Implementing a Medication Aide Program Compliance, Efficiency & Care Optimization

Ohio Board of Nursing Regulatory Updates and Practical Implementation Strategies

Presented By: Crystal Parrish and Debi Damas

Meet Your Presenters:

Crystal Parrish, Sr. Managing Director of Wellness

Crystal has 15+ years' experience in nursing leadership, specializing in operational efficiency, strategic staffing models, and enhancing resident care quality.

Debi Damas, Wellness Project Coordinator

Debi has 32+ years' experience in nursing leadership, post-acute care education, operational efficiency, and policy development and management.

Welcome everyone! This session dives into the recent updates from the Ohio Board of Nursing related to Certified Medication Aides. We'll explore what's changed, how to build a compliant and effective training program, and the practical benefits to your staff, your budget, and your residents.
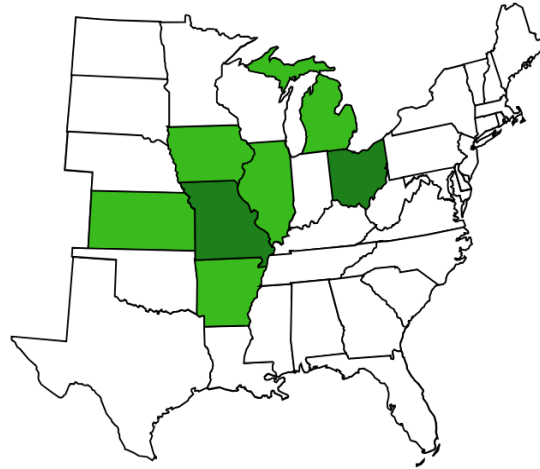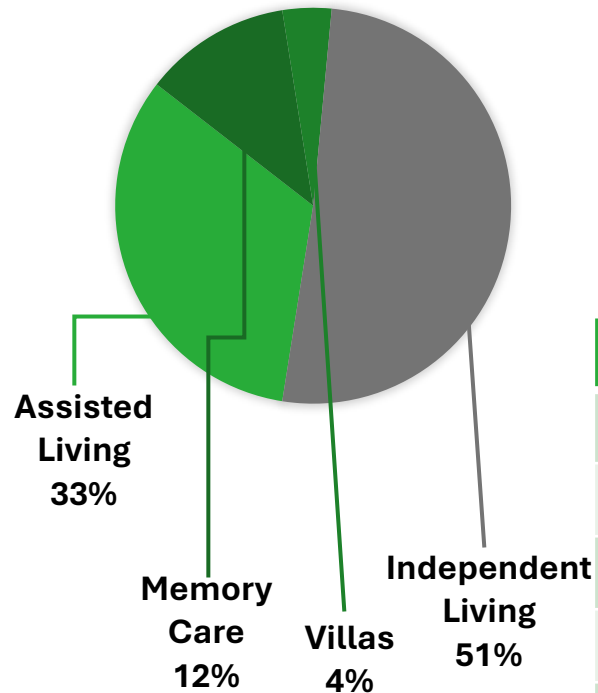
PLEASE HOLD ALL QUESTIONS UNTIL THE END

Arrow Senior Living

This is what Arrow's
Portfolio Looks Like

Pie chart:
- Assisted Living 33%
- Memory Care 12%
- Villas 4%
- Independent Living 51%

State	Community	Total Units
MO	14	2034
OH	15	1914
IA	6	653
KS	2	324
AR	2	291
IL	3	302
MI	1	75

Cross-Collaboration

Arrow's operational philosophy is built on peer-to-peer engagement among onsite leadership teams. This collaborative approach across the portfolio empowers those closest to daily operations to identify challenges and develop the best solutions.

Fiercely committed to improving Senior Living since 2005

Arrow is dedicated to delivering results through innovation, efficiency, and a proactive approach to operations. By integrating technology and strategic sales practices, Arrow enhances value and service for residents while offering competitive compensation for employees. This commitment fosters strong engagement, skill development, and effective deployment.
Arrow invests in leadership development and takes pride in the longevity of its core team—many of whom have been with the company since its earliest transformation efforts.

