McMullen and Colleagues\(^1\) have done an important analysis of certified nurse aide (CNA) job tasks and potential expansion of their assigned duties in the most prevalent service role in long-term care. The state-by-state analysis is helpful for understanding variations in job tasks and potential misunderstandings of providers of how those variations occur across states. As providers and state agencies consider expansion of the scope of duties, it must be recognized there are potential risks, especially in states in which duties are, or may be, expanded without additional training requirements. It is crucial that expansion is coupled with additional training and continued oversight of professional nurses.

Tasks such as medication administration (without the medication certification training) can be extremely risky for complex medication regimens that older people in nursing homes commonly have with their multiple chronic illnesses. Although many older people living at home often successfully manage complex medication regimens, many others cannot, and often seek the oversight of long-term care so that their medications can be professionally managed. In fact, complications of complex medication regimens that people fail to do correctly at home is a key cause of admission to a nursing home.\(^2,3\)

Another task that some states include in the expanded scope of CNA duties is wound care. Again, this is risky, particularly if duties are expanded to include wound care without commensurate appropriate education. Inappropriately managed wound care can place the older adult at risk for complications that can be debilitating and life-threatening.\(^4\) Additionally, the other areas that have been expanded in 11 states (catheter/tube care and managing medical information) have similar risks. States with expanded roles for CNAs provided a rationale of improvement in resident care and safety; however, it remains unclear that additional training is required in those states to ensure public safety.

The authors of this CNA scope of practice study\(^1\) appropriately call for research to validate the claims of improved quality and increased safety with expanded roles. Although the 2008 Institute of Medicine report\(^5\) recommends expanded scope of direct care workers (DCWs), an accompanying recommendation in the report for increasing minimum training and demonstration of competency must not be overlooked. It is essential that educational standards and competencies for expanded roles are established and enforced nationwide to protect frail elders seeking long-term care services.

Role expansion is likely a needed approach to the DCW shortage projected for the future.\(^6,7\) For the care quality and safety of our most vulnerable older adults, it should be enacted only with appropriate education, training, and competency evaluation. McMullen and colleagues\(^1\) have done a big favor for long-term care providers, advocates, educators, and regulators by providing this important analysis that is likely to spark debates.

References