



Improving Medication Administration Oversight

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DODD



SUPPORTING YOU &
YOUR FAMILY

SUPPORTING
PROVIDERS

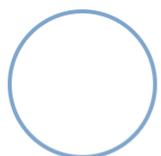
SUPPORTING
COUNTY BOARDS

DODD
FORMS & RULES

WHAT IS DODD?
ABOUT US



DODD / Home / Medication Administration / Welcome / Medication Administration



Medication
Administration

WELCOME

SELF
ADMINISTRATION

FAMILY DELEGATION

APPROVED MED

Medication Administration

Ohio | Department of Developmental Disabilities
Medication Administration

Medication administration training and certification developed by DODD authorizes caregivers to perform a variety of tasks for people with many different medical conditions.

Medication Administration - "You Are Your Brother's Keeper"

In October 2013, Alex Myers, a 20-year-old from Hamilton County, died as a result of a lethal medication error at a group home for people with developmental disabilities. "You Are Your Brother's Keeper," produced by Alex's family, explains the risks associated with administering medications. Safe medication administration requires proper training, supervision, and careful attention to detail.

Attachment



This reference grid outlines authority to perform medication administration services.

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Summit County Provider Community



- Approximately 5,000 persons served through the life cycle
- Approximately 1,000 agency and Independent Providers



Authority of DD Personnel to Perform Services by Type - Medication Administration Reference Grid (ORC 5123.41-.47 and OAC 5123:2-6-3)

 Applicable Setting	County Board (CB) responsibility for Quality Assessment (QA) by RN. See outlined boxes				
	Certification 1	Certification 1	Certification 2	Certification 3	Delegable Nursing Tasks
	13-HRAs (Health-Related Activities) <small>(HRAs may be delegable without certification per OAC 4723-13)</small>	Medication Administration <small>(Prescribed Oral, Topical, O2 and Inhalers)</small>	G / J Tube Prescribed Medication Administration	Insulin by Sub-Q Injection & Pump <small>and injectable treatments for metabolic glycomic disorders</small>	Including 13 HRAs & Administration of Nutrition by G/J Tube
Adult Services Settings up to 16 people	Without nursing delegation	Without nursing delegation	With nursing delegation	With nursing delegation	With nursing delegation
Family Support Services	Without nursing delegation	Without nursing delegation	With nursing delegation	With nursing delegation	With nursing delegation
Certified Supported Living Services (1-4 individuals per living arrangements)	Without nursing delegation	Without nursing delegation	With nursing delegation	With nursing delegation	With nursing delegation
Certified Home and Community Based Services (1-4 individuals per living arrangements)	Without nursing delegation	Without nursing delegation	With nursing delegation	With nursing delegation	With nursing delegation
Residential Facilities : 1-5 Beds	Without nursing delegation	Without nursing delegation	With nursing delegation	With nursing delegation	With nursing delegation
Early Intervention, Pre-School, School Age	With nursing delegation	With nursing delegation	With nursing delegation	With nursing delegation	With nursing delegation
Adult Services Settings with 17 or more people	With nursing delegation	With nursing delegation	With nursing delegation	With nursing delegation	With nursing delegation
Residential Facilities : 6 or more Beds	With nursing delegation	With nursing delegation	With nursing delegation	With nursing delegation	With nursing delegation
Other Services by DD Boards or by Ohio Dept of DD	With nursing delegation	With nursing delegation	With nursing delegation	With nursing delegation	With nursing delegation

*As per OBN's Administrative Code Chapter 4723-13, an RN may delegate specific NURSING TASKS to uncertified personnel [following all provisions in OAC 4723-13]. Delegation of MEDICATION requires DDDD Certification(s).

Need to be Addressed

- Ohio Department of Developmental Disabilities permits medication administration by certified Direct Support Professionals
- Oversight of medication administration is completed by unlicensed home managers
- No training course exists to train managers to complete medication oversight
- Medication administration is often completed with incorrect technique, which can lead to medication errors which endanger the health of persons with IDD.