Arrow Senior Living

i believe acts of kindness can drive change in the world. i listen to understand. i consistently and firmly advocate for fairness. i defend the dignity of others. i choose to have a childlike sense of wonder and be fascinated, not frustrated. i solve problems and my answer is always yes. i understand that transparency builds trust. i strive to be humble. i believe in the power of a chuckle. i am a dedicated and loyal team member of ARROW SENIOR LIVING

Key Topics

- Regulatory changes and training requirements
- Role of Medication Aides in care teams
- Career ladders and staff development
- Financial impact and staffing efficiency
- Program design and training processes
- Community onboarding and transition support
- Q&A and practical applications

Ohio Board of Nursing Regulation Updates

What the program was before October 2024, and how it changed

Ohio Med Aide Law: ***DRAFT ***

The Ohio med aide laws are currently in draft form and have not been finalized by the Ohio Board of Nursing in the Ohio Revised Code (ORC). The draft is located here: https://dam.assets.ohio.gov/image/upload/nursing.ohio.gov/uploads/Packet_3_PDF.pdf

When completed, the law will be located here: Rule 4723-27-01 - Ohio Administrative Code | Ohio Laws

Before - Vs- After Rule Changes

Before November 2024	Starting November 2024
130 clock hours – not less than 80 hours didactic and lab instruction and 40 hours of supervised clinical practice	30 clock hours for classroom and at least 16 hours supervised clinical practice
20 hours of fundamental knowledge of body systems	No Body System requirement
Delegate	Supervision
Nurse Assessment for PRN use	Not required
Nurse gives initial dose of new medication	CMA can give initial dose of new medication
No injectable medications	Can administer insulin with appropriate training and only with pen
No Schedule II Narcotics	Can administer schedule II narcotics
Program must be approved by the state. Must keep records for each student of a board approved exam for 6 years, tests overseen by state	Program must be approved by the state. Must keep records of exam for each student for 6 years. NO longer board approved exam but program must provide written certification to the board
None	Mechanism to evaluate reading, writing, and mathematical skills allow for safe prescription administration
Free from deficiencies related to the administrations of meds and provision of skilled care in the 2 most recent annual surveys	Free from real and present danger related to the administration of medications
Criminal records check completed by BCI at completion of course	No criminal record check required
MA-C	CMA
15 hours of continuing education	8 hours of continuing education

Real And Present Danger and Exception

A real and present danger related to the administration of medications and the provision of skilled nursing care must not be present unless:

The nursing home or residential care facility has an approved plan of correction as it relates to the real and present danger

The nursing home or residential care facility has resolved the real and present danger, or

The supervised clinical practice component commenced prior to the Ohio department of health notifying the nursing home or residential care facility of real and present danger

The Gap

❑ Med aides certified before November 2024 require additional training before they can fully perform all the new tasks. These are:

  ❑ PRN medication administration without a nurse's prior assessment

  ❑ Administer an initial dose of a new medication

  ❑ Schedule II narcotic administration

  ❑ Insulin Administration using a pen

  ❑ Glucometer

No state-defined training timeframe—community sets standard

Gap Training Suggestions

❑ Does not have to be approved by the board

❑ Training should be in-depth and carry the message of the importance of proper observation and administration

❑ Recommended training:
- ❑ 4 hours
  - ❑ PRN administration
  - ❑ Narcotics
  - ❑ Written Test
- ❑ 4 hours
  - ❑ Diabetes Types I and II
  - ❑ How Insulin works
  - ❑ Insulin administration process
  - ❑ Written test
  - ❑ Skills Test
  - ❑ Clinical Check off

Ongoing Training Requirements

- ❑ State-mandated CEUs
- ❑ Recommend biannual training and skills competency
- ❑ Community-specific protocols and policies What else will you require of your CMA.
- ❑ Places to receive training:
  - ▪ Relias
  - ▪ The Ohio Board of Nursing
  - ▪ www.ceufast.com

Certification renews every 2 years (even years) on April 30th

8 Total Contact Hours

6 hrs Related Medications or Administration

1 hr Related to Rules

1 hr Related to Professional Boundaries

Leveraging the Value of Medication Aides

Medication Aide Goals

MISSION

To provide comprehensive, compliant, and empowering training for Medication Aides that enhances resident care, supports nursing teams, and creates pathways for career advancement—while maintaining the highest standards of safety, integrity, and compassion.

VISION

To build a sustainable and innovative healthcare workforce by equipping Medication Aides with the knowledge, confidence, and skills necessary to contribute meaningfully to resident wellness, operational efficiency, and the future of Assisted Living.

The Value Of Medication Aides

Med aides ASSIST the nurse: Promoting team collaboration

Frees nurses time for clinical priorities: Orders, assessments, family/Physician communication, incident reports

Reduces nurse medication pass and overall workload

Improves time management and workflow efficiency

Med Errors on the Mind?
Why Med Aids Might be Part of the Solution

ROUTINE = FEWER DISTRACTIONS

NARROW TASK SCOPE = HIGHER FOCUS

NURSES FACE COGNITIVE OVERLOAD

Staffing Optimization & Nursing Shortage Solution

Redistributes workload across the team

Cross-trained as caregivers and a med aides-DUAL ROLE!

