CSHP
Rutgers Center for State Health Policy
NATIONAL ACADEMY for STATE HEALTH POLICY

October 2006

Meeting Summary

Community Living Exchange

Funded by Centers for Medicare & Medicaid Services (CMS)

Appendix:
Invitational Forum: Advancing Consumer Choice Through Better Understanding of Nurse Delegation

Susan Reinhard
Jennifer Farnham
Mary Angeline Cabanilla
Melanie Napier
Deanna Lewis

This document was prepared by Susan Reinhard, Jennifer Farnham, Mary Angeline Cabanilla, Melanie Napier and Deanna Lewis of the Rutgers Center for State Health Policy (CSHP)

Prepared for:

Rutgers Center for State Health Policy

Susan C. Reinhard & Marlene A. Walsh

Robert Mollica

The Community Living Exchange at Rutgers/NASHP provides technical assistance to the Real Choice Systems Change grantees funded by the Centers for Medicare & Medicaid Services.

We collaborate with multiple technical assistance partners, including ILRU, Muskie School of Public Service, National Disability Institute, Auerbach Consulting Inc., and many others around the nation.

Rutgers Center for State Health Policy
55 Commercial Avenue, 3rd Floor
New Brunswick, NJ 08901-1340
Voice: 732-932-3105 - Fax: 732-932-0069
Website: www.cshp.rutgers.edu/cle

This document was developed under Grant No. P-91512/2 from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. However, these contents do not necessarily represent the policy of the U.S. Department of Health and Human Services, and you should not assume endorsement by the Federal government. Please include this disclaimer whenever copying or using all or any of this document in dissemination activities.

Table of Contents

AGENDA

NURSE DELEGATION IN POLICY AND PRACTICE: INVITATIONAL FORUM IN OREGON

May 31 – June 2, 2006

DoubleTree Hotel & Executive Meeting Center
Portland Lloyd Center
1000 NE Multnomah
Portland, OR 97232
503-331-4972

Agenda

Technical Assistance Goal: Advance Consumer Choice Through Better Understanding of Nurse Delegation

Background:

The Community Living Exchange at Rutgers Center for State Health Policy and the National Academy for State Health Policy has been providing Technical Assistance for CMS Real Choice Systems Change since 2001. This initiative involves allowing consumers of long-term care services the opportunity to live in the most integrated community setting possible, and giving consumers as much freedom as possible to direct their long-term care services. Every state in the nation is involved in some way in this initiative. Every state is different in how its policies affect consumers' ability to live in home and community-based settings. This forum focuses on Nurse Practice policies.

Each state's Nurse Practice Act, together with other regulations, defines nurses' scope of practice. Regulations may also address to what extent unlicensed assistive personnel (UAP) are allowed to perform health care tasks and how nurses are allowed to interact with UAP. This has implications for the supportive care received by consumers in the community. Where regulations are restrictive, consumers may face the choice of institutionalization or receiving unlicensed/unregulated services in the community.

Oregon has extensive policy and practice experience with these nurse practice and consumer issues.[1] This invitational forum will feature Oregon state officials and practicing nurses who are delegating care tasks, including medication administration. This informal forum will provide significant time and attention to nurse delegation policies, practice and issues in at least five other states.

[1] Reinhard, S.C. & Quinn, W.V. (2004). *Oregon's Nurse Practice Policies for Home and Community Living*. New Brunswick, NJ: Rutgers Center for State Health Policy & National Academy for State Health Policy: Community Living Exchange. Accessed March 22, 2006 from: http://www.hcbs.org/files/60/2958/Oregon022205.pdf

Objectives:

- Observe and discuss the Oregon model for community nursing (nurse delegation in home and community-based settings)

- Discuss other states' models, issues and plans

- Participate in a free exchange of ideas about how to successfully implement nurse delegation in home and community-based settings. Topics will be influenced by participants but may include strategies for addressing the following issues:
    - Training of nurses and unlicensed assistive personnel (UAP)—what is needed for nurses to feel safe/competent to delegate?
    - Consumer direction of UAP—policy options for states
    - Medication administration
    - Civil liability—how to structure laws and practice to keep nurses and UAP accountable without discouraging delegation where appropriate

Day 1	**Wednesday, May 31**
3:00pm	Hotel check-in and Conference Registration
4:00pm-4:30pm	Welcome and Introductions Overview of Agenda *Susan Reinhard, Convener*
4:30-4:45	Research Highlights *Susan Reinhard & Heather Young*
4:45pm-5:45pm	Guest States discuss biggest issue with Nurse Delegation in their state and say what they hope to take from conference
5:45pm-6:00pm	Break
6:00pm-8:00pm	Dinner & Networking

Day 2	**Thursday, June 1**
7:00am-8:00am	Breakfast
8:00am	Guest States' Overview of Nurse Delegation (10 minutes each)

	-Settings, tasks, UAP types, regulation/liability -Discussion
9:30am - 10:00am	Introduction of Oregon Model History, Current Operations, Lessons Learned, Consumer Reactions *Cindy Hannum*
10:00am - 10:15am	Break
10:15am- 10:45am	Development of Registered Nurse Delegation in Oregon *Mary Amdall-Thompson*
10:45am - 11:15am	Overview of Community Based Care Nursing Services in Oregon *Megan Hornby, Gretchen Thompson*
11:15am - 12:00pm	Panel: Practitioners *Alison Pfeffer, Contract RN* *Linda Bifano, Assisted Living Facility RN* *Marilyn Hudson, Oregon State Board of Nursing practice advisor*
12:00pm - 1:00pm	Lunch
1:00pm -3:00pm	Group discussion of issues identified earlier
3:00pm -3:15pm	Break
3:15pm – 5:30pm	Continue group discussion
5:30pm	Wrap up
7:00pm-9:00pm	Dinner
Day 3	**Friday, June 2**
7:00am-8:00am	Breakfast
8:00am-12:00pm	Check out, pick up box lunch
TBD	Leave for optional site visit (must choose **one** on registration form)
	Description of site visit options

- Medical foster home - Judy Allen, Host (provides personal and health care to no more than five individuals in a residential setting. Licensed, inspected and monitored by the state and AAAs).

- Participants will observe delegation in action in this setting, with nurse and care provider.

- In-home settings with a nurse – Alison Pfeffer and Gretchen Koch-Thompson, Hosts
  - Participants will be paired with a nurse to observe community based care nursing. Settings will include one where delegation is practiced and one where there is no delegation.

- Assisted living – Linda Bifano, Host
  - Participants will see a care setting and have an opportunity to discuss delegation issues with a consumer and a lay care provider.

PARTICIPANT LIST

Judy Allen
AFH Quality Assurance Coordinator
DHS-Office of Licensing & Quality of Care
Office of Licensing & Quality of Care
500 Summer St NE, E13
Salem, OR 97601
503-947-5198
judy.d.allen@state.or.us

Mary Amdall-Thompson, RN, MS, CNS
President, Community Based Care Nurses Association
4428 SW 55th Place
Portland, OR 97221
503-292-7819
mamdall@comcast.net

Linda Bifano, RN, MN, MPA
Rose Schnitzer Manor at Cedar Sinai Park
Health Services Dept
6140 SW Boundary St.
Portland, OR 97221-1019
503-535-4007
Fax: 503-535-4003
Linda_B@cspark.com

Penny Black
Consultant
Long-Term Care System Development
2520 Madrona Beach Road
Olympia, WA 98502
360-866-9040
pennyblack123@msn.com

Joan Bouchard, RN, MSN
Executive Director, Oregon State Board of Nursing
800 NE Oregon Street, Suite 465
Portland, OR 97232
971-673-0638
Fax: 971-673-0681
joan.bouchard@state.or.us

Amy Brittan
Graduate Student, Portland State University
Northwest Health Foundation
1500 SW First Avenue, Suite 850
Portland, OR 97201
503-220-1955
Fax: 503-220-1335
judith@nwhf.org

Debra Buck, RN, MS, BC
Nursing Assistant Program Consultant
Oregon State Board of Nursing, Consultant Group
800 NE Oregon Street, Suite 465
Portland, OR 97232
971-673-0636
Fax: 971-673-0684
Debra.Buck@state.or.us

Deborah Cateora, BSN, RN
Community Based Care Nurse Manager
Oregon Department of Human Services
Seniors and People with Disabilities Office of Licensing and Quality of Care
500 Summer Street NE, E13
Salem, OR 97310-1074
503-947-5165
Fax: 503-378-8966
deborah.cateora@state.or.us

Noreen D'Angelo, RN, MS
New Jersey Board of Nursing Member
Department of Health and Senior Services
Office of the Commissioner
P.O. Box 360
Trenton, NJ 08625
609-292-7874
Fax: 609-292-5333
noreen.d'angelo@doh.state.nj.us

Lisa Emrich, MSN, RN
Manager, Practice & Alternative Programs Unit
Ohio Board of Nursing
17 High Street, Suite 400
Columbus, OH 43215
614-995-3681
Fax: 614-466-0710
lemrich@nursing.ohio.gov

Jennifer Farnham
Research Analyst
Rutgers Center for State Health Policy
55 Commercial Avenue, 3rd Floor
New Brunswick, NJ 08901
732-932-4675
Fax: 732-932-0069
jfarnham@ifh.rutgers.edu

Faith Fields, RN, MSN
Executive Director
Arkansas State Board of Nursing
1123 South University, Suite 800
Little Rock, AR 72204
501-686-2703
Fax: 501-686-2714
ffields@arsbn.org

Julia George, RN, MSN
Director, Education and Practice
North Carolina Board of Nursing
3724 National Drive, Suite 201
Raleigh, NC 27612
919-782-3211 ext. 276
Fax: 919-781-9461
Julie@ncbon.com

Cindy Hannum
Administrator, Oregon Department of Human Services
Seniors and People with Disabilities
Office of Licensing and Quality of Care
500 Summer Street NE, E13
Salem, OR 97301-1074
503-945-5833
Fax: 503-378-8966
Cindy.Hannum@state.or.us

George J. Hebert, MA, RN
Executive Director, New Jersey Board of Nursing
Division of Consumer Affairs
124 Halsey Street
Newark, NJ 07102
973-504-6493
Fax: 973-273-8055
george.hebert@lps.state.nj.us

Megan Hornby, MS, RN
Community Based Licensing and Health Manager
Oregon Department of Human Services
Seniors & People with Disabilities
Office of Licensing & Quality of Care
500 Summer Street NE, E13
Salem, OR 97301-1074
503-945-6415
Fax: 503-378-8966
Megan.Hornby@state.or.us

Marilyn Hudson, RN
Nursing Practice Consultant
Oregon State Board of Nursing
800 NE Oregon St., Suite 465
Portland, OR 97224
971-673-0656
Fax: 971-673-0684
marilyn.hudson@state.or.us

Polly Johnson, RN, MSN, FAAN
Executive Director
North Carolina Board of Nursing
3724 National Drive, Suite 201
Raleigh, NC 27612
919-782-3211 ext 250
Fax: 919-781-9461
polly@ncbon.com

Deborah Jones, RN, MNSc
Assistant Director of Nursing Practice
Arkansas State Board of Nursing
1123 South University, Suite 800
Little Rock, AR 72204
501-686-2788
Fax: 501-686-2714
djones@arsbn.org

Constance Kalanek, Ph.D., RN
Executive Director
North Dakota Board of Nursing
919 South 7th St., Suite 504
Bismarck, ND 58501
701-328-9781
Fax: 701-328-9785
ckalanek@ndbon.org

Merle Kearns
Director, Ohio Department of Aging
50 W. Broad St., 9th Floor
Columbus, OH 43215-3363
614-466-7246
Fax: 614-995-1049
mkearns@age.state.oh.us

Karin Mongeon, RN
Administrator, Medicaid Managed Care
North Dakota Department of Human Services
600 East Boulevard Ave
Bismarck, ND 58505
701-328-3598
Fax: 701-328-1544
somonk@state.nd.us

Nirvana Huhtala Petlick
Research Project Assistant
Rutgers, The State University of New Jersey
Center for State Health Policy
55 Commercial Avenue, 3rd Floor
New Brunswick, NJ 08901
732-932-4633
npetlick@ifh.rutgers.edu

Alison Pfeffer, BSN, RN
SPD Contract Registered Nurse
16125 SW Granite Ct.
Beaverton, OR 97007
503-939-5775
apfeffer4@comcast.net

Gretchen Koch Thompson, RN, CDDN, MSN
Community Based Care Nursing Coordinator
Oregon Department of Human Services
Seniors & People with Disabilities
Office of Licensing & Quality of Care
500 Summer Street NE, E13
Salem, OR 97301-1074
503-945-6484
Fax: 503-378-8966
Gretchen.L.Thompson@state.or.us

Susan C. Reinhard, RN, Ph.D., FAAN
Professor and Co-Director
Rutgers Center for State Health Policy
55 Commercial Avenue, 3rd Floor
New Brunswick, NJ 08901
732-932-4649
Fax: 732-932-0069
sreinhard@ifh.rutgers.edu

Sara Torres, Ph.D. RN, FAAN
Dean, School of Nursing
University of Medicine and Dentistry of New Jersey (UMDNJ)
65 Bergen Street, Suite 1141
Newark, NJ 07101
973-972-4322
Fax: 973-972-3225
torresa@umdnj.edu

Heather Young, Ph.D., RN, FAAN
Professor and Director of the JAHF Center of Geriatric Nursing Excellence
Oregon Health & Sciences University
School of Nursing
1250 Siskiyou Blvd.
Portland, OR 97520
541-552-6706
Fax: 541-552-8208
younghe@ohsu.edu

Rutgers Center for State Health Policy

The Institute for Health, Health Care Policy, and Aging Research

Discussion Paper

Guiding Principles for the Nurse-Consumer Relationship: Improved Collaboration and Support of Consumers' Community Living

Susan Reinhard
Heather Young

April 2006

THE STATE UNIVERSITY OF NEW JERSEY
RUTGERS

Discussion Paper

Guiding Principles for the Nurse-Consumer Relationship: Improved Collaboration and Support of Consumers' Community Living

Susan Reinhard and Heather Young[2]

April 2006

Background

This *Discussion Paper* summarizes the work of multiple participants over the course of two years. In April 2004, Rutgers Center for State Health Policy (CSHP) convened national and state thought leaders in nursing practice and regulation to develop consensus principles to guide the profession's collaboration with people who want to live in their homes and communities.

Older adults and people with disabilities seek support for this goal, while the nursing profession searches for policy and practice guidelines that honor its social mandates to the public it serves. The 2004 draft principles were revised and endorsed by the American Academy of Nursing's Expert Panel on Aging in November 2005. They are offered as a foundation for further dialogue within and across states.

[2] The authors gratefully acknowledge the contributions of Dr. Rosalie Kane and Dr. Winfred Quinn who provided thoughtful comments to earlier drafts.

The Need for Collaboration Among Nurses and Consumers

As more older adults and people with disabilities chose to remain in their homes and communities with long term supportive services, they are seeking practical help in managing daily activities. Some of these activities are "health related" and involve tasks like help in taking medications, managing daily bowel and bladder routines, and obtaining nutrition with technological support. Based on national research and dialogue with both nurses and consumers, there is a need for principle-based collaboration that can lead to policies and programs that support consumers' community living.

Principles for Collaboration

The Nurse-Consumer Relationship

The Nurse-Consumer Relationship is guided by principles that arise from nursing science, practice and ethics and from consumer self-direction philosophy and practice. These principles form the basis for collaboration and support of consumers' desire to live in their homes and communities.

Nursing Science

Nursing science holds that ***Health*** is a broad concept that includes biological, psychological and social dimensions. This concept of health extends beyond any profession's specific scope and assumes that consumers have a personal responsibility for their own health and well being.

Nursing Practice

Based on this science, nursing practice is grounded in a philosophy of collaboration with the consumer:

- Nurses emphasize strengths and abilities as they collaborate with consumers in developing individualized plans for care and supportive services.
- Nurses work with and through others (consumers, informal carers, and paid attendants/caregivers) to implement these individualized plans.
- Nurses support consumers' informed decision-making and personal responsibility as consumers balance their desire for both independence and personal safety.
- Nurses have the responsibility to learn and fulfill this teaching role.

Nursing Ethics

Nursing's ethical code of conduct places ***advocacy*** as a core nursing value at the personal and societal levels. Nurses promote health and choice without regard to age or disability. They advocate elimination of ageism and barriers to access to care for all persons.

Consumer Self-Direction

Consumer self-direction principles are consistent with nursing science, practice and ethics. These principles hold that:

- Consumers have the right to pursue community living, regardless of their age or disability. This right is assured by federal law.
- Consumers may desire to direct their own care.
- Consumers may seek consultation from professionals who have the knowledge and skills to provide such consultation.

Summary

These principles derived from nursing science, practice and ethics, and from consumer self-direction philosophy and practice, provide overall guidance for nurse-consumer collaboration for community living:

In accordance with federal law and professional ethics, the professional nurse should strive to assist the consumer to achieve the most integrated setting and least restrictive environment throughout the lifespan.

State Comments Regarding Lessons Learned about Nurse Delegation, Recent Changes in Rules, and Learning Goals for Forum

This section contains answers to the following questions from the states attending the conference.

- Has your Nurse Practice Act or regulations changed in the last five years with respect to Nurse Delegation—if so, how?

- Identify significant successes or frustrations experienced overcoming barriers & lessons learned regarding Nurse Delegation.

- Describe two to three ideas/items that you would like to "take away" from this meeting to help you improve the implementation of Nurse Delegation in your state.

- Describe two to three ideas/items you would like to share with other participants regarding Nurse Delegation.

From: Arkansas State Board of Nursing

- **Has your Nurse Practice Act or regulations changed in the last five years with respect to Nurse Delegation—if so, how?**

During the 2005 legislative session the Medication Assistive Person (MAP) Certification was passed allowing the MAP to administer limited medications in nursing homes. The Arkansas State Board of Nursing is currently developing Rules for the MAP certification and regulation. Medication administration by a MAP is not considered a delegated act.
Also during the 2005 legislative session the Consumer Directed Care Act was passed. Consumer-directed care includes health maintenance activities performed by a designated care aide only in the home and is cover in Chapter 5.H. of the ASBN Rules. Consumer directed care is exempted from the Nurse Practice Act and is not considered delegated tasks.

- **Identify significant successes or frustrations experienced overcoming barriers & lessons learned regarding Nurse Delegation.**

Assisting others in understanding the differences in what the board of nursing deems delegation, assignment, consumer directed care and the unlicensed practice of nursing has been somewhat of a challenge and opportunity for the Board staff to educate others in this regard. Also seeking to understand from the consumers point of view of their challenges and perspectives regarding requirements that a nurse perform certain tasks has been an educational experience for the board members and staff.

- **Describe two to three ideas/items that you would like to "take away" from this meeting to help you improve the implementation of Nurse Delegation in your state.**

1. To discuss delegation rules and statutes in other states and understand how each are defining this term.
2. To consider how states may become more consistent in implementation of nurse delegation standards.

- **Describe two to three ideas/items you would like to share with other participants regarding Nurse Delegation.**

1. Historical perspective in the development and evolution of delegation standards in our state.
2. The recent changes in our state statutes as they relate to medication assistive personnel and consumer directed care and differentiate those from nurse delegation.

From: Noreen D'Angelo, RN, MS; Sara Torres, Ph.D. RN, FAAN; George J. Hebert, MA, RN

- **Has your Nurse Practice Act or regulations changed in the last five years with respect to Nurse Delegation—if so, how?** No, they have not changed, however, the NJ Board of Nursing is working on amendments to further clarify nurse delegation. The draft amendment is currently under review and has not yet been shared with the public or nursing community. The expectation is that the NJ BON would propose new regulations over the next several months. The current New Jersey Nurse Practice Act section on nurse delegation [N.J.A.C. 13:37-6.2 Delegation of selected nursing tasks] was published in May 2004. The language appears consistent with the June 1995 version of the administrative code.

- **Identify significant successes or frustrations experienced overcoming barriers & lessons learned regarding Nurse Delegation.**

Frustrations regarding Nurse Delegation can be attributed in some part to the current nursing shortage, with stressed staffing levels and high patient volumes and acuity levels. Organizational norms, as in "how things are done", can lead to resistance in restricting the scope of delegated tasks to LPNs or assistive personnel.

The teaching of legally responsible family members vs. family-hired caregivers is an issue of nurse liability, and a source of frustration, in the application of disease management strategies.

The NJ BON has struggled with amending the delegation regulations because Board members have varying opinions with regard to delegation. The difference of opinion is most evident with regard to discussions/decisions about the delegation of medication administration to unlicensed assistive personnel (UAPs), particularly with regard to medication administration training for the UAPs. Board members expressed concern over their responsibility to assure consumer protection while allowing the RN autonomy to make decisions about delegation.

In addition, the NJ BON has a specific regulation that prohibits only homemaker home health aides certified by the BON from administering medications. The rule is silent with regard to other UAPs. The regulation was adopted more than a decade ago as the result of a compromise in establishing standards for certified homemaker home health aides. The BON would like to eliminate that rule, but has concerns about the implications if there is not a substitute rules requiring education or training.

- **Describe two to three ideas/items that you would like to "take away" from this meeting to help you improve the implementation of Nurse Delegation in your state.**

Strategies for supporting nurses in the application of Nurse Delegation regulations, in their role to oversee nursing care in a responsible and responsive manner, especially within the context of staffing shortages.

The exploration of protections, such as waivers of liability, to protect nurses who are practicing in a reasonable and responsible manner would be a useful exercise in strengthening the implementation of delegation guidelines. Strengthening nurses authority to practice in a humane and safe manner improves and protects the health of a population.

How do other states allow delegation of medication administration without requiring a standardized training of the UAP? How do other states avoid codifying training?

How do other states deal with the varying types of UAPs, for example renal dialysis techs? Do they administer meds under RN delegation?

- **Describe two to three ideas/items you would like to share with other participants regarding Nurse Delegation.**

1. In Rutgers Center for State Health Policy report entitled *State Policy in Practice* (2005), the findings include that a) New Jersey is among the 11 (of the 47) state boards of nursing reporting that their nurse practice act addresses consumer-directed care; b) that there is policy that addresses consumer-directed care; and c) plans to exempt consumers who are directing their own care.
   [http://www.cshp.rutgers.edu/TACCMSconfPapers/QuinnConsumerDirectedCare.pdf]

2. Public awareness of the rights and responsibilities of consumer-directed care is essential. An analysis of the liability and risk issues was reported in 2004 by the Office of Disability, Aging and Long-Term Care Policy, of the Department of Health and Human Services. In the document, "two key framing points about liability risk [are concluded:] one, liability risk never disappears entirely, even under a grant of statutory immunity; two, the best protection against liability in connection with any consumer-directed program is first, development and implementation of a well-designed program that clearly assigns and communicates responsibilities, and second, careful and consistent adherence to the procedures and protocols of the program.
   [http://aspe.hhs.gov/daltcp/reports/cdliab.htm#sectionVII]

North Carolina

North Carolina Board of Nursing: Polly Johnson and Julie George

Has your Nurse Practice Act or regulations changed in the last five years with respect to Nurse Delegation – if so, how?

- Nurse Practice Act included authority for LPN to assign or delegate nursing interventions to other qualified personnel under RN supervision (2001)
- Clarified in Administrative Rule what may not be delegated by the licensed nurse and what the licensed nurse is responsible for when implementing any treatment or pharmaceutical regime (2001)
- Medication Aide Requirements in Law – Board of Nursing to set faculty and aide training requirements (2005)

Identify significant successes or frustrations experienced overcoming barriers & lessons learned regarding Nurse Delegation.

Successes:

Mid-1990s:

- Collaborated with State Board of Education to require through rules RN oversight of care planning for children with special healthcare needs in school settings
- Collaborated with Division of Facility Services that licenses health-related facilities to require RN review of client care needs and assure adequate staff training on a periodic basis in assisted living facilities.
- Collaborated with Division of Aging on revision of standards for Adult Day Health Programs to allow participants to keep and administer their own medications.

2001 – 2005:

- Collaborative Project with Division of Facility Services to develop uniform Medication Aide Standards

Frustrations:

- Nurses lack of understanding of the delegation process
- New nurses inadequately prepared to carry out the delegation process (NCSBN Practice Analysis 2001 and 2005)
- Current practice of delegation is more focused on "the task" rather than the process; nurses do not "think" through the decision-making "tree"

Describe two to three ideas/items that you would like to "take away" from this meeting to help you improve the implementation of Nurse Delegation in your state.

- How to distinguish between delegation and teaching the patient/family/care providers in schools, home or other community settings.
- Tools including simulation to "teach" and reinforce the process of delegation

Describe two to three ideas/items that you would like to share with other participants regarding Nurse Delegation.

- Position Statements regarding delegation and interface of the licensed nurse with the nurse aide, medication aide and medical office assistants
- National Council of State Boards of 2005 Nursing Delegation Package

- NC Board of Nursing's Practice Enhancement Program (PREP) that includes working with nurses who have made inappropriate delegation decisions.
- Collaborative Medication Aide Project to develop uniform standards for training/competency/registry listing.

North Dakota

Constance Kalanek, RN, PhD, Executive Director, North Dakota Board of Nursing

Karin Mongeon, RN, Managed Care Administrator, North Dakota Department of Human Services, Medical Services Division

- **Has your Nurse Practice Act or regulations changed in the last five years with respect to Nurse Delegation—if so, how?** The Nurse Practices Act in North Dakota has not changed in relation to nurse delegation in the past 5 years. NDAC Chapter 54-05-04, *Standards for Assignment and Delegation*, have been in place since 1998 with minimal revisions over the years.

