the roundtable.

- If LPNs or RNs are looked at to fill this position, the need for qualified candidates in a competitive market must be reviewed. A shortage of nurses will create additional issues.
- Staffing issues are totally different from quality of care, as the quality is currently not there.
- Virginia does not have mandated staff levels.
- The duration of medication aide training is not long enough and they are expected to make decisions they are not qualified to make.
- If the CNA replaces the medication tech, then who replaces the CNA?
- This is not a matter of simply passing medication.

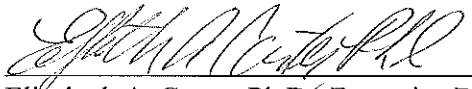
Group discussion determined the following items to be favorable.

- Medication Aides would be a benefit to residents as it would allow the nurse to provide better care in a team environment.
- North Carolina has seen where medication aides have been an enhancement to their facilities.
- A CNA with medication aide training can only be scheduled to be one or the other, not both on the same shift.
- Medication aides would be added to the staff to enhance the facility.
- Advancement for CNAs.
- Medication aides would not be drawn in multiple directions as their primary job would be to only

administer meds.

ADJOURNMENT: The roundtable discussion adjourned at 3:23 p.m.

Damien Howell, P.T., D.P.T., O.C.S.
Chair



Elizabeth A. Carter, Ph.D., Executive Director
Board of Health Professions