Improves shift coverage and flexibility

Reduces overtime and agency reliance:

Supports retention through career development

Strategic Staffing: Payroll and Budget Efficiency

Role	Wage	Tasks	Efficiency
Med Aide	$15–$22	Routine med passes	High
LPN	$25–$35	Meds + Basic Clinical	Moderate
RN	$35–$50+	Full-scope nursing	Low Routine Tasks

Cost Effectiveness

Annual Labor Cost Comparison (Example): *Replacing one full time LPN or RN with a medication aide, (all at average hourly rates), the calculated savings based on 2080 hours/year is significant.*

	Medication Aid	LPN/LVN	RN
Per Hour	$18.50	$30.00	$42.50
Per Year	$38,480.00	$62,400.00	$88,400.00
Saving per Year	$-	$23,920.00	$49,920.00

Chart values:
- $60,000.00
- $50,000.00
- $40,000.00
- $30,000.00
- $20,000.00
- $10,000.00
- $-

Bar values: Medication Aid $-, LPN/LVN $23,920.00, RN $49,920.00

Career Advancement & Retention

(CNA→ CMA → LPN → RN)

Career ladder and job satisfaction

Salary increase and financial incentives

Med aides gain pharmacology experience (potential nursing students)

Staff feel challenged and valued

Boosts retention through purpose and growth

Change can be hard...

Addressing Misconceptions and Proven Success

Missouri's Model = Blueprint for Ohio

Role	Shift	Staffing Type
Director of Wellness (DOW)	Daytime oversight	RN/LPN
Day Nurse	Clinical support	RN/LPN
Day Medication Aides	Med passes, routine care tasks	Day/Evening
Night Lead Medication Aides	Overnight med passes	Night

Staffing Structure Example:

- This staffing workflow is strategically designed for maximum cost-efficiency, effective care, and optimal utilization of licensed nursing staff.

Common Misconceptions

Nurses are ~~liable for~~ Med Aide mistakes

- **Nurses are responsible for proper delegation and oversight, but Med Aides are accountable for their own actions within their defined scope.**

Med Aides ~~are replacing~~ nurses

- **Med Aides support**, not replace, nurses—freeing them to focus on assessments, clinical tasks, and leadership.

Med Aides ~~aren't trained~~ well enough

- **Med Aides complete state-approved training** and demonstrate skills before practicing independently. Additional community onboarding reinforces safety.

Residents ~~won't trust~~ Med Aides like they do nurses

- **Med Aides often build strong rapport** with residents through daily, consistent interactions—boosting trust and comfort.

Having Med ~~Aides~~ will create role confusion

- **With clear roles and communication protocols**, teams function smoothly. Nurses leads care; Med Aides execute routine medication tasks.

This is just ~~a cost-~~cutting measure

- **While cost-effective, this model improves staff efficiency, retention, and care quality**—it's about **sustainability**, not just savings.

Preparing for Transition

Strategic Planning & Leadership Alignment

- **Meet with other executive leaders**: Align expectations and secure high-level support.
- **Discuss the vision and end goal**: What does success look like? Define clinical, cultural, and operational outcomes.
- **Develop a detailed implementation plan**: Include timelines, responsible parties, training components, and feedback loops.
- **Set deadlines for each phase**: Keeps the rollout accountable and prevents stalling.

Team Readiness & Culture Shaping

- **Address myths, concerns, and questions early**: Clarify that Med Aides **support** nurses and focus on the efficiency and med aid scope of practice.
- **Provide additional training to staff (nurses & aides)**: Clarify scopes of practice, communication protocols, and delegation best practices.
- **Gain community buy-in**: Involve department heads in shaping the rollout. Discuss plan to notify family of upcoming changes.
- **Identify at-risk nurses or poor performers**: Be proactive about who may struggle with the change and need extra support or pose a risk to success. Determine if you are transitioning out any nurses to replace with a medication aid.

Preparing for Transition

Recruitment & Resource Pipeline

- **Start internal and external recruiting efforts**: Look at current caregivers who could advance and external candidates who meet your standards.
- **Understand your internal pipeline**: Identify who's already certified, interested, or ready to train as a Med Aide.
- **Pilot and Feedback Loop**
- **Pilot a test community with a strong, adaptable team**: Choose a site with a strong leadership core and open culture.
- **Collect feedback and reevaluate the rollout**: What worked? What didn't? Adjust before scaling up.

