

More Than Medication Pass

Unlocking the Full Potential of Certified Medication Aides



Gina Johnston | Vice President of Operations, Baruch Senior Ministries

1

It's 8:00 a.m.

-  One nurse. Two halls. Forty residents.
-  A med pass that should take two hours.
-  A fall in Room 112. A family on the phone. A new admission at 10.

2

2

Why This Matters to Me



Vice President of Operations, Baruch Senior Ministries



28 assisted living and memory care communities



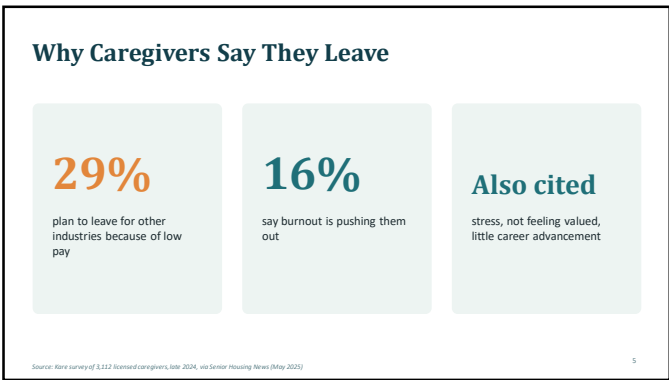
Focus: workforce retention, culture, and leadership development

3

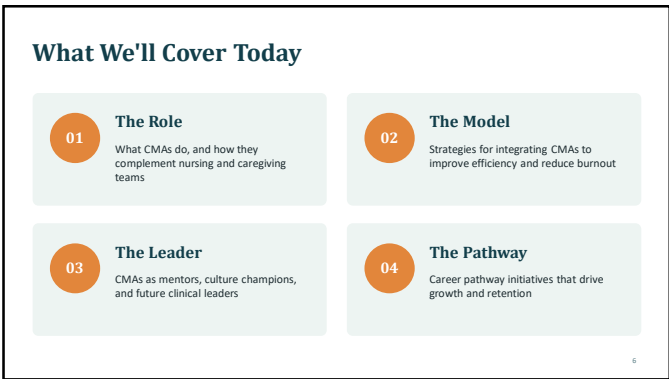
3



4



5



6

Quick Show of Hands



Do you use certified medication aides in your communities today?



Do your caregivers have a defined pathway to become a CMA?



Have you ever lost a great CMA or caregiver to a hospital, a clinic, or another industry?

7

7

01

The Role

Who CMAs are, and how they fit on the care team



8

What Is a Certified Medication Aide in Ohio?

An unlicensed team member, certified by the Ohio Board of Nursing, who administers prescription medications to residents under a nurse's supervision.



Works in Ohio nursing homes and residential care facilities



Supervised by an RN, or by an LPN acting at the direction of an RN



Certified for two years; renewal requires 8 contact hours of continuing education



Must display the title "Certified Medication Aide" or "CMA" while passing meds

Sources: Ohio Revised Code 4723.651, 4723.67; Ohio Admin. Code 4723-27-02, 4723-27-04

9

9

Ohio Scope of Practice

CMAs May Administer

- Oral and topical medications
- Eye, ear, and nose drops, ointments, and sprays
- Rectal and vaginal medications
- Narcotics
- Single-dose, pre-measured inhalers and nebulizers
- Insulin by pen with a dose indicator*
- PRN medications and initial doses

CMAs May Not

- Give medications that require a dosage calculation
- Give injections (other than insulin pens) or IV therapy
- Give medications through feeding or gastric tubes
- Split pills to change the dose
- Administer oxygen
- Receive, transcribe, or change medication orders

*After the employer's training and competency requirements are met.

10

10

What Changed in Ohio

Senate Bill 144, effective October 24, 2024, made it easier to become a CMA and expanded what CMAs can do.

- Entry: age 18 and a high school diploma or equivalent; no nurse aide or experience prerequisite
- Training: 30 clock-hours, including at least 16 hours of supervised clinical practice, down from 70
- Scope: insulin pens, PRN medications, and initial doses
- Still true: a CMA may not accept a care assignment that conflicts with the med pass

Sources: OAC 4723.651, 4723.66, 4723.67 (as amended); OAC 4723.27-02, 4723.27-04, 4723.27-08; LeadingAge Ohio. Confirm current rules with the Ohio Board of Nursing.

11

11

The Care Team, Working Together

Licensed Nurse

RN / LPN

- Assessment and clinical judgment
- Care planning and orders
- Delegation and supervision
- Family and provider communication

CMA

Certified Medication Aide

- Safe, on-time med pass
- MAR documentation
- Observation and reporting
- Peer support for caregivers

Caregiver

Resident Assistant / CNA

- Activities of daily living
- Mobility, dining, hygiene
- Companionship and engagement
- First to notice changes

12

12

Supervision: The Nurse Is Still in Charge

Bringing on CMAs doesn't remove the nurse. It changes the nurse's job.

