

# NURSING DELEGATION in OREGON



7 August 2012  
Community Nursing Network Webinar

- 1986 – The first Oregon Administrative Rules (OARs) for licensing AFHs become effective.
- 1986 – Residential Care and Assisted living
- 1987 – The Oregon Nursing Practice Act is amended to permit registered nurses to delegate tasks of nursing care to unlicensed caregivers (may include administration of subcutaneous medications) in community settings.

## History of Nursing Delegation



- 1989 – The first OARs for nursing delegation were put in place (Division 47). The interval between evaluation / supervision is 60 days.
- 1992 – Division 47 amended (additional clarification for practice)
- 1998 – Division 47 amended (interval of supervision changed)
- 2001 – Division 48 amended (language added about Designated Caregiver)
- 2004 – Division 47 revised extensively and amended

**1989 - 2004**





- Division 47 (RN Delegation)  
<http://www.osbn.state.or.us/OSBN/pdfs/npa/Div47.pdf>
- Division 48 (Designated Caregiver)  
<http://www.osbn.state.or.us/OSBN/pdfs/npa/Div48.pdf>

**Oregon State Board of Nursing**

- These rules apply **only** in settings where a Registered Nurse is **not regularly scheduled** and not available to provide direct supervision.
- These are home and community-based settings ...local corrections, lockups, juvenile detention, youth corrections, detoxification facilities, adult foster care and residential care, training and treatment facilities.

## Setting

- 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:
  - (a) The unlicensed person is acting on specific instructions from the nurse; or
  - (b) The nurse fails to leave instructions when the nurse should have done so.

## Implications

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

## **RN Responsibility**

- "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.

## **Delegation - Definition**



- 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.

## **Noninjectable Medications**

- (a) The client's condition and medical diagnoses;
- (b) The number of medications prescribed and their potential for interaction;
- (c) The type and amount of medication administered;
- (d) The potential side-effects of the medications; and
- (e) The client's history of medication side-effects.

## **Periodic Inspection - Medications**

- Initial Direction Required
- The RN **WRITES** parameters to clarify the physician's or nurse practitioner's prn order;
- The RN or LPN **LEAVES** written parameters for the unlicensed caregiver(s) who administer medications; and
- The RN or LPN **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.

## PRN Medications

- The Registered Nurse may delegate a task of nursing care to unlicensed persons, specific to one client, under the following conditions:
  - (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.

## Delegation



- (a) **Perform** a nursing assessment of the client's condition;
- (b) **Determine** that the client's condition is stable and predictable prior to deciding to delegate;
- (c) **Consider** the nature of the task, its complexity, the risks involved and the skills necessary to safely perform the task;
- (d) **Determine** whether or not an unlicensed person can perform the task safely without the direct supervision of a Registered Nurse;
- (e) **Determine** how often the client's condition needs to be reassessed to determine the appropriateness of continued delegation of the task to the unlicensed persons; and
- (f) **Evaluate** the skills, ability and willingness of the unlicensed persons.

## The Process - PDCDDE

- Provide **initial direction** by **teaching** the task of nursing care, including:
  - (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.

## The Process

- **Observe** the unlicensed persons performing the task to ensure that they perform the task safely and accurately.
- **Leave** procedural guidance for performance of the task for the unlicensed persons to use 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.

## The Process

- Instruct the unlicensed person that the task being taught and delegated is **specific** to this client only and is **not transferable** to other clients or taught to other care providers.

## The Process

- (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;

## Documentation

- (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;

## Documentation

- (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.

## Documentation

- (a) **Assess** the condition of the client and determine that it remains stable and predictable; and
- (b) **Observe** the competence of the caregiver(s) and determine that they remain capable and willing to safely perform the delegated task of nursing care.
- (c) Assessment and observation may be on-site or by use of technology that enables the Registered Nurse to visualize both the client and the caregiver.

## Supervision

- (d) **Evaluate** whether or not to continue delegation of the task of nursing care based on the Registered Nurse's assessment of the caregiver and the condition of the client within at least 60 days from the initial date of delegation.
- (e) The Registered Nurse may elect to re-evaluate at a more frequent interval until satisfied with the skill of the caregiver and condition of the client.

## Supervision

- (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;

## Supervision

- (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).

## Supervision

- (g) The less likely the client's condition will change and/or the greater the skill of the caregiver(s), the greater the interval between assessment/supervisory visits may be. In any case, the interval between assessment/supervisory visits may be no greater than every 180 days.

## Supervision



- If the delegating and supervising nurses are two different individuals, the following shall occur:
  - (a) The reasons for separation of delegation and supervision shall be justified from the standpoint of delivering effective client care;
  - (b) The justification shall be documented in writing;
  - (c) The supervising nurse agrees, in writing, to perform the supervision; and
  - (d) The supervising nurse is either present during teaching and delegation or is fully informed of the instruction, approves of the plan for teaching and agrees that the unlicensed person who is taught the task of nursing care is competent to perform the task.

## Sharing Supervision

- (a) **REVIEW** the client's condition, teaching plan, competence of the unlicensed person, the written instructions and the plan for supervision;
- (b) **REDO** any parts of the delegation process which needs to be changed as a result of the transfer;
- (c) **DOCUMENT** the transfer and acceptance of the delegation/supervision responsibility, the reason for the transfer and the effective date of the transfer, signed by both Registered Nurses; and
- (d) **COMMUNICATE** the transfer to the persons who need to know of the transfer.

## Transferring Delegation

- (a) demonstrates an inability to perform the task of nursing care safely;
- (b) condition of the client has changed to a level where delegation to an unlicensed person is no longer safe;
- (c) delegation and periodic supervision of the task and the unlicensed person is no longer necessary due to a change in client condition or because the task has been discontinued;
- (d) RN no longer able to provide periodic supervision of the unlicensed person, in which case the registered nurse has the responsibility to pursue obtaining supervision with the appropriate person or agency;
- (e) skill of the unlicensed person, the longevity of the relationship and the client's condition in combination make delegation no longer necessary.

## Rescinding Delegation

- (a) The delegation is done by a Registered Nurse who is an employee of a licensed home health, home infusion or hospice provider.
- (b) The tasks related to administration of medications which may be delegated 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.

## IV Route

- 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.

## **Bolus of Medication**

- The Registered Nurse may not delegate the administration of medications by the intramuscular route, except as provided in ORS 433.800 - 433.830, Programs to Treat Allergens and Hypoglycemia.

## **IMs**

- (1) The Registered Nurse assesses the probability that the unlicensed persons will encounter an emergency situation. Teaching for an anticipated emergency should be limited to those who are likely to encounter such an emergency situation.
- (2) The Registered Nurse teaches the emergency procedure.
- (3) The Registered Nurse leaves detailed step-by-step instructions how to respond to the anticipated emergency.

### Teaching for an Anticipated Emergency

- (4) Preparation for an anticipation of an emergency includes the administration of injectable medications by the intramuscular route
- (5) The Registered Nurse periodically evaluates the unlicensed person's competence regarding the anticipated emergency situation.
- (6) The responsibility, accountability and authority to teach for an anticipated emergency remains with the Registered Nurse.

### Teaching for an Anticipated Emergency

- Senior and People with Disabilities
    - Self Directed Learning Series: Registered Nurse Delegation in Oregon
- <https://apps.state.or.us/Forms/Served/de9825.pdf>

## Seniors and People with Disabilities

- The End
- Questions???

**Thank You**