



RN DELEGATION FOR ADMINISTRATORS

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TARGET AUDIENCE

Administrators of Assisted Living and Residential Care Facilities

This training does not address all aspects of Div 45 or 47 or the nursing process.

RNs working in CBC settings are required to apply the nursing process and have a working knowledge of both Div 45 *and* 47.



PURPOSE

- **Responsibilities of ALF/RCF management:**
 - Assure appropriate systems are in place;
 - Understand the responsibilities of a caregiver when a nursing task has been delegated;
 - Understand the RNs responsibilities;
 - Appropriate access to the tools/resources needed to perform the task safely; and
 - Oversight responsibilities of the caregivers.



INTRODUCTION

- **RN Delegation is a indispensable tool:**
 - Allows persons with chronic conditions the ability to live in CBC settings;
 - Reduces the need for routine RN direct services.
- **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.



INTRODUCTION

- RN Delegation does not reduce resources:
 - However, shifts resources from a RN to caregivers.
- Requires time up front from caregivers & the RN;
- Involves numerous steps;
- Delegated caregivers must have direct access to *the RN who delegated the task*;
- Is a process and can't be done in an “emergency”;
- Does not work in all situations.



KEY CONCEPTS



TEACHING VS 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 - The caregivers must follow all instructions as written until the task is rescinded; and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 all Div 47 requirements.



NON-LICENSED

- **Non-licensed caregiver means:**
 - The individual performing the task does not hold a professional license in the health care field:
 - If a caregiver working has a certificate as a medication aide or nursing assistant they are still considered an unlicensed caregiver;
 - A RN cannot delegate to a LPN; and
 - LPN's cannot delegate.



FAMILY MEMBERS

- **Family members can:**
 - Perform a nursing task without being delegated:
 - Require 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.



DOCUMENTATION LOCATION

- **Documentation kept with the MAR:**
 - Caregiver step-by-step instructions;
 - Name of each delegated caregiver.
- **Other delegation documentation must be easily accessed by all caregiving staff:**
 - Assessment;
 - Care plan;
 - Date when the caregiver(s) was delegated;
 - Date when the RN will return to re-evaluate.



AUTHORITY

- 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.***



AUTHORITY

- **By statute the RN has sole authority:**
 - Determine if a nursing task can be delegated:
 - If **any** component of Div 47 cannot be met the task **cannot** be delegated;
 - The administrator, LO or CO, staff or MD does not have the authority to require a RN to delegate:
 - **CAUTION** – Just because you may find another RN to delegate does not mean it is safe. Take the reason(s) the RN has declined seriously.



AUTHORITY

- **The RN must follow all requirements of Div 47 to be protected by the statute if a caregiver does not:**
 - Perform a nursing task as taught;
 - Follow the step-by-step instructions;
 - Contact the PCP, RN or 9-1-1 as directed; and
 - Document as directed.



ONE-TO-ONE PROCESS

- RN Delegation is a task, caregiver and person specific process:
 - **One** registered nurse *authorizes*
 - **One** caregiver *to perform*
 - **One** nursing care task *for/on*
 - **One** specific person *in*
 - **One** specific setting.
- ✓ Just the physical task is delegated
- ✓ Assessment and evaluation of the client's status or treatment decision making can not be delegated!



MEDICATION MANAGEMENT

- RN's medication management responsibilities:
 - In general it is based on their job description;
E X C E P T
 - When a medication is associated with delegation:
 - Feeding tubes for food, water and medication;
 - Subcutaneous (SQ) injections etc.
 - The delegating RN:
 - Reviews the MAR (*med(s) specific to the delegation*) to assure it is clear, legible and reflects current order(s);



MEDICATION MANAGEMENT

– Assures caregivers are:

- Administering as directed and on-time;
- Routinely documenting;
- Non-delegated caregivers are not performing the task;
- If insulin, caregivers are following the injection site rotation and documenting location each time;
- Following all written instructions.

NOTE: These activities are part of what the RN reviews to determine if the resident is “stable and predictable.”



DIVISION 45 & 47

- **CBC rules requires 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 47 in addition to any CBC OAR documentation requirements.



DELEGATION



TO DELEGATE OR NOT

- **The RN has sole responsibility to determine if a nursing task can 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 at any point in time it no longer meets Div 47.**



CAN IT BE DELEGATED?

