



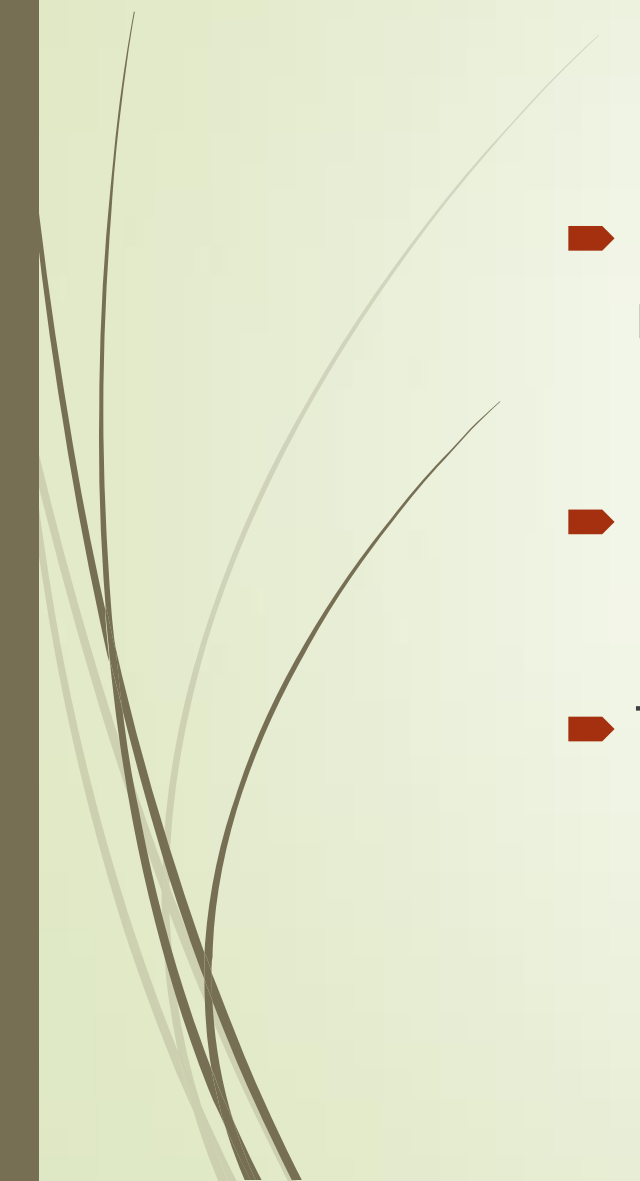
**Medication Administration Rule Changes OAC 5123:2-6  
Effective November 6, 2017**

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# Expectations for Presentation

- ▶ Review of changes to DD Personnel authorities to do medication administration and health related activities
  - ▶ Review of changes to QA RN rule and reviews
  - ▶ Time for Q & A
- 



# HB 483 Signed Into Law July 13, 2016

- ▶ Ohio Revised Code 5123.41 - 5123.47
- ▶ Rule making to develop companion rules – Ohio Administrative Code 5123:2-6
- ▶ Rules Effective November 6, 2017



# Highlights of 4 Changes:

- 1** - New stand-alone trainings for staff to take action  
WITHOUT CERTIFICATION
  
- 2** - Category 1 certification authorization changes
  - 1 additional route
  - 5 new Health Related activities
  - New setting where Cat 1 actions do not need delegation



# Highlights of 4 Changes – cont'd

## **3** - Category 3 certification

- New drugs
- New settings

## **4** - RN Quality Assessment review



## 3 Stand-alone trainings/authorizations

OAC 5123:2-6-03; OAC 5123:2-6-05

- VNS
- Epinephrine Autoinjectors
- Over the counter topical products for comfort, cleansing and protection
  - to intact skin, hair, nails, teeth and oral surfaces
  - WITHOUT a prescription



## 3 Stand-alone trainings/authorizations


OAC 5123:2-6-03; OAC 5123:2-6-05

- ▶ “Stand-alone” means trainings that are separate and apart from any of the DODD Certifications
- ▶ Initially and annually if needed for individuals served
- ▶ Training and IST required before action
- ▶ Providers complete and track these trainings (just like they do for MUI, CPR, and other mandated trainings)



## 3 Stand-alone trainings/authorizations


OAC 5123:2-6-03; OAC 5123:2-6-05

- ▶ Must use DODD approved/published curriculum materials (on DODD Med. Admin. Page)
  - ▶ Training can be done by nurses (RN/LPN – no need for RN Trainer Certification)
  - ▶ Training can be done by personnel who have current Category 1 Certification
- 