- **Identify significant successes or frustrations experienced overcoming barriers & lessons learned regarding Nurse Delegation.** North Dakota Medicaid and the North Dakota Board of Nursing began discussions regarding nurse delegation and self-direction in the Fall of 2005. Since discussions began, Medicaid has learned a great deal about the North Dakota Nurse Practice Act and associated administrative rules for nurse delegation. Discussions have now moved toward determining appropriate rule revisions that would allow Medicaid Recipients to self-direct without conflict with the Nurse Practice Act and associated administrative rules. A major success was the issue provided an opportunity for State agencies to dialogue about an issue of mutual concern with input from the consumer.

- **Describe two to three ideas/items that you would like to "take away" from this meeting to help you improve the implementation of Nurse Delegation in your state.**

  1. The North Dakota Board of Nursing has well-established laws/rules for nurse delegation. North Dakota would like to learn about Oregon's history with implementing self-directed care while working jointly with nurses for improved program outcomes.
  2. Have a better understanding of difference between nurse delegation and consumer delegation, in any.
  3. Models to use to educate the nursing community about the various methods of implementation of delegation.

- **Describe two to three ideas/items you would like to share with other participants regarding Nurse Delegation.**

  North Dakota's laws/rules for nurse delegation.

Ohio

Merle Kearns, Director, Ohio Department of Aging
Lisa Emrich, Ohio Board of Nursing

- **Has your Nurse Practice Act or regulations changed in the last five years with respect to Nurse Delegation—if so, how?** Yes, the Board of Nursing now has statutory authority to regulate nurse delegated medication administration to medication aides in nursing homes and residential care facilities.

- **Identify significant successes or frustrations experienced overcoming barriers & lessons learned regarding Nurse Delegation.**

The Ohio Department of Aging's Passport and Options programs successfully utilize nursing delegation.

The Ohio Department of MRDD consulted with he Board of Nursing to develop policy utilizing nursing delegation during client field trips.

Administrative rules for nurse delegation of medication administration were successfully developed to ensure resident safety through the continuous input of "all stakeholders."

Nursing delegation is erroneously perceived as a "laundry list" of approved tasks that may be performed by unlicensed individuals.

Nursing delegation is under-utilized.

Experienced inflexibility from facility administrators concerning nursing delegation.

- **Describe two to three ideas/items that you would like to "take away" from this meeting to help you improve the implementation of Nurse Delegation in your state.**

  How many states presently utilize nursing delegation for medication administration, and how are those states evaluating the safety of the delegated care?

  Do others believe new programs should be "piloted" prior to implementation?

  How can nurses' "comfort" with delegation be enhanced?

- **Describe two to three ideas/items you would like to share with other participants regarding Nurse Delegation.**

Communicating "nursing" and delegated nursing to entities that impact or affect consumer reimbursement for delegated nursing care is paramount to ensure consumer safety.

Therefore, an agency's consultation with the respective nursing board is necessary when developing policy about nursing care.

Nursing delegation promotes client safety through continued nursing involvement.

Ensure that all stakeholders concerning Nurse Delegation are present when policy is being developed and continuously evaluate for need to invite additional perspectives.

Respect the costs incurred by institutions/facilities, but expect education and training that meets the required level.

Examine piloted programs through multiple perspectives.

Oregon Board of Nursing: Joan Bouchard, Marilyn Hudson & Debra Buck

- **Has your Nurse Practice Act or regulations changed in the last five years with respect to Nurse Delegation—if so, how?**

Yes, in 2004, in Division 47 of our Nurse Practice Act, the concept of assignment of nursing tasks was eliminated to improve clarity, basic tasks of care were removed and the rules were rearranged to enhance readability.

- **Identify significant successes or frustrations experienced overcoming barriers & lessons learned regarding Nurse Delegation.**

Having a structured format for carrying out delegation has been useful. However, our rules may be too complex for the general nursing population to easily understand and apply. There are currently no formal training programs that provide consistent, reliable information on the delegation process.

In addition, the role of the community-based care nurse seems to be poorly understood within the general nursing community. As a result, many nurses who have not previously worked in this practice setting do not understand when they accept a position, that this is an area of specialty practice for which they must have specific knowledge and skills and the nurse must individually find ways to establish and maintain competency. Another consequence of the lack of role clarity is that, at times, nurses who are brand new to nursing practice will accept a position in this very autonomous field, without really understanding the level of responsibility and authority for which they are accountable.

In addition to the lack of clarity within the nursing community, there is a general lack of understanding about the role of the nurse in community-based settings. Most of the community settings exist for reasons other than the provision of health care. Therefore, the setting is very frequently managed by an individual or individuals with expertise in the particular setting, but not necessarily in the provision of health care.

Therefore, the nurse is often viewed as a task manager versus a professional healthcare provider. Too often the perception is that the nurse is needed in community-based care solely to "do the delegations." In fact, there have been situations where a particular nurse believed it would be inappropriate to delegate a specific task for a specific client, and the administration found someone else who would delegate the task. The richness that the RN can bring to community-based care through her/his ability to synthesize information and to apply the nursing process to ensure high quality care is often under-valued.

In establishing rules for delegation, it is also important to define and establish mechanisms to measure safety and efficacy of those rules. Intra-agency communication regarding perceived

violations of the delegation rules is vital, as well as a Board of Nursing's ability to address recidivism of nurses who violate delegation rules. It would be helpful to have these outcome measures in place from the start of rule adoption.

- **Describe two to three ideas/items that you would like to "take away" from this meeting to help you improve the implementation of Nurse Delegation in your state.**

1. Ideas on how to improve the education of nurses regarding the delegation process/rules.
2. Developing a clearer plan for outcome measures related to the efficacy of rules/client safety.
3. Finding more meaningful and appropriate ways to involve nurse in care of clients in the wide variety of community based settings.

- **Describe two to three ideas/items you would like to share with other participants regarding Nurse Delegation.**

1. Community-based care nursing is very autonomous. As mentioned above, most of the community-based practice settings do not exist primarily for the provision of health care services. Therefore, it is particularly critical in these practice settings that RNs are empowered to practice nursing; that they realize that they are the nursing expert in their setting and the only one who decides whether or not a task is delegated.

2. Be as clear as possible with rule language. Spell out that delegation is one caregiver and one task for one client.

Washington

Penny Black, Former Director, Home and Community Based Services Division, Washington Aging and Adult Services Administration

- **Has your Nurse Practice Act or regulations changed in the last five years with respect to Nurse Delegation—if so, how?**

Our Nurse Delegation has not changed significantly. ADSA added quality assurance activities, performed by state employees.

- **Identify significant successes or frustrations experienced overcoming barriers & lessons learned regarding Nurse Delegation.**

The Nursing Commission opposed nurse delegation in in-home settings when the program initially was implemented. When the law first passed nurse delegation was available only in Boarding Homes. Later Adult Family Homes were added and then later in-home settings. This limited options for clients seeking settings for care other than Boarding Homes. There were very few problems with the program (if anything, adding nurse delegation provided an element of safety for tasks that were being provided "off the clock")so over time providers, advocates and clients were eager to expand the program. With the addition of quality assurance the program has solid accountability.

- **Describe two to three ideas/items that you would like to "take away" from this meeting to help you improve the implementation of Nurse Delegation in your state.**

- **Describe two to three ideas/items you would like to share with other participants regarding Nurse Delegation.**

Washington's program provides training for the nurses as well as the providers. There is a decision tree established in Washington Administrative Code for determining whether a task is delegatable. Providers can decline to perform a delegated task. Nurses are required to observe the provider performing the task. Tasks are not transferable to different clients. Nurses in Washington are required to document in patient's record the rationale for not delegating.

Summaries of Nurse Delegation and Consumer Direction Regulations in States Attending the Forum

Nurse Delegation Regulations in Arkansas

Summary: In 1995, the Arkansas State Board of Nursing developed and promulgated the Rules for Delegation as found the ASBN Rules Chapter Five. This chapter stipulates nursing care that may be delegated without prior assessment of the client/patient, nursing care that shall not be delegated and conditions under which nurses may delegate other nursing tasks. Nurses retain responsibility for nursing care that occurs under their direction. In 2005, Arkansas passed the Consumer Directed Care Act. Consumer-directed care includes health maintenance activities performed by a designated care aide only in the home and is covered in Chapter 5.H. of the Arkansas Rules. Consumer directed care is exempted from the Nurse Practice Act and is not considered delegated tasks. During the 2005 legislative session the Medication Assistive Person Certification was passed allowing the medication assistant to administer limited medications in nursing homes. The Arkansas State Board of Nursing is currently developing Rules for the medication assistant certification and regulation. The position will be titled, Medication Assistant-Certified (MA-C). The rules will be implemented January 2007.

Detail:

I. Exemptions from regulations

A. "Health maintenance activities by a designated care aide for a competent adult at the direction of the adult, or minor child or incompetent adult at the direction of a care taker." Such activities are those that "enable a minor child or adult to live in his or her home; are beyond activities of daily living that the minor child or adult is unable to perform for himself or herself; and the attending physician, advanced practice nurse, or registered nurse determines can be safely performed in the minor child's or adult's home by a designated care aide under the direction of a competent adult or caretaker." These activities should be provided in the home and not in a nursing home, assisted living facility, residential care facility, intermediate care facility, or hospice care facility. (NPA § 17-87-103; see also Rules, Chapter 5G & H)

B. Nurses are not accountable for "gratuitous care of the sick by family or friends." (Rules, Chapter 5G)

C. "Acts done by persons licensed by any board or agency of the State of Arkansas if such acts are authorized by such licensing statutes" (Rules, Chapter 5G).

D. "The performance in the school setting of nursing procedures necessary for students to achieve activities of daily living as cited in the Education of the Handicapped Act, 20 United States Code 1400-1485, and which are routinely performed by the student or the student's family in the home setting." (Rules, Chapter 5G)

II. Settings where delegation is allowed

A. No limits on settings, except that consumer direction may only occur in the home and medication assistants may only function in a nursing home. (See Section **I.** above)

III. Tasks that may be delegated

A. Some tasks may be delegated without prior nursing assessment—noninvasive/non-sterile treatments, collection/reporting/documentation of data such as vital signs and

behaviors, ambulation/positioning/turning, transportation of client within a facility, personal hygiene, feeding, socialization activities, and reinforcement of health teachings (Rules, Chapter 5C):

B. Tasks not mentioned above are not to be routinely delegated, but may be if the client's safety is not jeopardized, the unlicensed person has the knowledge and skills to perform the task, the organization employing the unlicensed person has a protocol for instruction and training, and the delegating nurse is directly responsible for the client's care and retains the final decision as to what may be delegated (Rules, Chapter 5D).

C. Tasks that may not be delegated include the following (quoting Rules, Chapter 5E):
   1. Physical, psychological, and social assessment which requires nursing judgment, intervention, referral, or follow-up;
   2. Formulation of the plan of nursing care and evaluation of the client's response to the care rendered;
   3. Specific tasks involved in the implementation of the plan of care which require nursing judgment or intervention;
   4. The responsibility and accountability for client health teaching and health counseling which promotes client education and involves the client's significant others in accomplishing health goals; and
   5. Administration of any medications or intravenous therapy, including blood or blood products.
   6. Receiving or transmitting verbal or telephone orders;
   7. Registered nurse practitioners and advanced practice nurses shall not delegate to unlicensed ancillary staff the calling in of prescriptions to the pharmacy.

Care Task That May be Delegated	**Yes**	**No**	**Comment**
Administration of medication—oral, topical, vaginal, rectal, transdermal, oral inhaler, drops for eye, ear or nose		X	• CD care rules allow these routes to be exempted from the nurse practice act—allowed, but not delegated by the nurse. (Rules, 5H) • In MA-C scope of work under 17-87-705.
Administration of pre-drawn insulin		X	• Consumer directed care rules do not allow injectable medications to be administered by unlicensed persons (Rules, 5H). • MA-C not allowed injections (17-87-705).
Administration of other injectable medications		X	• Consumer directed care rules do not allow injectable medications to be administered by unlicensed persons (Rules, 5H). • MA-C not allowed injections (17-

			87-705).
Administration of oral PRN medication			Same comment as first row
Applying unsterile dressings	X		• Subject to nurse's discretion and organizational protocol • Consumer directed care act allows exemption if deemed appropriate by the physician or nurse. Not considered a delegated act.
Applying sterile dressings	X		• Subject to nurse's discretion and organizational protocol • Consumer directed care act allows exemption if deemed appropriate by the physician or nurse. Not considered a delegated act.
Tube feedings		X	• Consumer directed care act allows exemption if deemed appropriate by the physician or nurse. Not considered a delegated act. • MA-C not allowed to "administer any substances by nasogastric or gastrostomy tubes" (17-87-705 (b)).
Bladder catheters	X		• Subject to nurse's discretion and organizational protocol • Consumer directed care act allows exemption if deemed appropriate by the physician or nurse. Not considered a delegated act.
Bowel treatments	X		• Subject to nurse's discretion and organizational protocol • Consumer directed care act allows exemption if deemed appropriate by the physician or nurse. Not considered a delegated act.

IV. Requirements for delegation

A. RNs, LPNs, and licensed psychiatric technician nurses may delegate. For RNs, LPNs, and licensed psychiatric technician nurses, delegation is an expected part of the profession. (NPA § 17-87-102).

B. Delegation may not be transferred to a different client under the care of the same aide. (Rules, Chapter 5F).

C. For RNs, LPNs, and licensed psychiatric technician nurses, the criteria for delegation are as follows (quoting Rules, Chapter 5B):

1. A licensed nurse delegating the task is responsible for the nursing care given to the client and for the final decision regarding which nursing tasks can be safely delegated.
2. A licensed nurse must make an assessment of the client's nursing care needs prior to delegating the nursing task.
3. The nursing task must be one that a reasonable and prudent licensed nurse would assess to be appropriately delegated; would not require the unlicensed person to exercise nursing assessment, judgment, evaluation or teaching skill; and that can be properly and safely performed by the unlicensed person involved without jeopardizing the client's welfare.
4. A licensed nurse shall have written procedures available for the proper performance of each task and shall have documentation of the competency of the unlicensed person to whom the task is to be delegated.
5. The delegating licensed nurse shall be readily available either in person or by telecommunication.
6. The licensed nurse shall be responsible for documentation of delegated tasks.
7. Unlicensed nursing students may work only as unlicensed nursing personnel. They may not represent themselves, or practice, as nursing students except as part of a scheduled clinical learning activity in the curriculum of a Board approved nursing program.
8. The licensed nurse shall adequately supervise the performance of delegated nursing tasks in accordance with the requirements of supervision which follow.

D. RNs, LPNs, or licensed psychiatric technician nurses determine the level of supervision depending on various factors such as (quoting Rules, Chapter 5):

1. The stability of the condition of the client;
2. The training and capability of the unlicensed person to whom the nursing task is delegated;
3. The nature of the nursing task being delegated; and
4. The proximity and availability of a licensed nurse to the unlicensed person when performing the nursing task.

V. Consumer directed care (see Rules, Chapter 5H)

A. See exemptions in Section **I.**

B. Health maintenance activities that are not exempted by the Consumer Directed Care Act of 2005 are similar to those listed above in Section **III**, C.: (Quoting Rules, Chapter 5H 7.)

a. Physical, psychological, and social assessment which requires nursing judgment, intervention, referral, or follow-up;
b. Formulation of the plan of nursing care and evaluation of the client's response to the care rendered;
c. Tasks that require nursing judgment or intervention;
d. Teaching and health counseling;
e. Administration of any injectable medications (intradermal, subcutaneous, intramuscular, intravenous, intraosseous, or any other form of injection) or intravenous therapy.
f. Receiving or transmitting verbal or telephone orders.

C. The designated care aide must demonstrate the ability to safely perform the health maintenance activity to the attending physician, advanced practice nurse, or registered nurse.

VI. Liability/accountability provisions for delegation

A. Definition of delegation in Rules, Chapter 1: "Entrusting the performance of a selected nursing task to an individual who is qualified, competent, and able to perform such tasks. The nurse retains the accountability for the total nursing care of the individual."
B. RNs, LPNs, and licensed psychiatric technician nurses are "responsible for all nursing care that a client receives under their direction." (Rules, Chapter 5A)
C. "A licensed nurse delegating the task is responsible for the nursing care given to the client" (Rules, Chapter 5B(1)(a)).

VII. Recent changes

A. The exemption of health maintenance activities via consumer directed care in the NPA and Chapter 5 of the Rules are effective as of December 1, 2005.
B. Subsection H of the Rules regarding consumer-directed care is effective as of December 1, 2005.
C. The legislation allowing medication assistive persons (covered in Subchapter 7 of the NPA) was passed in 2005. Medication administration by the medication assistive persons is not considered a delegated act, as there is specific legislation to allow this task to be performed by an individual certified by the board of nursing.
D. In 2003, the Arkansas State Board of Nursing adopted Position Statement 03-1, Application of School Nurse Guidelines in Patient Care Settings Other Than Schools, which allows the School Nurse Roles and Responsibilities Practice Guidelines to be applied in settings similar to that of the school.
E. In 2000, the Arkansas State Board of Nursing approved the School Nurse Roles & Responsibilities Practice Guidelines. This document established guidelines for the ASBN Rules Chapter Five on Delegation Section G. Exclusions 6. "The performance in the school setting of nursing procedures necessary for students to achieve activities of daily living as cited in the Education of the Handicapped Act, 20 United States Code 1400-1485, and which are routinely performed by the student or the student's family in the home setting."

Resources

Arkansas State Board of Nursing
University Tower Building
1123 S. University, Suite 800
Little Rock, AR 72204-1619
Phone: (501) 686-2700
FAX: (501) 686-2714
Contact Person: Faith A. Fields, MSN, RN, Executive Director
Web Site: http://www.arsbn.org/

Nurse Practice Act: http://www.arsbn.org/pdfs/practice_act/nursepracticeact_12-2005.pdf

Arkansas State Board of Nursing Rules: http://www.arsbn.org/rules.html

School Nurse Roles & Responsibilities Practice Guidelines:
http://www.arsbn.org/pdfs/schoolnurseguidelines.pdf

Position Statement 03-1: http://www.arsbn.org/possition_st/03-1.pdf

Nurse Delegation Regulations in New Jersey

Summary: New Jersey regulations emphasize the primary role of the licensed nurse in overseeing nursing care, but allow for the delegation of tasks when it can be done responsibly, if the nurse has verified the knowledge and skills of the aide and remains available for oversight. Regulations generally prevent certified homemaker-health aides to administer medication, but there are facility licensing regulations for nurse delegation of some types of medication administration to personal care aides (including homemaker-health aides) in assisted living and comprehensive personal care homes. Gratuitous care by friends and family members and incidental care by a person employed primarily as a housekeeper (and not claiming to be a nurse) are exempt from regulation.

Detail:

I. Exemptions from regulations

A. "gratuitous care by friends or members of the family of a sick or infirm person" N.J.S.A. 45:11-23 (b)

B. "incidental care of the sick by a person employed primarily as a domestic or housekeeper … if such incidental care does not constitute professional nursing and such person does not claim … to be a licensed nurse" N.J.S.A. 45:11-23 (b)

II. Settings where delegation is allowed

A. No limits on settings

III. Tasks that may be delegated

A. There is no laundry list of tasks that may or may not be delegated. The regulations (but not statute) prohibit homemaker-health aides from administering medications (N.J.A.C. 13.37-14.3). However, see below for limitations on delegation to medication aides in assisted living and comprehensive personal care homes (N.J.A.C. 8:36)

B. Quoting N.J.A.C. 8:36-9.3: "The registered professional nurse may choose to delegate the task of administering medications in accordance with N.J.A.C. 13:37-6.2 to personal care assistants who have completed a medication administration course approved by the State Board of Nursing and the Department[3] and also have passed the medication aide certification examination. When the registered nurse delegates the task of administering medications to personal care assistants this delegation shall be based upon individual residents' needs and circumstances, within specific limits. These limits shall include, but not be limited to, the following:

1. The administration of oral, ophthalmic, otic, inhalant, nasal, rectal, vaginal, topical and injectable (subcutaneous) medications may be delegated. Residents receiving short-term scheduled medications (II-IV) for analgesia, and injections other than pre-drawn insulin, must be reassessed by the registered nurse at least every 72 hours, in order to determine if the medication is still required;

[3] The "Department" mentioned here is the Department of Health and Senior Services.

2. A training program approved by the State Board of Nursing and the Department regarding medication administration shall be completed by each personal care assistant who shall administer medications;
3. The delegating nurse shall review with the personal care assistant medication actions and untoward effects for each drug to be administered. Pertinent information about medications' adverse effects, side effects, and potential interactions shall be incorporated into the care plan for each resident, with interventions to be implemented by the personal care assistant and other caregiving staff;
4. A unit of use drug distribution system shall be developed and implemented; and
5. At least weekly, a registered nurse shall review and sign off on any modifications or additions to the medication administration record which were made by the personal care assistant under the nurse's delegation."

C. There are also provisions for assisted living/comprehensive personal care homes for those who assist with self-administered medication: "Any employee who has been designated to provide resident supervision or assistance during self-administration of medications shall have received training from the licensed professional nurse or the licensed pharmacist, and such training shall be documented" (N.J.A.C. 8:36-9.2).

Care Task That May be Delegated	**Yes**	**No**	**Comment**
Administration of oral, ophthalmic, otic, inhalant, nasal, rectal, vaginal, and topical medication *(PEG tube route proposed)*	X		Certified personal care assistants in assisted living or comprehensive personal care homes only.
Administration of pre-drawn insulin	X		Certified personal care assistants in assisted living or comprehensive personal care homes only.
Administration of other injectable medications (subcutaneous only)	X	*X*	Certified personal care assistants in assisted living or comprehensive personal care homes only. *Not allowed in proposed regs.*
Administration of PRN medication	X		Certified personal care assistants in assisted living or comprehensive personal care homes only.
Applying unsterile dressings	X		Subject to nurse's judgment & verification of competence/skill.
Applying sterile dressings	X		Subject to nurse's judgment & verification of competence/skill.
Tube feedings	X		Subject to nurse's judgment & verification of competence/skill.
Bladder catheters	X		Subject to nurse's judgment & verification of competence/skill.
Bowel treatments	X		Subject to nurse's judgment & verification of competence/skill.

IV. Requirements for delegation

A. The following quote from N.J.A.C. 13:37-6.2 specifies what may not be delegated: "A registered professional nurse may not delegate the performance of a nursing task to persons who have not been adequately prepared by verifiable training and education. No task may be delegated which is within the scope of nursing practice and requires:
   1. The substantial knowledge and skill derived from completion of a nursing education program and the specialized skill, judgment and knowledge of a registered nurse;
   2. An understanding of nursing principles necessary to recognize and manage complications which may result in harm to the health and safety of the patient."

B. Supervision is also required (quoting N.J.A.C. 13:37-6.2): "The degree of supervision exercised over licensed practical nurses and ancillary nursing personnel shall be determined by the registered professional nurse based on an evaluation of all factors including:
   1. The condition of the patient;
   2. The education, skill and training of the licensed practical nurse and ancillary nursing personnel to whom delegation is being made;
   3. The nature of the tasks and the activities being delegated;
   4. Supervision may require the direct continuing presence or the intermittent observation, direction and occasional physical presence of a registered professional nurse. In all cases, the registered professional nurse shall be available for on-site supervision."

C. In addition to verifiable training and education, the person to whom a task is delegated must demonstrate "the adequacy of their knowledge, skill and competency to perform the task being delegated" (N.J.A.C. 13:37-6.2). Also, "the registered professional nurse who is supervising a homemaker-home health aide shall ensure that the patient care provided … does not exceed the tasks and procedures which the … aide has satisfactorily demonstrated, as documented by the registered professional nurse" (N.J.A.C. 13:37–14.3)

V. Consumer directed care allowed?

A. Not explicitly addressed in statute or regulation, but Board opinion permits it, and consumer direction happens in state—NJ is one of the three original states piloting the Cash and Counseling program created by The Robert Wood Johnson Foundation and the U.S. Department of Health and Human Services for Medicaid consumers in need of personal assistance services.

VI. Liability/accountability provisions for delegation

A. "The registered professional nurse is responsible for the nature and quality of all nursing care" (N.J.A.C. 13:37-6.2).

B. "In delegating … the registered professional nurse shall be responsible for exercising that degree of judgment and knowledge reasonably expected to assure that a proper delegation has been made." (N.J.A.C. 13:37-6.2). See Section IV regarding requirements for delegation.

C. "The registered professional nurse shall be responsible for the proper supervision of … personnel to whom such delegation is made." (N.J.A.C. 13:37-6.2).

VII. Recent changes

A. The Department of Health and Senior Services has proposed new regulations regarding certified medication aides that would replace the regulations currently operating in assisted living and comprehensive personal care homes. The existing regulations are set to expire in May of 2006. The changes include:

1. Allowing "certified medication aides to pour liquid prescription medications from a system other than a unit-of-use or unit dose system" which is "intended to relieve consumers from the burdensome cost of individual packaging for liquid medications" (Summary of proposed new rule 8:36)
2. Allowing medication administration through the "percutaneous endoscopic gastrostomy (PEG) tube route"
3. Assessment by a nurse for residents receiving some types of medications (""prn" or as-needed prescription, OTC and Schedule II-V medications") is lengthened from every 72 hours to "at least once every seven days"
4. New prohibitions are as follows: "The certified medication aide shall not:
    i. Administer any injection other than pre-drawn properly packaged and labeled insulin as described in (b)1 above;
    ii. Calculate a medication dosage;
    iii. Pre-pour medications for more than one resident at a time;
    iv. Contact prescribers for changes in medication, to clarify an order, or contact the pharmacist for questions regarding a dispensed medication; or
    v. Administer bolus doses of enteral feedings, or stop and/or start an existing enteral feeding pump or gravity-fed system."
5. Those who train medication aides must receive training.