Ongoing Support and Evaluation

- **Ongoing follow-up after each phase**: Include 30-, 60-, and 90-day check-ins with leaders and frontline staff.
- **Monitor med error data, staffing trends, and satisfaction**: Use real metrics to show success or highlight challenges early.

Who Will Make a Good Medication Aid?

Be Selective!

Being **Strategic and Selective** upfront prevents **crisis management later!**

Choose candidates who bring both the **technical skillset** and **the right attitude.**

Passing meds isn't just a task; it's a relationship-based responsibility that directly affects resident outcomes and team culture.

Hiring the WRONG person

Hiring the RIGHT person

Hiring with Intention: The Stakes are High!

Termination

High Risk of Turnover

Increased Supervision Needs

Tension Among Staff

Resident Distrust

Medication Errors

Leadership

Growth

Accountability

Lower Turnover Rates

Higher Resident Trust & Satisfaction

Better Team Dynamics

Improved Resident Safety

Soft Skills
(Personal Traits & Interpersonal Strengths)

Attention to Detail:
Accuracy in reading, preparing, administering medications, and maintaining thorough documentation to avoid errors.

Communication:
Ability to clearly communicate about medications, changes in condition, or concerns.

Empathy and Compassion:
Sensitivity to resident needs, concerns, and emotional states.

Dependability:
Reliability and consistent performance, ensuring medication schedules are maintained precisely.

Leadership Potential:
Demonstrated ability to guide peers, influence positive behavior, motivate teams, and contribute proactively to team success.

Adaptability:
Flexibility in adjusting to unexpected changes in workflow, residents, or staffing. Adjusts to any situation without compromising care.

Time Management and Patience:
Efficient prioritization and multitasking and remains calm during high stress times.

Critical Thinking:
Ability to quickly identify problems, resolve issues effectively, and seek assistance appropriately.

Hard Skills
(Teachable and Measurable)

Medication Administration:
Knowledge and understanding of proper medication handling, administration methods (oral, topical, inhalation, etc.), and dosage calculations.

Documentation:
Accurate record-keeping, maintaining medication logs, and filing patient information securely.

Regulatory Compliance:
Familiarity with state and federal medication regulations, standards, and practices (e.g., Ohio Board of Nursing regulations) and scope of practice.

Emergency Response:
Knowledge of first aid, CPR certification, and handling medication-related emergencies.

Resident Monitoring:
Ability to recognize adverse reactions, side effects, and interactions between medications. Able to measure and interpret vital signs.
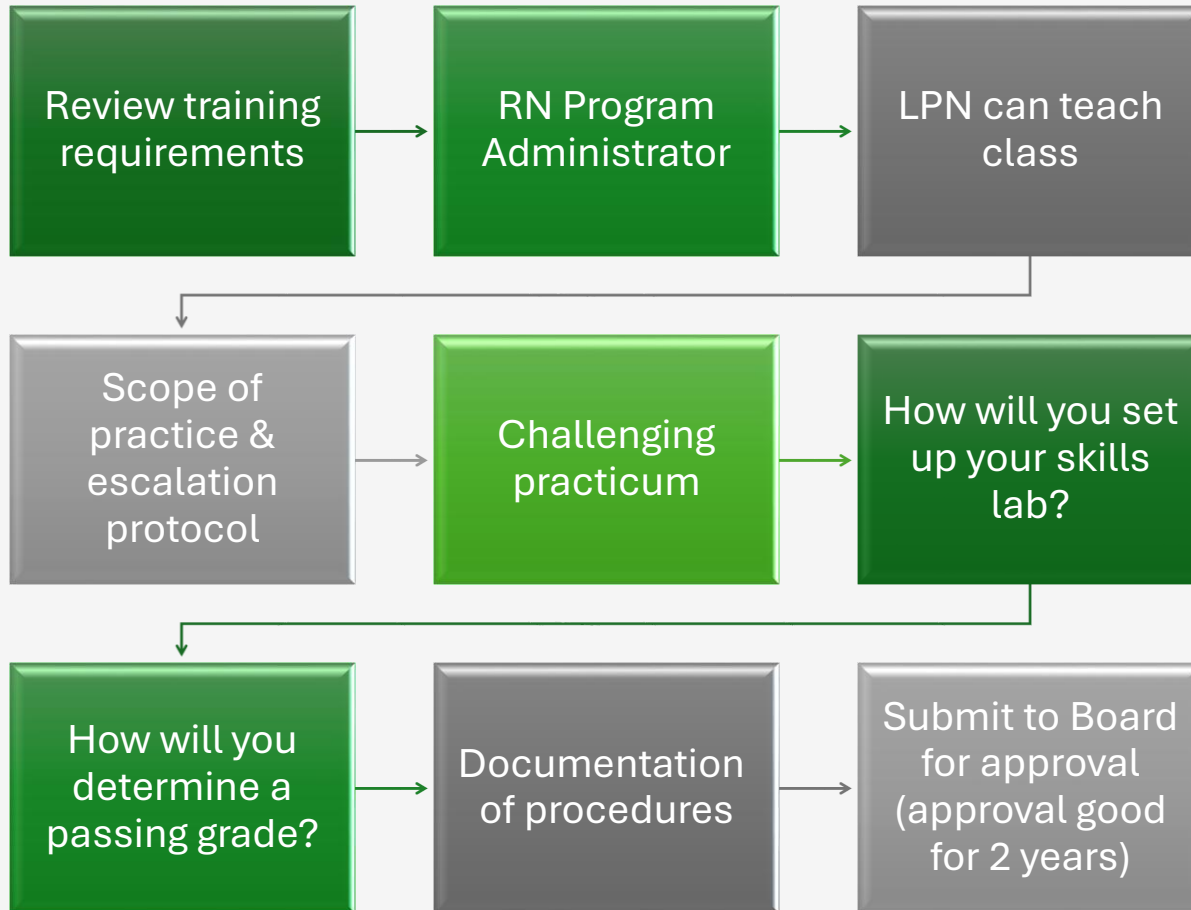
Medical Terminology:
Understanding of basic medical terminology related to medication management, anatomy, and patient care.

