BASIS FOR THE DECISION TO DISCONTINUE CNA AND CMA DESIGNATIONS AS QUALIFYING PATHWAYS FOR CHT STATUS

Several years ago, certified nursing assistants and certified medical assistants were added to the list of vocations that qualified for eligibility to sit the CHT examination. The intent of this decision was to provide a means for unlicensed staff to obtain added levels of competency and qualification in order to support and augment licensed clinical staff during management of patients referred to the hyperbaric medicine service and undergoing related care. The CHT designation has never represented a license, nor was it intended as a means to perform tasks outside the scope of practice for respective qualifying pathways.

The Board has frequently been questioned regarding its decision to allow CNA’s and CMA’s to qualify as CHT’s. Given these expressions of concern and an associated high CHT examination failure rate, a reassessment of these pathways was considered necessary. The Board sought to determine whether or not these individuals were still being employed within their respective scope of practice, in the context of nursing and physician clinical oversight standards and related patient safety. An ad hoc committee was established to undertake this review.

Findings:

- The use of CNA/CMA personnel has increased with the growth of facilities offering combined services of wound care and hyperbaric oxygen therapy.
- It appears that the most commonly employed staffing model is for clinical staff members to work with wound care patients while unlicensed staff (often the CNA/CMA) provides hyperbaric oxygen therapy.
- CNA training varies by State, but the average number of hours to achieve certification is 72.
- CNA’s are trained to assist with activities of daily living and care for senescent patients who need additional observation beyond that which nurses and family members provide.
- CNA’s have no defined scope of practice, rather they fall under a registered nurse’s scope of practice with regard to what can be legally delegated to an unlicensed person.
- CMA’s are trained to assist with tasks in a medical office setting, ranging from clerical work to assisting physicians with procedures.
- A limited number of states require formal training for the MA designation and training varies a great deal from one state to another.
- MA’s work under the direction of an employer physician or physician group and are not permitted to work in an acute care setting in several states.
• Medical Practice Act Physician Delegation Regulations determine the scope of a CMA in most states.
• Neither vocation can legally be delegated patient assessment responsibilities or tasks.

Issues:
• Commonly, licensed staff working in the wound care and/or hyperbaric area have not undergone formal training in hyperbaric medicine.
• Licensed staff frequently work solely with wound care patients and do not participate in any aspect of care provided to patients undergoing hyperbaric oxygen therapy.
• CNAs/CMAs routinely perform patient assessments and make independent treatment decisions without any form of the legally required delegation from physicians and/or licensed nursing staff.
• Hyperbaric physicians frequently do not evaluate patients before hyperbaric treatments start and end.
• Facilities are using CNA’s/CMA’s all too frequently in a completely unsupervised role for the complete range of tasks, skills and responsibilities required to initiate, provide and complete hyperbaric oxygen therapy.
• Hyperbaric medicine patients are, therefore, placed at increased risk of injury and/or untoward event during treatment due to the absence of professional assessment, oversight and medical decision-making.

Plan of Correction:
• Effective January 1, 2016, CNA and CMA designations will be eliminated from the list of qualifying pathways for CHT status.
• Current CNA and CMA CHTs will have until January 1, 2016 to obtain additional medical education in order to recertify their CHT status using another qualifying pathway. Perhaps the most readily attainable of these pathways is an EMT. (see below) Patient assessments likewise cannot be delegated to EMT’s in hospital/acute care/hyperbaric medicine settings. However, their training better prepares them to recognize more readily when it is appropriate and necessary to call a nurse or physician. This would include signs of patient distress and the alerting of licensed staff.

There is much to be gained by achieving the EMT level of training as it relates to the level of largely independent hyperbaric medicine practice noted above. An important distinction exists between the EMT/Paramedic and the CNA/CMA. NA and MA education does not place emphasis on independent decisions based upon patient assessment. While an EMT or Paramedic does work under a doctor’s license, treatment decisions are based on the medic’s assessment of the patient. They are taught and expected to make decisions based upon the patient’s history and physical exam which serves to guide the plan of care. From the beginning, patient assessment is taught as the basis behind all treatment. With the movement of hyperbaric chambers away from inpatient units and physicians’ not always present chamber side, it is important for chamber operators to be able to assess patients and determine an initial/immediate course of action.