

Franklin Square Hospital Center—Medication Safety Initiative Empowers Medical Assistants

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ABSTRACT

Concern about medication errors inspired Franklin Square Hospital Center to develop a medication safety training program for medical assistants. This initiative empowered medical assistants to think independently, and inspired administrators to offer more standardized training and advancement opportunities to medical assistants.

Background

Franklin Square Hospital Center is the third largest hospital in Maryland. It is a member of [MedStar Health](#), a non-profit health care organization. It is also an acute care teaching hospital with a reputation for high quality care. Franklin Square also offers a host of outpatient services, including both specialty and primary care.

Franklin Square's 28 outpatient clinics are dispersed, and many are quite small. Most of these sites employ at least one certified medical assistant (CMA). The largest outpatient clinic is the Family Health Center (FHC). The FHC supports a family medicine residency program, which trains new doctors to become family physicians. The FHC is also the outpatient site that employs the largest number of CMAs (12) at Franklin Square.

Inspiration

In 2006, Franklin Square hired a new nurse educator. At that time, there was no standardized training for CMAs at Franklin Square, partially because CMAs are located at dispersed sites, and partially because there was a general lack of awareness at the organizational level of the role of the CMA in delivering primary care services. Because Franklin Square is a hospital-based organization, many executive leaders tended to focus on inpatient care and nursing excellence. Some did not know what a CMA was, or that CMAs were fulfilling many of the functions of nurses in outpatient care.

Practice Profile

Name: [Franklin Square Hospital Center, The Family Health Center](#)

Location: Baltimore, Maryland

Type: Hospital-owned family practice center, residency

Staffing (FHC): Staff includes

- 9 FT, 5 PT, and 2 intermittent physicians
- 28 residents
- 1 physician assistant
- 1 nurse practitioner
- 2 registered nurses
- 12 medical assistants
- 13 administrative staff
- 1 PT MSW
- 1 PT dietician
- PT pharmacists

Number of Patients: 14,223

Annual Patient Visits: 32,500

Patient Demographics: Age range served spans from infancy to old age. The FHC addresses a population that is largely working-class and somewhat underserved.

- 60% pediatrics
- 8% geriatrics
- 80% Medicaid recipients

Clinical training of CMAs at Franklin Square was assumed to be the responsibility of the providers and other staff at each individual site. However, the nurse educator noted that providers are often unaware of CMA competencies and scope of practice. Because physicians may not have much experience with the tasks CMAs perform, it can be challenging for them to train CMAs or know whether CMAs are doing some clinical tasks well. Physicians in small offices also have limited time and staff coverage to train new hires, even if they possess sufficient background to train CMAs. Some Franklin Square outpatient sites have as few as one or two CMAs, and not all have registered nurses (RNs). Without a strong CMA or RN on-site to train new CMAs in clinical skills, many CMAs were left to teach themselves.

Within a six-month timeframe, there had been two medication safety errors involving CMAs, which had the potential to jeopardize patient safety. While new RNs were required to pass a pharmacology exam upon hire, CMAs were not, even though they were responsible for administering many medications in outpatient settings.ⁱ The nurse educator observed other instances in which CMA lack of training resulted in regulatory compliance problems. She determined that better training for CMAs would improve patient safety and benefit the organization as a whole.

Because outpatient departments tended to operate independently, she first worked to enhance interdepartmental communication and collaboration in order to obtain support for system-wide medication safety training for CMAs at Franklin Square.

The nurse educator, who was eventually promoted to the new position of ambulatory quality educator, developed a medication safety program that was mandatory for all CMAs. This first initiative made the overall organization aware of the value of the medical assistant role. It was the start of a number of initiatives to improve quality of care and patient safety through enhancing CMA skills and competencies.

Family Health Center: The educator found a collaboration partner in Franklin Square’s Family Health Center (FHC). The FHC is a residency-based primary care clinic that is characterized by a collaborative approach to performance improvement that includes an active role for CMAs.

The FHC will be applying for patient-centered medical home (PCMH) designation, which will require preparing its CMAs to take on more complex work.ⁱⁱ Administrators are currently developing protocols to guide CMA work in tasks delegated from providers, and have hired a new RN Care Coordinator.