Taking the Leap

Starting your own program

Getting Started with Your Program

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Review training        →    RN Program        →    LPN can teach
requirements                Administrator           class

Scope of               →    Challenging       →    How will you set
practice &                  practicum              up your skills
escalation                                         lab?
protocol

How will you           →    Documentation     →    Submit to Board
determine a                 of procedures          for approval
passing grade?                                     (approval good
                                                   for 2 years)
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Course Outline – Initial Med Partner Training

Course Goals and Introduction

- Overview of course goals and objectives
- Emphasis on importance and scope of training

Module 1: Introduction to Medication Aide Role and Responsibilities

- Overview of Medication Aid responsibilities
- Legal and ethical considerations
- Importance of accuracy, confidentiality, and patient safety
- Building a professional attitude and relationship

Module 2: Medication Basics

- Introduction to pharmacology and drug classifications
- Routes of drug administration and dosage forms
- Understanding medication labels and packaging
- Interpreting medication instructions

Module 3: Medication Administration Techniques

- Preparing and administering various medications (oral, topical, inhaled)
- Safe handling, storage, and documentation
- Assisting patients with medication adherence

Application Criteria

❑ A "Medication Aide Training Program Application" must be completed and submitted to the board with the $50.00 fee.

❑ Students **cannot** be admitted to the program until it has been approved by the board

❑ Objectives and outcomes of the program

❑ Program's organizational chart

❑ Name and credentials of the program's RN administrator

❑ Program Curriculum including number of hours to be spent on each topic area

From Standard to Success
Structuring Your Program

30 clock hours of instruction - classroom and at least 16 clock hours of supervised clinical practice lab

Must have a way to evaluate ability to read, write, and have math skills needed to administer medications

Program contents must be written per the regulation, internally consistent, implemented as written, and made available to students of the program

Curriculum plan must show sequence of courses, quizzes, tests, lab experiences, and number of clock hours allotted to instruction and lab experience

Didactic and lab component must be completed prior to participation of supervised clinical aspect

Program Recordkeeping

❑ Program Administrator must maintain comprehensive program records including results of the examinations given for each student for a period of 6 years following the date the student enrolled in the program.

▪ **Suggestion:** Create a space (online, file folder, etc.) for each class to include all attendees:

- A copy of the student manual provided

- Copies of all tests and quizzes with scores

- Skills lab testing and if passed or failed

- Clinical rotation testing and if passed or failed

❑ **NO STATE TESTING**. Determination of passing is up to **you** – make it challenging! Consider how many time a student my retake the test/class.

