CENTER FOR THE HEALTH PROFESSIONS
RESEARCH BRIEF

Franklin Square Medical Center: Update 2014

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ABSTRACT

Concern about medication errors inspired Franklin Square Medical 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. As primary care becomes increasingly important; Franklin Square Medical Center has committed more resources to recruiting, retaining, and developing its certified medical assistants. This 2014 summary updates the original 2011 case study with new information on staffing, clinical outcomes, reimbursement, and more.

Franklin Square Medical Center is the third largest hospital in Maryland. It has 47 outpatient clinics in the Baltimore area, and most employ at least one certified medical assistant (CMA). Franklin Square is part of the MedStar Health System, which serves the Baltimore and Washington, DC, areas.

Although the organization employs a large number of CMAs, for many years it provided them with no formal training. CMA clinical training was traditionally assumed to be the responsibility of the providers at each individual practice site. However, because most providers were unaware of CMA competencies and scope of practice, it was challenging for them to train CMAs or know whether CMAs were performing clinical tasks well. Physicians in small offices have limited time and staff coverage to train new hires, even if they possess sufficient background to train them. Without a strong CMA or RN on-site to train new CMAs in clinical skills, many CMAs were left to teach themselves.

In 2006, Franklin Square hired a new nurse educator. Within a six-month time frame, she discovered two medication safety errors involving CMAs that had the potential to jeopardize patient safety. While new RNs were required to pass a pharmacology exam upon hire, CMAs were not,

Practice Profile

Name: MedStar Franklin Square Medical Center: Family Health Center

Location: Baltimore, Maryland

Type: Hospital-owned family practice center, residency

MAs (organization-wide): 60 (7 lead, 9 master)

Staffing (FHC): Staff includes

- 9 FT, 5 PT, and 2 intermittent physicians
- 28 residents
- 2 physician assistants (PAs)
- 2 nurse practitioners (NPs)
- 2 registered nurses (RNs)
- 15 medical assistants (MAs)
- 14 administrative staff
- 1 FT licensed clinical social worker (LCSW)
- PT pharmacists

Number of Patients: 14,223

Annual Patient Visits: 30,000

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

40% pediatrics

8% geriatrics

80% Medicaid recipients

even though they were responsible for administering many medications in outpatient settings. The nurse educator determined that better training for CMAs would improve patient safety and benefit the organization as a whole.

Franklin Square is a hospital-based organization with a reputation for high-quality inpatient care and nursing excellence. However, some organization leaders did not know what a CMA was or that CMAs were performing many of the functions of nurses in outpatient care. The nurse educator, who was eventually promoted to the position of ambulatory quality educator, worked to educate leaders and enhance interdepartmental communication in order to gain support for systemwide medication safety training for all CMAs.

Family Health Center: The educator found a collaboration partner in Franklin Square's largest outpatient site, the Family Health Center (FHC), a residency-based primary care clinic.

Because the FHC was preparing to apply for patient -centered medical home (PCMH) designation, the clinic needed to prepare its CMAs to take on more complex work.

CMAs at the FHC are integrally involved in performance improvement efforts. Monthly performance improvement meetings allow all staff, providers, and residents to meet and update one another about performance improvement efforts. CMAs and residents take an active role.

CMAs may also volunteer to serve on, and even lead, "do-it groups" (DIGS). These small groups include staff and providers committed to researching and testing quality improvement ideas. The DIGs have addressed topics such as making the clinic more accessible to geriatric patients, stopping prescription pain medication abuse, and improving the patient discharge process.

CMA Training Initiatives

Medication Safety. The ambulatory quality educator organized a group of educators and administrators systemwide to identify CMA training needs. They surveyed CMAs and found that although dosage and medication safety were covered by medical assisting schools, few of the CMAs had used the material in practice, and most had forgotten much of what they had learned.

In 2008, the group worked to develop a CMA orientation and training. They developed a new outpatient pharmacology exam based on an existing RN exam but tailored for CMAs. New CMAs would be required to take and pass the exam as a qualification for employment.

Rather than hold new hires to a higher standard, the educators decided to test and train incumbent CMAs as well. Tests conducted in 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 their training, CMAs were empowered to think critically about medication orders, to act as patient advocates, and to challenge any order deemed questionable. They were encouraged to work collaboratively with their physicians. The emphasis was on education rather than punishment so that CMAs would feel comfortable reporting any errors. The backup was especially useful for family medicine residents who were still learning their roles.

CMAs who took part in the initial training were surveyed prior to their participation in the training, immediately after their participation, and two years later. The training improved CMA competencies and enhanced provider confidence in CMA skills. While CMAs were more likely to be calculating dosages and following safety procedures after the training, by 2010, some had become less comfortable with calculating dosages, and some were less likely to agree that physicians supported them in their efforts to do so.

SimLab Competency Assessment. The results of the medication safety program inspired additional investigation into options for CMA training.