MAs are integrally involved in performance improvement efforts, an effort which has been stepped up over the last year as the group moves towards patient-centered medical home application. CMAs may volunteer to serve on, and even lead, “Do-it groups” (DIGS). These small groups include staff and providers committed to researching and testing a quality improvement idea. The DIGs have addressed topics such as making the clinic more accessible to geriatric patients, stopping prescription pain medication abuse, addressing asthma management, improving the patient discharge process, and improving continuity of care. As one CMA put it, “Once it becomes a practice, we take on something else. From chronic pain medication to recycling!”

“Management does not make decisions for us; we can participate in the DIGS groups, everybody gets a say-so.”

-Crystal Pugh, Lead CMA, FHC-

Monthly performance improvement meetings allow all staff, providers and residents to meet and update one another about performance improvement efforts. Both residents and CMAs may present the outcomes of efforts in which they were involved to the entire group.

MA Training Initiatives

Franklin Square has developed a number of training and development initiatives for CMAs, including mandatory new hire and incumbent competency training, optional training sessions that provide continuing education units, as well as support for advanced clinical education.

Competency Training

Medication Safety. Although it was clear that CMAs required additional training, there was no program in place for them. There was a pre-existing pharmacology exam for nurses at Franklin Square,

but it was not applicable to the outpatient environment and contained content that was beyond the CMA scope of practice.

The Department of Professional Development, the Nurse Educator Council, and Clinical Coordinators from other MedStar Health sites worked together to identify training needs and develop an exam based on the RN exam, but focused more on what could be expected of CMAs. They surveyed CMAs and found that although dosage and medication safety were covered by the medical assisting schools, none of the CMAs had used the material in practice, and hence had forgotten much of it.

The new out-patient based pharmacology exam was developed based on the RN exam, but focused more on what could be expected of CMAs. New CMAs would be required to take the exam and score 90% or better on the policy and information section of the text, and 100% for the dosage calculation portion.

The trainers and administrators worked to develop a CMA orientation and training program that included four components of Medication Safety:

1. Medication Administration;
2. Injection Safety;
3. Medication & Vaccine Storage & Preparation; and
4. Drug Dose Calculation

These sessions were first offered during hospital orientation for new CMAs in October 2008. The training included a work study group on dosage calculation.

Rather than hold new hires to a higher standard, the educators decided to test and train incumbent CMAs as well. Tests conducted in March 2009 confirmed that many incumbent CMAs were not capable of performing rudimentary conversions and dosage calculations.

The program was then presented to incumbent CMAs, who were rotated through in July 2010 during a series of four one to two hour lunchtime sessions. Incumbent CMAs were required to pass the pharmacology exam to continue administering medications in their departments.

Through the training, CMAs were empowered to think critically about medication orders, to act as a patient advocates, and to challenge any order deemed questionable. In practice, they are

encouraged to work collaboratively with their physicians, and to report any errors, even if they are as small as reversing the letters in a name. Educators and supervisors have tried to emphasize education rather than punishment so that CMAs will feel comfortable reporting.

Initial results suggested that the medication safety training improved CMA competencies and enhanced provider confidence in CMA skills. However, follow-up evaluations suggested that after a period of time, some CMAs had become less confident in their skills and wanted refresher training. This led educators and supervisors to consider the need for ongoing competency training and testing.

SimLab Competency Assessment. The lessons learned from the medication safety program inspired additional investigation into options for CMA training and competencies.

“...the dosage seemed quite high. I felt comfortable after the medication course, so I recalculated and it was a little off. I went to the doctor, who thanked me repeatedly. He was glad that we were able to catch that error. Before, I would not have been able to do that.”

-Julie Owens, Lead CMA, FHC-

Franklin Square is part of the larger MedStar Health family, which has established the MedStar Health Simulation and Training Environment Lab (SimLab) for training nurses and other health care professionals. The nurse educator contacted the SimLab about the possibility of using the facilities for CMA training and competency testing. After receiving a positive response, she worked with other educators at MedStar hospital centers to develop a more extensive orientation training program for new hire CMAs, and competency refresher program for incumbent CMAs in need of additional training. The program started with Franklin Square Hospital Center CMAs in July 2011, but the plan is to spread the program to all MedStar outpatient facilities.

In the new SimLab facility, CMAs rotate through a series of stations manned by proctors. Proctors observe CMAs as they move through the stations

performing clinical skills independently. Proctors may provide feedback or ask additional assessment questions of CMAs. Stations include those covering basic skills such as vitals, height, and weight measurement, and more complex skills such as administering a nebulizer or injections. The SimLab has manikins for simulating some functions such as respiration and blood pressure, while live actors simulate conversation for scenarios requiring communication skills. The actors assist the proctors in providing feedback to the CMA about the outcomes of the scenarios.

