RN Delegation
ALF & RCF

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MANAGEMENT AND CONSULTING

OUTLINE
- Delegation - Definitions
- Definition - Unlicensed caregiver/non-licensed persons
- Definition - Family Members
- Teaching VERSUS Delegating
- To Delegate or NOT
- Process
- Systems
- Summary

TARGET AUDIENCE:
*Executive Directors
*DHS (RN)
*Owner/Operators
*Support Personnel (RDO, RNCs)

RULES & REGULATIONS
CBC rules require facilities to employ or contract with a RN:
- By default the assessments and documentation created by an RN must meet requirements of Division 45 and Division 47.
- Additionally, documentation of assessments must meet Community Based Care OAR requirements.

Division 45 & 47
Registered Nurses working in Senior Living settings are required to apply the nursing process AND abide by Division 45 and Division 47 of the Oregon State Board of Nursing Practice Acts.

Division 45 (LINK)
Division 47 (LINK)

RN DUTIES IN ALF/RCF
- ALF/RCF rules require RN for the following under the OAR (411-054-0045)
  - RN assessment at minimum for all residents that have experienced a significant change of condition.
  - Delegation and teaching
  - Monitoring of resident condition (weekly updates for sig changes until resolved or you establish a new baseline)
  - Participation on service planning team
  - Health care teaching and counseling
  - Intermittent director of nursing services duties
  - Other duties as outlined in your contract/job description.

DELEGATION DEFINITION-1
- DELEGATION: the Oregon Board of Nursing has a delegation law which allows a Registered Nurse to assess the skills of, train and supervise an unlicensed assistant to perform certain medical tasks. All delegations are based on the Nursing Care Plan.
  - 1986: The first Oregon Administrative Rules (OARs) for licensing AFHs became effective.
  - 1987: The Oregon Nursing Practice Act is amended to permit registered nurses to delegate tasks of nursing care to unlicensed persons (may include administration of subcutaneous medications) in community settings.
  - RN Delegation is an invaluable option:
    - Allows persons with chronic conditions the ability to live in CBC settings
    - Reduces the need for routine RN-direct services
DELGATION AUTHORITY

- By statute, the RN has sole authority:
  - Determine if a nursing task can be delegated.
  - If any component of Division 47 cannot be met, the task cannot be delegated.
- By statute, the administrator, director or AD/HP does NOT have the authority to REQUIRE a RN to delegate:
- CAUTION FOR ADMINISTRATION: "Just because you may have found another RN to delegate does NOT mean it is safe. Take the reason(s) the previous RN has declined seriously."
- RN Delegation is NOT a short cut to providing appropriate health care:
  - It is not a substitute for higher level of care
  - Is not to be used for acute conditions

DELEGATION PHYSICAL TASK

RN Delegation allows a RN to authorize a caregiver to perform a nursing task for a resident without the RN being present each time the task is performed:

- The Oregon Nurse Practice Act only authorizes the RN to delegate the performance of the PHYSICAL TASK.
- The RN cannot delegate assessment, the evaluation of the person's health status or treatment decision making to the caregiver.

UNLICENSED PERSON DEFINITION

- The individual performing the task does NOT hold a professional license in the health care field.
- For the purpose of Division 47, means an individual who is not licensed to practice nursing, medicine, or any other health occupation requiring a license in Oregon, but who provides tasks of nursing care or is taught to administer non-injectable medications.
- A certified nursing assistant, as defined by these rules, is still considered an unlicensed person.
- For the purpose of these delegation rules, unlicensed persons do not include members of the client's immediate family.
- A RN cannot delegate to a LPN; and
- LPNs cannot delegate.

FAMILY MEMBER

- Family Members can perform a nursing task without being delegated.
- Family Members require appropriate teaching to assure they are able to safely perform the task;
- Applies whether or not the family member is paid.
- Plan of care must reflect the family members role in performing the task.