Franklin Square has access to the systemwide MedStar Health Simulation and Training Environment Lab (SimLab) for training nurses and other health care professionals. In 2010, Franklin Square's ambulatory quality educator began working with other Medstar educators to develop a more extensive orientation training program for new CMAs and a competency refresher program for incumbent CMAs in need of additional training.

Proctors observe CMAs as they move through a series of stations performing clinical skills. Stations cover basic skills such as vitals, height, and weight measurement and more complex skills such as administering a nebulizer or injections. Proctors provide feedback or ask additional assessment questions of CMAs. The SimLab has mannequins 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 live scenarios.

Continuing Education: Franklin Square requires that CMAs be certified or registered. In order to maintain their certification through the American Association of Medical Assistants, CMAs must be recertified every five years by either retaking the certification exam or completing 60 continuing education units (CEUs). Franklin Square provides two options for CMAs to earn half of the required CEUs through the workplace.

The FHC holds educational "Lunch and Learn" meetings for CMAs every month. CMAs are paid to attend and receive one hour of continuing education credit for attendance. A recent session addressed the topic of strokes and included a scenario to practice response, which was followed by a discussion to review what had been learned. The Lunch and Learn Program was initiated by a CMA who works with the ambulatory quality educator to plan sessions.

CMAs can also access an online learning system called Peak Development. Every month there is a new topic related to clinical care. The CMAs receive a half of a continuing education credit toward for every module they pass.

Nursing Program: CMAs have the option of participating in a special nursing program established by Franklin Square in partnership with the Community College of Baltimore County. This evening and weekend program provides 10 guaranteed nursing slots for Franklin Square employees and provides tuition reimbursement for participants. Employees who complete this program are guaranteed rehire as nurses. To date, more than 24 employees, including two CMAs, have graduated from this program. Several other CMAs are in the process of taking the prerequisite courses.

CMA Roles

Roles for CMAs have varied across sites, depending on the size and purpose of the site. At some sites MAs primarily served as receptionists whereas at other sites like the FHC, MAs primarily had back office roles. However, this situation has been changing as of 2013–2014 as the organization focuses new attention on MA roles.

The FHC is divided into three pods, with an additional pod that is sometimes active for specialty clinics. Each pod has three CMAs, three physicians, and one referral coordinator. CMAs are generally not assigned to a single provider, although

they do stay with their pod, because of the need to rotate residents through on a daily basis.

CMAs at the FHC greet and escort patients to the exam area, take chief complaints and vitals, and update allergy information. They use protocols from the electronic health record (EHR) to assess smoking status and/or fall risk as appropriate and initiate testing as necessary. 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 oral medications like Motrin, Reglan, and acetaminophen; and injection medications such as the antibiotic Rocephin, and immunizations. CMAs may order supplies and medications, deliver nebulizers, use peak flow meters to measure expiration, perform EKGs (electrocardiogram tests), administer tuberculosis skin tests, and perform CLIA -waived tests.[i] They also now as of 2014 perform diabetic foot exams and screen via a protocol.

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, 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 CMAs are responsible for working with department managers and communicating department and organization policies to CMAs, managing patient flow, encouraging teamwork, monitoring team progress, and delegating tasks to other CMAs. Lead CMAs take part in interviewing CMA candidates. The lead CMAs have also been instrumental in developing and piloting the new SimLab training program and serve as proctors.

Over the last several years (2011–2014), many of the practices now have a lead CMA if there is more than one CMA on staff, often a master CMA in larger practices While they do not have supervisory roles, these CMAs are expected to take a higher level of responsibility. They are trained to be trainers and may be responsible for various types of safety checks.

The basic MA role is also changing across the organization, partially due to the Affordable Care Act's (ACA) focus on primary care. As the organization acquired more primary care practices, it started to change its business model to one that includes fewer clerical staff. MAs are expected to cross-cover and split their time between clinical and clerical. Doing this requires a high level of written and verbal competency on the part of MAs.

Challenges

One initial challenge to MA training and advancement was a general lack of awareness of the significance of CMAs' role at Franklin Square. The ambulatory quality educator worked to educate administrative and physician leadership about the importance of CMAs. The institution of an annual CMA recognition luncheon opened the door for training and development opportunities. Because organization leaders were invited to serve as presenters, they had to learn more about the contributions of their CMAs.

Some providers were skeptical of the need for further CMA training until educators were able to document that more than half of incumbent CMAs had failed the medication safety exam. Educators were able to further enhance buy-in by instituting a CMA float pool so that training would not impact the flow of patient care at clinics. Off-site training reduced the pressure on the individual provider to conduct on-the-job training.

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. Because CMAs have been educated to catch errors they might not have previously noticed and are encouraged to report mistakes without fear of punishment, administrators were concerned that error rates would rise. However, between 2008 and

2009, medication errors at the FHC decreased dramatically.