A special emphasis of this training is on understanding *why* particular procedures and processes are carried out rather than just *how* to do them.

Because of their experience with other training and performance improvement initiatives, the FHC CMAs have had a central role in developing and piloting the new training, and lead CMAs serve as some of the proctors for the SimLab program.

Continuing Education

Franklin Square requires that CMAs be certified through the American Association of Medical Assistants (AAMA) or registered through American Medical Technologists (AMT). In order to maintain their certification through AAMA, CMAs must recertify every five years by either re-taking the certification exam, or completing 60 continuing education units, or CEUs, over the five year period. Thirty of these units must be in AAMA approved continuing education units, which can be costly. The other 30 units can be completed in other relevant and documented activities.

Franklin Square provides two options CMAs to earn their additional 30 CEUs through the workplace. These include an online learning management system and a series of lunchtime sessions on various topics.

Lunch and Learn. The FHC holds a series of educational lunch meetings for CMAs once to twice a month. Topics have included how to deal with an angry co-worker, health behavior change, and computer skills. A recent session addressed the topic of strokes and included a scenario to practice response, and then a discussion to review what was learned.

This activity was initiated by a CMA, who works with the ambulatory quality educator to select topics and develop a curriculum. These sessions have been well-attended and have included CMAs from other Franklin Square outpatient sites.

CMAs are paid to attend and also receive one hour of CEUs and a certificate for attendance.

Online Education. CMAs can also access an online learning system called Peak Development online modules originally developed for certified nursing assistants. There are a series of topics related to clinical care, which include infection control, vital signs and respiration, fibromyalgia, hypertension, and many others. Every month a new topic is made available and participant learning is measured by a pre-and post-test. The CMA receives a certificate of completion for each course completed that she or he can print out and submit to the ambulatory quality educator for half a credit that is applied towards CEUs.

“Obtaining admission into nursing school is difficult. Our cohort enables our MAs to compete only with a handful of employees, instead of the entire community. Having clinicals in our organization allows them to experience different settings which are available to them once they graduate. And when they complete school, we have "grown" a nurse who already knows our mission, policies, patients, and electronic medical record!”

*-Debbie Biewer, RN, BSN
Ambulatory Quality Educator-*

Further Education

In addition to a generous reimbursement program for educational expenses (described in MA Career Impacts below), Franklin Square hosts a special nursing program at the Community College of Baltimore County (CCBC).

This evening and weekend program provides an additional 24-seat cohort in the CCBC school of nursing. Ten seats are reserved for Franklin Square employees, and fourteen are allocated to CCBC students. Franklin Square provides qualified faculty to teach this program, and the CCBC provides the instructional materials, curriculum, and assistance to new instructors. In addition, Franklin Square provides clinical rotation assignments for all students.

This program began in 2007 and by the end of 2008, 24 students had graduated. A second cohort of 35 began in January 2010. One successful graduate was a former FHC medical assistant, who now works as a nurse at the Franklin Square Hospital.

MA Roles

Roles for CMAs vary across clinics at Franklin Square. While CMAs are cross-trained in both clinical and administrative support, in some sites CMAs serve primarily as receptionists. At the Family Practice Center, the role of the CMA is about 90% clinical support.

The FHC is divided into three pods, with an additional pod that is sometimes active for periodic specialty clinics like sports medicine and a dermatology clinic. Each pod has three CMAs, 3 physicians, and 1 referral coordinator. CMAs are not assigned to a single provider for the most part, although they do stay with their pod, because of the need to rotate residents through on a daily basis.

Each pod has a CMA station, and a neighboring doctor/resident station. There are six exam rooms and two waiting rooms—one general waiting room, and one waiting room for seniors and others that might prefer a more calm and quiet place to wait.

The FHC is open every evening until 7:45 pm except for Friday evening, with staggered shifts for CMAs throughout the day. Because this is a residency-based practice, there are three sessions per day: morning, afternoon, and evening. CMAs huddle with their provider at the start of each session.