- **Not everything can be delegated:**
 - Non-injectable medications;
 - Intramuscular (IM) injections;
 - Medications used for anticipatory emergencies;
 - Intravenous (IV) medications*.

All delegated tasks require teaching. However, not all tasks requiring teaching, require delegation.



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;
 - The resident's chronic condition is stable and predictable;
 - The nursing task can be delegated safely;
 - The caregiver is willing and able to perform the nursing task as directed; and
 - The setting or situation is safe and appropriate.



COMMON DELEGATED TASKS

- **Commonly delegated nursing tasks in community settings include:**
 - Subcutaneous injections of insulin or other injectable medications;
 - Providing nutrition and oral medications through a gastrostomy tube (g-tube) or other feeding tubes;
 - Routine trach care and suctioning;
 - Straight urinary catheterization; and
 - Peritoneal Dialysis.



WHAT? *NO DELEGATION?*

- **Tasks that do not require delegation:**
 - Non-injectable medications which includes oral, topical, eye, ear or nose drops and inhalants;
 - Blood sugar testing when resident *is not on insulin* CBG or A1C;
 - PT/INR Testing (international normalized ratio);
- **Dressing change:**
 - *Wound management requires assessment which cannot be delegated.*



WHAT MUST BE DELEGATED?

- **Nothing!**

- *It is the responsibility of the individual RN to determine if a task is appropriate for delegation and if the specific circumstances that allow for its safe delegation.*



WHAT CANNOT BE DELEGATED?

- **A RN cannot delegate:**
 - When the resident's condition is unstable;
 - The RN must assess the resident before and/or after the task is performed:
 - For example wound management.
 - If the task is not performed frequently enough to maintain competency; and
 - The administration of:
 - Intramuscular (IM) injections; and
 - Intravenous (IV) medications*.



RN

- **Does the RN have:**
 - Community delegation experience?
 - Experience with the task?
 - Adequate time to delegate?
 - Dependent on the number of:
 - Resident's that have a delegated tasks; and
 - Caregivers that will be performing the task.

Let's consider the math -



RN DUTIES IN ALF/RCF

- ALF/RCF Rules require RN for (411-054-0045):
 - RN Assessments at minimum assess all residents with significant change of condition;
 - Delegation and teaching;
 - Monitoring of resident condition;
 - Participation on service planning team;
 - Health care teaching and counseling;
 - Intermittent direct nursing services;
 - Other duties defined in RN contract or job description.



RN DUTIES IN ALF/RCF

- Delegation - need to consider:
 - Number of residents with delegated tasks;
 - Frequency of each task;
 - Number of caregivers needed to meet the frequency; and
 - Number of hours each caregiver works.



RESIDENT

- **RN must review resident's documentation (MAR, flow sheets, resident record etc.), and assess the data and resident to determine if the resident is "stable and predictable".**



RESIDENT

- **Consideration – frequent change of condition?**
 - May be safe but re-evaluation may need to be done more often;
 - Change of condition should trigger a re-evaluation for the resident with a delegated task.



LAY CAREGIVER

- In addition to “able and willing” are they:
 - Do they follow written instructions for their other duties?
 - Do they document effectively and communicate with the RN and other team members?
 - Will they be routinely performing the task?

The RN should not delegate a nursing task to all caregivers unless they will be performing the task routinely.



SETTING

- **Is there frequent caregiver turn over?**
- **Location/distance of the RN to the facility?**
 - Remember if you're on a state border the RN must have an Oregon license to work in your facility.
- **Availability of the RN when caregivers have questions, clarification or need to report as directed in the step-by-step instructions?**



RN DELEGATION BEGINS

- **Teaching the nursing task must include:**
 - Resident's chronic condition and why they need the nursing task performed;
 - Potential risks associated with the nursing task and any possible side effects the resident may experience when performing the nursing task;
 - Signs and symptoms to observe, action to be taken and what needs to be documented;
 - How to perform the task.



RN DELEGATION BEGINS

- **RN must:**

- Observe each caregiver perform the task from start to finish on the resident:
 - How to perform a task can be taught in a group however, demonstration of the task is one caregiver at the time when the resident needs the task performed.
- Provide clear written step-by-step instructions;
- Document each caregiver the RN has delegated;
- Document in the Plan of Care the delegated task.



DOCUMENTATION

- **What constitutes documentation?**
 - RN assessment includes the recording of objective and subjective data which is then evaluated by the RN to determine if the resident is “stable and predictable”;
 - 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.