❑ The board may conduct surveys of a training program or program applicant (your community)

❑ Board may deny, suspend or revoke approval or re-approval for:

▪ Failing to meet the requirements

▪ Submitting false, misleading or deceptive statements, information or documentation to the board

Standard Curriculum

Includes courses, content, and expected outcomes in the following areas:

❑ Standards of safe medication administration Rule 4723-27-02 of the OAC

❑ Communication and interpersonal skills

❑ Resident's rights related to medication

❑ Six Rights of medication administration

❑ Drug terminology, storage, and disposal

❑ Basic pharmacology drug classifications and medications affecting body systems (includes purposes of various medications (including Schedule II, III, IV and V medications)

❑ Safe administration by routes permitted by the med aide

❑ Vital Signs in association with routine medication administration (apical and blood pressure)

❑ Principles of standard precautions

❑ Documentation in resident records

Supervised Clinical Practice

NOT LESS THAN 16 HOURS UNDER NURSE DIRECTION AND SUPERVISION

SUFFICIENT TO ASSURE STUDENTS ARE PREPARED TO ADMINISTER MEDICATIONS IN A SAFE AND EFFECTIVE MANNER

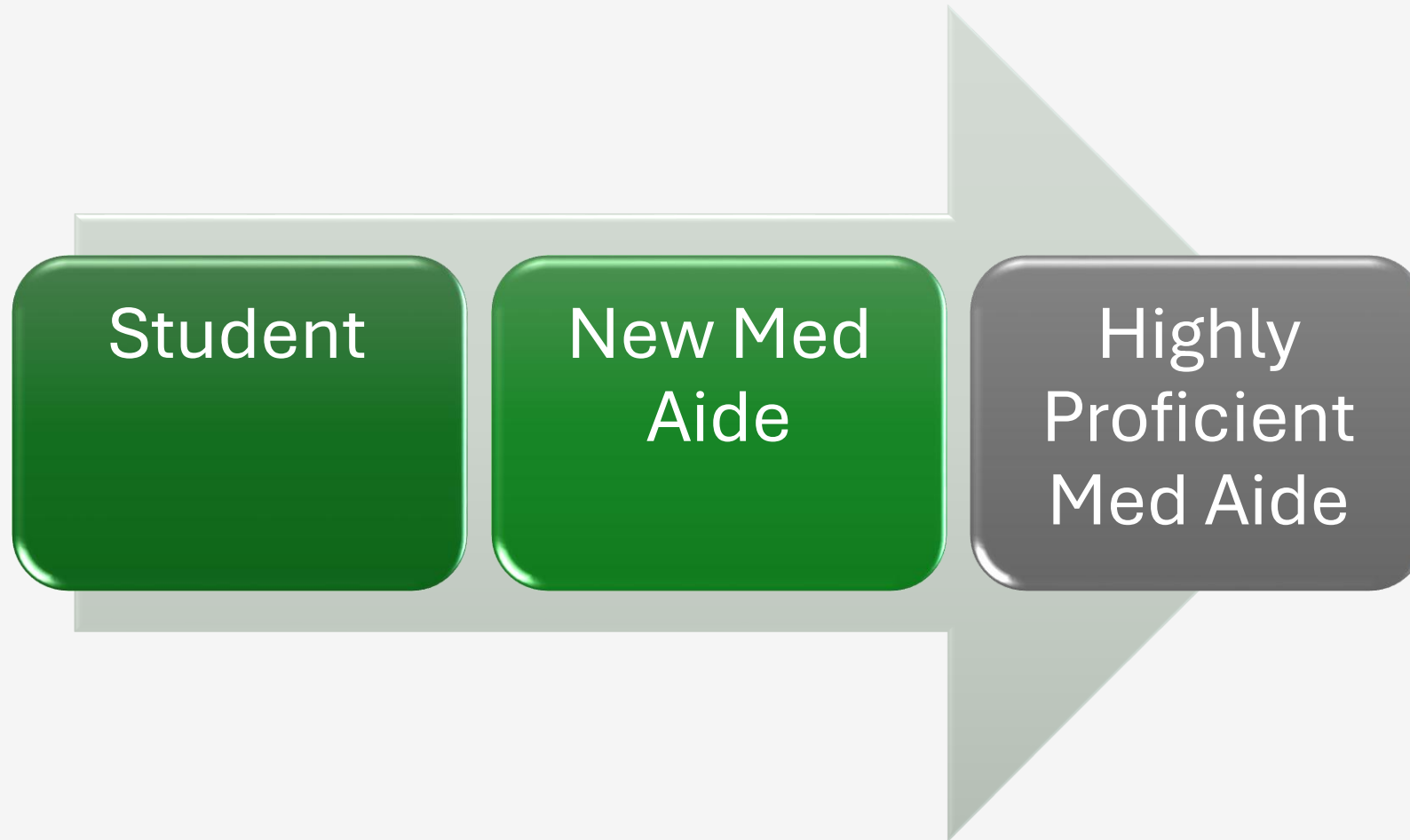**AGREEMENT WITH NURSING HOME OR ASSISTED LIVING FOR CLINICALS**

1:1 SUPERVISION WITH NURSE WHEN ADMINISTERING MEDICATIONS

SUPERVISING NURSE MUST REPORT STUDENT PROGRESS IN THE CLINICAL PRACTICE TO THE RN PROGRAM ADMINISTRATOR

From Certification to Confidence
The Final Phase of Training

Student → New Med Aide → Highly Proficient Med Aide

Community Onboarding Process
Now the Real Training Starts!

Onboarding to the Role:

- Shadowing experienced staff
- Orientation on community-specific policies
- Role clarity and accountability