FHC MAs greet and escort patients to the exam area, take a brief chief complaint and vitals, and update allergy information. They use protocols from the electronic medical record system to assess for smoking status and/or fall risk as appropriate, and

initiate testing if there are any particular symptoms, or they may fast-track the patient for an exam if the patient's symptoms are concerning. They have standing orders for pneumovax and flu vaccines, which they can administer before the doctor arrives. With a written order, the CMA can administer some medications, like Motrin, acetaminophen, injections, immunizations, rocephin (antibiotic) injections, and regalin for nausea. FHC CMAs also order supplies and medications, deliver nebulizers, use peak flow meters to measure expiration, perform EKGs, administer PPD tests, and perform CLIA waived tests.

CMAs support the triage nurse by managing the phone notes “bucket”. The CMA forwards any patient questions requiring assessment to the nurse or other qualified staff, and handles those questions regarding labs and insurance or forwards them to the appropriate staff member.

After rooming the patient, the CMA moves on to the next patient. She or he will return after the exam as necessary to give lab slips, administer any additional medications, and start the discharge process.

The FHC depends a great deal on its CMAs. Originally the Center had three nurses, one for each pod. Over time, the clinic lost one, and then two, of its three nurses. Rather than hire new nurses, FHC administrators took a hard look at their remaining staff and decided to try a new model. They noted that they had some CMAs that were “shining stars”. However, there was no career ladder for them at Franklin Square, as there was at a neighboring institution, where some of the existing CMAs had previously worked. Concerned about retaining high performers, the FHC supervisors decided to promote three of their CMAs to be Lead CMAs, one for each pod. These CMAs took on some of the tasks previously allocated to the nurses. The remaining nurse was moved to a position that entailed more clinical oversight and management.

Lead CMA: Lead CMAs are responsible for working with departmental managers and communicating departmental and organizational policies to CMAs, managing patient flow, and delegating tasks to other CMAs. They are also responsible for encouraging teamwork and monitoring team progress.

As one lead CMA noted, the lead CMA is the “go-to person” for both providers and CMAs. They may

field complaints from providers about CMA actions or competencies. They may field CMA complaints, or answer CMA questions. If the lead CMA cannot resolve a personnel issue, she or he will take it to the supervisor.

Lead CMAs take part in interviewing CMA candidates. They are often involved in quality improvement initiatives, and have been instrumental in developing the new SimLab training program, in which they serve as proctors.

Resources

SimLab. The SimLab is supported by MedStar Health and is a resource available to all MedStar partner institutions. The SimLab is one of four clinical simulation centers managed for MedStar Health by SiTEL. The SimLab used for the Franklin Square program is at Harbor Hospital in Baltimore. The SimLab provides a company shuttle to ferry employees back and forth from clinical sites to the Harbor Hospital facility.

The trainings are staggered to accommodate coverage for different outpatient facilities. Franklin Square has contributed funding to cover the hours of staff rotating through five hours of training, including travel time.

The SimLab performs all setup and provides actors to simulate interpersonal communication. The SimLab also covers the costs of supplies. It has taken 50-60 hours of commitment on the part of the educator, FHC CMAs, and collaborative educators from other MedStar facilities to develop the curriculum.

The educational development team has made the business case that the SimLab will relieve small physician-led offices of the burden of training staff, and save the organization money by improving quality and decreasing medication and other errors, which may be costly. The SimLab training also reduces the length of orientation by concentrating competency assessment, education, and information about policies and procedures into one very focused afternoon.

Lead CMA: The lead CMA position did require more funding to cover enhanced wages for lead CMAs, but the medical director was able to make the business case that the lead CMA is covering some of the role formerly covered by more expensive nursing staff.

Nursing Program: The nursing program in partnership with the CCBC is funded by Franklin Square Hospital Center through a Nursing Support Program grant from the Maryland Health Services Cost Review Commission.

Challenges

One initial challenge was an organizational lack of recognition of the importance of the CMA role. The organization had some difficulty retaining CMAs due to relatively low pay and lack of promotional opportunities. Because the organization is hospital-based, most focus had been on career development for nurses.

Educators were able to educate the leadership, including both administrative and physician leaders, about the role and importance of CMAs. They instituted an annual CMA luncheon to recognize star performers, and had organizational leaders serve as presenters. This opened the door for greater training and development opportunities for CMAs.

Coverage: One challenge to consistent training has been finding ways to cover for the CMAs while they attend training sessions. This has to do with both the practical aspect of finding staff to cover patient care while CMAs are in training, and provider resistance.