# VNS - Training

- DODD web – My Learning
  - Or curriculum posted on DODD Medication Administration page
  - Suggested Individual Specific Training form on DODD with curriculum
- 



# Epinephrine Autoinjector - Training

- May be part of standard First Aid Training/  
Certification
  - FA Certification that includes Epi is sufficient
  - As long as the FA certification is valid it authorizes Epi (up to 2 years)



# Epinephrine Autoinjector - Training

- If not included in First Aid curriculum use DODD Training
  - DODD Curriculum on DODD Medication Administration page
  - DODD only valid for 1 year at a time (retrain annually)
- Suggested IST form on DODD page with curriculum



# OTC Topical Medications Without a Prescription

- ▶ ONLY for
  - Comfort, Cleansing and Barrier
  - Only to intact skin, hair, nails, teeth and oral surfaces
- ▶ NOT to treat conditions that require a diagnosis
- ▶ For individuals who are not able to self-administer



# OTC Topical Medication Without a Prescription

- What is an OTC Topical Medication
  - Purchased at the store
  - “Over the Counter” – without a prescription
  - Contains ingredients FDA has classified as “Drugs”

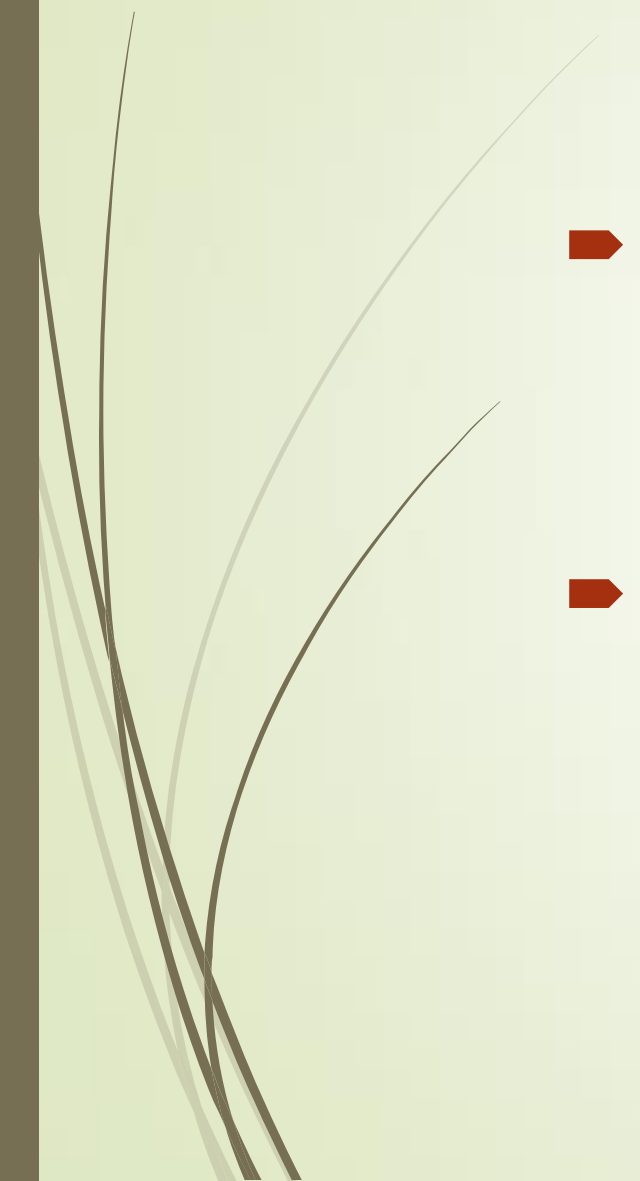
# OTC Topical Medication Without a Prescription

- Label lists “Drug Facts”

<b>Drug Facts</b>	
<b>Active Ingredient</b>	<b>Purpose</b>
Zinc Oxide 40% .....	Skin protectant



# OTC Topical Medication Without a Prescription

- ▶ If no “Drug Facts” – then not a “medication”
  - ▶ “Active Ingredients” that are listed without “Drug Facts” are not considered “medication”
- 



# OTC Topical Medication Without a Prescription - Training

- ▶ Training initially and repeated annually
- ▶ Mandatory curriculum content
  - On DODD Medication Administration Page
  - Individual Specific Training form on DODD Medication Administration page
- ❖ Training by nurses or personnel with current Category 1 Certification





# OTC Topical Medication Without a Prescription

➤ This is about:

**FREEDOM of CHOICE!**

**Individuals who are not able to self-administer can still go to the store to participate in the choice of the products they want**



# OTC Topical Medication Without a Prescription



## Documentation

- NOT on MAR (these are not prescribed)
- Appropriate to the product
  - Per shift
  - Per outing in sun
  - In ISP
  - Etc...

