



Masonicare Home Health & Hospice

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My name is Susan F. Adams and I am the Regional Vice President and Administrator for Masonicare Home Health and Hospice based in Wallingford, CT., serving over 2,500 patients a day in 169 towns throughout Connecticut. Masonicare Home Health and Hospice has 775 employees, 275 of which are home health aides and 257 which are nurses. I am testifying against the Governor's proposal to reduce the reimbursement rate by 10% for medication administration to patients.

As a professional nurse, I am seriously concerned with the proposal to permit RN's to delegate medication administrations to Home Health Aides. The suggestion to utilize non-clinicians in the home setting puts both the caregiver (CNA) and the patient in harms way. Medication related teaching for a CNA (Certified Nursing Assistant) is currently non-existent in their state approved curriculum. The question to you is - Who would you want handling your Mother's medications if you were a Home Health patient dependent on others for your well being?

Homecare presents a unique opportunity for a clinician to practice more independently and allows the patient to remain in their own home where their outcomes have been proven to provide for return to an optimal level of functioning.

This opportunity also demands that the clinician have excellent assessment skills. The person going in to provide medication administration must be able to look at a patient and be able to determine if there are any changes in physical presentation that may be related to medications being provided to them. They must have a comprehensive understanding of pharmacology. They need to be experts in drug classifications, drug interactions, potential side effects, desired outcomes and the effects on that individual patient. They have to know what the pills look like. This knowledge base takes years of training. Providing medications to a patient without first making an assessment of the patient's condition at that moment could prove to be harmful or even detrimental to the patient. CNA's are not trained to make these clinical assessments.

Masonicare
Health Center

Masonicare
at
Ashlar Village

Masonicare
Home Health & Hospice
Masonicare Partners
Home Health & Hospice
Masonicare at Home

Masonicare
at
Newtown

Masonicare
Primary Care Physicians
Masonicare
Behavioral Health

The Masonic
Charity Foundation
of Connecticut

Educational preparation of staff providing actual hands on medication administration varies dramatically. Medication related education for nurses in 4 year BSN (Bachelor of Nursing) programs in Connecticut include:

- A Pharmacology course – 3 credits (3 hours per week over 15 week semester).
- Medication related education in all nursing theory courses throughout 4 years of education
- Practice in simulated clinical skills labs prior to administration to patients
- Administration of medications to determine competency under the supervision of a Masters prepared instructor.

Even when medications are pre-poured for others to administer there is a danger that a homecare patient may have dropped the medication box or reconfigured the medications in each daily slot. It requires a skilled clinician to guarantee that each patient receives the right dose of the right medication at the right time.

The Agency for Healthcare Research and Quality (AHRQ) reports: The number of hospitalizations related to medication errors increased by more than 50% from 2004-2008 (their most recent data). This represents 1.9 million hospitalizations in 2008 for medication errors.

The home setting, while optimal for obtaining the highest level of functioning, is not optimal for follow-up of patients after medication administration. In a facility a patient can be and should be observed on a continual basis. In a home setting this is not possible. Should a non-clinician administer a medication that can potentially be harmful to a patient there are often times when no one else is in the home to observe that patient.

I remain concerned that the Appropriations Committee and Legislature think carefully about the decisions it will be making this legislative session and the implications it has on patient safety.

Please feel free to contact me at sadams@masonicare.org.

Sincerely,



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