TEACHING Versus DELEGATING

- The term "teaching and "delegating" are often used incorrectly:
  - All delegations require teaching.
  - Not all tasks requiring teaching require delegation.
- If a task is documented as delegated, even if it is not normally delegated:
  - The caregivers must follow all instructions as written until the task is rescinded; and
  - The RN must follow Division 47 requirements.
    - (Blood Glucose could be an example)

TO DELGATE or NOT

- Delegation CONSIDERATIONS:
  - Number of residents with delegated tasks
  - Frequency of each task
  - Number of caregivers needed to meet the frequency
  - Is there frequent caregiver turnover? LPNs
  - Number of hours each caregiver works (competency and consistency in performing the task)
- The RN has sole responsibility to determine if a nursing task can safely be delegated:
  - The RN is not responsible for the facility’s decision to accept a resident with potential delegation needs prior to contacting the RN:
    - Unless the RN is the one that accepted the admission.
  - The RN must rescind a delegation when it no longer meets Division 47.
WHEN CAN DELEGATION OCCUR? The RN determines if all the required care components can be met:

- The RN has EXPERIENCE with delegation and the TASK being delegated.
- Community delegation experience OR extensive training, mentorship by a seasoned RN?
- Experience with the nursing task through independent nursing practice?
- Adequate time to delegate? This could be dependent on the number of resident’s that have delegated tasks and the caregivers performing the tasks. Consider the time to complete each task.
- The resident’s condition is CHRONIC and is stable and predictable
- The nursing task can be delegated SAFELY.
- The caregiver is WILLING and ABLE to perform the nursing task as directed
- The setting and situation is SAFE and APPROPRIATE.

Assessment and evaluation of the client’s status or treatment decision making cannot be delegated.

COMMONLY DELEGATED NURSING TASK

- Subcutaneous injections of insulin or other injectable medication.
- Nutrition and oral medications through a gastrostomy tube (g-tube) or other feeding tubes.
- Routine oral care and suctioning.
- Straight urinary catheterization
- Percutaneous Dialysis.
- Complex wound care. DOES NOT INCLUDE THE ASSESSMENT, just the dressing.

WHAT MUST BE DELEGATED?

- NOTING!
  - It is the responsibility of the individual RN to determine if a task is appropriate for delegation and if the specific circumstances allow for its safe delegation.
  - Delegation is JUST THE PHYSICAL ACT of the nursing task.

ANTICIPATORY EMERGENCIES

Common anticipatory emergency medications include: Glucagon for diabetics and Epi-pens for allergies.

- 51-047-0040 Teaching the Performance of Tasks for an Anticipated Emergency
  
- The Registered Nurse may teach tasks to unlicensed persons which prepare the person to deal with an anticipated emergency under the following conditions:
  - The Registered Nurse assesses the probability that the unlicensed person will encounter an emergency situation. Teaching for an anticipated emergency should be limited to those who are likely to encounter such an emergency situation.
  - The Registered Nurse teaches the emergency procedure.
  - The Registered Nurse leaves detailed step-by-step instructions how to respond to the anticipated emergency.
  - The Registered Nurse prepares an emergency packet as the administration of injectable medications by the unlicensed person as provided in ORS 433.800–433.830, Programs to Treat Allergens and Hypoglycemia.
  - The Registered Nurse periodically evaluates the unlicensed person’s competence regarding the anticipated emergency.
  - The registered nurse with authority to teach for an anticipated emergency remains with the Registered Nurse.

TASKS THAT DO NOT REQUIRE DELEGATION

- Non-injectable medications including oral, topical, eye, ear, nose drops or inhalants.
- Blood sugar testing when resident is not on insulin CBG or A1C
- PT/INR testing (international normalized ratio)
- Dressing Change:
  - Complex wound care using debriding agents or multiple steps. Wound management requires assessment, which cannot be delegated.

WHAT CANNOT BE DELEGATED

- A RN cannot delegate:
  - When a resident’s condition is unstable. The RN must assess the resident before and/or after the task is performed.
  - For example wound management requires assessment. This is a taught task as the steps involved is a dressing change.
- The task is not performed frequently enough to maintain competency with the staff.
- The administration of:
  - IV (Intravenous medications)
  - IM (Intramuscular injections)

DELEGATION PROCESS STEPS

1. Assessment of the resident
2. Teaching of the unlicensed person
3. Competency of the unlicensed person
4. Observation of the unlicensed person
5. Re-Evaluation (same process)
6. Rescinding Delegations
7. Transferring Delegations
8. Shared Delegations
RN DELEGATION PROCESS STEP 1 - ASSESSMENT

- The RN must complete a documented assessment including the recording of OBJECTIVE and SUBJECTIVE data to determine if the resident is "stable and predictable."
  - OBJECTIVE DATA: MAR, flow sheets, resident records, labs, etc. The data outlined in these documents should be used to determine if the resident is stable and predictable.
  - SUBJECTIVE DATA: resident statements, RN opinion, appropriate living environment, etc.
- The statement "stable and predictable" may be the RN's final determination of the assessment data, but without supporting documentation it is not a documented assessment.