Goal: *Aligns expectations and closes knowledge gaps between theory and real-world application.*

Assign Preceptors for Skills Mentorship:

- Provide hands-on coaching during med passes.
- Observe technique, reinforce best practices, and correct errors early.

Goal: *Builds confidence, promotes consistency, and ensures medication aides can handle a full assignment independently.*

Skills Mastery & Observation:

- Proper hand hygiene and infection control
- Medication preparation and administration technique-up to full assignment
- Charting accuracy and resident interaction

Goal: *Ensures competency and compliance before releasing aides to work independently.*

Tailor Process to Your Community's Needs:

- Resident acuity
- Medication complexity
- Staffing model and shift coverage
- Comfort level of employees and leadership

Goal: *Ensure onboarding reflects your unique environment and risk tolerance.*

Performance Reviews 30, 60, and 90 Days, then regularly after:

- Review med error (if any)
- Evaluate adherence to procedures
- Address knowledge gaps or confidence issues
- Provide encouragement or corrective action -are they a good fit?

Goal: *Encourages continuous learning and early course correction for retention and quality of care.*

Escalation Protocols:

- Teach when and how to notify nurses or supervisors.
- Reinforce documentation and follow-up expectations.
- Train as a lead or supervisor

Goal: *Equips aides to act quickly and appropriately in unexpected situations.*

Supervision & Competency Sign-Off

Director/nurse observes med pass

Documentation review

Escalation readiness quiz

MEDICATION PASS OBSERVATION

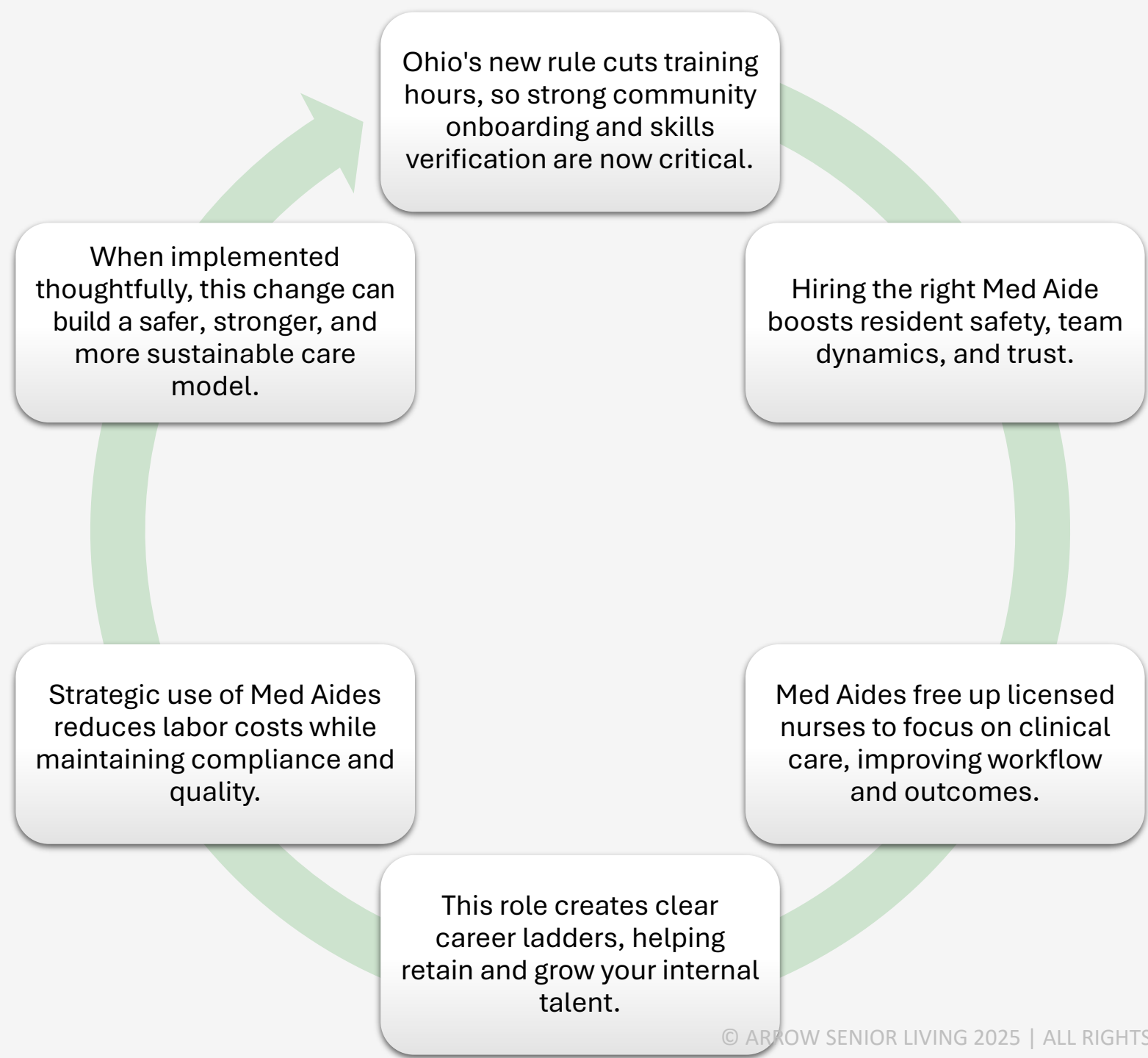Community: _____ Date: _____
Name: _____ Signature: _____
Evaluator: _____ Med pass time: _____