Supervisors and educators have had to work with physicians to get them to understand the value of the training. They have also created a float pool for the CMAs. Two new positions were created for CMAs who are cross-trained for all outpatient sites. These cross-trained CMAs are expected to be competent in both clerical and clinical realms, and will also serve as proctors in the SimLab.

Providers: Some providers were skeptical about the need for additional CMA training. Educators were able to convince providers of the need for further education when they administered the CMA pharmacology exam to a sample of 12 incumbent CMAs in 2009 and found that 67% of the CMAs did not achieve a passing score.

While CMAs report feeling empowered by the medication safety training, provider receptivity to their suggestions on dosage calculation reportedly varies. In more collaborative sites like the FHC, there has been more physician buy-in. As the FHC moves to adopting a patient-centered medical home model, more tasks will be delegated to CMAs, which

will require greater trust and flexibility on the part of providers. The current CMA training initiatives serve as the start of this process as they enhance the skills of CMAs and prepare them to take on a more proactive role with more responsibility.

Residency Structure: Because of ever-changing schedule of the residents at the FHC, CMAs are not always paired with the same provider and face constant change even when they are not implementing new initiatives. This can make communication and standardization difficult. Monthly meetings bring the large staff together to address initiatives and shared goals.

Developing Promotional Opportunities:

Administrators' original goal was to develop a career ladder for CMAs, but the current economy has made it difficult for the organization to commit resources at this time. The adoption of the team lead, or lead CMA, role was a compromise.

The process of transitioning to a structure with lead CMAs was not entirely smooth. Leads were initially selected for promotion based on perceived leadership skills and experience. However, these CMAs were not necessarily those with the greatest seniority, and some of the other CMAs felt that favoritism was involved. Employee surveys conducted soon after this change reflected lowered morale among CMAs.

Supervisors decided to make the process more transparent and put the positions up for open application, including providers in the review process. This enhanced the legitimacy of the promotion process. Because team leads have responsibility, but not disciplinary authority, team leaders experienced some initial resistance. As one team lead noted, "First you were equal, and then a little bit not equal."

As staff grew used to the new structure, they began to see more value in having team leads. A position recently opened for a new team lead, and CMAs seem more confident in the application process that has been established.

Outcomes

Franklin Square is in the process of assessing the outcome of its training initiatives. The SimLab competency training is too new to produce definitive results, although it is expected to yield the following benefits to the organization:

1. Because it is held offsite with sufficient coverage; the initiative will provide CMA competency training and testing without impacting the flow of patient care;
2. Holding group trainings at the SimLab reduces the burden on individual physician-based offices to provide CMA training and assessment;
3. The skills CMAs gain will improve patient safety and quality of care;
4. The trainings will ensure compliance with organizational policies, procedures and regulatory standards system-wide and provide evidence-based guidelines for clinical skills.
5. Practice and learning will not take place at the expense of the patient. Staff can be confident and competent in their skills *before* they do invasive procedures, such as injections, on patients.

Because CMAs have been educated to catch medication errors they might not have previously noticed, and encouraged to report mistakes without fear of punishment, administrators were concerned that documented error rates would initially rise. However, the medication safety training seems to have resulted in a reduction in the error rate at the Family Health Center. (See Table 1 below).

Table 1. FHC Medication occurrences pre- and post-medication safety training

	FY 2008	FY 2009
Administration	9	0
Dispensing	2	3
Ordering	5	3
Total	17	6
Reached Patient	9	0

Source: Franklin Square Hospital Center

CMA's who took part in the initial training were surveyed prior to participation in the medication safety program, immediately after participation, and two years later. (See Table 2. below).

While CMA's were more likely to be calculating dosages and following safety procedures over the years--by 2010, some had become less comfortable with calculating dosages, and some were less likely to agree that the physicians supported them in their efforts to do so. All agreed or strongly agreed that they would like additional education on medication safety. These findings have provided support for the institution of ongoing training for both new hires and incumbent CMA's.

Outpatient physicians were also surveyed before and after the medication safety program started. Prior to the program, a sizable number of physicians were unsure of whether CMA's were competent in drug dosage calculation (53%), and most strongly agreed that CMA's should be able to calculate drug dosages and challenge questionable orders (53%). Most (67%) strongly agreed that Franklin Square should be providing medication safety training.

Anecdotally, providers, supervisor, and CMA's reported instances in which CMA's notified physicians that dosages seemed high, or the timing or number of dosages seemed off.

