**Nurse Delegation Meeting 03/06/2025**

**Topics and Notes**

**\*\* Please remember that the information shared and discussed in the contract meeting is information as it pertains to the DSHS contracted RNs. It is offered as information for nurse delegation in general however, the information provided should not be considered or solely relied upon as an official position of DSHS. Responses do not constitute legal opinions.**

**Registered Nurse Delegation** [**RCW 18.79.260 Registered nurse - Activities allowed - Delegation of tasks.**](https://app.leg.wa.gov/RCW/default.aspx?cite=18.79.260)

**ALTSA Community Nurse Delegation Website:** <https://www.dshs.wa.gov/altsa/residential-care-services/nurse-delegation-program>

**Contact Emails**

**Nurse Delegation Program Email:** nursedelegation@dshs.wa.gov

**Nurse Delegation Program Manager: Janet Wakefield** – janet.wakefield@dshs.wa.gov

**Nurse Delegation Contract Monitor:** troy.omalley1@dshs.wa.gov

**DDA Nursing Services Unit Manager: Erika Parada** – Erika.parada@dshs.wa.gov

**For detailed information from the meeting, please refer to the PP/handout**.

Note from PM:

Thank you for those of you who attended the meeting. Please review the PowerPoint that goes with the notes. Also, please review the policies, RCW, and WAC as it pertains to delegation. We get many questions that can be answered with the Laws, Rules and Policy. There were some questions in the chat and along the way that I have answered below. When consulting with other RNDs please consider using the resources provided to find the answers that best fits for your nursing practice and the situation with client and caregiver. I am available to assist. However, please use the tools provided as your first resource as I highly encourage critical thinking and decision making as part of your nursing practice and business.

Telehealth/Zoom for RN delegation is not included in the contract as authorized for payment. This would mean that your assessment and initial delegation of a caregiver, client or task needs to be completed in person. There are things that you can bill for from your office such as phone calls, emails, new medication order with the Change in Medical Orders form. Please review the WAC and your contract.

Our goal is to provide quality care with best practice and for the safety of the client.

We need to work as a team with CM’s, clients, families, providers and caregivers!

Thank you for the work you do!

**Mentoring:** If you are interested in assisting new RND’s please let us know and what area of the state you work in at nursedelegation@dshs.wa.gov

**Billing:** If you are willing and able to assist other NDs with billing and set up, it would be appreciated. If you could send me an email, I will keep track so when I get asked for help, I can refer people to you. Also, here is the link to the tutorial: [Nurse Delegation Billing Tutorial](https://www.dshs.wa.gov/sites/default/files/ALTSA/hcs/documents/ND/P1%20Common%20Billing%20Questions.pdf)

**Availability:** Please let us know if you are open for new clients, what area and what tasks you are willing to delegate. We are in need to fill some gaps across the state. nursedelegation@dshs.wa.gov

Not taking new clients? Please let me know if you would like to be off the published list of Find a Delegating RN. We have plenty of new delegators willing and eager to take clients if you are not taking new ones or are needing to rescind.

\*\*If someone other than Janet Wakefield has reached out regarding availability, please also send your availability information to this department.