- ✓ CMAs work under an RN, or an LPN at an RN's direction
- ✓ CMAs report refusals, deviations, reactions, and concerns to the nurse promptly
- ✓ CMAs document immediately and cannot hand off their med duties to anyone else
- ✓ Supervision is a skill. Train your nurses to do it well.

Sources: OHC 4723.67, OAC 4723.27-02

13

13

Myth vs. Reality

MYTH		REALITY
"CMAs are a cheaper replacement for nurses."	→	CMAs extend your nurses. They free nurses to practice at the top of their license.
"Medication aides make more errors."	→	Safety comes from training, protected time, and supervision, not just credentials.
"It's just a med pass job."	→	CMAs see every resident, every day. That's a leadership position.

14

14

02

The Model

Integrating CMAs to improve efficiency, reduce burnout, and optimize care



15

The Med Pass Is the Pressure Point

In many communities, the med pass consumes the largest share of the nurse's shift.

- ✓ Constant interruptions raise the risk of errors
- ✓ Assessment, care planning, and family communication get squeezed
- ✓ Nurses feel like task-doers, not clinicians
- ✓ Burnout grows. Turnover follows.

16

16

Three Common Staffing Models

Nurse-Led

Nurses pass all meds.
Caregivers handle ADLs.

Familiar, but nurse time is consumed by tasks.

CMA-Led

CMAs pass meds within Ohio scope. Nurses supervise, assess, and handle what CMAs can't.

Frees nurses for clinical work. Needs strong supervision.

Hybrid

CMAs on peak passes or halls. Nurses keep complex residents and out-of-scope meds.

Flexible, and a great place to start.

17

17

What Your Nurse Gets Back



Assessment

Time to truly assess residents and catch changes early



Care Planning

Updated care plans that reflect what's really happening



Families

Proactive calls instead of reactive ones



Transitions

Safer hospital returns and new admissions



Coaching

Time to teach, supervise, and develop the team

18

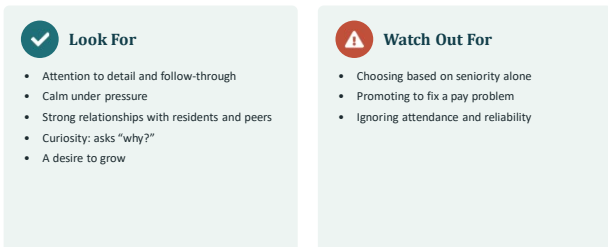
18

An Integration Roadmap



19

Selecting the Right Candidates



20

Onboarding Beyond the Certificate

Certification proves minimum competency. Your onboarding builds confidence.

- ✓ Shadow shifts with an experienced CMA or nurse
- ✓ Skills check-offs on your pharmacy system, MAR, and devices
- ✓ Documented insulin pen training and competency before the first dose
- ✓ A written escalation guide, and 30-, 60-, and 90-day check-ins with a mentor

21

Communication That Connects the Team

Most medication problems are communication problems.

- ✓ Shift huddles: nurse, CMA, and caregivers, five minutes, every shift
- ✓ A structured handoff between passes and between shifts
- ✓ A simple way to report observations: "What I saw, what I did, what I need"
- ✓ Close the loop: the nurse follows up so the CMA knows it mattered

22

22

Measure What Matters

Safety

- Medication errors
- On-time med pass rate

Workforce

- Nurse overtime and agency hours
- CMA and nurse turnover

Experience

- Nurse and CMA satisfaction
- Resident and family satisfaction

Clinical

- Falls and hospital transfers
- Timeliness of assessments

23

23

Common Pitfalls to Avoid

- ⚠ Treating CMAs as cheap nurses
- ⚠ Loading CMAs with ADLs during the pass
- ⚠ Skipping nurse buy-in
- ⚠ No next step: the CMA role becomes a dead end

24

24

Bringing Your Nurses Along

Your nurses can make or break a CMA program.

- ✓ Involve them early in designing the model
- ✓ Name their fears out loud: liability, loss of control, job security
- ✓ Show them what they gain: time for real nursing
- ✓ Make them mentors and teachers, not just supervisors

25

25

Discussion



5 minutes

Discuss with those sitting next to you

1 Where does your med pass break down today?

2 Which staffing model fits your community best, and why?

3 What's one barrier you'd have to solve first?

26

26

03

The Leader

CMAAs as mentors, culture champions, and future clinical leaders



27

Three Leadership Roles for CMAs



Mentor

Peer trainer and buddy for new caregivers. Teaches the "how" and the "why."



Culture Champion

Models your values every shift. Leads huddles, recognizes peers, sets the tone.



Early-Warning System

Spots changes in condition and reports them clearly, so nurses can act early.

28

28

The CMA as Mentor

New caregivers learn the job from whoever is standing next to them. Make it someone great.