Overall, CMA's, particularly lead CMA's, have been increasingly proactive and engaged in quality

improvement efforts. One particular initiative had to do with improving chronic pain management and decreasing abuse of prescription pain medications by asking that patients sign pain management agreements and periodically submit to urine drug testing. A lead CMA reviewed charts and assisted a lead provider in developing and implementing these measures, which resulted in dramatic increases in compliance within a year (2010). This initiative has now become a part of the FHC's residency training. Another lead CMA worked to coordinate the FHC's Coumadin Clinic, an effort which resulted in a decrease in non-compliant patients from 33% in January 2011 to 17% by April of 2011, with concurrent increases in the percentages of compliant patients at goal.

“[The training program] is good for our patients in regards to patient safety and the quality of care they receive. As for the organization, they can feel comfortable that CMA's are fully well-trained and you can rely on them in that position.”

-Julie Owens, Lead CMA, FHC-

**Table 2. Medication Safety Program, % Strongly Agree
Certified Medical Assistants**

	N=9	2008	2009	2010
I now always practice the 5 Rights of Medication Administration before giving any medication ¹		63%	100%	100%
I regularly check drug dose calculations before giving a medication		25%	63%	77%
I feel comfortable with calculating drug dosages		0%	88%	56%
They physicians I work with encourage me to challenge unclear or unsafe medication orders prior to administering		0%	50%	44%
I would like additional education about medication safety		N/A	N/A	67%

Source: Franklin Square Hospital Center

MA Career Impacts

Promotional Opportunities: There is no increase in pay for completing the medication safety training or the SimLab competency training as both are now job requirements. However, this group of initiatives started the process of developing an MA career ladder. The first step was the CMA team leader position, which is at the same job grade as the CMA, but at a higher level of pay.

The creation of the two float positions for cross-trained CMAs has also provided additional opportunities. Franklin Square was able to hire back a highly-skilled CMA who had left the organization several years prior to seek more challenging work. These positions carry a higher level of compensation.

Benefits: Franklin Square Hospital Center employees receive the following benefits:

- Health, dental and vision insurance
- Basic life and accidental death insurance
- Short and long-term disability
- Healthcare flexible spending account
- Tuition reimbursement
- Paid holidays and vacation
- Pre-tax retirement savings plan and employer contribution
- Employee assistance program
- Computer purchase program
- Mortgage programⁱⁱⁱ

Educational Opportunities: Many CMAs have made use of Franklin Square’s generous education support program. CMAs noted studying topics like healthcare administration, human services management, and business management at Essex Community College. CMAs can receive \$3,000 or more per year in tuition reimbursement, lab fees, books, and other educational expenses depending on years of service. Some supervisors reportedly flex CMA hours in order to allow them the leeway to attend classes.

As noted previously, CMAs can earn half of their CEUs to maintain their medical assistant certification through lunch-and-learn sessions and online courses offered free by Franklin Square.

Finally, CMAs can choose to take part in the special nursing program established by Franklin Square Hospital Center in partnership with the Community College of Baltimore County. This program reduces the competition for nursing school slots for Franklin Square for employees who are qualified to attend and provides tuition reimbursement for employees. CMAs that complete this program are eligible for re-hire as nurses. To date, two CMAs have completed this program, and several others are in the process of taking the pre-requisite courses.

Staff Recognition Program: Franklin Square now recognizes the AAMA-sponsored Medical Assistants Recognition Week. The organization selects a CMA of the year the selected CMA has her or his picture put up in the hospital for that year. The CMA is honored in a luncheon and receives a plaque and flowers.

“Before this I was too scared to speak to a doctor. This empowered me to speak up, because you have to.”

-Tanisha Chin, RMA, FHC-

Satisfaction & Aspirations: CMAs feel that the medication safety training has empowered them and made them more comfortable with their clinical role in administering medications. Several CMAs are very involved in developing the SimLab competency testing and expressed great satisfaction with their ability to contribute to this process. Administrators are impressed with the CMAs’ teaching and mentoring ability.

CMAs at the FHC report greater development of leadership and teaching skills, and most reported enjoying the collaborative atmosphere of the Family Health Center. One CMA noted that she had taken a pay cut to come to Franklin Square because she liked the collaborative atmosphere so much.

Skills: Initial testing to establish the need for training programs revealed that 67% of incumbent CMAs were unable to pass the medication safety exam, and 86% received failing scores on drug dosage calculation.^{iv} After completing the medication safety course, 100% passed the exam.^v This skills-gain was reflected in a decrease in medication error rates at the FHC.