Resources

New Jersey Board of Nursing
P.O. Box 45010
124 Halsey Street, 6th Floor
Newark, NJ 07101
Phone: (973) 504-6430
FAX: (973) 648-3481
Contact Person: George Hebert, Executive Director
Web Site: http://www.state.nj.us/lps/ca/medical.htm

Nurse Practice Act and Regulations: http://www.state.nj.us/oag/ca/nursing/nurselaws.pdf
(Section of regulations follows)

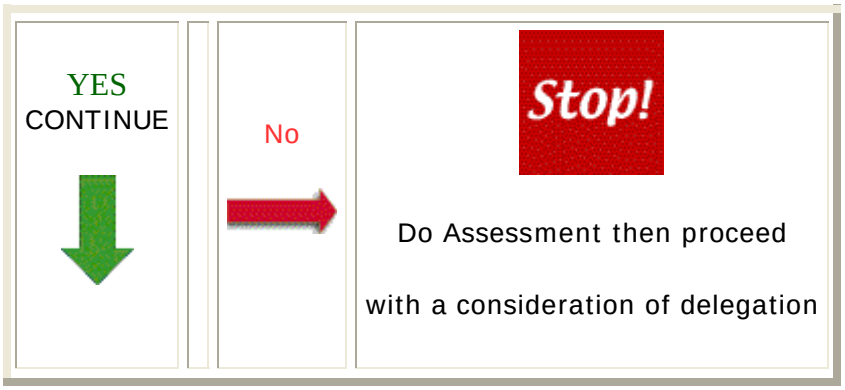
Decision Making Model for Delegation: http://www.state.nj.us/oag/ca/nursing/del.htm (Follows)

Existing regulations on Medication Aides:
http://www.state.nj.us/health/ltc/documents/regnjac836.pdf

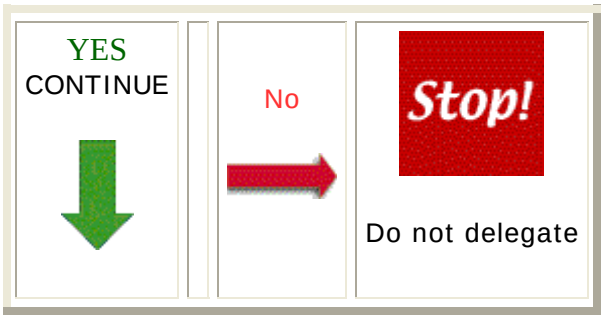
Proposed regulations for Medication Aides:
http://www.state.nj.us/health/ltc/documents/njac836.pdf

New Jersey Board of Nursing
Fact Sheet: Decisions Making Model for Delegations of Selected Nursing Tasks
N.J.A.C. 13:37-6.2, Delegation of Selected Nursing Tasks

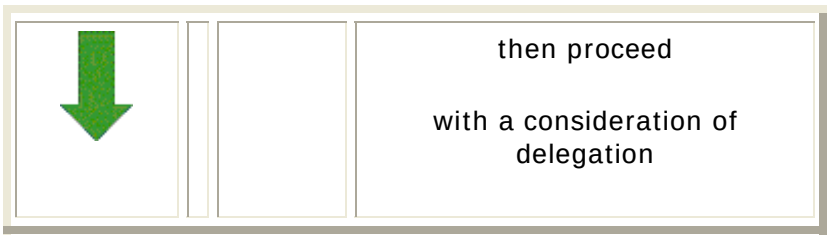
- **RN assessment of patient's nursing care needs completed?**



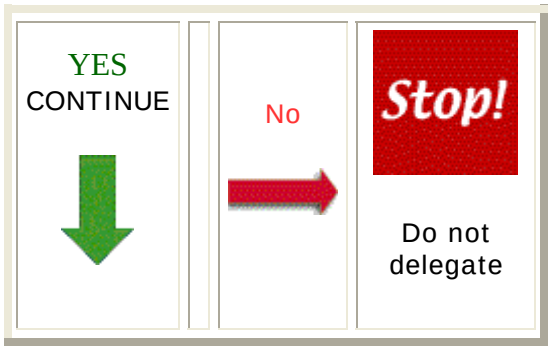
- **Is task within a licensed nurse's scope of practice?**



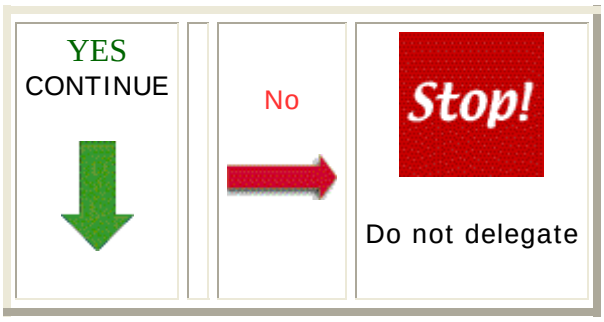
- **Is the unlicensed person identified and properly trained?**



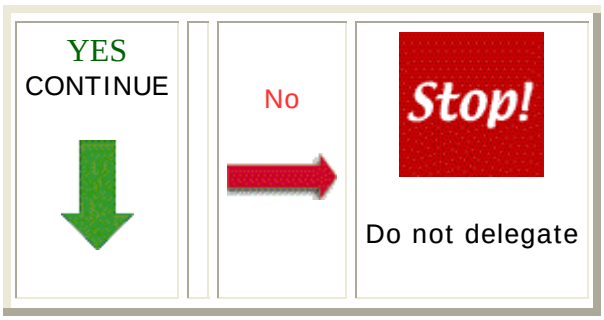
- **Can the task be performed without requiring judgment based on nursing knowledge?**



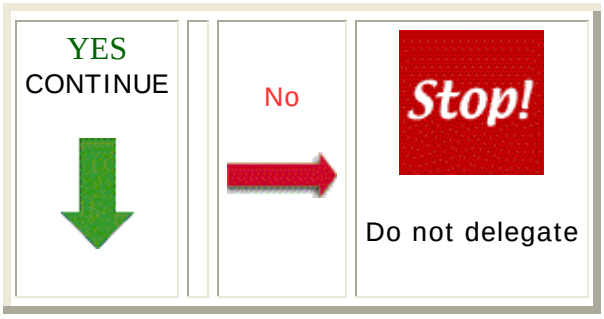
- **Are the results of the task reasonably predictable?**



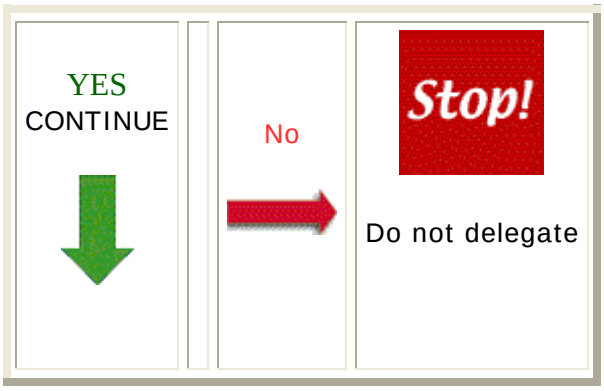
- **Can the task be safely performed according to exact, unchanging directions?**



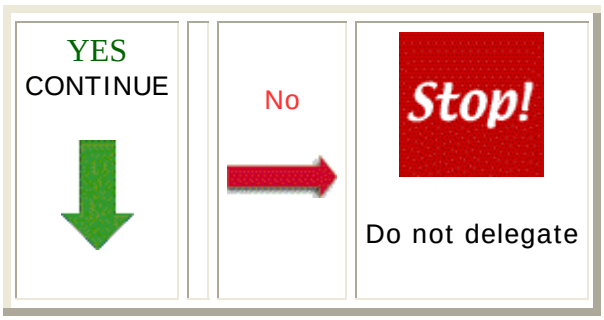
- **Can the task be performed without a need for complex observations or critical decisions?**



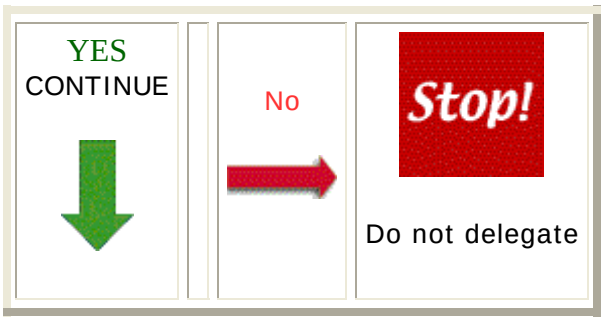
- **Can the task be performed without repeated nursing assessments?**



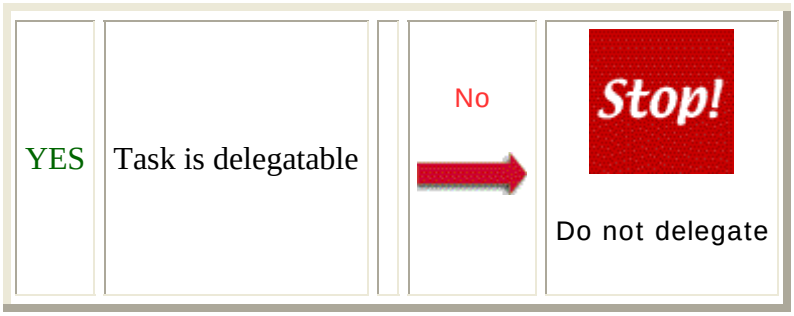
- **Can the task be performed properly without life threatening consequences?**



- **Is appropriate supervision available?**



- **There are no specific laws or rules prohibiting the delegation?**



Based on N.J.A.C. 13:37-6.2 "Delegation of selected Nursing Tasks"
http://www.state.nj.us/oag/ca/nursing/del.htm 5/23/06

N.J.A.C. 13:37–6.2 Delegation of selected nursing tasks

(a) The registered professional nurse is responsible for the nature and quality of all nursing care including the assessment of the nursing needs, the plan of nursing care, the implementation, and the monitoring and evaluation of the plan. The registered professional nurse may delegate selected nursing tasks in the implementation of the nursing regimen to licensed practical nurses and ancillary nursing personnel. Ancillary nursing personnel shall include but not be limited to: aides, assistants, attendants and technicians.

(b) In delegating selected nursing tasks to licensed practical nurses or ancillary nursing personnel, the registered professional nurse shall be responsible for exercising that degree of judgment and knowledge reasonably expected to assure that a proper delegation has been made. A registered professional nurse may not delegate the performance of a nursing task to persons who have not been adequately prepared by verifiable training and education. No task may be delegated which is within the scope of nursing practice and requires:

1. The substantial knowledge and skill derived from completion of a nursing education program and the specialized skill, judgment and knowledge of a registered nurse;

2. An understanding of nursing principles necessary to recognize and manage complications which may result in harm to the health and safety of the patient.

(c) The registered professional nurse shall be responsible for the proper supervision of licensed practical nurses and ancillary nursing personnel to whom such delegation is made. The degree of supervision exercised over licensed practical nurses and ancillary nursing personnel shall be determined by the registered professional nurse based on an evaluation of all factors including:

1. The condition of the patient;

2. The education, skill and training of the licensed practical nurse and ancillary nursing personnel to whom delegation is being made;

3. The nature of the tasks and the activities being delegated;

4. Supervision may require the direct continuing presence or the intermittent observation, direction and occasional physical presence of a registered professional nurse. In all cases, the registered professional nurse shall be available for on-site supervision.

(d) A registered professional nurse shall not delegate the performance of a selected nursing task to any licensed practical nurse who does not hold a current valid license to practice nursing in the State of New Jersey. A registered professional nurse shall not delegate the performance of a selected nursing task to ancillary nursing personnel who have not received verifiable education and have not demonstrated the adequacy of their knowledge, skill and competency to perform the task being delegated.

(e) Nothing contained in this rule is intended to limit the current scope of nursing practice.

(f) Nothing contained in this rule shall limit the authority of a duly licensed physician acting in accordance with N.J.S.A. 45:9–1 et seq.

Nurse Delegation Regulations in North Carolina

Summary: Services that do not require the professional judgment of a nurse are exempt from regulation, as is care provided by consumers, their families/significant others, or caretakers providing personal care. Delegation is seen as part of nursing practice for both RNs and LPNs. There are defined roles for unlicensed assistive personnel—two levels of nurse aides—with the level two aides having more training and responsibility. There is no limitation on the settings for delegation. Beginning October 1, 2006, medication aides may perform the technical aspects of medication administration as delegated by a licensed nurse in nursing home facilities. The Board of Nursing is authorized to set the requirements for medication aide faculty and aide training. Medication aides exist in adult care homes (also referred to as assisted living) but are not regulated through the Board of Nursing.

Detail:

I. Exemptions from regulations

A. Delegation by physicians, dentists, or RNs to anyone "of those patient-care services which are routine, repetitive, limited in scope that do not require the professional judgment of a registered nurse or licensed practical nurse" (NPA § 90-171.43).

B. Nurses are not accountable for care provided by consumers, "their families or significant others," and "caretakers who provide personal care to the individual" when the "health care needs of an individual are incidental to the personal care needs of the individual" (21 NCAC 36.0221(d))

II. Settings where delegation is allowed

A. No limits on settings

III. Tasks that may be delegated

A. Tasks that may be delegated have the following characteristics (quoting 21 NCAC 36.0221(b))

(1) frequently recur in the daily care of a client or group of clients;
(2) are performed according to an established sequence of steps;
(3) involve little or no modification from one client-care situation to another;
(4) may be performed with a predictable outcome; and
(5) do not inherently involve ongoing assessment, interpretation, or decision-making which cannot be logically separated from the procedure(s) itself.

B. Tasks that may not be delegated: "professional judgment required to implement any treatment or pharmaceutical regimen which is likely to produce side effects, toxic effects, allergic reactions, or other unusual effects; or which may rapidly endanger a client's life or well-being and which is prescribed by a person authorized by state law to prescribe such a regimen." (21 NCAC 36.0221 (c))

Care Task That May be Delegated	Yes	No	Comment
Administration of medications via oral, topical, optic, otic and other non-invasive routes	X		Limited to medication aides in nursing home facilities; effective 10/1/06; trained medication aides in adult care homes
Administration of pre-drawn insulin	X		Limited to trained medication aides in adult care homes
Administration of other injectable medications	X		Subcutaneous only; limited to trained medication aides in adult care homes
Administration of PRN medication	X		Limited to medication aides in nursing home facilities; effective 10/1/06; trained medication aides in adult care homes.
Applying unsterile dressings	X		NAI-clean dressing changes
Applying sterile dressings	X		NAII-sterile dressing change & wound irrigation (wound > 48hrs old)
Tube feedings	X		NAII-infusions (lic nurse verifies placement), gastrostomy feedings, clamping tubes, removing tubes
Bladder catheters	X		NAI-condom caths, catheter care NAII-catheterization, irrigation
Bowel treatments	X		NAI-enemas, rectal tubes/flatus bags NAII-ostomy care, irrigation, break up/removal of fecal impaction

IV. Requirements for delegation

A. RNs and LPNs may delegate (NPA § 90-171.20). For LPNs, this must occur under the supervision of an RN.

B. For both RNs and LPNs, delegation is an expected part of the job.

C. For RNs the requirements for delegation are as follows (quoting 21 NCAC 36.0224):

> (1) continuous availability for direct participation in nursing care, onsite when necessary, as indicated by client's status and by the variables cited in Paragraph (a) …;
> (2) assessing capabilities of personnel in relation to client status and plan of nursing care;
> (3) delegating responsibility or assigning nursing care functions to personnel qualified to assume such responsibility and to perform such functions;
> (4) accountability for nursing care given by all personnel to whom that care is assigned and delegated; and
> (5) direct observation of clients and evaluation of nursing care given.

D. For LPNs the requirements for delegation are as follows (quoting 21 NCAC 36.0225):

(A) validation of qualifications of personnel to whom nursing activities may be assigned or delegated;
(B) continuous availability of a registered nurse for supervision consistent with 21 NCAC 36 .0224(i) and Paragraph (d)(3) of this Rule;
(C) accountability maintained by the licensed practical nurse for responsibilities accepted, including nursing care given by self and by all other personnel to whom such care is assigned or delegated;
(D) participation by the licensed practical nurse in on-going observations of clients and evaluation of clients' responses to nursing actions; and
(E) provision of supervision limited to the validation that tasks have been performed as assigned or delegated and according to established standards of practice.

E. Defined jobs for aides (quoting 21 NCAC 36.0403)
   1. "The nurse aide I performs basic nursing skills and personal care activities after successfully completing an approved nurse aide I training and competency evaluation program"
   2. "The nurse aide II performs more complex nursing skills with emphasis on sterile technique in elimination, oxygenation, nutrition after successful completion of an approved nurse aide II training and competency evaluation program."

V. Consumer directed care allowed?

A. Yes (see **I.** B. above)

VI. Liability/accountability provisions for delegation

A. Both RNs and LPNs are responsible for "safe and effective nursing care, whether rendered directly or indirectly." (NPA § 90-171.20(7) and (8))
B. Both RNs and LPNs retain accountability for care delegated to others (21 NCAC 36.0224 & 36.0225, 21 NCAC 36.0120)

VII. Recent changes

A. The Liability/accountability provisions in the Nurse Practice Act for RNs and LPNs were added by 2002. Other changes allow for assigning, in addition to delegating, tasks to an LPN (by an RN or LPN). Further, LPNs now participate "in the teaching and counseling of patients as assigned by" other professionals instead of "reinforcing the teaching and counseling" of those professionals.
B. Rules (admin code) now state that BON will establish tasks to be delegated to Nurse Aides I and II.
C. Exceptions to license requirements in rules are deleted for one category of persons and the performance of several specific tasks: "A) persons who hold statutory authority to administer medications; … C) administration of oral nutritional supplements; D) applications of non-systemic, topical skin preparations which have local effects only provided that ongoing, periodic assessment of any skin lesion present is carried out by a person licensed to make such assessments; and E) administration of commonly used cleansing enema solutions or suppositories with local effects only." Left in is exception for clients, families, significant others or caretakers "when health care needs of an individual are incidental to the personal care needs of the individual" 21 NCAC 36-0221, last changed 12/04.

D. Components of nursing practice for RNs (NCAC 36-0224) had the following changes as of 8/02:
   1. Definition of assessment expanded from client to group and community.
   2. Biophysical instead of biological data to be collected.
   3. Subjective reporting added as an element of data collection
   4. Added need to have “environment conducive to client safety”
   5. Need to prioritize as well as perform nursing interventions
   6. Assign in addition to delegate and supervise
   7. Recognize clients’ knowledge level in addition to needs/abilities.
   8. Develop, update and implement, rather than just identify, standards, policies and procedures for nursing care delivery.
   9. In management, directive added to pay attention to “appropriate allocation of human resources to promote safe and effective nursing care” in addition to other factors.
   10. New language on liability: “Accepting responsibility for self for individual nursing actions, competence and behavior is the responsibility of the registered nurse…”

E. Components of nursing practice for LPNs (NCAC 36-0224) had the following changes as of 8/02:
   1. Similar changes as mentioned above with respect to biophysical data, subjective reporting, environment conducive to client safety, prioritizing as well as performing.
   2. Rewording from accepting delegating activities to accepting assigned activities, and to assign activities to other LPNs (still delegating to UAP).
   3. Rewording from reinforcing teaching and counseling as “planned and initiated by the registered nurse” to “"Participating in the teaching and counseling" of clients as assigned by the registered nurse.”
   4. New liability language same as RNs.

F. Medication Aide Regulations pertaining to skilled nursing facilities were enacted in 2005; Rules for implementation by 10-1-06 in process. The Board of Nursing shall establish standards for faculty requirements for medication aide training, approve the medication aide training program(s), provide ongoing review and evaluation and recommend changes in the medication aide training requirements to support safe mediation administration.

G. Since 1999, there has been an increase in the requirements for training and oversight of medication aides in adult care homes (also called assisted living). However, these aides are not regulated by the Board of Nursing.

Resources

North Carolina Board of Nursing
3724 National Drive, Suite 201
Raleigh, NC 27602
Phone: (919) 782-3211
FAX: (919) 781-9461
Contact Person: Polly Johnson, MSN, RN, Executive Director
Web Site: http://www.ncbon.com/

Nurse Practice Act: http://www.ncbon.com/Forms/Nursing_practice_%20Act.pdf
Admin Code: Board of Nursing: http://www.ncbon.com/Forms/NCAdminCode.pdf
(rules regarding medication aides will be in this section as well as in regulations for nursing homes--see also links from http://facility-services.state.nc.us/news.htm)

The Board of Nursing web site also contains detailed task lists (attached) as well as a curriculum and sample forms for training the nurse aides, level II.

Adult care homes (not regulated by Board of Nursing): see
http://www.dhhs.state.nc.us/aging/agh.htm or http://facility-services.state.nc.us/overview.pdf for description, for rules see http://ncrules.state.nc.us/ncac.asp, Title 10A - Health and Human Services, Chapter 13 - NC Medical Care Commission, Subchapters F, G & H. For medication training information, see http://facility-services.state.nc.us/medtech.htm .

Johnson, Polly. Commentary: The Board of Nursing and the Regulation of Nurse Aides in NC. *NCMJ* March/April 2002, 63(2): 112-113. Downloaded May 8, 2006 from: http://www.ncmedicaljournal.com/mar-apr-02/ar030210.pdf

NURSE AIDE I TASKS*

I. **PERSONAL CARE (ADL)**

- Bathing (assist, bed bath, tub bath, shower, sitz)
- Side rails/ call rails
- Mouth care
- Skin care
- Hair care
- Nail care
- Bedmaking (modified)
- Dressing and undressing

II. **BODY MECHANICS**

- Turn and position
- Transfer – chair and stretcher
- Use of lifts
- Assist with ambulation
- Range of motion exercises

III. **NUTRITION** □

- Prepare patients for meal time
- Feed patients
- Intake and output
- Force and restrict fluids

IV. **ELIMINATION**

- Bedpan/urinal
- Bowel/bladder retraining
- Collect/test specimens
- Perineal/catheter care
- Apply condom caths
- + Douches
- Enemas
- + Insert rectal tubes/flatus bags
- Empty drainage devices from body cavities/wounds
- + Maintain gastric suction

V. **SAFETY**

- Side rails/call rails
- Mitts and restraints

- CPR/Heimlich Maneuver
- Infection control
    - Handwashing
    - Isolation technique
    - Universal precautions

VI. **SPECIAL PROCEDURES**

- Vital signs
    - Temp (oral, rectal, axillary)
    - Pulse (radial, apical)
    - Respirations
    - BP
- Height and weight (stand-up scales/bed scales)
- Application of heat/cold
- Prevent and care for decubitus ulcers
- + Surgical skin preps and scrubs
- Clean dressing changes
- Apply ace bandages, TEDs and binders
- + Apply and remove EKG monitor leads
- Postmortem care
- Cough/deep breathing

*The licensed nurse maintains accountability and responsibility for the delivery of safe and competent care. Decisions regarding delegation of <u>any</u> of the above activities are made by the licensed nurse on a client-by-client basis. The following criteria must be met before delegation of any task may occur:

- task is performed frequently in the daily care of a client or group of clients
- task is performed according to an established sequence of steps
- task may be performed with a predictable outcome
- task does <u>not</u> involve on-going assessment, interpretation or decision-making that cannot be logically separated from the task itself.

As part of accountability, the licensed nurse <u>must validate the competencies of the NA I prior to delegating tasks, as well as monitor the client's status and response to care provided on an on-going basis.</u>

---

* Tasks which the North Carolina Board of Nursing has determined are within the Scope of Practice for an NA I

+ Tasks which are within the scope of practice for an NA I, but are not <u>required</u> to be taught in the DFS approved 75 hour course.

OXYGEN THERAPY

- Room Set-up
- Monitoring flow-rate

SUCTIONING

- Oropharyngeal
- Nasopharyngeal

BREAK-UP AND REMOVAL OF FECAL IMPACTION

TRACHEOSTOMY CARE

STERILE DRESSING CHANGE (Wound over 48 hours old)

WOUND IRRIGATION

I.V. FLUID – ASSISTIVE ACTIVITIES

- Assemble/flush tubing during set-up
- Monitoring flow-rate
- Site care/dressing change
- Discontinuing peripheral intravenous infusions

ELIMINATION PROCEDURES

- Ostomy Care
- Irrigation

NUTRTION ACTIVITIES

- Oral/nasogastric infusions (after placement verification by licensed nurse)
- Gastrostomy feedings
- Clamping tubes
- Removing oral/nasogastric feeding tubes

URINARY CATHETERS

- Catheterizations
- irrigation of tubing

ROLE OF NURSING II ON HEALTH CARE TEAM*

* The licensed nurse maintains accountability and responsibility for the delivery of safe and competent care. Decisions regarding delegation of <u>any</u> of the above activities are made by the licensed nurse on a client-by-client basis. The following criteria must be met before delegation of any task may occur:

- Task is performed frequently in the daily care of a client or group of clients
- Task is performed according to an established sequence of steps
- Task may be performed with a predictable outcome
- Task does not involve on-going assessment, interpretation or decision-making that cannot be logically separated from the task itself

As part of accountability, the licensed nurse must monitor the client's status and response to care provided on an on-going basis.