ROUTINE FOLLOW-UP

- **RN Delegation requires re-evaluation at specific intervals:**
 - **Initial** must be no later than 60 days from the date of the original delegation;
 - Caregiver new to healthcare? Don't wait for 60 days!*
 - **Subsequent** can be up to 180 days;
 - Must document at minimum the “week of...”.
Can't just document 60 days, 180 days etc.;



RE-EVALUATION COMPONENTS

- **When the RN re-evaluates they must:**
 - Reassess the resident's condition;
 - Review the step-by-step caregiver instructions;
 - Review the MAR entries and other documentation associated with the delegated task;
 - Observe each individual caregiver perform the task on the resident; and
 - Review the care plan for any necessary updates.



FORMS

- **Facility generated forms for RN Delegation:**
 - Checklists do not guarantee Div 45 or 47 standards will be met;
 - If a form is created it must:
 - Meet all requirements of Division 45 and 47;
 - Include step-by-step caregiver instructions.
 - Allows for resident specific information;
 - Includes name of the resident, the name of delegated caregiver; the date the delegation occurred and when the RN will re-evaluate.



OTHER CONSIDERATIONS



RESCINDING

- If, at anytime, any component of Div 47 no longer meets rule the RN **MUST** end the delegation:
 - The RN must document the reason for rescinding the delegation and specify 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 is subject to potential fines.



ANTICIPATORY EMERGENCIES

- **Anticipatory emergency medications:**
 - Glucagon for diabetics; and
 - Epi-pens for allergies.
- **RN must follow all requirements outlined in ORS 433.800 – 433.830 under the Oregon Health Authority, Public Health Division.**



TRANSFER OF DELEGATION

- Transfer of delegation can only occur **when** the outgoing RN and the incoming RN overlap.
- All components of the delegation process must be addressed by the incoming RN:
 - The only steps the RN may not need to redo is:
 - The written instructions; and/or
 - The core (original) training.



TRANSFER OF DELEGATION

- The incoming RN reviews the:
 - Step-by-step instructions to determine:
 - Appropriateness; and
 - Any necessary revisions.
 - Core training to assure all aspects were addressed.



TRANSFER OF DELEGATION

- The incoming RN observes each delegated caregiver demonstrate the task on the resident:
 - Counts towards the re-evaluation requirement:
 - The previous evaluation schedule needs to be changed to reflect the recent observation;
 - At this point the RN determines if the re-evaluation frequency schedule is adequate.
 - Re-evaluation schedule is dependent on the caregivers experience and skill.



TRANSFER OF DELEGATION

- **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
 - Communication with staff the transfer occurred.



SHARED DELEGATION

- **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;



SHARED DELEGATION

- The supervising RN is either present during teaching and delegation, or is fully informed:
 - Of the instructions;
 - Approves the plan for teaching; and
 - Agrees that the caregiver who is taught the task is competent to perform the task.
- The acts of delegating and supervising must be viewed with equal importance to ensure the safe delivery of tasks of nursing.



HOME HEALTH & HOSPICE

- Home Health and Hospice must follow the same delegation requirements and leave step-by-step instructions:
 - If there is any shared aspects with the facility RN it must be clearly outlined in the plan of care;
 - However, Home Health/Hospice IV delegations **CANNOT** be shared with the facility RN.
- Caregivers delegated by HH or Hospice must have direct access to the delegating RN.



QUESTIONS



QUESTIONS ^{red flag} STATEMENTS

- I don't trust the caregiver.
- What if the RN leaves or is terminated?
- The RN left without notice are the delegations still valid?
- The RN that left didn't rescind the delegations what should we do?
- They have a new stoma why can't tube feedings be delegated?
- Why can't the RN delegate over the phone?

RESOURCES

- **Anticipatory Emergency Training Resources:**
 - http://public.health.oregon.gov/HealthyEnvironments/Recreation/PoolLodging/Documents/Fact%20Sheet%20-%20Allergic%20Response_Glucagon%20Training.pdf
- **RN Delegation for RNs Self-study**
 - www.oregon.gov/OSBN/Pages/delegation_process.aspx
- **Oregon Board of Nursing**
 - www.oregon.gov/OSBN
- **OSBN – Nursing Practice Policies**
 - www.oregon.gov/OSBN/pages/position_papers.aspx