RN DELEGATION PROCESS STEP 1 - ASSESSMENT

- You must complete an assessment each time you redelegate and or complete a new delegation.
- RULE OF THUMB for multiple staff delegations: assess the resident and delegate within a 5 day window when the resident has NOT experienced a Change of Condition:
  - For each new delegation, use the same comprehensive initial assessment completed as day 1 initial. "Rule of thumb" for re-evaluation of more than one reassessment (at least five day window) may be 3-4 days.
  - Before/rapid assessments prior after a significant change in the resident's status.

RN DELEGATION PROCESS STEP 1 - ASSESSMENT

- The RN must document in the service plan that the resident has a delegated task.
  - Specify the nursing task being provided.
  - Include any reasons to notify the RN if applicable.

RN DELEGATION PROCESS STEP 2 - TEACHING TRAINING

- Training materials must be accessible to the Unlicensed Personnel and available at all times. These must include:
  - Resident’s chronic condition and why they require the task of nursing to be performed.
  - Potential risks associated with the nursing task.
  - Potential side effects the resident may experience when the nursing task is performed.
  - Documentation should be kept with the MAR/DAR/TAR including care-giver STEP-BY-STEP instructions.
  - A list of who has been delegated for this resident should be listed.
  - FOR THOSE USING AN ELECTRONIC HEALTH RECORD, ADD A TAB IN THE 24 HOUR BINDER titled, DELEGATION.
  - Signs and symptoms to observe, actions to be taken and what needs to be documented
  - Step-by-step instructions on HOW TO perform the Task.
- The RN MUST document on the unlicensed persons delegation form (tool) specifically the teaching methods and materials utilized.

RN DELEGATION PROCESS STEP 3 - COMPETENCY OF THE UNLICENSED PERSONNEL

Competency of the Care Staff should be noted through a narrative note AND/OR a competency tool to include the following components:
- History of Med Aid:
  - How long has this med aid been working in this position?
  - How long did this med aid work in a similar position at a different location performing the same task?
- Delegating RN experience with Med Aid:
  - How long has the current delegating nurse worked with this med aid (at this location and any other location)?
  - Has this med aid proven knowledge of both risks and side effects of the delegated task through verbal description?
RN DELEGATION PROCESS STEP 3- COMPETENCY OF THE UNLICENSED PERSONNEL

- Skill set of the unlicensed Staff:
  - Has the med aid proven knowledge of how to respond to side effects of this delegated task through verbal or physical demonstration?
  - Has the med aid proven their ability to recognize and report changes in condition to appropriate persons within a timely manner?
  - Has the delegating nurse witnessed the ability of the med aid to perform the delegated task?
  - How many times has the delegating nurse witnessed the med aid perform the delegated task?
  - Did the med aid prove proficiency each time while performing the delegated task?
  - Does the med aid feel they are both competent and comfortable performing the delegated task?

- Is the med aid willing to perform the delegated task?

RN DELEGATION PROCESS STEP 4- OBSERVATION

- The RN MUST:
  - Observe each caregiver perform the task from start to finish on the resident.
  - CLEAR and comprehensive step-by-step instructions must be left for the staff.

- Reminder: the unlicensed person understand the task of nursing may only be done for specific clients that they have been trained on. Delegations do not transfer from one resident to another resident.

RN DELEGATION PROCESS STEP 5- RE-EVALUATION

- Timeline:
  - RN Delegation requires re-evaluation at specific intervals:
    - Initial re-evaluation: must be no later than 60 days from the date of the original delegation.
    - Subsequent re-evaluation can be up to 180 days.
    - The RN must document at a minimum the “week of…” the unlicensed person will be re-evaluated.

- Re-evaluation documentation components:
  - The RN must complete and document:
    - Review the service plan for any applicable updates.
    - Review of the Step-by-Step Instructions left to ensure they are still appropriate and available.
RN DELEGATION PROCESS STEP 6 - RESCINDING

- If at anytime any component of Division 47 is no longer appropriate to meet the statute, the RN MUST end the delegation:
  - The RN must include the reason the delegation has been rescinded, including the name of each caregiver that has been rescinded.
  - Any staff that continues a nursing task AFTER it has been rescinded is practicing nursing without a license and will be subject to potential fines.