Questions?





# Certification Authorization Changes Category 1

➤ **Formerly** Oral/Topical and 8 Health Related activities is **NOW:**

- Oral/Topical/Oxygen & Metered Dose Inhaled Medications;
- Plus 13 Health Related Activities
- And OTC topical medications for musculoskeletal comfort (without a prescription)



# Certification Authorization Changes Category 1

- 5 New Health Related Activities:
  1. Pulse Oximetry (O2 saturation monitor)
  2. Bi/CPAP
  3. Percussion Vest
  4. Compression Hosiery
  5. Cough Assist Insufflator



# Certification Authorization Changes Category 1

- ▶ A New Setting where Category 1 actions no longer require nurse delegation in addition to certification:
- ▶ Adult Day Services settings where 16 or fewer people receive services



# Certification Authorization Changes Category 2



No Changes





# Certification Authorization Changes Category 3

- New types of Medications with Category 3
  - Inhaled Insulin
  - Injectable Treatment for Metabolic Glycemic Disorders
    - Delegating nurse will know if injectable treatment is for glycemic issue
- Insulin and Metabolic Glycemic Injections are delegable to Category 3 certified personnel IN ALL SETTINGS





# Transition to new rules for Certified Personnel

- Personnel will receive training in newly authorized medications/skills:
  - Before using those newly authorized skills
  - Before, or as part of, renewal in 2018
  - As part of any new MA Certification in 2018


Questions?







# RN Quality Assessment Review Changes

- On November 6, 2017 Ohio Administrative Code 5123:2-6-07
  - Eliminated RN QA Review of each “individual”
  - Shift reviews focus to “provider location”



## OAC 5123:2-6-07 (D)

- (D) Compliance and quality assessment
  - (1) Each county board shall employ or enter into a contract with a registered nurse instructor or a registered nurse trainer who will serve as a quality assessment registered nurse to assist with consultation and quality assessment oversight.
- 



## OAC 5123:2-6-07 (D)


(2) Quality assessment reviews shall be conducted when certified developmental disabilities personnel perform health-related activities, administer oral prescribed medication, administer topical prescribed medication, administer topical over-the-counter musculoskeletal medication, administer oxygen, or administer metered dose inhaled medication for individuals who:

*(i.e. when personnel administer medications by authority of Medication Administration Certification Category 1)*

## OAC 5123:2-6-07 (D)


- (a) Receive services from **certified supported living providers**;
- (b) Receive **residential support services** from certified home and community based services providers, if the services are received in a community living arrangement that includes **not more than four individuals**;
- (c) Receive **adult services in a setting where sixteen or fewer** individuals receive services; and
- (d) Reside in **residential facilities of five or fewer beds**, excluding intermediate care facilities for individuals with intellectual disabilities.

*(i.e. settings where Cat. 1 actions do not require delegation)*




## OAC 5123:2-6-07 (D)

- ▶ (3) The quality assessment registered nurse shall complete quality assessment reviews so that **a review of each provider location** in the county where certified developmental disabilities personnel perform health-related activities, administer oral prescribed medication, administer topical prescribed medication, administer topical over-the-counter musculoskeletal medication, administer oxygen, or administer metered dose inhaled medication is conducted at least once every three years.....




## OAC 5123:2-6-07 (D)



The quality assessment registered nurse may conduct more frequent reviews if the quality assessment registered nurse, county board, provider, or department determines there are issues to warrant such.






## OAC 5123:2-6-07 (D)

(5) Quality assessment reviews shall include, but are not limited to:


(a) **Observation of performance** of health-related activities and administration of prescribed medication;

(b) **Review of the system of communication and supports** related to performance of health-related activities and administration of prescribed medication for the provider location being assessed **to ensure complete and accurate administration of health care directives** given by health care professionals for the individuals being served at the provider location;




## OAC 5123:2-6-07 (D)

- (c) **Review of documentation** of performance of health-related activities and administration of prescribed medication for completeness of documentation and for documentation of appropriate actions taken based on parameters provided in the health-related activities and prescribed medication administration training program described in rule 5123:2-6-06 of the Administrative Code;
- (d) Review of all medication/treatment errors from the past twelve months; and



## OAC 5123:2-6-07 (D)


- (e) Review of the system of processes and procedures used by the employer of developmental disabilities personnel or independent provider **to monitor and document completeness and correct techniques used** during performance of health-related activities, administration of oral prescribed medication, and administration of topical prescribed medication.