* Tasks which the North Carolina Board of Nursing has determined are within the Scope of Practice for an NA II

North Carolina Board of Nursing * Box 2129 * Raleigh, North Carolina 27602
919.782.3211 * Fax 919.781.9461

Nurse Delegation Regulations in North Dakota

Summary: The North Dakota Nurse Practices Act defines nursing to include "administration, teaching, supervision, delegation and evaluation of health and nursing practices" (NDCC 43-12.1-02(d). The ND Administrative Code regulations provide guidance to nurses on the delegation process and define a role for unlicensed assistive personnel and medication assistants I-III. Services performed by family members and individuals who work in a variety of regulated settings providing medications are exempt from regulation under the Board of Nursing. There is no limitation on the settings for delegation. Licensed nurses who delegate interventions are accountable for the individual delegation decisions and evaluation of the outcomes, while unlicensed assistive persons are accountable for their own actions. In the past five years the Board added the position of medication assistant III with greater responsibilities for nursing students and Certified Medical Assistants.

Detail:

I. Exemptions from regulations (quoting NDCC 43-12.1-04)

A. "A person who performs nursing tasks for a family member."
B. "A person who provides medications, other than by the parenteral route: within residential treatment centers for children … developmentally disabled persons … group homes, residential child care facilities, and adult foster care facilities, or … within human service centers."
C. "An individual, including a feeding assistant, performing nonhands-on tasks while employed in a medicare-funded organization."

II. Settings where delegation is allowed

A. No limits on settings.

III. Tasks that may be delegated

Care Task That May be Delegated	Yes	No	Comment
Administration of oral, sublingual, buccal, eye, ear, nasal, rectal, vaginal, topical medications, enemas, patches and transdermal medications, metered hand-held-inhalants and unit dose nebulizers	X		Medication assistant students and all medication assistants may administer by these routes to "individuals or groups of individuals with stable, predictable conditions according to organization policy"
Administration of pre-drawn insulin	X		Medication assistant III to "individuals or groups of individuals with stable, predictable conditions according to organization policy"; Medication assistant students and levels I and II may only when "specifically delegated by a licensed nurse for a specific client"
Administration of other injectable	X		Medication assistant III may administer

medications			via intramuscular, subcutaneous, intradermal injections to "individuals or groups of individuals with stable, predictable conditions according to organization policy"; Medication assistant students and levels I and II may administer subcutaneous injections only when "specifically delegated by a licensed nurse for a specific client"
Administration of PRN medication	X		"cannot be delegated in situations where an onsite assessment of the client is required prior to administration …. Written parameters specific to an individual client's care must be written by the licensed nurse for use by the medication assistant when an onsite assessment is not required prior to administration of a medication. These written parameters: (1) Supplement the physician's pro re nata order; and (2) Provide the medication assistant with guidelines that are specific regarding the pro re nata medication." (54-07-05-10)
Applying unsterile dressings	X		Yes, if delegation requirements met
Applying sterile dressings	X		Yes, if delegation requirements met
Tube feedings	X		Medication assistant III to "individuals or groups of individuals with stable, predictable conditions according to organization policy"; Medication assistant students and levels I and II may only when "specifically delegated by a licensed nurse for a specific client"
Bladder catheters		X	All medication assistants are prohibited from administering medications via urethral catheters.
Bowel treatments	X		Yes, if delegation requirements met; however, all medication assistants are prohibited from administering medications via colostomy.

A. "Interventions that require nursing knowledge, skill, and judgment may not be delegated by the licensed nurse to an unlicensed assistive person" (Section 54-05-04-05).[4] Examples are provided which include assessment, planning, evaluation, etc.
B. "Medication administration may not be delegated unless the unlicensed assistive person has met the requirements of chapter 54-07-05. The exception is when a licensed nurse

[4] Administrative code is referred to in a hierarchy of Title, Article, Chapter and Section (i.e. in 54-05-04-03, the first number refers to Title, the second to Article, the third to Chapter and the fourth to Section).

specifically delegates to a specific unlicensed assistive person the administration of a specific medication for a specific client." (Section 54-05-04-05.9). The requirements for this type of delegation are discussed in Chapter 54-07-08 and below in **IV.** K.-

C. The following types of medication administration are prohibited for all medication assistants (quoting 54-07-05-09): routes of "a. Central lines; b. Colostomy; c. Intravenous; d. Intravenous lock; e. Nasogastric tube; f. Nonmetered inhaler; g. Nonunit dose aerosol/nebulizer; or h. Urethral catheter;" medication types of "a. Barium and other diagnostic contrast media; b. Chemotherapeutic agents; or c. Through any medication pumps, nor assume responsibility for medication pumps, including client-controlled analgesia."
D. All but medication assistants III are prohibited from administering medications via intramuscular or intradermal injection.

IV. Requirements for delegation

A. "A licensed nurse may delegate a nursing intervention to a competent unlicensed assistive person if the licensed nurse utilizes a decision making process to delegate in a manner that protects public health, welfare, and safety." (Section 54-05-04-03)
B. Delegated tasks must have predictable outcomes, minimal risk to clients, and have "a standard and unchangeable procedure which does not require any exercise of independent nursing judgment" (Section 54-05-04-03.2a)
C. The nurse must verify the unlicensed assistive person's competence to perform the task by observing their performance and documenting competence (Section 54-05-04-03.2b)
D. The nurse must provide direction and supervision for the task, which must include: (Quoting Section 54-05-04-03.3)
    1. The unlicensed assistive person's access to written instructions on how the nursing intervention is to be performed, including:
        (a) Reasons why the nursing intervention is necessary;
        (b) Methods used to perform the nursing intervention;
        © Documentation of the nursing intervention; and
        (d) Observation of the client's response.
    2. The licensed nurse's:
        (a) Monitoring to assure compliance with established standards of practice and policies; and
        (b) Evaluating client responses and attainment of goals related to the delegated nursing intervention."

E. Supervision may be direct or indirect (by telecommunication), and the type and amount of supervision will depend on the context (Sections 54-05-04-03.2; 54-05-04-03.3).
F. Unlicensed assistive persons must be registered (Chapter 54-07-02) and have minimum competency requirements including "1. Infection control; 2. Safety and emergency procedures; 3. Collection and documentation of basic objective and subjective client data; 4. Activities of daily living; 5. Decision making skills; 6. Client rights; 7. Communication and interpersonal skills; 8. Client cognitive abilities and age-specific needs." (Section 54-07-03.1-01).
G. There is a "Process for teaching nursing interventions" that includes providing step-by-step directions, demonstrating the proper method, observing the UAP performing

the intervention, documenting the competency and providing written instructions for the UAP's reference (Section 54-07-03.1-02).

H. "The unlicensed assistive person shall perform the delegated nursing intervention only on the client for whom the delegation is specified" (Section 54-07-03.1-02).

I. The "Unlicensed assistive person's contribution to the nursing process" is defined as follows (quoting Section 54-07-03.1-04): "The unlicensed assistive person as delegated by a licensed nurse:
   1. Contributes to the assessment of the health status of clients, including interactions of clients with family members or group members by:
      a. Collecting basic subjective and objective data from observations and interviews. The data to be collected is identified by the licensed nurse.
      b. Reporting and recording the collected data.
   2. Identifies basic signs and symptoms of deviations from normal health status and provides basic information which licensed nurses use in identification of problems and needs.
   3. Contributes to the development of the plan of care for individuals by reporting basic data.
   4. Participates in the giving of direct care by:
      a. Assisting with activities of daily living and encouraging self-care;
      b. Providing comfort measures and emotional support to the client whose condition is stable and predictable;
      c. Assisting with basic maintenance and restorative nursing;
      d. Supporting a safe and healthy environment;
      e. Documenting and communicating completion of delegated nursing interventions and client responses; and
      f. Seeking guidance and direction when appropriate.
   5. Contributes to the evaluation by:
      a. Documenting and communicating client responses; and
      b. Assisting with collection of data."

J. Medication Administration By a Medication Assistant (Chapter 54-07-05)
   1. Intent (quoting 54-07-05-01): "Medication administration is the responsibility of licensed nurses and requires the knowledge, skills, and abilities of the licensed nurse to ensure public safety and accountability. Unlicensed assistive persons who have completed a prescribed training program in medication administration or who have been delegated the delivery of a specific medication for a specific client may perform the intervention of giving or applying routine, regularly scheduled medications to the client. The medication assistant III may perform the intervention of administering medications to the client in an ambulatory health care setting. The licensed nurse must be available to monitor the client's progress and effectiveness of the prescribed medication regimen. Delegation of medication administration in acute care settings or for individuals with unstable or changing nursing care needs is specifically precluded by these rules."
   2. Requirements for supervision (quoting 54-07-05-04): "A licensed nurse who delegates medication administration to a medication assistant must provide supervision as follows:
      1. In a licensed nursing facility, the licensed nurse must be on the unit and available for immediate direction.
      2. In an ambulatory health care setting where the licensed nurse delegates the intervention of giving medications to another individual, the licensed nurse must be available for direction.
      3. In any other setting where the licensed nurse delegates the intervention of giving medications to another individual, the licensed nurse must establish in

writing the process for providing the supervision in order to provide the recipient of the medication appropriate safeguards.

K. Specific Delegation of Medication Administration (quoting Chapter 54-07-08): "A licensed nurse who delegates the delivery of specific medication for a specific client to an unlicensed assistive person shall:
   1. Supply organization procedural guidelines for the unlicensed assistive person to follow in the administration of medication by specific delegation.
   2. Teach each unlicensed assistive person for each specific client's medication administration which includes verbal and written instruction for the specific client's individual medications:
      a. The trade name and generic name;
      b. The purpose of the medication;
      c. Signs and symptoms of common side effects, warnings, and precautions;
      d. Route of administration; and
      e. Instructions under which circumstances to contact the licensed nurse or licensed practitioner.
   3. Observe the unlicensed assistive person administering the medication to the specific client until competency is demonstrated.
   4. Verify the unlicensed assistive person's competency through a variety of methods, including oral quizzes, written tests, and observation. The nurse verifies that the unlicensed assistive person:
      a. Knows the six rights for each medication for the specific client: (1) Right client; (2) Right medication; (3) Right dosage; (4) Right route; (5) Right time; and (6) Right documentation.
      b. Knows the name of the medication and common dosage;
      c. Knows the signs and symptoms of side effects for each medication;
      d. Knows when to contact the licensed nurse;
      e. Can administer the medication properly to the client; and
      f. Documents medication administration according to organization policy.
   5. Document the training of the unlicensed assistive person related to the specific delegation of medication administration for each client.
   6. Evaluate the client when medication orders change and determine if further instruction for each unlicensed assistive person is necessary to implement the change."

V. Consumer directed care allowed.

A. Generally, no. Language on UAP: "Unlicensed assistive persons are responsible to the licensed nurse to assist with client care rather than be independently accountable to the client." (Section 54-05-04-01)

VI. Liability/accountability provisions for delegation

A. One of RNs responsibilities is to "Maximize the client's health by retaining professional accountability for nursing care when assigning or delegating nursing interventions" (Section 54-05-02-03.2); similar language for LPNs in 54-05-01-03.12.

B. Quoting 54-05-04-04: "Accountability and responsibility within the delegation process. It is the responsibility of the licensed nurse delegating the intervention to determine that the unlicensed assistive person is able to safely perform the nursing intervention."

C. Both RNs and LPNs "retain accountability for individual delegation decisions and evaluation of the outcomes" (Sections 54-05-04-04.2e and 54-05-04-04.3e).

D. Unlicensed assistive persons "retain accountability for the action of self" (Section 54-05-04-04.4a) and may "Not transfer the authority of a delegated nursing intervention to another unlicensed assistive person" (Section 54-05-04-04.4b).

VII. Recent changes

A. Numerous amendments to Title 54 in the past five years
   1. Language about UAP was added to clarify that they complement but do not substitute for licensed nurses and are accountable to nurses and not clients (Section 54-05-04-01)
   2. Language added on accountability: "It is the responsibility of the licensed nurse delegating the intervention to determine that the unlicensed assistive person is able to safely perform the nursing intervention" (Section 54-05-04-04).
   3. Language added on responsibility of UAP: Unlicensed assistive persons "retain accountability for the action of self" (Section 54-05-04-04.4a) and may "Not transfer the authority of a delegated nursing intervention to another unlicensed assistive person" (Section 54-05-04-04.4b).
   4. Added to examples of things that cannot be delegated the receiving or transmission of "verbal or telephone orders" (Section 54-05-04-05).
   5. Nurse assistants are now known as unlicensed assistive persons (Chapter 54-07-02 and other areas)
   6. "Client cognitive abilities and age-specific needs" added to minimum competence requirements for UAP; "understanding the agency's standards, policies and procedures" deleted from same list (Section 54-07-03.1-01)
   7. The language about ambulatory health care settings discussed above in IV. J. 2. was added after April 2004.
   8. The category of Medication assistant IIIs was created after April 2004.

B. Nurse Practice Act—the following exemptions were added:
   1. Human service centers were added to the list of organizations where people providing medicines are exempt.
   2. Individuals, including feeding assistants, performing "nonhands-on tasks" in a "medicare-funded organization"

Resources

North Dakota Board of Nursing
919 South 7th Street; Suite 504
Bismarck, ND 58504
Phone: (701) 328-9777
FAX: (701) 328-9785
Contact Person: Constance Kalanek, PhD, RN, Executive Director
Web Site: http://www.ndbon.org/

Nurse Practice Act: http://www.legis.nd.gov/cencode/t43c121.pdf
Admin Code: Board of Nursing: http://www.legis.nd.gov/information/acdata/html/Title54.html

Opinion: http://www.ndbon.org/opinions/del%20of%20peritoneal%20dialysis.shtml

Nurse Delegation Regulations in Ohio

Summary: Delegation is a part of registered nursing (RN) practice. A licensed practical nurse (LPN) is authorized to delegate nursing tasks at the direction of an RN. There are different types of assistant personnel defined in Ohio law and rules (statutes and regulations) with different delegation regimes for each: dialysis technicians, MR/DD personnel (authorized under the Ohio Department of MR/DD regulations and enforced by that agency), community health workers and medication aides. In addition, there are general guidelines for nurses as to the delegation of tasks to miscellaneous trained unlicensed assistive personnel. There are also provisions in statute for the families of MR/DD consumers to directly hire and supervise in-home care workers, with instruction from health care professionals. Finally, there are provisions for how miscellaneous unlicensed assistants may help with the self-administration of medication.

Detail:

I. Exemptions from nursing licensure include but are not limited to:

A. "The activities of persons employed as nursing aides, attendants, orderlies, or other auxiliary workers in patient homes, nurseries, nursing homes, hospitals, home health agencies, or other similar institutions; " (ORC §4723.32).

B. "The provision of nursing services to family members or in emergency situations" (ORC §4723.32).

C. "The rendering of medical assistance to a licensed physician, licensed dentist, or licensed podiatrist by a person under the direction, supervision, and control of such licensed physician, dentist, or podiatrist;" (ORC §4723.32).

D. The care of the sick when done in connection with the practice of religious tenets of any church and by or for its members; (ORC §4723.32).

E. "The administration of medication by an individual who holds a valid medication aide certificate issued under this chapter, if the medication is administered to a resident of a nursing home or residential care facility authorized by section 4723.63 or 4723.64 of the Revised Code to use a certified medication aide and the medication is administered in accordance with section 4723.67 of the Revised Code (ORC §4723.32).

II. Settings where delegation is allowed

A. No limits on settings for delegation generally, though different settings require different levels of supervision, and for some assistive roles there are limits by setting.

III. Tasks that may be delegated

A. Tasks that may be delegated have the following characteristics (quoting OAC 4723-13-05): "(a) The nursing task requires no judgment based on nursing knowledge and expertise on the part of the trained unlicensed person performing the task; (b) The results of the nursing task are reasonably predictable; (c) The nursing task can be safely performed according to exact, unchanging directions, with no need to alter the standard

procedures for performing the task; (d) The performance of the nursing task does not require complex observations or critical decisions be made with respect to the nursing task; (e) The nursing task does not require repeated performance of nursing assessments; and (f) The consequences of performing the nursing task improperly are minimal and not life-threatening."

B. "a licensed nurse may delegate medication administration to a trained unlicensed person as follows: (1) The giving of oral or the applying of topical medication in accordance with sections 5123.41 to 5126.47 of the Revised Code and in accordance with rules 5123:2-6-01 to 5123:2-6-07 of the Administrative Code[5]; (2) When the task is performed by an individual employed by a local board of education who has been designated pursuant to section 3313.713 of the Revised Code to administer to a student a drug prescribed by a physician; (3) In accordance with any other law or rule that authorizes an unlicensed person to administer medications provided the licensed nurse delegates in accordance with this chapter; (4) In accordance with section 4723.72 of the Revised Code[6]; or (5) The application to intact skin of an over-the-counter topical medication for the purpose of improving a skin condition or providing a barrier in accordance with this chapter. (6) The administration of over-the-counter eye drop, ear drop and suppository medications, foot soak treatments and enemas." (OAC 4723-13-04)

C. Prohibitions on delegation

1. The administration of medication, including intravenous therapy, except as specifically set forth in rules (OAC 4723-13-03 (A)).

2. Tasks that require judgment based on nursing knowledge.

3. "A nurse may not delegate the administration of prescription medications in the following categories, by the following routes, or under the following circumstances, to a certified medication aide: (1) Medications containing a schedule II controlled substance…; (2) Medications, including inhalants delivered by inhalers, nebulizers, or aerosols, requiring dosage calculations; (3) Medications that are not approved drugs; (4) Medications being administered as part of clinical research; (5) Administration of medications via injection; (6) Administration of medications via intravenous therapy procedures; (7) Administration of medications via splitting pills for purposes of changing the dose being given; (8) Administration of medications through jejunostomy, gastrostomy, nasogastric, or oral gastric tubes; (9) Administration of medications to pediatric residents; (10) Administration of the initial dose of any medication ordered for a resident; (11) Administration of oxygen." (OAC 4723-27-03).

[5] These sections discuss MR/DD personnel.
[6] These sections discuss Dialysis technicians.

Table 1: Summary of Tasks That May be Delegated[7]

Care Task That May be Delegated	Yes	No	Comment
Administration of oral medication	X		Certified medication aides, MR/DD (see Table 2), school personnel (see OAC 4723-13-04)
Administration of pre-drawn insulin	X		MR/DD (see Table 2), school personnel (see OAC 4723-13-04)
Administration of other injectable medications	X		MR/DD (see Table 2), school personnel (see OAC 4723-13-04) and see below in this table for dialysis techs
Administration of PRN medication, topical, drops to eye, ear or nose, rectal/vaginal	X		Certified medication aides per ORC§4723.67, OTC topical and drops in accordance with OAC 4723-13-04
Applying unsterile dressings	X	X*	*MR/DD (see Table 2), Not prohibited if delegated by nurse in accordance with OAC 4723-13
Applying sterile dressings	X		Not prohibited if delegated in accordance with OAC 4723-13
Tube feedings	X		For MR/DD (see Table 2) Not prohibited if delegated in accordance with OAC 4723-13.
Bladder catheters	X		Routine catheter care per OAC 5101: 3-12-06 (B)(4)(a); see also Table 2
Bowel treatments	X		Enemas and suppositories per OAC 4723-13-04; colostomy care per OAC 5101: 3-12-06 (B)(4)(a); see also Table 2
OTC topical medication, eye drop, ear drop and suppository medications, foot soak treatments and enemas.	X		(OAC 4723-13-04)
Dialysis treatment, including intradermal lidocaine (or other local anesthetic), IV heparin (or other anticoagulant), IV normal saline, patient-specific diasylate with option electrolytes, oxygen	X		Only by certified dialysis technicians operating under the supervision of a licensed nurse or physician. If the technician is providing treatment in the patient's home, the nurse must visit at least once per month to assess quality and provide a written report. (ORC § 4723.72; OAC 4723-23-12 & 4723-23-13)

[7] Note from Holly Fischer, Board's General Counsel: "in Ohio public schools, nursing delegation may not be required, depending on whether the school has adopted a policy for medication administration in accordance with Board of Education statutes. Under a school policy, nursing delegation may still occur, and may be required under a school's policy."

Table 2. Tasks for Certified MR/DD Personnel for Specified Consumer Groups[8]
(Must Have Been Trained Specifically for Each Individual for whom Tasks are Administered)

		Tasks				
Consumer Group is recipient of or resident of:	Task can be done with or without delegation by nurse	Health-related activities[9]	Oral/Topical Medication	Meds through gastrostomy/ jejunostomy tube	Feed through gastrostomy/ jejunostomy tube	Routine insulin through subcu. inj. and insulin pumps
Early intervention, preschool and school age services	With	**X**	**X**	**X**	**X**	
	Without					
Adult services	With	**X**	**X**	**X**	**X**	
	Without					
Family Support Services	With			**X**	**X**	**X**
	Without	**X**	**X**			
Certified supported living services	With			**X**	**X**	**X**
	Without	**X**	**X**			
Residential support services from certified HCBS providers, if no more than 4 indiv w/ MR/DD	With			**X**	**X**	**X**
	Without	**X**	**X**			
Other services	With	**X**	**X**	**X**	**X**	

[8] Note from Holly Fischer, Board's General Counsel: "it is possible that an MRDD client who is a mainstream public school student may have their medications administered without delegation in the public school in accordance with the specific school policy."

[9] Includes "(1) Taking vital signs; (2) Application of clean dressings that do not require health assessment; (3) Basic measurement of bodily intake and output; (4) Oral suctioning; (5) Use of glucometers; (6) External urinary catheter care; (7) Emptying and replacing colostomy bags; (8) Collection of specimens by noninvasive means." (ORC §5123.41 (F)).

		Tasks				
Consumer Group is recipient of or resident of:	Task can be done with or without delegation by nurse	Health-related activities[9]	Oral/Topical Medication	Meds through gastrostomy/ jejunostomy tube	Feed through gastrostomy/ jejunostomy tube	Routine insulin through subcu. inj. and insulin pumps
provided under this code or 5126 ORC	Without					
Resid facility with five or fewer beds	With	**X**	**X**	**X**	**X**	**X**
	Without					
Resid. Facility with 6-16 bed	With	**X**	**X**	**X**	**X**	
	Without					
Resid. Facility with 17+ beds, on a field trip[10]	With	**X**	**X**	**X**	**X**	
	Without					

IV. Requirements for delegation

A. LPNs delegate at the direction of an RN (ORC §4723.01 (F)).

B. RN delegation is a part of their authorized practice. ORC §4723.01 (B)(6).

C. Minimum curriculum requirements: "A licensed nurse shall include all of the following when teaching an unlicensed person to perform a delegable nursing task; (A) Presentation of information on infection control and universal precautions; (B) Presentation of information and directions on the concepts underlying the delegable nursing task; (C) Presentation of information and direction on how to correctly perform the specific delegable nursing task according to current standards of practice following step-by-step directions readily available to the trained unlicensed person; (D) Demonstration of the delegable nursing task; and (E) Observation and documentation of a satisfactory return demonstration by the unlicensed person of the delegable nursing task." (OAC 4723-13-06).

[10] All of the following must be the case, per §ORC 5123.42 (9): "(a) The field trip is sponsored by the facility for purposes of complying with federal medicaid statutes and regulations, state medicaid statutes and rules, or other federal or state statutes, regulations, or rules that require the facility to provide habilitation, community integration, or normalization services to its residents. (b) Not more than five field trip participants are residents who have health needs requiring the administration of prescribed medications, excluding participants who self-administer prescribed medications or receive assistance with self-administration of prescribed medications. (c) The facility staffs the field trip with MR/DD personnel in such a manner that one person will administer prescribed medications, perform health-related activities, or perform tube feedings for not more than two participants if one or both of those participants have health needs requiring the person to administer prescribed medications through a gastrostomy or jejunostomy tube."

D. Supervision must occur (quoting OAC 4723-13-07) "(A) Whenever a trained unlicensed person is performing a delegable nursing task in accordance with this chapter" and "includes initial and ongoing direction, procedural guidance, and observation and evaluation. The licensed nurse providing the supervision for a delegated nursing task shall evaluate and document the following on an ongoing basis: the degree to which the nursing care needs of the individual are being met, the performance by the trained unlicensed person of the delegated nursing task, the need for further instruction, and the need to withdraw the delegation."

E. Supervision must be "on-site direct" in health care service settings. (OAC 4723-13-07 (B)). In other settings supervision "may be on-site direct … or indirect supervision provided by a licensed nurse, who is always accessible through some form of telecommunication. Prior to any delegation of any nursing task in a setting, institution, or agency where the substantial purpose … is other than the provision of health care, a registered nurse shall conduct an assessment …. The assessment and the following factors shall be used by the registered nurse to determine if direct supervision … on-site is needed …: (1) The number of individuals who require nursing care and the health status of the individuals; (2) The types and number of nursing tasks that will be delegated; (3) The continuity, dependability, and reliability of the trained unlicensed person who will be performing the delegable nursing task; (4) If the licensed nurse is assuming responsibility for more than one setting, the distance between settings, the accessibility of each setting, and any unusual problems that may be encountered in reaching each setting; and (5) The availability of emergency aid should the nurse be too far from the setting to arrive at the setting in a timely manner."

F. With respect to supervision of community health care workers, there is the additional requirement that "A registered nurse may not supervise any more than five community health workers at one given time" (OAC 4723-26-09 (C)(1)).

V. Consumer directed care allowed?

A. The exemptions discussed above in I. A. seem to suggest the potential for consumer directed care. However, if these personnel hold certifications, they will be bound by the requirements of those certifications.