**Questions & Answers**

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| **Question** | **Answer** |
| **Notification of client changes**: What do you do when the AFH you’re working with doesn't notify you when there's been a change in condition. | You must instruct them and put in writing what they must notify you about. If you have done that and something changes and you are not notified, the responsibility is the LTCWs.  |
| **Consent**What if the client refuses to sign the consent, he is his own POA and has no family. The client has also refused to be assessed. | The case manager needs to be notified of the situation. It may be that the setting cannot meet the needs of the client and cannot stay at the facility or home. |
| There is not an RN SOP Consent form available for nonrecurring clients. Is consent something that can be provided on the website?  | Consent for the SOP will be considered under the Personal Care Service Plan and a DSHS consent is signed annually or at initial services. If you would like to use your own consent for your practice you may do that. |
| **Credentials**Can a pending certificate or credential be delegated to? | No, if there is an issue with barrier to care please email nursedelegation@dshs.wa.gov and we can try to assist. |
| Why doesn’t the Training and Credential Forms do not reflect the 75-hour training? | The form is being updated. You will know when it is complete. |
| **Authorization**Some Case Managers send authorization without a referral, can we see the patient without a referral? | No, you need a referral. If you do not then you are at risk for not getting paid even if there is an authorization in P1. Please touch base with CM and you may ask this PM for assistance if needed. |
| Skin Observation Protocol (SOP)  | SOP is a separate authorization and referral form from nurse delegation. The code used currently is T1001 U1. This will be changing soon and you will be notified. |
| When an AFH/facility keeps changing caregivers, does the nurse delegator have to go and delegate each staff member every time? | You must delegate each caregiver to each client. If there is a new caregiver you do not need to delegate all the other caregivers again but if as it is a Visit the Visit form must be completed. You should put the names of all the caregiver with the visit note. |
| When you go back to a home to delegate for a new caregiver before 90 days visit, do you do nurse visit or only the credential verification? | Yes, you should do a Visit form for each visit as that is your documentation. You must document that you assessed the client and caregiver for the task(s). Completing a credential form is not documenting your training and supervision of the new LTCW. The Credential and Training verification form is just what it says. It does not have anything but credentials on it. |
| **Medication**Is the purpose of each medication use coming from the pharmacy and should it be written on the MAR? | The verification of medication orders should be seen in writing. This may be written orders from the authorized prescribing professional or the pharmacy label. If there is question about it when reviewed you should verify with the prescriber.You must instruct the LTCW to each medication in writing. They are administering it in place of the RN. As an RN you can decide how that will be but remember this is part of the client medical record and you must also keep a copy of all your delegation work for 6 years. \*\*The settings do not have the same length of time for keeping records.Please read WAC 246-840-910 to 970 with attention to 930 for systems and instruction. |
| Can you review how caregivers are to do 'Medication Assistance' correctly should someone not qualify for need for delegation.  | Please review the Nursing WAC 246-840 and* <https://app.leg.wa.gov/WAC/default.aspx?cite=246-840-920>
* <https://nursing.wa.gov/practicing-nurses>
* <https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy6.19.pdf>
* Handout attachment for review:
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| Do we need to delegate all PRN medications. |  No, if the client is not assessed for Medication Administration, then there may be no need for delegation. It is the providers responsibility as part of the Care plan to establish what that would be. |
| Can the ND pre-fill insulin syringes for a client or caregiver to administer? | No. This is not delegation and we cannot pay for that task. |
| **Medication labeling** | DDA: https://www.dshs.wa.gov/sites/default/files/rpau/documents/103P-24-13-066.pdf |
| **Assessment** | Assessment is part of the ND oversight. Documentation is necessary to support services and billing. You may use your own form for assessment documentation. Assessment is expected at initial visit, 90-day visit, and change of condition. |
| Do we need to do medication reconciliation and review on all meds or only the meds delegated? | Please see WABON page: <https://nursing.wa.gov/faq/can-registered-nurse-perform-medication-reconciliation>PM – the medication administration for a delegated client is the RN delegator’s responsibility to review all medication for the client when delegating. This is part of the assessment and supervision. For example, f the client is receiving only a topical for delegation then it is important to know all the medications a client is taking for interactions and side effects. The caregiver must have instructions for medication administration. Please also review this site for RN Nursing Process: <https://nursing.wa.gov/practicing-nurses/frequently-asked-questions#Whatistheregisterednursesroleinperformingnursingassessmentandcareplandevelopment>  |
| **PRN medication** | *PRN medication delegation is based on the assessment of medication assistance or medication administration. PRN medications are like all other medications, the instructions should be specific to client and per* ***the*** [***WAC 246-840-930 Criteria for Delegation***](https://app.leg.wa.gov/WAC/default.aspx?cite=246-840-930) *Clear instructions are what the provider should have for all the medications.**Also please review all the WAC including* [*WAC 246-840-950 How to make changes to the delegated tasks.*](https://app.leg.wa.gov/WAC/default.aspx?cite=246-840-950)***PLAN****(11) Document in the patient's record the rationale for delegating or not delegating nursing tasks.**(12) Provide specific, written delegation instructions to the nursing assistant or home care aide with a copy maintained in the patient's record that includes:**(a) The rationale for delegating the nursing task;**(b) The delegated nursing task is specific to one patient and is not transferable to another patient;**(c) The delegated nursing task is specific to one nursing assistant or one home care aide and is not transferable to another nursing assistant or home care aide;**(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 uses to obtain verification from the health care provider of the change in the medical order; and**(iii) The process to notify the nursing assistant or home care aide 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 teaching done and a return demonstration, or other method for verification of competency; and**(m) Supervision shall occur at least every 90 days. With delegation of insulin injections, the supervision occurs at least every two weeks for the first four weeks, and may be more frequent.**(13) The administration of medications may be delegated at the discretion of the registered nurse delegator, including insulin injections. Any other injection (intramuscular, intradermal, subcutaneous, intraosseous, intravenous, or otherwise) is prohibited. The registered nurse delegator provides to the nursing assistant or home care aide written directions specific to an individual patient.* |

**Links Page**

**Other Links to Applicable Rules for Your Information**

**Nurse Delegation Laws and Rules:**

[**Nurse Delegation Law RCW 18.79A.260**](http://apps.leg.wa.gov/RCW/default.aspx?cite=18.79.260)

[**Nurse Delegation Rules WAC 246-840-910 thru 970**](http://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-910)

**Additional resources**:

[**WAC 246-840-700**](https://app.leg.wa.gov/WAC/default.aspx?cite=246-840-700)

[**WABON Support for Practicing Nurses**](https://nursing.wa.gov/support-practicing-nurses/practice-information/registered-nurse)

WABON Advisory Opinions <https://nursing.wa.gov/practicing-nurses/practice-guidance>

DDA internet: <https://www.dshs.wa.gov/dda/nursing-services>

**What documentation is required for completion LTCW training:**

<https://app.leg.wa.gov/WAC/default.aspx?cite=388-71-0970>

**Other Links to Applicable Rules for Your Information**

**DSHS Publications Library:** [**https://www.dshs.wa.gov/os/publications-library**](https://www.dshs.wa.gov/os/publications-library)

**Home and Community Services and Programs**:<https://apps.leg.wa.gov/wac/default.aspx?cite=388-71>

**DDA Resources:** <https://www.dshs.wa.gov/dda/policies-and-rules/policy-and-rules>

**Residential Long-Term Care Services Training**:<https://app.leg.wa.gov/WAC/default.aspx?cite=388-112A>

**Adult Family Home**: <http://app.leg.wa.gov/WAC/default.aspx?cite=388-76>

**Assisted Living Facility**: <http://app.leg.wa.gov/WAC/default.aspx?cite=388-78A>

**GovDelivery Links:**

**DDA:** <https://public.govdelivery.com/accounts/WADSHSDDA/subscribers/new>

**ALTSA:** <https://public.govdelivery.com/accounts/WADSHSALTSA/subscriber/new?preferences=true#tab1>

**DOH:** <https://public.govdelivery.com/accounts/WADOH/subscriber/new?qsp=WADOH_4>

**Billing Tutorial**: <https://www.dshs.wa.gov/sites/default/files/ALTSA/hcs/documents/ND/P1%20Common%20Billing%20Questions.pdf> *See Tutorial Q&A on RND website under meetings.*