## OAC 5123:2-6-07 (D)

(6)The quality assessment registered nurse shall evaluate for patterns of failure to comply or maintain compliance with this chapter

(this chapter means OAC 5123:2-6 medication administration rule)



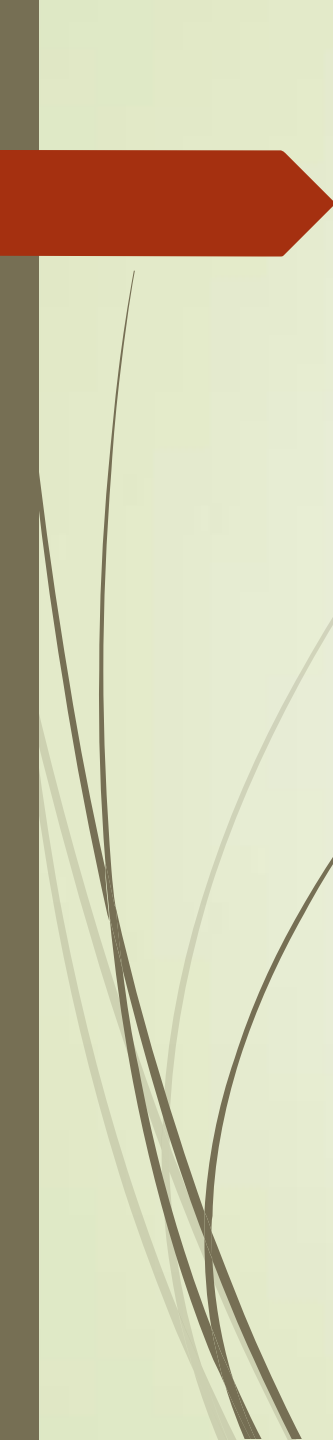
## OAC 5123:2-6-07 (D)

- The Change in Rule requires significant revisions to the RN's approach
  - Looking at the **evidence** of patterns of:
    - ❖ **Systems, processes and procedures** for assuring the required elements of Medication Administration
- 



## The New Form:

- The Form is NOT:  
the **ASSESSMENT PROCESS**
- The Form IS:  
the **Report of** the assessment  
**FINDINGS**

- 
- The questions on the RN QA Review form guide the nurse to **ASSESS for FUNCTIONAL PROCESSES** that support rule compliance
  - **Based on EVIDENCE, INTERVIEWS AND OBSERVATIONS** the RN determines if outcomes substantiate **PATTERNS** of non-compliance
  - **RN DIAGNOSES ROOT CAUSE** of problems
  - Report includes RN suggestions of **systems/processes** that could be put in place by provider to assist with **on-going quality improvement**