RN DELEGATION PROCESS STEP 7 - TRANSFER OF DELEGATIONS

- Transfer of delegation can only occur when the OUTGOING RN and the INCOMING RN overlap.
  - Both the OUTGOING and the INCOMING RN must sign the following documentation:
    - The transfer and acceptance of the delegation and supervision responsibility.
    - The reason for the transfer.
    - The effective date of the transfer.
    - And the Communication with staff that the TRANSFER has occurred.
  - All components of the delegation process must be addressed by the incoming RN:
    - The only steps the RN may NOT be required to redo include:
      - The written instructions
      - The CORE ORIGINAL Training.

RN DELEGATION PROCESS FOR WHEN SHARED DELEGATIONS OCCUR

- When the delegating RN and the supervising RN are two different individuals:
  - The delegating RN must document the justification for the separation of delegation and supervision.
  - The supervising RN must agree, in writing, to perform the supervision.

RESPONSIBILITY/IMPLICATIONS OF DELEGATION

- Registered Nurse who delegates tasks of nursing care to an unlicensed person shall not be held responsible for civil damages for the actions of the unlicensed person in performing a task of nursing care unless:
  - The unlicensed person is acting on specific instructions from the nurse;
  - The nurse fails to leave instructions when the nurse should have done so;
  - The RN must follow all requirements of Division 47 to be PROTECTED. Failure to complete an assessment, leave appropriate training materials, insufficient supervision or oversight of the nursing task delegated, and/or failing to observe the caregiver provide the task, places the RN at risk.

RESPONSIBILITY/IMPLICATIONS OF DELEGATION

- The Registered Nurse is responsible for:
  - Assessing a client situation to determine whether or not delegation of a task of nursing care could be safely done;
  - Safely implementing the delegation process;
  - Following the Board’s process for delegation as described in statute;
  - Reporting unsafe practices to the facility owner, administrator and/or the appropriate state agency(ies).
GENERAL DELEGATION REMINDERS

REMINDERS FOR SAFE DELEGATIONS

- It requires UP FRONT time with the caregiver.
- It requires PREPARATION from the RN.
- It involves SEVERAL Steps. All steps have to be followed to be protected under the statute.
- Delegated caregivers need to have DIRECT access to the RN who delegates the task.
- Is a process and can NOT be done in an emergency.
- Resident considerations - frequent change of conditions. It may be safe, but re-evaluation may need to be done more often.
- Changes of condition SHOULD trigger a re-evaluation for the resident with delegated tasks.

COMMON QUESTIONS RELATED TO MEDICATION MANAGEMENT

Responsibilities related to medication management in general are based on your organization’s job descriptions….

EXCEPT

- When a medication is associated with DELEGATION:
  - Feeding tubes for food, water and medication
  - Subcutaneous injections

- The delegating RN MUST:
  - Reviews the MAR and associated medications specific to the delegation.
  - The order is Clear.
  - The order is Legible.
  - The order is Accurate

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IN CONCLUSION

- Know the Division. What CAN/CANNOT be delegated:
- Know your staff
- Know your systems
- Follow the Process 100% of the time
- Report unsafe practices, even when the responsibility may not be placed on you.

(6) 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 to the proper person or agency even though the nurse may not have the primary responsibility for review of medication administration practices or supervision of the caregivers who administer noninjectable medications.

RESOURCES AND TOOLS FOR SAFE DELEGATION

- Utilization of Safety Devices is required through OSHA.
- An annual sharps "safety device" assessment is required for each facility. I recommend you complete this in January.
- This includes safety lancets & needles.
- PENS require a protective cap. These are available now. The old turn/twist/biohazard devices have been improved.
- *Bio Hazard Containers availability - Individual resident rooms, sharp shuttles (small), med carts/med rooms
- *Policy & Procedures related to Safety Devices

SYSTEM APPROACHES vs. INDIVIDUAL APPROACHES

- Company Policies
  - Verify Company Policy on Content?
  - Verify Company Policy on Forms?
  - Verify Company Policy on Educational Materials?

- Delegation Binder Tips for Organizing
  - Utilize a delegation GRID to quickly identify WHO is doing & WHEN
  - Example Slides
  - Keep a copy of your delegation TRAINING Module/Tools for teaching. (We will cover content momentarily)
  - FILE Delegations by RESIDENT NAME (UTILIZE A to Z tabs)