“Our leadership believes in a shared governance structure for decision making. The challenge is that this requires meetings and time away from patient care for discussion. But the benefits far outweigh the burden. Our MAs are engaged, enthusiastic, and suggest solutions which can only come from someone involved directly in their role. Success “belongs” to them, since they are personally invested. Failure inspires them to seek alternative solutions, because the ownership is always present.”

*-Debbie Biemer, RN, BSN
Ambulatory Quality Educator-*

Future Plans

Educators and administrators have identified key plans for the near future:

- **Transition to Patient Centered Medical Home.** The FHC is a part of the Maryland Multi-Payer PCMH program, which was launched in April 2011.^{vi} This initiative will require a move to coordinated, team-based care—a model which will have considerable impact on CMA and provider roles.
- **Promote Competency Training.** Franklin Square is working with other MedStar partners to develop the SimLab competency curriculum and program. The plan is to spread this initiative system-wide for new hires in order to promote standardized expectations, training, and quality of care across all MedStar sites. The competency training for new hires will be adapted to provide annual competency training and testing for incumbent CMAs.
- **Provide Supervisor / Mentor Training.** Educators plan to develop a supervisor / mentor course for RNs and lead CMAs to develop leadership, mentoring, and communication skills. This will allow them to serve as proctors in the SimLab, and enhance

their ability to fill leadership roles in their practices.

- **Develop CMA Career Ladder.** Supervisors and educators have developed an outline for a tiered career ladder for CMAs. It may be possible to implement these changes once the economy improves.

Replication and Lessons Learned

The Franklin Square group is working with other ambulatory care educators across the MedStar system to replicate this program system-wide.

- Involve MAs in the planning process from the beginning. Allow MAs to become more engaged and comfortable with the notion of competency training and testing. Nurses are accustomed to such training and testing, but it is a new and uncomfortable concept for many MAs.
- Care is required when instituting career steps in previously “flat” job categories. As has been noted in several case studies in this series, the institution of a lead MA position often initially results in rancor among MAs who are not promoted. Communication about selection procedures and perception of procedural fairness are important.
- Training empowers MAs and enhances MA competency, but providers may require some training to understand and work with MAs in new roles.
- Recognize that training may be an ongoing process. Testing and training allow supervisors to identify staff in need of remediation and provide targeted intervention rather than termination.
- Medical Assistants are increasingly important players in outpatient care. Educating leadership about their role and importance to the organization is an important first step in receiving the necessary support to develop needed training programs. Because MAs often work across dispersed sites in different roles, a collaborative approach is important to bring all departments onboard to support cost-effective shared training initiatives.

Franklin Square Hospital Center has adopted more extensive CMA training and recognition programs as it has become increasingly aware of the importance of these employees in ensuring patient safety. This

work has laid the foundation for adopting a patient-centered medical home model, which will require more empowered and skilled CMAs to work at the top of their license in team-based, patient-centered care. Because it is a hospital-based organization, Franklin Square can also offer frontline employees educational support that allows them to move into nursing careers.

Notes

- i. Biewer, D. (2011). Medical Assistants: Improving Medication Safety and Competency Assessment: Franklin Square Hospital Center. The Annual Maryland Patient Safety Center Call for Solutions. Program/Project Description.
- ii. The PCMH is a model of practice in which a team of health professionals, guided by a primary care provider, provides continuous, comprehensive, and coordinated care in a culturally and linguistically sensitive manner to patients throughout their lives. The PCMH provides for all of a patient's health care needs, or collaborates with other qualified professionals to meet those needs. Participating practices will provide patient centered care through:
 - evidence-based medicine;
 - expanded access and communication;
 - care coordination and integration; and,
 - care quality and safety.
 Maryland Patient-Centered Medical Home website, accessed July 13, 2011. <http://mhcc.maryland.gov/pcmh/index.aspx>
- iii. Franklin Square Hospital Center Careers website. Accessed July 13, 2011. <http://www.franklinsquare.org/body.cfm?id=556058>
- iv. Ibid i.
- v. Biewer, D. (2009) Raising the Bar: Improving Medication Administration Safety Among CMAs in Hospital Owned Physician Practices. Maryland Patient Safety Center Conference Solution Submission.
- vi. Ibid ii.

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