Instructions

- *Medication Pass Observations should be completed upon hire, every six months, and as needed by all Wellness Nurses and Med Partners*
- *Med Partners must be observed by a licensed nurse, and Wellness Nurses can be observed by the Wellness Director or Care Coordinator/Nurse Manager*
- *Resident initials go in the **top grey box**. Observe at least 3 –5 residents and ensure as many routes as possible are observed*
- ***Items in bold with an asterisk MUST be completed with 100% accuracy to pass this competency***
- ✓ *= passed the skill,* ✗ *= did not pass the skill* **N/A** *= not applicable*

MEDICATION PASS OBSERVATION REVIEW	Resident initials:					
MEDICATION CART		Res 1	Res 2	Res 3	Res 4	Res 5
Gathered items and supplies prior to medication pass; was organized prior to starting medication pass						
*Medication cart locked when unattended, no meds on top of cart						
Assures medication cart is clean and well-organized and all supplies for the med pass are available in the cart.						
Medication cart keys & controlled drug keys in possession and retained throughout med pass.						
Medication, cart, bottles, drawers and pill crusher clean, internals/externals separated						
Juices/applesauce etc. are dated within 24 hours and covered						
Cups and spoons are kept upside down						
*MAR privacy is protected at all times						
Calibrated devices (dose cups and syringes) are used for all odd doses when required						
Keeps med cart clean and organized throughout med pass						
PRE-ADMINISTRATION (all routes of administration)		Res 1	Res 2	Res 3	Res 4	Res 5
Pushes the medication cart to the resident's room.						
Removes medication from the med cart						
Verifies medications are not expired						
*Consistently checked for and administered:						
• Right Resident						
• Right Drug						
• Right Dosage						
• Right Dose Form						
• Right Time Right Route						
• Right Recorded						
*No pre-poured drugs in the drawer						
Crushed Medications only with physician's order						
When questioned, able to state medication classification, common side effects and where to find additional information.						

Key Takeaways

Ohio's new rule cuts training hours, so strong community onboarding and skills verification are now critical.

Hiring the right Med Aide boosts resident safety, team dynamics, and trust.

Med Aides free up licensed nurses to focus on clinical care, improving workflow and outcomes.

This role creates clear career ladders, helping retain and grow your internal talent.

Strategic use of Med Aides reduces labor costs while maintaining compliance and quality.

When implemented thoughtfully, this change can build a safer, stronger, and more sustainable care model.

Q&A Session

Questions?

Feedback?

Thank You!

Let's Connect!

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