B. ORC §4723.73 (E)(4) and (5) mention self-dialysis and assistance by family or friends with self or home dialysis after the person to perform the activity undergoes a Medicare approved course.

C. Quoting OAC 4723-13-04 (B): "Nothing in this chapter of the Administrative Code shall prohibit an unlicensed person from assisting with self-directed care, including, but not limited to, help with self-administration of medications in a facility where the substantial purpose of the setting is other than the provision of health care. An unlicensed person assisting with self-administration of medications may do only the following:

(1) Remind an individual when to take the medication and observe to ensure that the individual follows the directions on the container;

(2) Assist an individual in the self-administration of medication by taking the medication in its container from the area where it is stored and handing the container with the medication in it to the individual. If the individual is physically unable to open the container, the unlicensed person may open the container for the individual; and

(3) Assist upon request by or with the consent of, a physically impaired but mentally alert individual, in removing oral or topical medication from the container and in taking or applying the medication. If an individual is physically unable to place a dose of medicine in the individual's mouth without spilling or dropping it, an unlicensed

person may place the dose in another container and place that container to the mouth of the individual."

D. ORC §5123.47 allows family members living with consumers with MR/DD to authorize an "unlicensed in-home care worker to provide care." The worker may "administer oral and topical prescribed medications or perform other health care tasks,"[11] The following requirements apply to the working relationship:
    1. The family member is the primary supervisor of the care.
    2. The unlicensed in-home care worker has been selected by the family member or the individual receiving care and is under the direct supervision of the family member.
    3. The unlicensed in-home care worker is providing the care through an employment or other arrangement entered into directly with the family member and is not otherwise employed by or under contract with a person or government entity to provide services to individuals with mental retardation and developmental disabilities." (ORC §5123.47 (B)).
E. In addition, the family member is required to grant the authority in a written document, obtain written instructions from a health care professional and provide these to the worker, along with training. The family member retains responsibility for the care provided, "unless the worker provides the care in a manner that is not in accordance with the training and instructions received or the worker acts in a manner that constitutes wanton or reckless misconduct." (ORC §5123.47 (C) and (D)).
F. "A county board of mental retardation and developmental disabilities may evaluate the authority granted by a family member … at any time it considers necessary and shall evaluate the authority on receipt of a complaint," and may revoke this authority. (ORC §5123.47 (E)).

VI. Liability/accountability provisions for delegation

A. An RN or LPN acting at the direction of an RN who delegates medication administration to a medication aide "is not liable in damages to any person or government entity in a civil action for injury, death, or loss to person or property that allegedly arises from an action or omission of the medication aide in performing the medication administration." ORC §4723.68
B. "The licensed nurse shall be accountable for the acts of delegation to and supervision of the trained unlicensed person in the performance of the delegated nursing task" (OAC 4723-13-05 (E)). There is similar language in OAC 4723-26-08 regarding community health care workers.
C. "A licensed nurse shall not be responsible for the delegation by another licensed health care practitioner to an unlicensed person." (OAC 4723-13-05 (G)).
D. "A registered nurse who delegates activities to a certified community health worker or supervises a certified community health worker in the performance of delegated activities is not liable in damages to any person or government entity in a civil action for injury, death, or loss to person or property that allegedly arises from an action or omission of the certified community health worker in performing the activities, if the registered nurse

[11] This is defined as "a task that is prescribed, ordered, delegated, or otherwise directed by a health care professional acting within the scope of the professional's practice." The professional may be a dentist, nurse, optometrist, pharmacist, medical doctor, physician assistant, occupational/physical therapist, or respiratory care professional with the appropriate license.

delegates the activities or provides the supervision in accordance with this chapter and the rules adopted under this chapter" (ORC § 4723.82 (B) (2)).

VII. Recent changes[12]

A. Certified Medication Aide Pilot Program was just introduced in April of 2006. See Board of Nursing website for details. http://www.nursing.ohio.gov/medicationAides.htm
B. The regulations for the Community Health Worker position were effective in February 2005 (statute was effective in September 2003).
C. In December of 2003, MR/DD personnel were authorized to perform health care tasks (delegated and non-delegated) and consumer direction by a family member was authorized (ORC §5123.41-5123.47; see also ORC § 4723.071).
D. Added the administration of oxygen when delegated by a nurse as a permissible task for a dialysis technician (ORC §4732.72(C)(5)), and added requirement that technicians must have background checks (ORC §4732.75).
E. There is a new definition of "direction" in OAC 4723-13-01 (F) and the language in OAC 4723-13-02 (C) changed from an RN "delegating to" an LPN to "providing direction." OAC 4723-13-04 on "Delegation to the Licensed Practical Nurse" has been deleted.
F. OAC 4723-13-05 (A), which formerly referred to "a licensed nurse " is now split into (A) RN and (B) LPN with added language that the LPN may only delegate at the direction of an RN.
G. There were several items deleted from the chapter on delegation (formerly in 4723-13-08):
    1. The nurse's discretion to waive training on infection control/universal procedures if the UAP has previous documented training on the topic
    2. The requirement that the nurse provide documentation of training and step-by-step instructions to the UAP and his/her agency, who in turn had to make the documentation available to the board.
    3. The requirement that the UAP had to document the task each time they performed it.
    4. The option for the nurse to train in groups or one-on-one (rule is now silent on this).
    5. Language allowing the UAP to not be taught a task again if they have performed it before—just any idiosyncrasies of the individual (rule is now silent on this).
H. Chapter 4723-13 OAC (Delegation), as well as other chapters, are currently being revised. After promulgation the revisions will go into effect February 1, 2007.

[12] To determine changes in statute and rule, we compared the versions downloaded in 2001 with the versions downloaded in 2006.

Resources

State of Ohio Board of Nursing
17 South High Street, Suite 400
Columbus, OH 43215-3413
Phone: (614) 466-3947
FAX: (614) 466-0388
Contact Person: Betsy J. Houchen, RN, MS, JD, Executive Director
Web Site: http://www.nursing.ohio.gov/

Ohio Revised Code (ORC), see:
http://onlinedocs.andersonpublishing.com/oh/lpExt.dll?f=templates&fn=main-h.htm&cp=PORC

Ohio Administrative Code (OAC), see:
http://onlinedocs.andersonpublishing.com/oh/lpExt.dll?f=templates&fn=main-h.htm&cp=OAC

Main rules and regs:

- ORC Title XLVII, Chapter 4723, Nurses
- OAC Chapter 4723, Board of Nursing

See also:

- ORC Title LI, Chapter 5123, Department of Mental Retardation and Developmental Disabilities §5123.41-5123.47
- OAC, Chapter 5101-3-12, Division of Medical Assistance, Ohio Home Care Program
- OAC, Chapter 5101-3-32, Division of Medical Assistance, Choices Program

Nurse Delegation Regulations in Oregon

Summary: Registered nurses have a broad scope of practice in delegating tasks of nursing care. The RN exercises discretionary authority to delegate, but must do so specific to each client care situation; i.e., client, care provider, task of nursing care within the RN's scope of practice, and environmental situation.. Delegation occurs only in community based care (CBC) settings; settings that do not exist primarily for the purpose of providing nursing/medical care, but where nursing is incidental to the setting. When delegating, nurses must meet many documentation requirements. Nurses must provide periodic inspection, supervision, and re-evaluation of a delegated task of nursing care within 60 days of the initial delegation and at least every 180 days thereafter. Delegating nurses are protected from civil damages resulting from delegated tasks as long as they have given correct instructions. Nurses are mandated to report unsafe practices, even in settings where they are not responsible for supervision.

Detail:

I. Exemptions from regulations

A. **"ORS 678.031 Application of ORS 678.010 to 678.410**.

ORS 678.010 to 678.410 do not apply to:

(1) The employment of nurses in institutions or agencies of the federal government.

(2) The practice of nursing incidental to the planned program of study for students enrolled in nursing education programs accredited by the Oregon State Board of Nursing or accredited by another state or United States territory as described under ORS 678.040 and approved by the board.

(3) Nursing practiced outside this state that is incidental to a distance learning program provided by an institution of higher education located in Oregon.

(4) The furnishing of nursing assistance in an emergency.

(5) The practice of any other occupation or profession licensed under the laws of this state.

(6) Care of the sick with or without compensation when performed in connection with the practice of the religious tenets of a well-recognized church or denomination that relies exclusively on treatment by prayer and spiritual means by adherents thereof so long as the adherent does not engage in the practice of nursing as defined in ORS 678.010 to 678.410 and 678.990 or hold oneself out as a registered nurse or a licensed practical nurse.

(7) Nonresident nurses licensed and in good standing in another state if they are practicing in Oregon on a single, temporary assignment of not to exceed 30 days, renewable for not to exceed 30 days, for assignments that are for the general public benefit limited to the following:

(a) Transport teams;

(b) Red Cross Blood Services personnel;

(c) Presentation of educational programs;

(d) Disaster teams;

(e) Staffing a coronary care unit, intensive care unit or emergency department in a hospital that is responding to a temporary staffing shortage and would be otherwise unable to meet its critical care staffing requirements; or

(f) Staffing a long term care facility that is responding to a temporary staffing shortage and would be otherwise unable to meet its staffing requirements."

II. Settings where delegation is allowed

A. Places where an RN "is not regularly scheduled and not available for direct supervision": home and community-based settings (such as adult foster homes, assisted living facilities, child foster homes, private homes, public schools and twenty-four hour residential care facilities), "local corrections, lockups, juvenile detention, youth corrections, detoxification facilities, adult foster care and residential care, training and treatment facilities" **OAR 851-047-0000**

B. Delegation rules "have no application in acute care or long-term care facilities or any setting where the regularly scheduled presence of a Registered Nurse is required by statute or administrative rule." **OAR 851-047-0000**

III. Teaching vs. delegation

A. ""Delegation" means that a Registered Nurse authorizes an unlicensed person to perform tasks of nursing care in selected situations and indicates that authorization in writing. The delegation process includes nursing assessment of a client in a specific situation, evaluation of the ability of the unlicensed persons, teaching the task, ensuring supervision of the unlicensed persons and re-evaluating the task at regular intervals. For the purpose of these rules, the unlicensed person, caregiver or certified nursing assistant performs tasks of nursing care under the Registered Nurse's delegated authority." **OAR 851-047-0010 (7).**

B. ""Teaching," for the purpose of Division 47, means providing instructions for the proper way to administer noninjectable medications and/or perform a task of nursing care. Teaching may include presentation of information in a classroom setting or informally to a group, discussion of written material and/or demonstration of a technique/procedure." **OAR 851-047-0010 (23).**

C. "Initial direction" means giving explicit instructions. **OAR 851-047-0010 (8) and (9).**

IV. Tasks that may be taught and process requirements

A. Teaching Administration of Noninjectable Medications and Periodic Inspection **OAR 851-047-0020.** Does not include assisting with administration of medicines.

1. Rule applies "only when a Registered Nurse is designated by the facility or client to provide training and consultation." **OAR 851-047-0020.**

2. An RN, or LPN with RN direction (quoting **OAR 851-047-0020 (2)**) "may provide the initial direction for administration of noninjectable medications. When a Registered Nurse provides initial direction for the administration of noninjectable medications, the Registered Nurse must ensure that procedural guidance for administration of noninjectable medications is available to caregivers who administer medications. Initial direction shall include the following:

(a) The proper methods for administration of noninjectable medications;
(b) The reasons for the medications;
(c) The potential side-effects of the medications;
(d) Observation of the client's response;
(e) Expected actions if side-effects are observed;
(f) Documentation of the administration of the medications; and

(g)Verification of the physician's or nurse practitioner's order and accurately transcribing the order on to the medication administration record."

3. "Administration of noninjectable medication may or may not be periodically inspected, at the discretion of the Registered Nurse" depending on client condition and history. **OAR 851-047-0020 (3).**
4. "Administration of noninjectable p.r.n. medications and treatments may be taught … provided: (a) Initial direction for administration of noninjectable medications as described in OAR 851-047-0020(2) is provided for the p.r.n. medications; (b) The Registered Nurse writes parameters to clarify the physician's or nurse practitioner's p.r.n. order; (c) The Registered Nurse or Licensed Practical Nurse leaves written parameters for the unlicensed caregiver(s) who administer medications; and (d) The Registered Nurse or Licensed Practical Nurse leaves information for the caregivers who administer medications about the medications/treatments to be administered, including the purpose of the medications/treatments, their side effects and instructions for action if side effects are observed." **OAR 851-047-0020 (5).**
5. "The Registered Nurse and Licensed Practical Nurse have the responsibility to report unsafe practices that come to their attention related to administration of noninjectable medications" **OAR 851-047-0020 (6).**

B. RNs may teach the performance of tasks that help unlicensed persons who are likely to have to deal with an anticipated emergency relating to allergens and hypoglycemia by administering an intramuscular injection. The RN must teach the procedure and leave "detailed step-by-step instructions how to respond to the anticipated emergency," and must periodically evaluate "the unlicensed person's competence regarding the anticipated emergency situation." **OAR 851-047-0040.**

V. Tasks that may be delegated

A. An RN may delegate any task of nursing care that is within the RN's scope of practice, with the exception of the administration of medications by the intramuscular route. "Tasks of nursing care mean procedures that require nursing education and a license as a registered nurse licensed practical nurse to perform **OAR 851-047-0010(22).**

B. A RN may delegate the administration of intravenous medications to unlicensed person(s), "specific to one client" if: the RN "(a) … is an employee of a licensed home health, home infusion or hospice provider. (b) The tasks … are limited to flushing the line with routine, pre-measured flushing solutions, adding medications, and changing bags of fluid. Bags of fluid and doses of medications must be pre-measured and must be reviewed by a licensed health care professional whose scope of practice includes these functions. (c) A Registered Nurse is designated and available on call for consultation, available for on-site intervention 24 hours each day and regularly monitors the intravenous site. (d) The agency has clear written policies regarding the circumstances for and supervision of the delegated tasks. (e) Delegation does not include initiating or discontinuing the intravenous line" **OAR 851-047-0030 (8)**

C. "A Registered Nurse who is an employee of a licensed home health, home infusion or hospice provider may delegate the administration of a bolus of medication by using a preprogrammed delivery device. This applies to any route of intravenous administration." **OAR 851-047-0030 (9)**

D. Tasks that may not be delegated:

1. Intravenous medication except as specifically mentioned in **OAR 851-047-0030 (8) and (9).**
2. "the administration of medications by the intramuscular route, except as provided in ORS 433.800 - 433.830, Programs to Treat Allergens and Hypoglycemia." OAR **851-047-0030 (11).**

Care Task That May be Delegated	**Yes**	**No**	**Comment**
Administration of oral medication		X	Taught, not delegated.
Drawing up insulin	X		
Administration of insulin	X		Yes, as subcutaneous may be delegated.
Administration of other injectable medications	X		Administration by subcutaneous may be delegated. Intramuscular only taught in limited cases (see IV. B.)
Administration of intravenous medications	X		Tasks are limited (see V. B.)
Administration of PRN medication		X	Taught, not delegated. Nurse must write parameters to clarify PRN orders and provide additional information.
Applying unsterile dressings	X		
Applying sterile dressings	X		
Tube feedings	X		
Bladder catheters	X		
Bowel treatments	X		
Any task of nursing care (with the exception of administration of IM medications)	X		As long as a task is within the RN's scope of practice and meets the definition of nursing task of care, it can be delegated. The RN utilizes professional judgment and exercises discretionary authority to determine if a nursing task is appropriate to delegate or not.

VI. Requirements for delegation

A. The delegation must be "specific to one client," and the following conditions must apply: "(a) The client's condition is stable and predictable. (b) The client's situation or living environment is such that delegation of a task of nursing care could be safely done. (c) The selected caregiver(s) have been taught the task of nursing care and are capable of and willing to safely perform the task of nursing care." **OAR 851-047-0030 (2).**

B. The delegation process includes providing "initial direction by teaching: (A) The proper procedure/technique; (B) Why the task of nursing care is necessary; (C) The risks

associated with; (D) Anticipated side effects; (E) The appropriate response to untoward or side effects; (F) Observation of the client's response; and (G) Documentation of the task of nursing care." **OAR 851-047-0030 (3).**

C. The RN must "observe the unlicensed persons performing the task to make sure they perform the task safely and accurately," and "leave procedural guidance for performance of the task for the unlicensed persons as a reference. These written instructions shall be appropriate to the level of care, based on the previous training of the unlicensed persons and shall include: (A) A specific outline of how the task of nursing care is to be performed, step by step; (B) Signs and symptoms to be observed; and (C) Guidelines for what to do if signs and symptoms occur." **OAR 851-047-0030 (3)(h) and (i).**

D. The nurse must (quoting **OAR 851-047-0030 (3)(k)**) "Document the following:
(A) The nursing assessment and condition of the client;
(B) Rationale for deciding that this task of nursing care can be safely delegated to unlicensed persons;
(C) The skills, ability and willingness of the unlicensed persons;
(D) That the task of nursing care was taught to the unlicensed persons and that they are competent to safely perform the task of nursing care;
(E) The written instructions left for the unlicensed persons, including risks, side effects, the appropriate response and that the unlicensed persons are knowledgeable of the risk factors/side effects and know to whom they are to report the same;
(F) Evidence that the unlicensed persons were instructed that the task is client specific and not transferable to other clients or providers;
(G) How frequently the client should be reassessed by the Registered Nurse regarding continued delegation of the task to the unlicensed persons, including rationale for the frequency based on the client's needs;
(H) How frequently the unlicensed person should be supervised and reevaluated, including rationale for the frequency based on the competency of the caregiver(s); and
(I) That the Registered Nurse takes responsibility for delegating the task to the unlicensed persons, and ensures that supervision will occur for as long as the Registered Nurse is supervising the performance of the delegated task."

E. "The Registered Nurse shall provide periodic inspection, supervision and re-evaluation of a delegated task of nursing care" as needed (factors to consider listed in rule), but "within at least 60 days from the initial date of delegation" and at least every 180 days thereafter. **OAR 851-047-0030 (4).**

F. Delegation and supervision may be by different nurses, or transferred from one nurse to another, by documenting the justification and personnel involved **OAR 851-047-0030 (5) and (6).**

VII. Consumer directed care allowed?

A. Yes. ""Client-Directed Care" means that a person requiring care fully self-directs or manages his/her own care even though he/she is not physically able to perform the care. The care that may be client directed includes activities of daily living, administration of noninjectable medications and tasks of nursing care." OAR **851-047-0010 (5).**

B. There are defined "Standards for Provision of Nursing Care by A Designated Care-Giver" to cover uncompensated care provided by a family-like member who is not an immediate family member in a "private home or home-like setting." The nurse, after determining that the designated caregiver meets the stated definition,

is to view and teach the person as the nurse would any other family member **OAR 851-048-0010 and 0060.**

C. Part of the RNs scope of practice is "teaching clients, family members or significant others" **OAR 851-045-0010 (2)(d).**

VIII. Liability/accountability provisions for delegation

A. Nurses who delegate nursing care to an unlicensed person **"**shall not be subject to an action for civil damages for the performance of a person to whom nursing care is delegated unless the person is acting pursuant to specific instructions from the nurse or the nurse fails to leave instructions when the nurse should have done so." **ORS §678.036**

B. The licensed nurse is responsible for determining the appropriateness of delegating tasks to unlicensed persons, safely implementing delegation, following the nursing board's process for delegation and reporting unsafe practices. **OAR 851-047-0000**

C. RNs have the responsibility, accountability and authority for teaching and delegation of tasks of nursing care to unlicensed persons. **OAR 851-047-0030**

IX. Recent changes

A. In 2001, Oregon's Nurse Practice Act was changed to include a definition of long term care facilities (ORS 678.010(5)) and to exempt nurses from other states from the act when they are temporarily staffing a long-term care facility (ORS 678.031(7)(f)).

B. Oregon's Administrative Rules pertaining to delegation (Division 47) were revised extensively in 2004. Changes include:

1. Removal of the concept of assignment (previously, there was a distinction between assignment and delegation). In its place, added concept of teaching (see III. B. above).
2. Reworded "teaching and assigning nursing care tasks" to "supervision of" UAP as something within nurses' scope of practice (OAR 851-047-0000). Supervision of UAP in community-based care setting was not a new concept when the rules were changed in 2004—in prior rule versions nurses were charged with supervising UAP.
3. Added the following language to OAR 851-047-000: "Prior to agreeing to delegate tasks of nursing care, the Registered Nurse has the responsibility to understand these rules for delegating tasks of nursing care and achieve the competence to delegate and supervise. This may be accomplished by attending a class on delegation, obtaining one to one instruction or using other methods to understand delegation."
4. Added teaching administration of noninjectable medication (see IV. A. above). OAR 851-047-0020 was retitled from "Assignment of Basic Tasks of Nursing Care, Including Noninjectable Medications" to "Teaching Administration of Noninjectable Medications and Periodic Inspection" and was given a new introductory paragraph: "These rules for teaching administration of noninjectable medications apply only when a Registered Nurse is designated by the facility or client to provide training and consultation. Unlicensed persons administer noninjectable medications in community-based

care settings. Many of these settings are regulated and the unlicensed persons who function in them are regulated from the standpoint of training requirements for them to be caregivers. Training to administer noninjectable medications may or may not be part of the caregiver's orientation program and the training is not required to be done by a Registered Nurse. Community-based care settings may or may not require nurse consultation or the involvement of a licensed nurse. In these settings, the nurse is encouraged to review the facility license requirements that reference the duties of a licensed nurse."

5. Added definition of where RNs not regularly scheduled (see II. above)
6. Addition of reporting requirements for nurses of unsafe practices (see IV. A. 5. and VIII. B. above).
7. Added definition of client directed care (see VII. A. above)
8. Added definition of community based care: "a setting that does not exist primarily for the purpose of providing nursing/medical care, but where nursing care is incidental to the setting. These settings include adult foster homes, assisted living facilities, child foster homes, private homes, public schools and twenty-four hour residential care facilities." OAR 851-047-0010(6).
9. Rule language regarding the physician's authority to determine frequency of review of medication administration (851-047-0010(14)) and to provide direction to UAPs with respect to medication administration (851-047-0020) was made more specific.
10. Inspection of medication administration is now made optional; before the nurse had to periodically evaluate, but the interval was left for the nurse to determine. See IV. A. 3. above for current language.
11. Added a clarification that the decision to delegate is the nurse's alone, based on professional judgment, and that the nurse may refuse to delegate (OAR 851-047-0030 (1)).
12. The rules now specify in more detail the form written instructions to UAP should take (see VI. C. above) and give nurses more guidance about the delegation process–all of the below is new in OAR 851-047-0030(4):
    (f) The subsequent intervals for assessing the client and observing the competence of the caregiver(s) shall be based on the following factors:
        (A) The task of nursing care being performed;
        (B) Whether the Registered Nurse has taught the same task to the caregiver for a previous client;
        (C) The length of time the Registered Nurse has worked with each caregiver;
        (D) The stability of the client's condition and assessment for potential to change;
        (E) The skill of the caregiver(s) and their individual demonstration of competence in performing the task;
        (F) The Registered Nurse's experience regarding the ability of the caregiver(s) to recognize and report change in client condition; and
        (G) The presence of other health care professionals who can provide support and backup to the delegated caregiver(s).
13. Rules now emphasize willingness in addition to competence of caregiver (see 851-047-0030(3)(f) and (4)(b)).
14. The rules now allow for assessment/evaluation on-site or by use of technology allowing the nurse to visualize client and caregiver, while before they did not specify (see OAR 851-047-0030(4)(c)).

15. The interval between evaluation of delegation is now a maximum of 180 days, instead of 120 days (interval from delegation to initial evaluation is still 60 days). See VI. E. above.
16. The rules now allow UAP to add medications and change bags of fluids with intravenous medications, in addition to flushing the line. However, nurses now must be available for on site intervention 24 hours and regularly monitor the intravenous site, and the agency must have clear policies regarding when delegation may occur and how it will be supervised. This applies only to Home Health, Home Infusion and Hospice nurses. See V. B. above.
17. Language was added regarding teaching for anticipated emergencies that it "should be limited to those likely to encounter such emergencies" (OAR 851-047-0040(1)).

C. In 2001, language was added to Division 48, Standards for Provision of Nursing Care by A Designated Care-Giver (applies only in home and community settings), regarding the Responsibilities of the Licensed Nurse in Working With the Designated Care-Giver, that the nurse should "Teach the designated care-giver any task of nursing care necessary for the person to receive care." (OAR 851-048-0060 (4)).

Resources

State of Oregon Board of Nursing
Oregon State Board of Nursing
800 Oregon St. N.E., Suite 465
Portland, Oregon 97232-2162
Phone: 971-673-0685
Fax: 971-673-0684
Email: oregon.bn.info@state.or.us
http://www.oregon.gov/OSBN/index.shtml

Nurse Practice Act (Oregon Revised Statutes, Chapter 678.010-678.445):
http://www.oregon.gov/OSBN/pdfs/npa/ORS.pdf

Admin Code (Division 47, 48, 62, 63): http://www.oregon.gov/OSBN/adminrules.shtml

Notes:
(1) Only 47 deals explicitly with delegation; the others deal with teaching or assigning tasks, but give an idea of what unlicensed assistant personnel may do.
(2) To access the entire ORS or OAR, scroll to the bottom of the board of nursing website to the links for these acronymns.