- ✓ Pair every new caregiver with a CMA buddy for their first weeks
- ✓ Teach CMAs how to train: show, do together, then observe
- ✓ Give mentors time on the schedule to actually mentor
- ✓ Recognize and reward it: a title, a pin, a differential

29

29

The CMA as Culture Champion

Culture is what happens on the floor when no manager is watching.

- ✓ Invite CMAs to lead the shift huddle
- ✓ Ask them to spotlight a peer's great moment each week
- ✓ Include CMAs in your culture and engagement committees
- ✓ Ask for their input before you change how the floor works

30

30

The CMA as Early-Warning System

Small changes noticed early prevent big problems later.

- ✓ Train CMAs on common changes in condition: appetite, mood, mobility, breathing, confusion
- ✓ Use a simple reporting tool so observations reach the nurse fast
- ✓ Celebrate the catch: share stories of early reporting that made a difference
- ✓ Connect it to outcomes: fewer falls, fewer avoidable hospital transfers

31

31

Leadership Skills to Build in Your CMAs



Clear communication with nurses, families, and peers



Time management and prioritization



Giving and receiving feedback



Handling conflict calmly



Problem-solving and critical thinking



Understanding the "why" behind policies

32

32

Picture This



A caregiver who's great with residents, and quietly frustrated.



No raise in sight. No next step. A hospital job posting on her phone.



Now imagine someone sits down with her and says: "I see something in you."

33

33

04

The Pathway

Career pathways that support CMA growth and retention

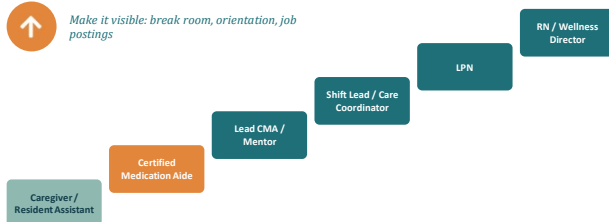


34

A Career Ladder People Can See



Make it visible: break room, orientation, job postings



35

35

What Makes a Pathway Real



Clear Requirements

What it takes to move up: tenure, training, competencies



Paid Training

Training on the clock, with tuition covered or reimbursed



Pay Steps

A meaningful raise at each rung, written down



Titles & Recognition

Celebrate every step: pins, ceremonies, announcements



Coaching

A leader who checks in on progress regularly

36

36

Grow Your Own

Your best future CMAs, and future nurses, may already be on your payroll.

- ✓ Run CMA training in cohorts, so peers support each other
- ✓ Host the clinical hours in your own communities, with a written agreement
- ✓ Sponsor tuition and pay for the 8 CE hours needed to renew
- ✓ Partner with community colleges, career centers, and workforce boards

37

37

The Business Case: Do the Math



Cost to replace one frontline employee

Recruiting + onboarding + training + overtime and agency to cover the gap



× Number of departures avoided

Even a small drop in turnover adds up



= Savings available to reinvest

In training, pay steps, and recognition

Use your own numbers. Your finance team can help you build the baseline.

38

38

Keep Them Once You've Grown Them

A pathway gets people in the door. Leadership keeps them.

- ✓ Stay interviews: ask "What would make you leave?" before they do
- ✓ Regular career conversations, not just annual reviews
- ✓ Leaders who know their CMAs' goals by name
- ✓ Celebrate when someone moves up, even if they move on

39

39

Discussion



5 minutes

Discuss with those sitting next to you

- 1 Sketch the next rung after CMA in your organization.
- 2 What would it take to move up: training, time, competencies?
- 3 What pay step and recognition would make it worth climbing?

40

40

Key Takeaways

- 1 CMAs complement nurses. They don't replace them.
- 2 Protect the med pass, and you protect residents and staff.
- 3 Your nurses' buy-in is essential. Bring them in early.
- 4 CMAs are natural mentors, culture champions, and future leaders.
- 5 A visible, paid, supported pathway turns a role into a retention engine.

41

41

Back to 8:00 a.m.



The CMA has the morning pass, protected and on time.



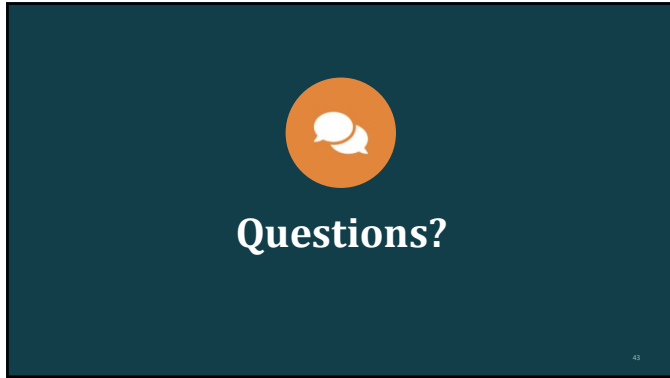
The nurse is with the resident in 112, and on the phone with a daughter who feels heard.



And a caregiver down the hall just enrolled in the next CMA cohort.

42

42



43



44