Team lead CMAs were initially selected for promotion based on their perceived leadership skills and experience. However, some of the other CMAs felt that favoritism had been involved, and employee surveys conducted soon after this change reflected lowered morale among CMAs. Supervisors decided to enhance the legitimacy of the promotion process by making it more transparent and put the positions up for open application, including providers in the review process.

Career Advancement

When this case study was first written in 2011, educators and the administrator had tried to institute a career ladder for CMAs, but the recession made it difficult for the organization to commit resources. The adoption of the team lead, or lead CMA, role at FHC was a compromise.

The increased demand for training did initially lead to the creation of two new CMA float positions so that there would always be staff available to fill in for CMAs who were off-site for training or other reasons. These CMAs are cross-trained and also receive a higher level of compensation.

The organization now (as of 2014) has three levels of CMAs: CMA (44), lead CMA (7), and master CMA (9). All are within the same job grade, but each increase in level results in approximately a $1-per-hour pay raise. This promotion is currently based on recognition of skills and capacity.

Franklin Square also provides full benefits to CMAs. CMAs can also receive up to $3,250 per year in tuition reimbursement and other educational expenses, depending on years of service. However, this benefit has been underutilized. Administrators note that really competent MAs are always encouraged to go on to become nurses, but attending a nursing program is difficult for those with family responsibilities and low-wage jobs.

Moving Forward

Since the initial case study was written, the ambulatory quality educator has been promoted to director of Patient Care Services and Nursing. The Family Health Center has achieved recognition as a Level 3 patient-centered medical home.

Over the period of 2013–2014, Franklin Square has found it more difficult to find qualified CMAs, resulting in occasional understaffing. This situation is the result of a combination of factors, including health care reform, Franklin Square's purchase of 19 primary care practices since 2011, and market changes such as the proliferation of retail clinics. These developments have led to considerable competition for MAs. Local training programs have not been able to keep up with the demand. In addition, Franklin Square's move to rotate MAs through clinical and clerical tasks required that the organization hire candidates with a higher level of skill.

In 2013, Franklin Square partnered with six MA schools in the local area to start an MA extern program. Franklin Square requires that its MAs be certified or registered, so it looked for accredited programs with high graduation and success rates. Administrators chose to work through the programs' extern coordinators because they wanted to be able to give the programs feedback and to work with the coordinators to place and coach externs. It was also important that schools be in the local area as one of Franklin Square's goals is to advance its local workforce.

To date, the organization has hired nine of the initial 11 externs and is training four or five per month. This program has produced successful CMA candidates for Franklin Square, and the organization feels that it is contributing to local MA training programs and the community by hiring these students.

As a result of the organization's growth and commitment to training, the responsibilities of the director of Patient Care Services and Nursing expanded to cover assessments, education, and

special projects. She requested additional support and was able to hire a CMA who will serve in the role of master CMA. This CMA teaches sterilization practice and much of the CMA orientation session and helps to coordinate the CMA extern program and the Simlab training as well as trouble-shooting safety issues. This arrangement leaves the director more time to develop new programs.

While this CMA's scope and skills are exceptional, her position is indicative of changes over the last two years at Franklin Square Medical Center that acknowledge the importance of the medical assistant role.

Franklin Square Medical Center recently entered into an agreement with a local college to develop a leadership program for MAs and reception staff to bring an instructor on-site for two nights a month to its conference room. The college bills the medical center directly for the tuition, using funds for tuition reimbursement that had been going unused.

Coursework covers leadership, mentorship, teamwork, career development, preceptorship, and team-building between front and back office. Students participate in six months of classes and six months of mentorship. Students have no homework or tests, but they have to create a presentation for their colleagues and teach what they have learned to others.

The leadership development program received 30 applications for the 15 slots in the program. Participation in the class is intended to inspire personal growth and may enhance eligibility for promotion in conjunction with performance.

Ambulatory care will get a boost in the coming year as Maryland moves to a new reimbursement system intended to reduce hospital admissions. Franklin Square and other hospital systems will move from a fee-for-service or hospital-based model that incentivizes admissions to a new model that ties hospital reimbursement to the projected services needed by a specific population. Hospitals receive a set amount of annual revenue to treat the patient population, with costs not to exceed the state's annual economic growth.[ii]

Notes

[i] CLIA-waived tests are those that have been cleared by the FDA for home use and those that have been approved for waiver under the Clinical Laboratory Improvement Amendments. These tests must be low risk for erroneous results. See http://wwwn.cdc.gov/clia/Resources/WaivedTests/default.aspx

[ii] http://articles.baltimoresun.com/2014-01-10/health/bs-hs-medicare-waiver-approved-20140109_1_john-colmers-waiver-hospital-reimbursement-rates

Acknowledgments

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To read the full 2011 case study, please see:

Franklin Square Hospital Center—Medication Safety Initiative Empowers Medical Assistants.

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