Reinhard, S.C. & Quinn, W.V. (2004). *Oregon's Nurse Practice Policies for Home and Community Living.* New Brunswick, NJ: Rutgers Center for State Health Policy & National Academy for State Health Policy: Community Living Exchange. Accessed March 22, 2006 from: http://www.hcbs.org/files/60/2958/Oregon022205.pdf (included in conference packet)

Nurse Delegation Regulations in Washington

Summary: RNs working in a consumer's home or in a community-based setting, such as a community residential program for the developmentally disabled, licensed adult family home, or licensed boarding home, may delegate nursing care tasks only to registered or certified nursing assistants. RNs working for a home health or hospice agency may delegate the application, instillation or insertion of medications to certified aides. In all cases, RNs must verify the aide's credentials and give detailed instructions. The RN must re-evaluate the delegation at least every 90 days. RNs and nursing assistants are responsible for their own individual actions in the delegation process. The law and rules contain provisions for self-direction in long-term care which state that consumers may employ and dismiss a personal aide, and that licensed health care providers incur no additional liability as a result.

Detail:

I. Exemptions from regulations

A. The nurse practice act does not prohibit
   1. "the nursing care of the sick, without compensation, by an unlicensed person who does not hold himself or herself out to be a registered nurse" (RCW 18.79.040)
   2. "the practice of a nursing assistant, providing delegated nursing tasks" (RCW 18.79.040)
   3. "the incidental care of the sick by domestic servants or persons primarily employed as housekeepers, so long as they do not practice registered nursing within the meaning of this chapter" (RCW 18.79.240)
   4. "the domestic administration of family remedies or the furnishing of nursing assistance in case of emergency" (RCW 18.79.240)
   5. "Prohibiting nursing or care of the sick, with or without compensation, when done in connection with the practice of the religious tenets of a church by adherents of the church so long as they do not engage in the practice of nursing as defined in this chapter" (RCW 18.79.240)

II. Settings where delegation is allowed

A. "Community-based care settings" such as certified community residential programs for the developmentally disabled, licensed adult family homes, and licensed boarding homes. (RCW 18.79.260)

B. "In-home care settings" such as "an individual's place of temporary or permanent residence" as long as it is not an acute care or skilled nursing facility. (RCW 18.79.260)

C. "The nursing task delegation protocols are not intended to regulate the settings in which delegation may occur, but are intended to ensure that nursing care services have a consistent standard of practice upon which the public and the profession may rely, and to safeguard the authority of the nurse to make independent professional decisions regarding the delegation of a task." (RCW 18.79.260)

III. Tasks that may be delegated

A. "A registered nurse, working for a home health or hospice agency… may delegate the application, instillation, or insertion of medications to a registered or certified nursing assistant under a plan of care." (RCW 18.79.260)

B. Registered nurse delegators may never delegate the following care tasks: "(1) Administration of medications by injection (by intramuscular, intradermal, subcutaneous, intraosseous, intravenous, or otherwise). (2) Sterile procedures. (3) Central line maintenance. (4) Acts that require nursing judgment." (WAC 246-840-910)

Care Task That May be Delegated	Yes	No	Comment
Administration of oral medication	X		
Administration of pre-drawn insulin		X	
Administration of other injectable medications		X	
Administration of PRN medication	X		
Applying unsterile dressings	X		
Applying sterile dressings		X	
Tube feedings	X		
Bladder catheters	X		Only if not a sterile procedure
Bowel treatments	X		Only if not a sterile procedure

IV. Requirements for delegation

A. "A registered nurse may delegate tasks of nursing care to other individuals where the registered nurse determines that it is in the best interest of the patient." (RCW 18.79.260)

B. "A licensed registered nurse may delegate specific nursing care tasks to nursing assistants who meet certain requirements and provide care to individuals in a community-based care setting … and to individuals in an in-home care setting" (WAC 246-840-910)

C. "For delegation in community-based care settings or in-home care settings, a registered nurse may delegate nursing care tasks only to registered or certified nursing assistants." Simple care tasks such as blood pressure monitoring and personal care service may be delegated to other individuals. (RCW 18.79.260)

D. The criteria for delegation require four elements: assessment, planning, implementation, and evaluation. (WAC 246-840-930):

1. Assessment includes determining the care setting, the task that may be delegated, the individual's medical condition, the capability and certification status of the nursing assistant to perform the delegated task as well as obtaining patient consent when the registered nurse determines that delegation of the task is appropriate.
2. Planning includes documentation of rationale, written delegation instructions for the nursing assistant and a plan of nursing supervision and evaluation. The specific instructions must include the following (quoting WAC 246-840-930 (12)):

> "(a) The rationale for delegating the nursing task;

(b) That the delegated nursing task is specific to one patient and is not transferable to another patient;
(c) That the delegated nursing task is specific to one nursing assistant and is not transferable to another nursing assistant;
(d) The nature of the condition requiring treatment and purpose of the delegated nursing task;
(e) A clear description of the procedure or steps to follow to perform the task;
(f) The predictable outcomes of the nursing task and how to effectively deal with them;
(g) The risks of the treatment;
(h) The interactions of prescribed medications;
(i) How to observe and report side effects, complications, or unexpected outcomes and appropriate actions to deal with them, including specific parameters for notifying the registered nurse delegator, health care provider, or emergency services;
(j) The action to take in situations where medications and/or treatments and/or procedures are altered by health care provider orders, including:
(i) How to notify the registered nurse delegator of the change;
(ii) The process the registered nurse delegator will use to obtain verification from the health care provider of the change in the medical order; and
(iii) The process to notify the nursing assistant of whether administration of the medication or performance of the procedure and/or treatment is delegated or not;
(k) How to document the task in the patient's record;
(l) Document what teaching was done and that a return demonstration, or other method for verification of competency, was correctly done; and
(m) A plan of nursing supervision describing how frequently the registered nurse will supervise the performance of the delegated task by the nursing assistant and reevaluate the delegated nursing task. Supervision shall occur at least every ninety days."

3. Implementation requires the registered nurse delegator to teach the nursing assistant how to perform the task.
4. Evaluation involves evaluating the individual's responses to the delegated task, supervising and assessing the nursing assistant's performance, and ensuring the provision of safe and effective services. "Reevaluation and documentation must occur at least every 90 days" (WAC 246-840-930 (18)).

V. **Consumer directed care**

A. The statute defining long-term care service options specifies that self-directed care is an option (quoting RCW 74.39.050):

"(1) An adult person with a functional disability living in his or her own home may direct and supervise a paid personal aide in the performance of a health care task.
(2) The following requirements shall guide the provision of self-directed care under chapter 336, Laws of 1999:
(a) Health care tasks are those medical, nursing, or home health services that enable the person to maintain independence, personal hygiene, and safety in his or her own home, and that are services that a person without a functional disability would customarily and personally perform without the assistance of a licensed health care provider.

(b) The individual who chooses to self-direct a health care task is responsible for initiating self-direction by informing the health care professional who has ordered the treatment which involves that task of the individual's intent to perform that task through self-direction.
(c) When state funds are used to pay for self-directed tasks, a description of those tasks will be included in the client's comprehensive assessment, and subject to review with each annual reassessment.
(d) When a licensed health care provider orders treatment involving a health care task to be performed through self-directed care, the responsibility to ascertain that the patient understands the treatment and will be able to follow through on the self-directed care task is the same as it would be for a patient who performs the health care task for himself or herself, and the licensed health care provider incurs no additional liability when ordering a health care task which is to be performed through self-directed care.
(e) The role of the personal aide in self-directed care is limited to performing the physical aspect of health care tasks under the direction of the person for whom the tasks are being done. This shall not affect the ability of a personal aide to provide other home care services, such as personal care or homemaker services, which enable the client to remain at home.
(f) The responsibility to initiate self-directed health care tasks, to possess the necessary knowledge and training for those tasks, and to exercise judgment regarding the manner of their performance rests and remains with the person who has chosen to self-direct those tasks, including the decision to employ and dismiss a personal aide."

B. Regulations specify that the consumer must direct (quoting WAC 388-71-05640): "Self-directed care under chapter 74.39 RCW must be directed by an adult client for whom the health-related tasks are provided. The adult client is responsible to train the individual provider in the health-related tasks which the client self-directs."
C. The statute regarding nursing assistants says that nothing prohibits: "A nursing assistant, while employed as a personal aide as defined in RCW 74.39.007, from accepting direction from an individual who is self-directing their care." RCW 18.88A.140 (4)

VI. Liability/accountability provisions for delegation

A. "The nurse is accountable for his or her own individual actions in the delegation process. Nurses acting within the protocols of their delegation authority are immune from liability for any action performed in the course of their delegation duties." (RCW 18.79.260)
B. "The registered nurse delegating the task retains the responsibility and accountability for the nursing care of the patient." (WAC 246-840-920)
C. "The registered nurse delegator is accountable and responsible for the delegated nursing task. The registered nurse delegator must monitor the performance of the task(s) to assure compliance to established standards of practice, policies and procedures and to ensure appropriate documentation of the task(s)." (WAC 246-840-930)
D. "The registered nurse delegator and nursing assistant are accountable for their own individual actions in the delegation process. The delegated task becomes the responsibility of the person to whom it is delegated but the registered nurse delegator retains overall accountability for the nursing care of the patient, including nursing assessment, evaluation, and assuring documentation is completed." (WAC 246-840-970)

E. "The nursing assistant shall be accountable for their own individual actions in the delegation process. Nursing assistants following written delegation instructions from registered nurses performed in the course of their accurately written, delegated duties shall be immune from liability" (RCW 18.88A.230(1)).
F. Nurses and nursing assistants are protected from liability if refusing delegation based on safety issues (RCW 18.79.260 (3)(d); RCW 18.88A.230 (2)).

VII. Recent changes

A. Senate Bill 6136, 59th Legislature, 2006 Regular Session, Section 2: Among other things, "a work group will be established to recommend to the legislature best practices in school nursing services, including the application of nurse delegation models in the public school setting." http://www.aarc.org/advocacy/state/legislature/ (to see bill, search http://search.leg.wa.gov/pub/textsearch)
B. In 2004, language was added to WAC 246-888-020 (Medication assistance) that "Assistance may be provided with prefilled insulin syringes. Assistance is limited to handing the prefilled insulin syringe to an individual/resident."
C. Passed in 2003, "House Bill 1753 expanded nurse delegation into the home, including in-home care, allowing them to delegate the application, instillation, or insertion of medication to nursing assistants, and clarified that home care agencies could provide delegated tasks without being considered a home health agency." https://fortress.wa.gov/doh/hpqa1/Publications/documents/uda2001-2003.pdf
D. Specifics of 2003 changes:
    1. RCW 18.79.040(1)(c) (defining registered nurse practice) amended to add "in-home service agency" and "community-based care setting" as settings with authority to supervise what happens within them.
    2. Added to RCW 18.79.040(3)(b) "A registered nurse, working for a home health or hospice agency regulated under chapter 70.127 RCW, may delegate the application, instillation, or insertion of medications to a registered or certified nursing assistant under a plan of care."
    3. Added in-home care settings throughout (see II. B. above).
    4. Language added that nursing assistants are not prohibited from accepting direction from consumers (see V. C. above).
    5. "Acts that require nursing judgment" is added to the list of tasks for which delegation is prohibited (see III. B. above). This was already in the decision tree.
    6. The decision tree was modified to add questions about whether the patient's condition is stable and predictable, and the prohibited tasks of injections, sterile procedures and central line maintenance (see attached copy of decision tree, or WAC 246-840-940).
    7. Wording in WAC 246-841-405 was changed from listing tasks nursing assistants could perform to listing the prohibited tasks (same as what nurse may delegate—see III. B. above).
    8. Nurse Delegation core training was added--WAC 388-71-05805 to 05830. This is a requirement before assistants can receive delegated tasks.

Resources

Washington State Nursing Care Quality
Assurance Commission
Department of Health
HPQA #6
310 Israel Rd SE
Tumwater, WA 98501-7864
Phone: (360) 236-4700
FAX: (360) 236-4738
Contact Person: Paula Meyer, MSN, RN, Executive Director
Web Site: https://wws2.wa.gov/doh/hpqa-licensing/HPS6/Nursing/default.htm

Delegation decision tree (WAC 246-840-940) (attached)

Delegation training materials: http://www.aasa.dshs.wa.gov/professional/nursedel/TOC.htm

Laws and Rules

Statute (see http://apps.leg.wa.gov/RCW):

- Chapter 18.79 RCW, Nursing care
- Chapter 18.88A RCW, Nursing assistants
- Chapter 74.39 RCW, Long-term care service options
- Chapter 74.39A RCW, Long-term care services options — expansion

Admin Code (see http://apps.leg.wa.gov/WAC):

- Chapter 246-840 WAC, Practical and registered nursing
- Chapter 246-841 WAC, Nursing assistants
- Chapter 246-888 WAC, Medication assistance (regarding assistance with self-administration)
- Chapter 388-71 WAC, Home and community services and programs

Publications:

Reinhard, S. & Young, H. (2006, January). *Washington's Nurse Practice Policies for Home and Community Living.* New Brunswick, NJ: Rutgers Center for State Health Policy & National Academy for State Health Policy: Community Living Exchange. (included in conference packet)

Washington State Department of Health: Nursing Care Quality Assurance Commission. (2005, December) Nursing Practice Guide. https://wws2.wa.gov/doh/hpqa-licensing/HPS6/Nursing/practice.htm

246-840-940 Washington state nursing care quality assurance commission community-based and in-home care setting delegation decision tree.

(1)	Does the patient reside in one of the following settings? A community-based care setting as defined by RCW 18.79.260 (3)(e)(i) or an in-home care setting as defined by RCW 18.79.260 (3)(e)(ii).	No ->	Do not delegate
	Yes ↓		
(2)	Has the patient or authorized representative given consent to the delegation?	No ->	Obtain the written, informed consent
	Yes ↓		
(3)	Is RN assessment of patient's nursing care needs completed?	No ->	Do assessment, then proceed with a consideration of delegation
	Yes ↓		
(4)	Does the patient have a stable and predictable condition?	No ->	Do not delegate
	Yes ↓		
(5)	Is the task within the registered nurse's scope of practice?	No ->	Do not delegate
	Yes ↓		
(6)	Is the nursing assistant registered or certified and properly trained in the nurse delegation for nursing assistants?	No ->	Do not delegate
	Yes ↓		
(7)	Does the delegation exclude the administration of medications by injection, sterile procedures or central line maintenance?	No ->	Do not delegate
	Yes ↓		
(8)	Can the task be performed without requiring judgment based on nursing knowledge?	No ->	Do not delegate
	Yes ↓		
(9)	Are the results of the task reasonably predictable?	No ->	Do not delegate
	Yes ↓		
(10)	Can the task be safely performed according to exact, unchanging directions?	No ->	Do not delegate
	Yes ↓		
(11)	Can the task be performed without a need for complex observations or critical decisions?	No ->	Do not delegate
	Yes ↓		
(12)	Can the task be performed without repeated nursing assessments?	No ->	Do not delegate
	Yes ↓		
(13)	Can the task be performed improperly without life-threatening consequences?	No ->	Do not delegate
	Yes ↓		
(14)	Is appropriate supervision available?	No ->	Do not delegate
	Yes ↓		
(15)	There are no specific laws or rules prohibiting the delegation?	No ->	Do not delegate
	Yes ↓		
(16)	Task is delegable		

[Statutory Authority: RCW 18.79.110, 18.79.260 (3)(f),18.88A.210 , 2003 c 140. 04-14-065, § 246-840-940, filed 7/2/04, effective 7/2/04. Statutory Authority: Chapters 18.79 and 18.88A RCW. 02-02-047, § 246-840-940, filed 12/27/01, effective 1/27/02. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-940, filed 6/18/97, effective 7/19/97; 96-05-060, § 246-840-940, filed 2/19/96, effective 3/21/96.]

Forum Handouts

Contract Registered Nurse Service
Oregon Department of Human Services
Seniors and People with Disabilities

Seniors and People with Disabilities (SPD) Contract Registered Nurse Service consists of registered nurses who contract with Oregon Department of Human Services to provide chronic care nursing services for Medicaid service-eligible SPD clients who live in their own homes or in foster homes.

The goal of the SPD Contract RN Service is to improve the independence and quality of life of SPD clients by maximizing their health status and preventing unnecessary decline. The Contract RN Service is a cost-effective support that addresses the chronic healthcare needs of older adults, adults with physical disabilities, and people with developmental disabilities.

SPD Contract RN services are preventative, supportive, and intermittent in nature. The Contract RN's role is one of health care assessment, teaching, and health monitoring rather than the traditional role of the home health nurse who provides restorative direct care for a person with an acute healthcare need.

The SPD Contract RN provides a thorough assessment of the person with chronic, maintenance, care needs, their living environment and their care provider(s) (if involved) in order to develop a holistic and feasible health care plan.

The SPD Contract RN can provide service to a person through authorization from their (Medicaid) case manager. At the direction of the client, the case manager, care providers, and Contract RN partner to provide the highest quality of support services.

Seniors and People with Disabilities Central Office in Salem provides oversight, support, and technical assistance for Seniors and People with Disabilities Contract RN Service. The SPD Central Office Contract RN Service contact is Gretchen Koch Thompson (503) 945-6484.

Seniors and People with Disabilities has developed standards for when a `referral for a nursing assessment would be indicated for a person. The following is a list of client indicators that generally lead to a case manager referral for a Contract RN nursing assessment.

Client Indicators for a Nursing Assessment Referral.

- Health care problems requiring medical intervention
- Complex health problems or multiple diagnosis
- Hospitalizations or emergency room visits
- A care provider makes a request to a case manager for a client assessment
- Nutritional and/or weight problems (under or overweight)
- Skin breakdown or at risk for skin breakdown
  Behavioral symptoms or changes in behavior
- Psychoactive medications or a perceived need for psychoactive medications
- A physical restraint or bed rail order (or a perceived need for either)
  Medication management issues:
  – A complex medication regimen
  – Taking five or more medications, including prescribed and over the counter
  – An order for a blood thinner (such as Coumadin or warfarin)
  – Sub-cutaneous injection (e.g., insulin)
  – Frequent medication changes
  – Frequent medication refusals
- Unusual or complex activity of daily living needs (including personal appliances such as a catheter or a tube feeding)
- Mobility issues including frequent falls, at risk for falls, or the need for frequent repositioning
- A physician/nurse practitioner order for a task that may require RN delegation (e.g., capillary blood glucose testing, insulin injections, suctioning, gastric tube feedings or medication administration)
- Pain management need or issue
- Assessment for end of life care

The Contract Registered Nurse Service is an important part of Oregon's community based care infrastructure that makes our state a leader in community-based care. Please contact Gretchen Koch Thompson at (503) 945-6484 if you have questions concerning SPD's Contract RN Service.

Policy Related to the Nurse's Role in Medication Administration in Community Based Care Settings

The purpose of this memo is to clarify policy related to the nurse's role in the practice of medication administration in community based care (CBC) settings. We hope these clarifications will promote the usage of nurses in CBC settings in a way that is consistent with Oregon law governing the practice of nursing and consistent with the profession's mission to protect health, safety and rights.

Standards and Scope of Practice for Registered Nurses Practicing within the CBC Setting

The practice of nursing in CBC settings often empathizes monitoring, teaching, and coordination of supports over direct service. As with the practice of nursing in any setting, it is anticipated that:

- All actions taken by nurses are supported by nursing process and professional judgment.
- A registered nurse identifying an actual or potential risk to a person's health and safety must intervene with some sort of action to address the situation. This intervention might be limited to patient teaching or reporting the problem to another team member. Proper documentation will protect the nurse from responsibility for any negative outcomes secondary to a consumer choice and/or lack of supports provided by related team members.
- A RN's professional practice falls under the jurisdiction of the Oregon State Board of Nursing (OSBN). When a RN practices in a community based care licensed setting, the OSBN is regulating that nurse's professional practice. Seniors and People with Disabilities (SPD) regulate the CBC *setting* in which the nurse practices.

Nurses' Role in the Self Administration of Medication

Nurses are often asked to review, teach and monitor a client who is self administering their own medications. If the person is legally competent and wants to administer their own medications, the RN needs to provide the teaching and supports necessary to maximize the person's health management skills. Medisets, pill-minders, written instructions and other aids might be utilized.

If the nurse determines that the person is not capable of safely administering their medications, then the nurse needs to intervene through such actions as contacting the person's family, case manager and/or physician to facilitate needed supports to promote the person's health and safety in regards to medication administration.

If the person is competent and refuses the supports which the nurse thinks are necessary to ensure the best practice of medication administration, then the nurse can continue to teach and provide as much support as the person will accept. This situation might require a risk management plan indicating that the nurse does not have liability for a client's negative outcomes that are related to non-adherence to treatment and/or poor decision making. However, the nurse's responsibility for teaching, assessment, monitoring and coordination of supports does not cease.

Teaching of Medications within the Community Based Care Setting. The Department of Human Services (DHS), SPD rules for Assisted Living Facilities (ALFs), Residential Care Facilities (RCFs) and Adult Foster Care (AFC) do not mandate the teaching of medication administration by a RN to providers and/or caregivers. Although teaching of medication administration is permitted in these settings per OSBN rules, the need for teaching is left up to the discretion of the nurse based on his/her assessment of an individual client. If a nurse determines that teaching of medications is needed and subsequently provided, then he/she is required to follow OSBN rules related to the practice of teaching administration of noninjectable medications and periodic inspection.

Community based care providers licensed by SPD (ALFs, RCFs, and AFHs) are required via SPD rule to have a system in place that gets the right medications to the right people and the right times in terms of process and outcomes. A facility might decide that to ensure a safe medication administration system that they will require the services of a RN and the subsequent teaching of medication administration by a RN to providers and/or care givers. However, this would be an internal (facility) policy that exceeds both OSBN and SPD rules.

If you have questions about this memo, please contact Megan Hornby, Community Based Care Nursing and Health Manager at (503) 945-6415.

National Council of State Board of Nursing Materials

Working With Others: Delegation and Other Health Care Interfaces (available online at: **http://www.ncsbn.org/pdfs/Working_with_Others.pdf**)

Model Act and Rules For Delegation and Nursing Assistant Regulatory Model (available online at: **http://www.ncsbn.org/pdfs/Model_Language_NAP.pdf**)

North Carolina Materials

P.O. BOX 2129
Raleigh, NC 27602
(919) 782-3211
FAX (919) 781-9461
Nurse Aide II Registry (919) 782-7499
www.ncbon.com

Interpretive Statement

ASSIGNMENT AND/OR DELEGATION OF NURSING ACTIVITIES BY THE RN AND LPN

Administrative Rule 21 NCAC 36.0224 - Components of Nursing Practice For The Registered Nurse states in paragraph (d): "Implementation of nursing activities is the initiating and delivering of nursing care according to an established plan, which includes…assigning, delegating and supervising nursing activities of other licensed and unlicensed personnel." Paragraph (a) of this same Rule states: "The responsibilities which any registered nurse can safely accept are determined by the variables in each nursing practice setting. These variables include:

(1) the nurse's own qualifications including:
  (A) basic educational preparation; and
  (B) knowledge and skills subsequently acquired through continuing education and practice.
(2) the complexity and frequency of nursing care needed by a given client population;
(3) the proximity of clients to personnel;
(4) the qualifications and number of staff;
(5) the accessible resources; and
(6) established policies, procedures, practices, and channels of communication which lend support to the types of nursing services offered."

Administrative Rule 21 NCAC 36.0225 - Components of Nursing Practice For The Licensed Practical Nurse states in subparagraph (d)(2): "The licensed practical nurse may participate … in implementing the health care plan by assigning nursing care activities to other licensed practical nurses and delegating nursing care activities to unlicensed personnel qualified to perform such activities …providing all of the following criteria are met:

(A) validation of qualifications of personnel to whom nursing activities may be assigned or delegated;
(B) continuous availability of a registered nurse for supervision consistent with 21 NCAC 36.0224 (i) and Paragraph (d)(3) of this rule;
(C) accountability maintained by the licensed practical nurse for responsibilities accepted, including nursing care given by self and by all other personnel to whom such care is assigned or delegated;
(D) participation by the licensed practical nurse in on-going observations of clients and evaluation of clients' responses to nursing actions; and
(E) provision of supervision limited to the validation that tasks have been performed as assigned or delegated and according to established standards of practice."

Based on Administrative Rules 21 NCAC 36.0224 and .0225, the North Carolina Board of Nursing has developed the following interpretative statement. This statement is limited to the assignment, delegation and supervision of direct patient care activities. Within this context, assignment is defined as designating responsibility for implementation of a specific activity or set of activities to a person licensed and competent to perform such activities Delegation is defined as transferring to a competent individual the authority to perform a selected nursing activity in a selected situation. The nurse retains the accountability for the assignment and/or delegation. Supervision is the provision of guidance or direction, evaluation and follow-up by the licensed nurse for the

accomplishment of an assigned and/or delegated nursing task. Therefore, supervision is that component of assignment and/or delegation by which the licensed nurse maintains accountability for the nursing care given by personnel to whom the care has been assigned and/or delegated.