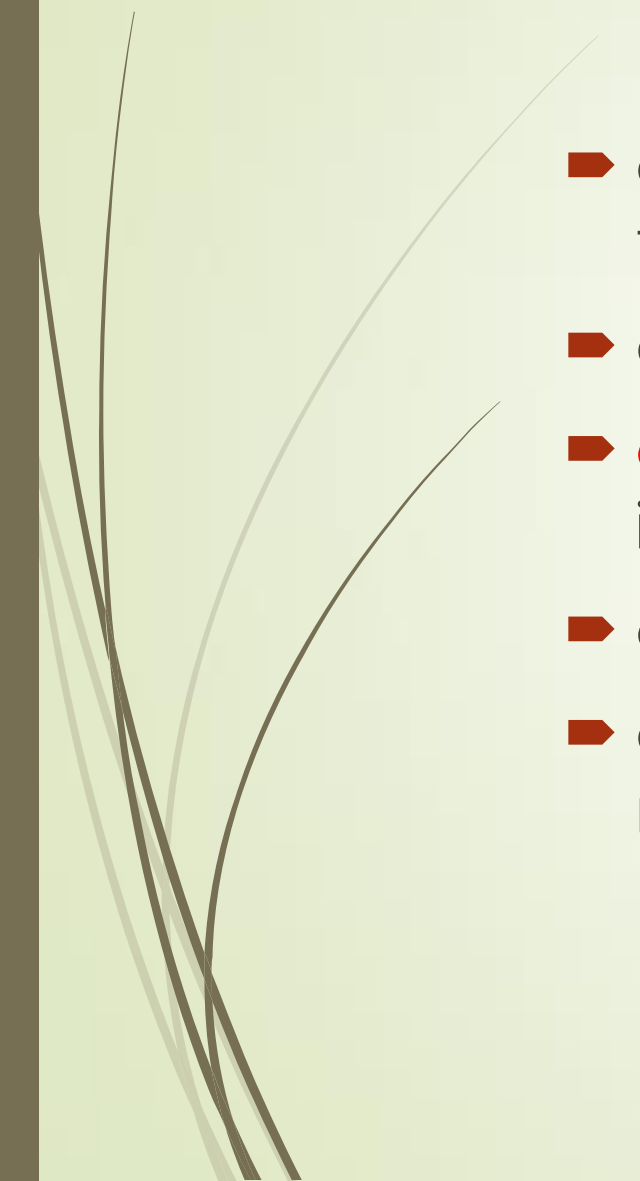
# TO DO MEDICATION ADMINISTRATION NURSING ASSESSMENT

- ▶ QA RNs must be:
  - ✓ CERTIFIED RN TRAINERS
  - ✓ KNOWLEDGEABLE ABOUT THE
    - ▶ LAW/RULES
    - ▶ CURRICULUM
    - ▶ COMMUNITY BASED SERVICES
    - ▶ PERSON-CENTERED PLANNING
    - ▶ TRAUMA INFORMED SUPPORT





# Nursing Process for RN QA Reviews

- assessment of **what is currently occurring** to **identify** if there are **areas of concern**
  - diagnose **the core underlying contributing factors**
  - **collaborate** with the provider to develop a plan of improvement
  - confirm the provider's plan to **implement the changes**
  - and ensure a **method is established for the provider to monitor** the effectiveness of changes implemented
- 



## The Review is not to just identify non-compliance

The Quality Assessment is an OPPORTUNITY for:

- ASSESSMENT TO DETERMINE **ROOT CAUSE ANALYSIS**
- To provide for **LONG-TERM QUALITY IMPROVEMENT**



U.S. Department of Health and Human Services



Agency for Healthcare Research and Quality  
Advancing Excellence in Health Care

“Initially developed to analyze industrial accidents, RCA is now widely deployed as an error analysis tool in health care. A central tenet of RCA is to identify underlying problems that increase the likelihood of errors while avoiding the trap of focusing on mistakes by individuals.”

11/1/2017 <https://psnet.ahrq.gov/primers/primer/10/root-cause-analysis>




U.S. Department of Health and Human Services



Agency for Healthcare Research and Quality  
Advancing Excellence in Health Care

“RCA thus uses the systems approach to identify both active errors (errors occurring at the point of interface between humans and a complex system) and latent errors (the hidden problems within health care systems that contribute to adverse events). It is one of the most widely used retrospective methods for detecting safety hazards.”

“RCAs should generally follow a prespecified protocol that begins with data collection and reconstruction of the event in question through record review and participant interviews.”

- 
- RN looks for evidence to indicate systems are achieving safe, accurate outcomes
    - (note: compliance with rules and curriculum are the basis for safe accurate medication administration)
  - Systems are established in such a manner that direct service personnel are knowledgeable of, and following the process (note: personnel are the key to system/process functional outcomes)
  - Evidence of adverse outcomes requires root cause analysis:
    - “avoiding the trap of focusing on mistakes by individuals” means investigation and assessment of why the outcome happened



Once the Root Cause has been determined:

- ✓ What suggestions of systems and/or processes can the nurse recommend to assist the provider to avoid the undesirable outcome in the future?
- ✓ This is the RN's Suggested  
Plan of Improvement




The Provider may believe the Root Cause is different than what the RN believes

- Reasonable Standards
- Community Typical
- Person-centered
- Collaboration
- Respect



# Summary

- New Rules 5123:2-6 Effective November 6, 2017
    - New stand-alone authorizations
    - New Category 1 and Category 3 authorizations
  - Certification Training Transition – January 12, 2018 thru Dec 31, 2018
  - New RN Quality Assessment Reviews – January 1, 2018 on-going
    - 3 years to complete all sites at least 1x
    - Dates not related to any previous review date
- 



Questions?