Project Design

- Goal: to design and implement a training for managers to effectively oversee medication administration by DSPs
 - 4-hour training
 - Offer to 2 provider agencies
 - Include lecture and hands-on elements
 - Interactive peer feedback



Potential Long-Term Outcomes



IMPROVED TECHNIQUE



DECREASED MEDICATION
ERRORS



PROGRAM BECOMING
INTERNAL TO AGENCY
PROVIDERS



Agency Demographics

Agency A

- 1 Residential Director
- 1 Training Coordinator
- 12 Home Managers
- 125-150 staff

Agency B

- 1 Residential Director
- 2 Regional Directors
- 14 Home Managers
- 200-250 staff
- 3 Nurses



Literature Review

- Medication administration challenges
 - Large amounts of prescription medications
 - Complex and changing drug regimens
 - Confusing medication administration rules and guidelines
 - Navigation of a health system unprepared to work with people with IDD



– Mitty & Flores, 2007, Erickson & Yang, 2018, Kemp et al., 2012

Literature Review

- Adult Learning
 - Adults need to be involved in planning and evaluation of their instruction
 - Adults are most interested in learning things which have immediate relevance to their jobs or personal life
 - Adult learning is problem-centered
 - Transfer of learning needs to occur
 - Adults learn from hands-on activities and reflection on learning skills



Knowles, 1984, Lieb, 1991, Page & Margolis, 2017

Literature Review

- Effective Supervision
 - Helps staff to feel supported and valued
 - Makes expectations clear from the beginning
 - Use of skills checklists holds everyone to the same standards
 - Regular feedback is given
 - Shows respect to each person as an individual
 - Clear communication



Wadad & Nagy, 2022, Sedlesky et al., 2013, Baker, 2021

Challenges

- Staffing crisis
 - Staffing has been at historic lows since the COVID-19 pandemic
 - Managers are often covering shifts in homes and scheduling training was a challenge
 - Managers are working 80+ hours per week
 - Managers were not able to give input for designing the training sessions.



Training Sessions

- Four-Hour Sessions-held with Agency B
- Anonymous questionnaire sent to managers
- Reviewed effective procedures for medication administration
- Managers had dialogue with each other, agency nursing staff, and Summit DD nursing
- Managers paired up to practice:
 - Giving feedback with DODD checklist
 - Transcription
 - Review of MARS



Questionnaire

- Sent to managers through agency supervisors
- Asked managers to rank level of confidence in medication supervision, giving feedback, and oversight
- Asked what questions they had and what they hoped to learn from the training



Training Sessions

- Lecture
 - Correct procedure for:
 - Administering medications
 - Reviewing staff technique
 - Scheduling MD appointments and communicating results
 - Reviewing supply of medications
 - Reporting Unusual Incidents
 - Documentation
 - Transcription
 - Documentation of medications administered
 - Review of documentation



Training Sessions

- Hands-on Practice
 - Observation of medication administration using DODD standard checklist
 - Transcription and review of transcription
 - Review of MARS for documentation and recognizing errors
 - Paired up with peers

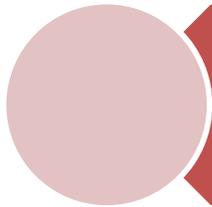


Evaluation

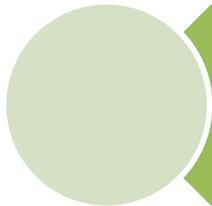
- Anonymous evaluation at end of training session
 - Did managers have increased confidence?
 - What did they learn?
 - How will they implement what they have learned?



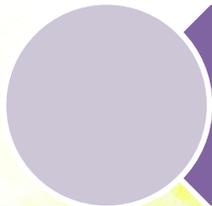
Feedback from Training



“We don’t know what you don’t tell us”



“I liked learning to give feedback in real time”



“I did not want to come today, but I am so glad I did”



“Remembering to set a good example for the staff I supervise”



Lessons Learned

- Working around the pandemic
 - Challenges scheduling training sessions
- Training needs to be flexible
 - Staff need to be able to have sessions that fit with their schedule
 - Involve all learning styles



Limitations

- Scheduling Challenges
 - Timeline for effectiveness evaluation of the training pushed back
- Turnover and staffing issues have continued since the training



Limitations

- Agency A
 - Did not complete training sessions
 - Decided to hire an RN to complete oversight



Since Then...

- Training went very well, and managers took information back to staff
- Turnover and staffing issues have continued, so issues related to medication administration oversight are occurring again
- Working with agency for next steps



Recommendations

- Create sense of urgency in rest of provider community
- Continue to build partnership with Summit DD and county providers
- Build on win of working with first agency



Next steps

Evaluate effectiveness of training

Complete training with all Agency B staff

Offer to other agencies in Summit County



Effective Systems



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**Thank
You!**