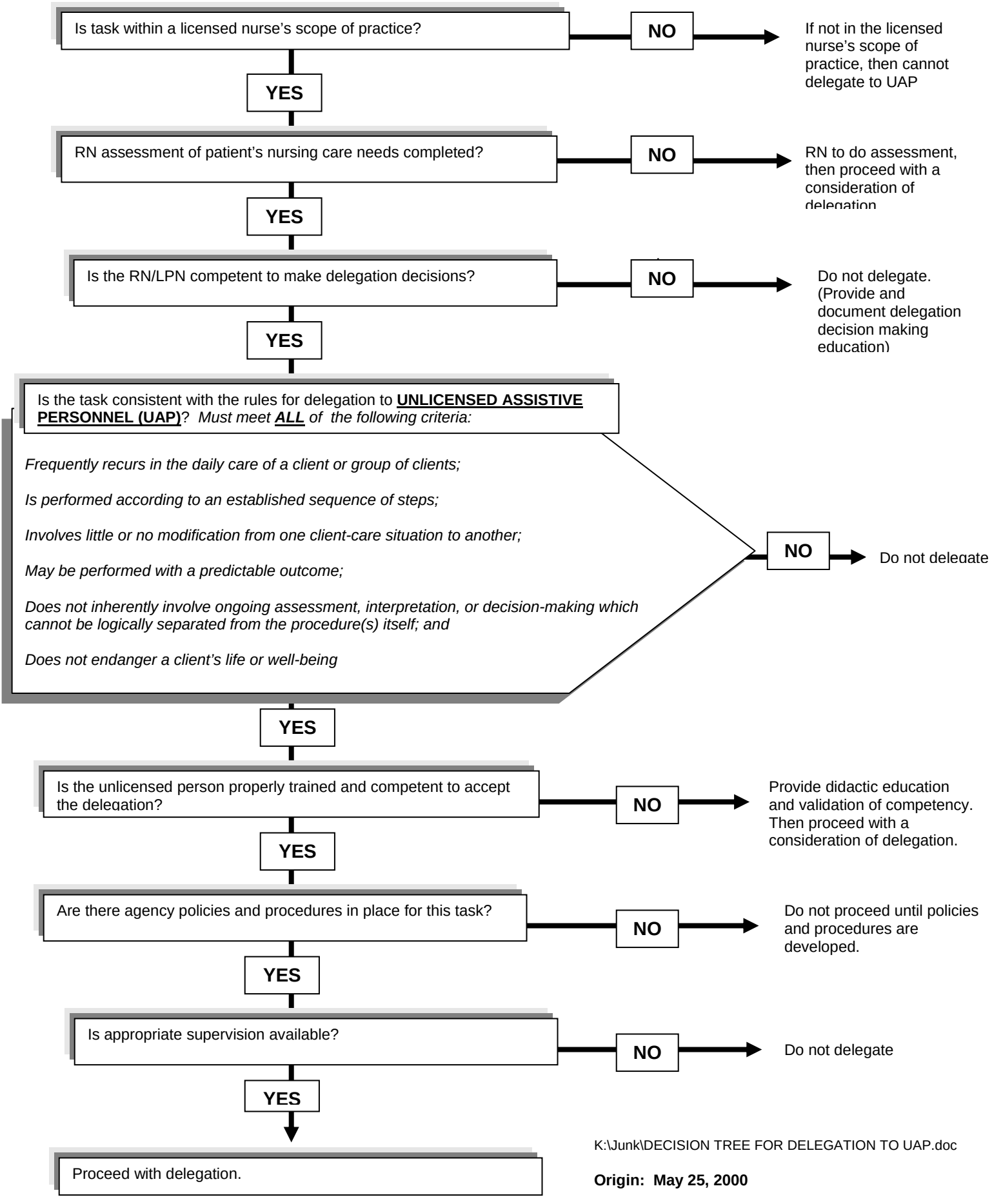
The licensed practical nurse may be involved in assignment and/or delegation of specific tasks to other licensed practical nurses and unlicensed personnel only after the registered nurse has assessed the client and indicated through the care planning process what tasks may appropriately be completed by each level of licensed or unlicensed personnel. Because assignment and/or delegation by the licensed practical nurse is part of implementing an established health care plan for a specific client, the level of supervision by this licensee is limited to those follow-up activities required to validate that the nursing care tasks have been performed as assigned and/or delegated and according to established standards of practice. It is beyond the scope of practice for the licensed practical nurse to participate in broader supervisory/management activities.

Consistent with 21 NCAC 36.0224 (i), the registered nurse maintains overall accountability for the coordination and delivery of nursing care to the individual client or group of clients for whom the registered nurse has accepted responsibility for delivery of nursing care. Based upon the assessment of the client's status, clinical competence of other licensed and unlicensed personnel and the variables in each service setting as outlined in 21 NCAC 36.0224 (a), the registered nurse may assign and/or delegate nursing care activities to other registered nurses, licensed practical nurses or unlicensed personnel as appropriate to the level of knowledge and skill of the individual to whom care is assigned and/or delegated and within the legal scope of practice for each level of licensed or unlicensed individual.

When the licensed nurse accepts the responsibility to perform assignment and/or delegation, it is essential that the nurse have the knowledge and skill to perform this function safely and within the legal scope of practice for that level of licensee. No licensee may be expected to perform activities for which he/she is not competent. Therefore, it is imperative that agencies have a mechanism for validating the knowledge and skill level of the licensed nurse whose duties will include assignment and/or delegation prior to expecting the licensee to perform this activity. Because curriculum content related to assignment and/or delegation varies widely in basic educational programs for the registered nurse and the licensed practical nurse, opportunities should be available which enable the licensee to gain the knowledge and skill to perform assignment and/or delegation safely and within the legal scope of practice for that level of licensee.

Each agency has the responsibility for establishing those policies, procedures, practices and channels of communication, which provide a climate in which assignment and/or delegation may be carried out, by the designated level of licensee(s) in a safe and appropriate manner. Such a climate assures appropriate education as well as validation of competence for each licensed nurse who will be expected to participate in these activities.

DECISION TREE FOR RN/LPN DELEGATION TO UAP



K:\Junk\DECISION TREE FOR DELEGATION TO UAP.doc

Origin: May 25, 2000

Origin: May 25, 2000

Delegation: CONCEPTS AND DECISION-MAKING PROCESS*

INTRODUCTION

To meet the public's increasing need for accessible, affordable, quality health care, providers of health care must maximize the use of every health care worker and ensure appropriate delegation of responsibilities and tasks. Nurses, who are uniquely qualified for promoting the health of the whole person by virtue of their education and experience, must be actively involved in making health care policies and decisions; they must coordinate and supervise the delivery of nursing care, including the delegation of nursing tasks to others.

Issues related to delegation have become more complex in today's evolving health care environment, creating a need for practical guidelines to direct the process for making delegatory decisions. Accordingly, this paper presents a decision-making process and practical guidelines for delegation.

PURPOSE

The purpose of this paper is to provide a resource to health care workers. This paper provides clarification of responsibilities of nurses for delegation, including nursing tasks performed by unlicensed health care workers, and the responsibility of licensed nurses to delegate nursing tasks in accord with their legal scopes of practice. It provides a decision-making tool which can be used in clinical and administrative settings to guide the process of delegation. This paper also describes the accountability of each person involved in the delegation process and potential liability if competent, safe care is not provided.

PREMISES

The following premises constitute the basis for the delegation decision-making process.

1. All decisions related to delegation of nursing tasks must be based on the statutory mandate for providing the public with safe nursing care.
2. NC Board of Nursing is responsible for the regulation of nursing. Provision of any care which constitutes nursing or any activity represented as nursing is a regulatory responsibility of Board of Nursing.
3. NC Board of Nursing should articulate clear principles for delegation, augmented by clearly defined guidelines for delegation decisions.
4. A registered nurse must have ultimate responsibility and accountability for the management and provision of nursing care.
5. A registered nurse must be actively involved in and be accountable for all managerial decisions, policy making and practices related to delegation of nursing care.
6. There is a need and a place for competent, appropriately supervised, unlicensed assistive personnel in the delivery of affordable, quality health care. However, it must be remembered that unlicensed assistive personnel are equipped to assist—not replace—the nurse.
7. Nursing is a knowledge-based process discipline and cannot be reduced solely to a list of tasks. The licensed nurse's specialized education, professional judgment and discretion are essential for quality nursing care.
8. While some nursing tasks may be delegated, the practice-pervasive functions of assessment, evaluation and nursing judgment must not be delegated.
9. A task delegated to an unlicensed assistive person cannot be redelegated by the unlicensed assistive person.

---

* *Adapted from the Delegation Resource Folder developed by the National Council of State Boards of Nursing, Inc./1997.*

10. Consumers have a right to health care that meets legal standards of care. Thus, when a nursing task is delegated, the task must be performed in accord with established standards of practice, policies and procedures.
11. The licensed nurse determines and is accountable for the appropriateness of delegated nursing tasks. Inappropriate delegation by the nurse and/or unauthorized performance of nursing tasks by unlicensed assistive personnel may lead to legal action against the licensed nurse and/or unlicensed assistive personnel.

DEFINITIONS

Assignment……	Designating nursing activities to be performed by an individual consistent with his/her licensed scope of practice.
Accountability.....	Being responsible for actions or inactions of self or others in the context of delegation.
Authority.....	The source of the power to act.
Delegation.....	**T**ransferring to a competent individual the authority to perform a selected nursing task in a selected situation. The nurse retains accountability for the delegation.
Five Rights of..... Delegation	Made up of the ***Right Task, Right Circumstances, Right Person, Right Direction/Communication***, and ***Right Supervision/Evaluation***, the ***Five Rights*** can be used as a mental checklist to assist nurses in remembering the essential elements of delegation.
Licensed Nurse..... Competence	The application of knowledge and the interpersonal, decision-making and psychomotor skills expected for the practice role, in the context of public health, safety and welfare.
Nursing Assessment.....	The establishment of a database through the gathering of objective and subjective information relative to a client, confirmation of the data, and communication of the information. From *NCLEX-RN™ Test Plan*
Nursing Judgment.....	The process by which nurses come to understand the problems, issues or concerns of clients, to attend to salient information and to respond to client problems in concerned and involved ways. Includes both conscious decision-making and intuitive response. Based on Benner's definition of clinical judgment in *Expertise in Nursing Practice: Caring, Clinical Judgment and Ethics*
Supervision.....	The provision of guidance or direction, evaluation and follow-up by the Registered Nurse for accomplishment of a nursing task delegated to Licensed Practical nurse and unlicensed assistive personnel.
Unlicensed..... Assistive Personnel (UAP)	Any unlicensed personnel, regardless of title, to whom nursing tasks are delegated.
Unlicensed Person..... Competence	The ability to use effective communication; to collect basic objective and subjective data; to perform selected non-complex nursing activities safely, accurately and according to standard procedures; and to seek guidance and direction when appropriate.

REGULATORY PERSPECTIVE: A FRAMEWORK FOR MANAGERIAL POLICIES

NC Board of Nursing has the legal responsibility to regulate nursing and provide guidance regarding delegation. Registered Nurses (RNs) may assign certain nursing tasks to Licensed Practical Nurses (LPNs) and delegate to unlicensed assistive personnel (UAP). LPNs may also assign certain tasks within their scope of practice to other LPNs and delegate to unlicensed assistive personnel providing there is **continuous availability of the RN**. The licensed nurse has a responsibility to assure that the task is performed in accord with established standards of practice, policies and procedures. The nurse who delegates retains accountability for the task delegated.

The regulatory system serves as a framework for managerial policies related to the employment and utilization of licensed nurses and unlicensed assistive personnel. The Registered Nurse who assesses the patient's needs and plans nursing care should determine the tasks to be delegated and is accountable for that delegation. It is inappropriate for employers or others to require nurses to delegate when, in the nurse's professional judgment, delegation is unsafe and not in the patient's best interest. In those instances, the nurse should act as the patient's advocate and take appropriate action to ensure provision of safe nursing care.

ACCEPTABLE USE OF THE AUTHORITY TO DELEGATE

The delegating nurse is responsible for an individualized assessment of the patient and situational circumstances, and for ascertaining the competence of the delegatee before delegating any task. The practice-pervasive functions of assessment, evaluation and nursing judgment must not be delegated. Supervision, monitoring, evaluation and follow-up by the nurse are crucial components of delegation. The delegatee is accountable for accepting the delegation and for his/her own actions in carrying out the task.

The decision to delegate should be consistent with the nursing process (appropriate assessment, planning, implementation and evaluation). This necessarily precludes a list of nursing tasks that can be routinely and uniformly delegated for all patients in all situations. Rather, the nursing process and decision to delegate must be based on careful analysis of the patient's needs and circumstances. Also critical to delegation decisions are the qualifications of the proposed delegatee, the nature of the nurse's **delegation authority as set forth in the Nursing Practice Act**, and the nurse's personal competence in the area of nursing relevant to the task to be delegated.

DELEGATION DECISION-MAKING PROCESS

In delegating, the nurse must ensure appropriate assessment, planning, implementation and evaluation. The delegation decision-making process, which is continuous, is described by the following model:

I. Delegation criteria
   - A. Nursing Practice Act
     1. Permits delegation
     2. Authorizes task(s) to be delegated or authorizes the nurse to decide delegation
   - B. Delegator qualifications
     1. Within scope of authority to delegate
     2. Appropriate education, skills and experience
     3. Documented/demonstrated evidence of current competency in the delegation process
   - C. Delegatee qualifications
     1. Appropriate education, training, skills and experience
     2. Documented/demonstrated evidence of current competency

Provided that this foundation is in place, the licensed nurse may enter the continuous process of delegation decision-making.

II. Assess the situation
   - A. Identify the needs of the patient, consulting the plan of care
   - B. Consider the circumstances/setting
   - C. Assure the availability of adequate resources, including supervision

If patient needs, circumstances, and available resources (including supervisor and delegatee) indicate patient safety will be maintained with delegated care, proceed to III.

III. Plan for the specific task(s) to be delegated
   - A. Specify the nature of each task and the knowledge and skills required to perform it
   - B. Require documentation or demonstration of current competence by the delegatee for each task
   - C. Determine the implications for the patient, other patients, and significant others

If the nature of the task, competence of the delegatee, and patient implications indicate patient safety will be maintained with delegated care, proceed to IV.

IV. Assure appropriate accountability
   A. As delegator, accept accountability for performance of the task(s)
   B. Verify that delegatee accepts the delegation and the accountability for carrying out the task correctly

If delegator and delegatee accept the accountability for their respective roles in the delegated patient care, proceed to
V. Supervise performance of the task
   A. Provide directions and clear expectations of how the task(s) is to be performed
   B. Monitor performance of the task(s) to assure compliance to established standards of practice, policies and procedures
   C. Intervene if necessary
   D. Ensure appropriate documentation of the task(s)

VI. Evaluate the entire delegation process
   A. Evaluate the patient
   B. Evaluate the performance of the task(s)
   C. Obtain and provide feedback

VII. Reassess and adjust the overall plan of care as needed

The Five Rights of Delegation provide an additional resource to facilitate decisions about delegation.

CONCLUSION

The guidelines presented in this paper provide a decision-making process that facilitates the provision of quality care by appropriate persons in all health care settings. The North Carolina Board Of Nursing believes that this paper will assist all health care providers and health care facilities in discharging their shared responsibility to provide optimum health care and to provide the public with safe nursing care.

P.O. BOX 2129
Raleigh, NC 27602
(919) 782-3211
FAX (919) 781-9461
Nurse Aide II Registry (919) 782-7499
www.ncbon.com

The Interface of the Licensed Nurse with the Medication Aide
A Position Statement

It must be understood that the accountability for determining the competence of the medication aide prior to delegation and the on-going oversight of the performance of activities by the medication aide rests with the registered nurse.

PURPOSE

The purpose of this statement is to clarify the role of the licensed nurse both the registered nurse (RN) and licensed practical nurse (LPN) as it relates to delegating to and supervising the medication aide. This position statement includes reference to relevant nursing laws which define the accountabilities of the licensed nurse in relation to direct patient care responsibilities and oversight of the medication aide within the delegation process. The statement is also consistent with the continuum of care for clients receiving medications.

BACKGROUND

Unlicensed assistive personnel (UAP) have been administering medications for many years in such practice settings as schools, correctional facilities, adult care homes, mental retardation/developmentally disabled facilities and adult day care. State rules which govern these settings allow for the UAP to administer medications. There has been increasing interest in the use of the medication aide in a broader range of care settings which include health care systems such as: long term care, acute care and home care. Based on the need to provide safe care to the public, statewide uniform standards are being developed for the training, competency testing and listing requirements for all unlicensed assistive personnel involved in medication administration across the wide continuum of care settings in North Carolina.

This document clarifies the Board of Nursing's position on the licensed nurse's accountability for direct patient care as well as oversight of the medication aide within the delegation process and consistent with the continuum of care for clients receiving medications.

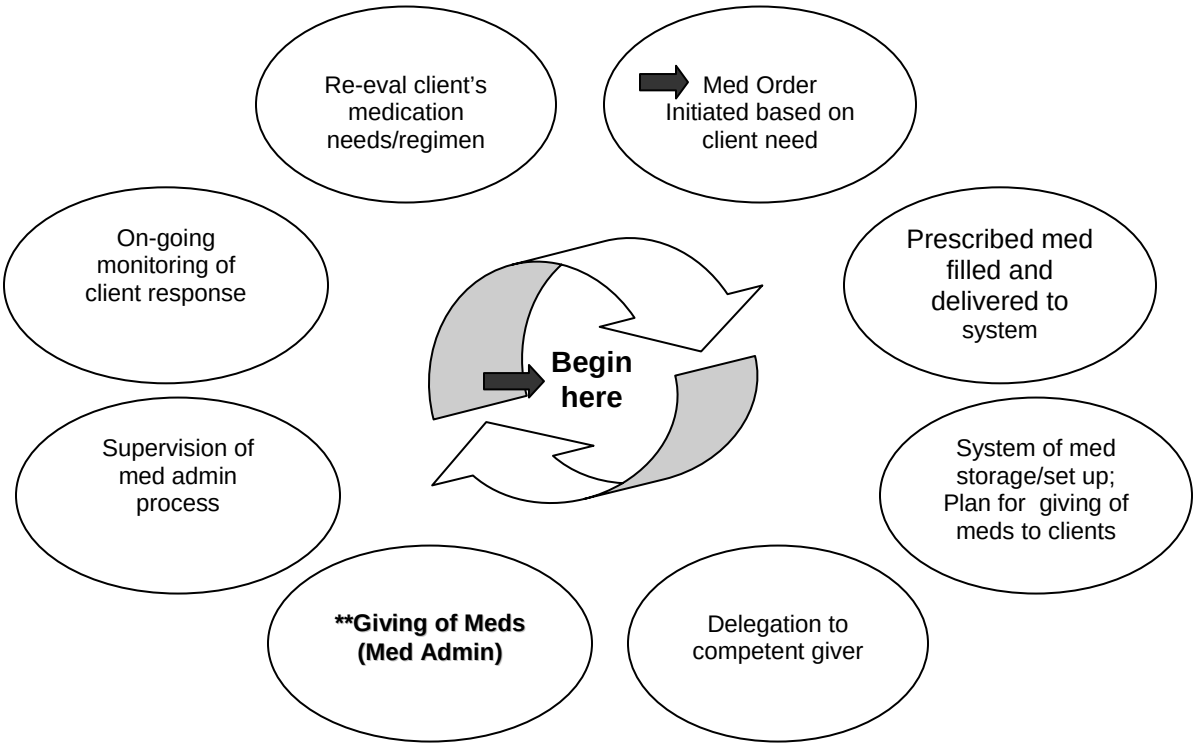
CONTINUUM OF CARE

On the following page is a diagram "Continuum of Care for Clients Receiving Medications". The continuum begins with the initiation of the medication order based on client need and continues through seven other components ending with the re-evaluation of the client's medication needs/regimen. The component in bold print with the double asterisk (**) is that narrow aspect of the continuum that may be carried out by the appropriately qualified medication aide.

Within this framework and consistent with Administrative Rule 21 NCAC 36.0221 (b), the actual task of giving medications to a client is considered a technical activity that does not require the professional judgment of a licensed nurse. Thus, the performance of this technical task may be delegated to an appropriately qualified medication aide. However, any on-going assessment,

interpretation and decision-making required relative to clients receiving medications must be carried out by the licensed nurse.

Continuum of Care for Clients Receiving Medications



****Focus of Medication Aide Role Development**

RELEVANT NURSING LAW

Delegation, Supervision and Accountability for Care

Both the registered nurse and the licensed practical nurse may be involved in delegating to and supervising an appropriately qualified medication aide. The following nursing regulations specify the parameters for delegating and supervising nursing activities and the accountability of the licensed nurse who is involved in carrying out such nursing activities consistent with each level of licensure.

Administrative Rule 21 NCAC 36 .0224 (d) "Components of Practice for the **Registered Nurse"** states:

> (d) "Implementation of nursing activities is the initiating and delivering of nursing care according to an established plan, which includes… assigning, delegating and supervising nursing activities of other licensed and unlicensed personnel."

Administrative rule 21 NCAC 36 .0225 (d) (2) "Components of Practice for the **Licensed Practical Nurse**" states:

> (d) (2) "The licensed practical nurse may participate…in implementing the health care plan by …delegating nursing care activities to unlicensed personnel qualified to perform such activities...providing all of the following criteria are met."
>
> (A) validation of qualifications of personnel to whom nursing activities may be assigned or delegated;
> (B) continuous availability of a registered nurse for supervision consistent…"
> (C) accountability maintained by the licensed practical nurse for responsibilities accepted, including nursing care given by self and by all other personnel to whom such care is assigned or delegated;
> (D) participation by the licensed practical nurse in on-going observations of clients and evaluation of clients' responses to nursing actions; and
> (E) provision of supervision limited to the validation that tasks have been performed as assigned or delegated and according to established standards of practice."
>
> Item (C) above specifies the degree of accountability the LPN has once the delegation has been done. RN accountability is outlined in Administrative Rule 21 NCAC 36 .0224 (i) (4) which states that the RN has:
>
> > (i) (4) "accountability for nursing care given by all personnel to whom that care is assigned and delegated;"

Validation of Qualifications of Medication Aide/Competency Determination

The **registered nurse** has the overall responsibility for assessing the capabilities of the medication aide to include validation of the medication aide's qualifications, knowledge, and skills in carrying out the technical role of medication administration. In addition the **registered nurse** is responsible for providing the medication aide with ongoing supervision, teaching, and evaluation within the delegation framework as defined in Administrative Rule 21 NCAC 36 .0224 (i) and (j) "Components of Practice for the Registered Nurse."

Criteria for Delegation to Medication Aides*

In order for the licensed nurse to delegate activities to the medication aide the following criteria listed in Administrative Code 21 NCAC 36. 0221 (b) "License Required" must be met:

> "Tasks may be delegated to an unlicensed person which:
> (1) frequently recur in the daily care of a client or group of clients;
> (2) are performed according to an established sequence of steps;
> (3) involve little or no modification from one client-care situation to another;
> (4) may be performed with a predictable outcome; and
> (5) do not inherently involve ongoing assessment, interpretation, or decision-making which cannot be logically separated from the procedures(s) itself."

For item (4) above the "predictable outcome" which is expected is the application of the six (6) rights of medication administration:

Right medication
Right patient
Right dose
Right time
Right route
Right documentation

The component "** Giving of Meds (Med Admin)" shown in the Continuum of Care for Clients Receiving Medications conforms to the legal requirements for nursing delegation to unlicensed persons. Therefore the licensed nurse may delegate the technical aspects of medication administration to the medication aide. The licensed nurse **may not** delegate the professional judgment or decision-making responsibility to the medication aide which includes the following aspects per Administrative Code 21 NCC 36 .0221 (c) "License Required":

(1) "recognizing side effects;
(2) recognizing toxic effects;
(3) recognizing allergic reactions;
(4) recognizing immediate desired effects;
(5) recognizing unusual and unexpected effects;
(6) recognizing changes in client's condition that contraindicates continued administration of the medication;
(7) anticipating those effects which may rapidly endanger a client's life or well-being; and
(8) making judgments and decisions concerning actions to take in the event such untoward effects occur."

*NOTE: In healthcare settings, the medication aide must meet the requirements for listing on the statewide nurse aide registry consistent with Administrative Rules 21 NCAC 36.0400 UNLICENSED PERSONNEL: NURSE AIDES.

SUMMARY

Nursing law permits the delegation of tasks to unlicensed assistive personnel including the medication aide by the registered nurse and licensed practical nurse. The registered nurse is accountable for validating the qualifications, knowledge and skills of the medication aide as well as for the on-going oversight of the performance of activities by the medication aide. The LPN may participate in the delegation to and supervision of the medication aide in situations where the technical activity of medication administration has been delegated by the licensed practical nurse and provided there is the continuous availability of the registered nurse as stipulated in nursing law and rules. Accountability for any professional judgments or decision-making surrounding medication administration is the responsibility of the licensed nurse and may not be delegated to the medication aide.

P.O. BOX 2129
Raleigh, NC 27602
(919) 782-3211
FAX (919) 781-9461
Nurse Aide II Registry (919) 782-7499
www.ncbon.com

THE RELATIONSHIP BETWEEN THE LICENSED NURSE AND UNLICENSED ASSISTIVE PERSONNEL IN AN OFFICE PRACTICE SETTING

A Regulatory Perspective

The North Carolina Board of Nursing has received inquiries from licensed nurses employed in office practice settings who desire clarification regarding their interface with unlicensed assistive personnel and the nurse's accountability for the patient care activities carried out by these individuals. Because unlicensed assistive personnel often work under the direction of both licensed nurses and physicians in the office setting, it is essential that nurses understand their legal scope of nursing practice related to teaching, delegating to, and supervising unlicensed assistive personnel. The registered nurse and the licensed practical nurse are held accountable for carrying out the delegation process consistent with the criteria for delegation as set forth in the Nursing Practice Act and related Rules. It is also important that both the licensed nurse and the physician in this practice setting be aware of the differences in their respective practice laws in terms of authority to delegate and accountability for the outcome of patient care.

The purpose of this statement is to clarify the legal scope of practice and accountability of the licensed nurse when involved in teaching, delegating to, and supervising unlicensed assistive personnel (UAP) employed in an office practice setting.

In order to clarify the nurse's role in the office practice setting and his/her accountability for the care being provided by the unlicensed assistive personnel (UAP), the following questions need to be answered:

1. Who is directing the care that is being provided by the UAP? ---- the nurse, the physician, or other licensed health care provider?

2. From whom does the UAP get the authority to act? --- the nurse, the physician, or other licensed health care provider?

3. What are the nursing activities for which the licensed nurse is held accountable? ---- direct care responsibilities, teaching, delegating to, or supervising other office personnel who perform direct patient care activities?

The answers to these questions along with an understanding of the Nursing Practice Act and related Rules which define the legal scope of practice for the RN and LPN will guide the licensed nurse in understanding his/her legal authority and accountability for providing patient care in the office practice setting. The terms used in this regulatory perspective are based on the following definitions*:

Authority - The source of the power to act.

Accountability - Being responsible and answerable for actions or inactions of self or others in the context of delegation.

Delegation - Transferring to a competent individual the authority to perform a selected activity in a selected situation. The delegator retains accountability for the delegation.

Supervision - The provision of guidance or direction, evaluation, and follow-up for accomplishment of a patient care activity which has been delegated by a licensed nurse or physician to unlicensed assistive personnel (UAP).

UAP (Unlicensed Assistive Personnel) - Any unlicensed personnel, regardless of title, who may participate in patient care activities through the delegation process.

* *Definitions adapted from National Council of State Boards of Nursing.*

NURSING LAW AND RULES:

The licensed nurse may only accept responsibilities, including delegation of activities to others, that are consistent with Nursing Practice Act and related rules. The following sections of the Nursing Practice Act and rules address teaching, delegating, and supervising by the registered nurse:

G.S. 90-171.20 (7) d of the Nursing Practice Act states that a component of practice for the **Registered Nurse** (**RN**) is:

> ".....teaching, delegating to or supervising other personnel in implementing the treatment regimen; ....."

In Administrative Rule 21 NCAC 36.0224 Components of Practice for the **REGISTERED NURSE** (**RN**), paragraphs (d) (6) and (i) state:

> "(d) Implementation of nursing activities is the initiating and delivering of nursing care according to an established plan, which includes, but is not limited to:....
> (6) delegating to and supervising nursing activities of other licensed and unlicensed personnel consistent with Paragraphs (a) and (i) of this Rule, G.S. 90-171.20 (7) d and i, and 21 NCAC 36.0401."
>
> "(i) Managing the delivery of nursing care through the on-going supervision, teaching, and evaluation of nursing personnel is the responsibility of the registered nurse as specified in the legal definition of the practice of nursing....".

The following section of nursing-related rules addresses the requirements for delegation by the **LICENSED PRACTICAL NURSE** (**LPN**):

Administrative Rule 21 NCAC 36.0225 (d), Components of Practice for the **LICENSED PRACTICAL NURSE** (**LPN**), identifies the following criteria that must be met in order for the LPN to participate in delegation activities:

> "(d)(2) The licensed practical nurse may participate, consistent with 21 NCAC 36.0224 (d) (6), in implementing the health care plan by delegating nursing care activities to other licensed practical nurses and unlicensed personnel qualified to perform such activities and providing all of the following criteria are met:
>
> (A) validation of qualifications of personnel to whom nursing activities may be delegated;
>
> (B) continuous availability of a registered nurse for supervision consistent with 21 NCAC 36.0224(i) and Paragraph (d)(3) of this Rule;
>
> (C) accountability maintained by the licensed

practical nurse for responsibilities accepted, including nursing care given by self and by all other personnel to whom such care is delegated;

(D) participation by the licensed practical nurse in on-going observations of clients and evaluation of clients' responses to nursing actions; and

(E) provision of supervision limited to the validation that tasks have been performed as delegated and according to established standards of practice."

The following rule clarifies what types of activities may be delegated to **UNLICENSED ASSISTIVE PERSONNEL** (**UAP**):

Administrative Rule 21 NCAC 36.0221 LICENSE REQUIRED states:

"(b) The repetitive performance of a common task or procedure which does not require the professional judgment of a registered nurse or licensed practical nurse shall not be considered the practice of nursing for which a license is required. Tasks that may be delegated to the Nurse Aide I and Nurse Aide II shall be established by the Board of Nursing as defined in 21 NCAC 36.0401 and .0405.

Tasks may be delegated to an unlicensed person which:

(1) frequently recur in the daily care of a client or group of clients;
(2) are performed according to an established sequence of steps;
(3) involve little or no modification from one client-care situation to another;
(4) may be performed with a predictable outcome; and
(5) do not inherently involve ongoing assessment, interpretation, or decision-making which cannot be logically separated from the procedure(s) itself."

The following paragraph of this rule clarifies what types of activities may not be delegated by the licensed nurse to unlicensed assistive personnel:

"(c) It shall be considered the practice of nursing for which a license is required to implement any treatment and pharmaceutical regimen which is likely to produce side or toxic effects, allergic reactions, or other unusual effects or which may rapidly endanger a client's life or well-being and which is prescribed by a person authorized by state law to prescribe such regimen."

The following two situations differentiate the roles/activities that may be carried out by the RN and LPN based on who is initiating the delegation process and the requirements for practice as set forth in the Nursing Practice Act and related rules.

1. WHEN THE LICENSED NURSE DELEGATES PATIENT CARE ACTIVITIES TO UAPs:

Nursing roles may include the following:

RN Nursing Roles	LPN Nursing Roles
• Assessment of patients	• Participation in assessment of patients
• Delegation of appropriate nursing activities to UAPs	• Delegation of appropriate nursing activities to UAPs with continuous availability of RN
• Supervision of UAPs	• Limited supervision of UAPs to the validation that tasks are performed as delegated and according to established standards of practice
• Evaluation of patient outcomes relative to nursing care	• Participation in evaluation of patient outcome relative to nursing care
• Teaching and validating competencies of UAPs	• Demonstrating a specific nursing task or technique according to the Agency's established procedures
• Providing the RN with feedback relative to the UAP's performance of the delegated activity	• Observing an individual's return demonstration of a specific task or technique in comparison to the Agency's established step-by-step procedure, and reporting observations to the RN

It is important to remember that supervision of the UAP by the LPN is limited as stated above. It is beyond the scope of practice for the licensed practical nurse to participate in broad supervisory activities related to the management of a nursing care delivery system.

2. WHEN THE PHYSICIAN DELEGATES PATIENT CARE ACTIVITIES TO UAPs:

When the physician delegates, the licensed nurse is held accountable for his/her specific actions/advice as they relate to the UAP, but not for the decision to delegate which has been made by the physician.

Nursing roles when the physician delegates activities to the unlicensed assistive personnel are limited by the Nursing Practice Act and related rules to the following:

RN Nursing Roles	LPN Nursing Roles
• Teaching the UAP the specific-physician-delegated activity	• Demonstrating a specific nursing task or technique according to the Agency's established procedures
• Providing the physician with feedback relative to the UAP's performance of the physician delegated activity	• Observing an individual's return demonstration of a specific task or technique in comparison to the Agency's established step-by-step procedure, and reporting observations to the physician accountable for the delegation
• Validating if/when the UAP is competent to perform the physician-delegated activity	
• Supervising the performance of the physician-delegated activity	

SUMMARY:

In an office practice setting the first step in determining the accountability of the licensed nurse is to answer the three questions posed in the beginning of this statement.

The organizational chart and job descriptions must clearly show who is responsible for teaching, delegating to, and supervising the unlicensed assistive personnel who are providing direct patient care. In addition, documentation of the teaching and validation of the competence of the UAP and other nursing personnel to perform patient care activities should be maintained within the practice setting.

The licensed nurse in the office practice setting, whether RN or LPN, is held accountable for carrying out both direct care activities and any additional responsibilities related to teaching, delegating to, or supervising unlicensed assistive personnel consistent with nursing laws related to his/her level of licensure.

Copies of the Nursing Practice Act and related rules may be obtained by contacting a Practice Consultant at the Board office (919/782-3211).

Forum Presentations

Susan Reinhard and Heather Young:

Research Highlights: Nurse Delegation

Research Highlights: Nurse Delegation

Susan C. Reinhard, RN, PhD, FAAN,
Virginia Stone Nurse Scholar
Professor and Co-Director, Rutgers Center for State Health Policy

Heather M. Young, PhD, GNP, FAAN
Grace Phelps Distinguished Professor and Director of the John A. Hartford Center for Geriatric Nursing Excellence,
Oregon Health & Science University

The Art and Science of Nursing

- Nurses have always delegated tasks
- Holistic – oriented to health and functioning, not disease
- RN License is a social mandate oriented to person not place
- Historic roles: Teaching, consultation, direct care, environment

Current Issues Affecting Delegation

- **Olmstead Decision and New Freedom Initiative**
  - Consumers seeking nurse as consultant as they direct their own care
- **Person Centered Approaches in NH care**
- **Increased acuity in home health**
- **New models for care such as assisted living and adult foster care/adult family homes**

Policy Research Highlights

- Nurse Delegation in Assisted Living: A Policy Evaluation in Washington State (*Young and Sikma)* *[Funded by WA State legislature]*
- Evaluation of Self-Directed Care in Washington (*Young and Sikma)* *[Funded by WA State legislature]*
- Nurse Delegation of Medications to Elders in Assisted Living (*Reinhard, Young, Kane, Quinn)* *[Funded by American Nurses' Foundation]*
- Medication Management in Rural Assisted Living (*Young, Sikma, Gray, Reinhard, McCormick, Cartwright)* *[Funded by National Institute for Nursing Research]*

Evaluation of Self-Directed Care

- House Bill 1880, enacted in 1998 WA State Legislative Session
- Allows persons with disabilities to hire and direct independent providers for personal and health care

Data sources and methods

- Surveys of all persons enrolled in SDC
- Surveys of registered Individual Providers
- Surveys of case managers
- Focused interviews
- Complaint records
- Comprehensive assessment/MMIS data
- Field notes/meeting minutes

Most significant findings

- No negative outcomes attributable to SDC
- Benefits: Improvement in quality of life and quality of care for consumers
- High satisfaction with the program
- People value staying at home and having control over their lives and care. SDC supports autonomy and choice
- Consumers and case managers believe SDC prevents higher cost utilization
- Biggest challenge is adequate staffing

Medication Management in Rural Assisted Living

PI: Heather M. Young, GNP, PhD, FAAN
Co-Investigators:
Suzanne Sikma, RN, PhD
Shelly Gray, PharmD, MS
Susan Reinhard, PhD, RN, FAAN
Wayne McCormick, MD, MPH
Juliana Cartwright, RN, PhD

Funded by the National Institute for Nursing Research

Methods

- Qualitative interviews/grounded theory to identify structures and processes that promote/impede medication safety
- Resident cognitive status and medication skill assessment (DRUGS)
- UAP skill/errors (observations of medication passes)
- 6 month drug regimen review, including record review for ER/hospitalization/primary care provider *(Gurvitz et al, 2003)*

Preliminary Findings

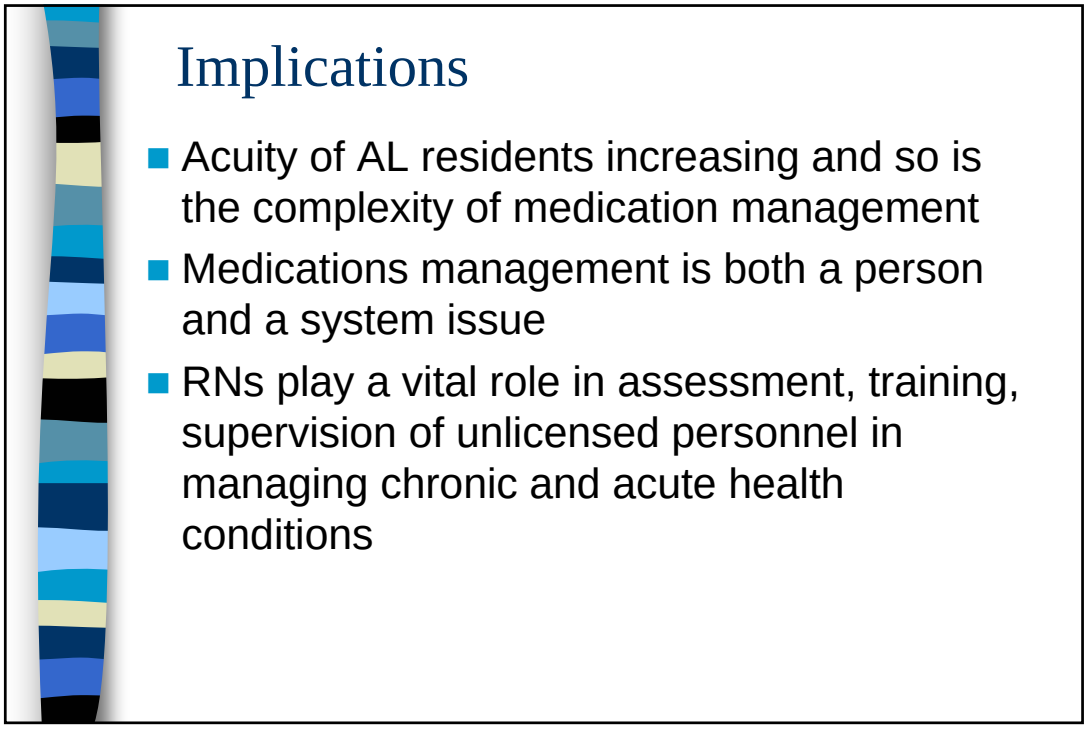
- All parties (residents, UAP, RNs, Primary Care Providers, Pharmacists and Administrators) are satisfied with med management. Residents and UAP are the most satisfied.
- Benefits of UAP giving meds include resident convenience, satisfaction, and cost savings. Concerns (from all parties) include minimal training, lack of support for the UAP, and lack of teamwork.

More findings

- Average # medications = 15.0 (10.2 routine and 4.8 PRN), with a range of 2 to 34 medications per resident.
- Observations included 3231 medications given to 330 residents during 42 medication passes by 21 medication aides -- overall error rate was 27% with 2 hour window; with a 4 hour window, error rate dropped to 14%

Preliminary Impressions

- RN role is crucial, and unevenly enacted
- Most meds are low risk, routine – need to focus on high risk meds/residents
- Med aides generally do remarkably well with level of training and preparation
- High volume of meds – high demands on med aides, in compressed time frame
- Lack of comprehensive review of total medication regimen with attention to medication reduction
- Reimbursement is an issue for PCP and pharmacy


Implications
Acuity of AL residents increasing and so is the complexity of medication management
Medications management is both a person and a system issue
RNs play a vital role in assessment, training, supervision of unlicensed personnel in managing chronic and acute health conditions

Cindy Hannum:

Oregon’s Long-Term Care System

Oregon's Long Term Care System

May 2006

Cindy Hannum, Administrator
Office of Licensing & Quality of Care
Seniors & People with Disabilities
Department of Human Services
(503) 945-5833
cindy.hannum@state.or.us

Initial Vision - 1981

- Person Centered Values
  - Choice, Independence, and Dignity
- Serve more people and lower cost per case
- Home/Community Care Focus
- Statewide Availability
- Single Entry Access

2

State Statute on Aging and Disability:

- Created a single state agency to administer Medicaid long-term care, Older Americans Act, and OPI programs
- Partnership with local government
- Emphasize the development of community based care programs

3

Oregon Statutory Specifications:

- Coordinate community services
- Assure health and social services to allow persons to live as independently as possible
- Foster preventative and primary health care
- Prevent inappropriate or premature institutionalization

4

Legislative Mandate (ORS 410)

"...a growing elderly population demands services be provided in a coordinated manner...; that the elderly and disabled citizens of Oregon will receive the necessary care and services *at the least cost and in the least confining situation*... it is appropriate that savings in nursing home... allocations... be reallocated to alternative care services..."

5

Overall Delivery Model

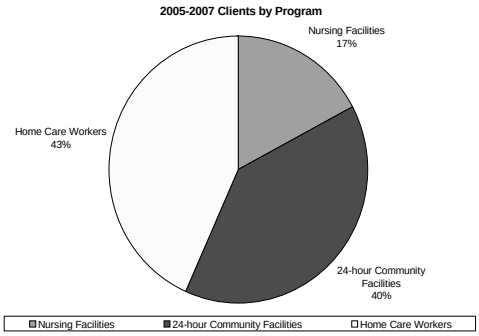
- Long Term Care
  - Home and Community Based Care
  - Nursing Home
  - Older Americans Act
  - Oregon Project Independence
  - AAA/SPD Case Management

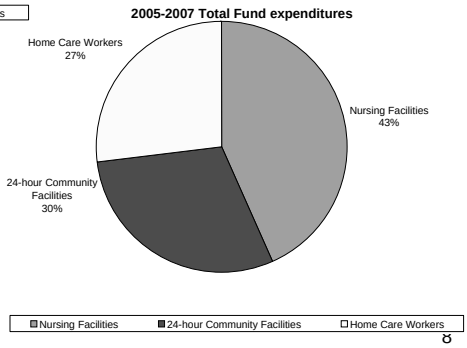
6

Long Term Care Capacity
May 2006

	Providers	Capacity	Medicaid Clients
Nursing Facilities	143	12,547	4,970
Assisted Living Facilities	198	13,180	3,910
Residential Care Facilities	230	8,551	2,190
Adult Foster Care (Commercial)	1,750	8,080	2,540
Relative Adult Foster Care	1,600		1,600
In-Home Care	14,000		11,700
Home Care Worker			
Oregon Project Independence		2,300 clients	
PACE			650
		Total	27,560

7





8

Critical Elements of Success

- Development of Services
  - Use of informal care
    - Home Care
    - Relative Foster Care
  - Residential model development
    - Adult Foster Homes
    - Residential Care
    - Assisted Living Facilities
    - Enhanced Care – Special Populations

9

Critical Elements of Success

- Community Based Care Nursing
- Refocus Nursing Facility Care
  - Skilled – Rehab
- PACE
- Develop for private pay – not just for Medicaid

10

Critical Elements of Success

- Delivery System
  - Statewide Accessibility
  - AAA Partnership
  - Single Point of Entry – coordination of services
  - Common assessment planning tool and assessment process
  - Purchase of services from publically available services

11

Critical Elements of Success

- Long Term Care Regulations
  - Value driven beyond health and safety
  - Person centered approach
  - Incorporate nurse teaching and delegation
  - Partnership with Board of Nursing
  - Collaboration with advocates and providers

12

Future Challenges

Quality *Accountability* *Cost Containment*

- Population Growth
- Boundaries of Client Choice
- Refinement of service eligibility and level of care
- Control over provider rates
- Escalation of home care workers costs
  - Collective Bargaining
- Adequate supply of trained caregivers
- Focus on chronic care management
- Maximizing FFP strategies

13

Mary Amdall Thompson:

History of Nurse Delegation in Oregon

History of Nurse Delegation in Oregon

Presented by

Mary Amdall-Thompson, RN, MS, CNS

President, Community Based Care Nurses Association

The History of Nurse Delegation in Oregon

1978 ORS 678 amended to allow administration of non-injectable medications in selected settings under:

- Initial Direction
- Procedural Guidance
- Periodic Inspection

1987 ORS 678 amended to permit RN's to delegate tasks of nursing care to unlicensed person.

1988 Oregon State Board of Nursing adopted administrative rules for delegation in Division 45

The History of Nurse Delegation in Oregon (cont'd)

1992 Board of Nursing moved delegation rules to Division 47 with:

- Statement of Intent
- Definitions
- Assignment of basic tasks and administration of non-injectable medications
- Delegation of tasks of nursing care, including SQ injectable medications.

The History of Nurse Delegation in Oregon (cont'd)

1998 Board of Nursing amended Division 47 with:

- Summary and intent statement
- Definitions
- Assignment
- Delegation, including SQ injectables and limited IV administration
- Teaching for an anticipated emergency

The History of Nurse Delegation in Oregon (cont'd)

2004 Board of Nursing amended Division 47 with:

- Initial Direction, Procedural Guidance and Periodic Inspection added
- Additional definitions
- Removal of "assignment"
- Removal of "basic tasks of care"
- "Teaching" for administration of non-injectable medications
- Conditions for RN delegation defined
- Role of the LPN defined
- Periodic inspection extended to 180 days
- Additional tasks related to IV administration

Megan Hornby and Gretchen Koch-Thompson:

Oregon’s Contract Registered Nurse Service

Oregon's Contract Registered Nurse Service

Megan Hornby, MS, RN
Gretchen Koch Thompson, RN, MSN
Oregon Department of Human Services
Seniors and People with Disabilities
Office of Licensing and Quality of Care

Continuum of Care

CBC, Hospital & Nursing Facilities

CBC nurses support the continuum of care model

- **Contract Nursing**
- **Home Health**
- **Hospice**

Home
In-Home, Residential Care,
Assisted Living, Foster Home,

Hospital

Nursing Facility

Comparison of Home Health Nursing & Community Care Nursing in Oregon

Medicare Home Health Nsg

- Physician order required
- Short-term, intermittent
- Treatment/rehab focus
- Tasks are hands-on w/ some delegation
- Client condition is unstable

Medicaid Contract Nsg

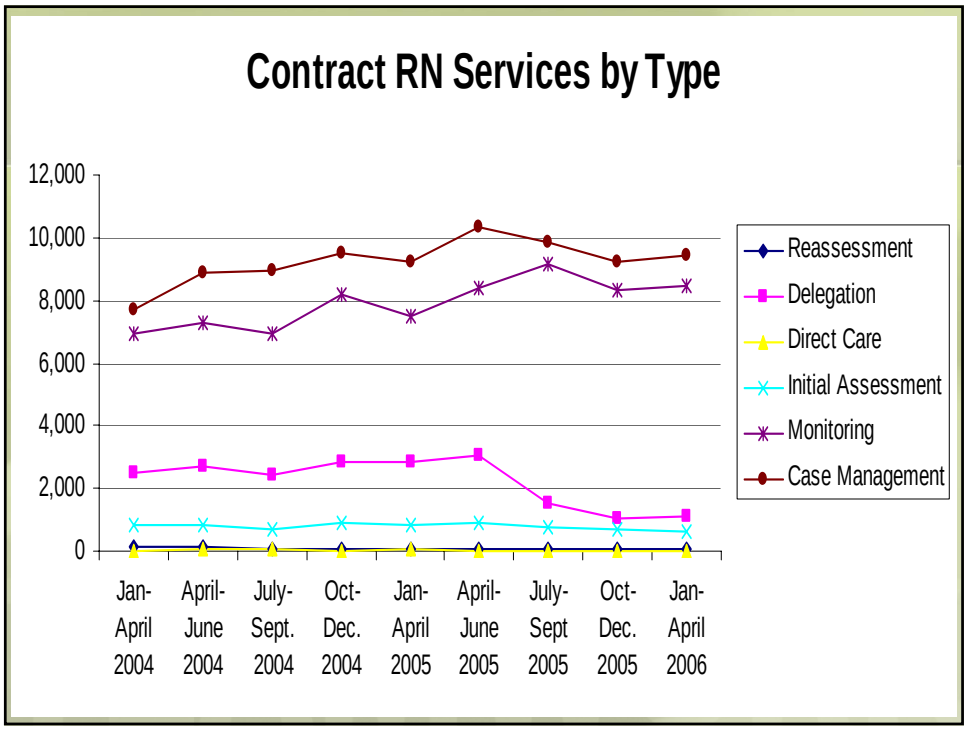
- Physician order **not** required
- Long-term, chronic care
- Monitoring, teaching focus
- Majority of tasks are delegated
- Client condition is stable and predictable

Contract RN Service Referral Indicators

- Complex health problems or multiple diagnosis
- Medication management
- Changes in behavior or behavioral symptoms
- Perceived need for physical restraint
- Tasks that may require RN delegation
- Care provider request to client case manager
- Care provider learner needs

Types of Contract RN Services

- Assessment
- Care planning
- Monitoring
- Care provider education
- Consult and coordinate w/ health professionals & community resources
- Delegate tasks of nursing care to care providers
- Teach tasks of nursing care to family members
- Medication reviews
- Client health education



Successes

- In-home clients & providers support the model
- Increases quality and safety of HCBC services
- Attracts experienced RNs
- Increases the visibility and validity of community nursing as a specialty

Successes

- Improved partnerships between long term care, home health and hospice programs
- Allows higher acuity placement in In-home and AFH settings
- Supports Chronic Care Management Model and Person Centered Care as alternatives medical/social model

Challenges

- Retention of RNs – wages, geography, benefits
- RN competency in consumer directed care
- Referrals – consistent workload
- RN competency in business management

Challenges

- Case management partnership – social/medical culture gap
- Ensuring technical competency and skill sets for diverse client population

Policy Debates in CBC Nursing

Nurses Role in Self Administration of Medications

- Assessment of client *capacity, competency and choice*
- Identify safety issues using homecare standards
  - risk management plan if necessary
- Teaching supports
  - tangible tools, e.g. pill minders, environmental cues
  - Informed decision making, non-compliance with treatment
  - Coaching vs. ultimatums

Policy Debates in CBC Nursing

Nurses Role in Capillary Blood Glucose Testing

- Should initiation of delegation be linked to a task, nursing process associated w/the task, or client stability?
- How does a Board of Nursing address requirements r/t delegation for tasks commonly performed by non-nurses?
- How will the increased use of nursing in chronic disease management programs address/effect delegation vs. teaching requirements?

Policy Debates in CBC Nursing

Leadership & Empowerment Roles for Nurses

- CBC settings and lack of traditional role, expectations
- Relationships and roles within the care team: leader, clinical expert, care team builder, care role model
- Person centered supports and nursing…
  …culture clash!