

Transforming
Lives

COMMUNITY NURSE DELEGATION ORIENTATION 2022



AGENDA



- 10:00 – 10:15 Welcome and Introduction
- 10:15 – 10:45 Overview of Community ND
- 10:45 – 11:00 Settings for Nurse Delegation
- 11:00 – 11:05 **BREAK**
- 11:05 – 11:50 Nurse Delegation and Nursing Process
- 12:00 – 1:00 **LUNCH**
- 1:05 – 1:15 When delegation may not be necessary
- 1:15 – 1:45 Medication assistance and Medication administration
- 1:45 – 2:00 Scenario/example
- 2:00 – 2:10 **BREAK**
- 2:10 – 3:10 Form review and billing
- 3:10 – 3:30 Responsibilities of RND/CM/PM and emergency rules
- 3:30 – 3:50 Wrapping it all up for contracting
- 3:50 – 4:00 Questions and evaluation

Nurse Delegation Contacts:

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WELCOME

- Please mute your microphone and use the raise hand feature or chat box for questions. We will stop periodically to address questions.
- Full class participation required and will be verified for certificate.
- Certificates to be issued via email after evaluation received.



Community Nurse Delegation Program

- Under Washington State law, Long Term Care Worker's are delegated to perform specific nursing tasks that do not require nursing judgment.
- A registered nurse must teach and supervise the nursing assistant, as well as provide nursing assessments of the patient's condition.
- Nurse delegation allows for clients to be able to have options for where to live and still receive needed care and services.

Program Description

The RN will:

- Assess a client to determine stability and predictability.
- Teach the long-term care worker the nursing task.
- Evaluate the performance of the long-term care worker.
- Provide ongoing supervision of the client's condition.
- Provide ongoing supervision and evaluation of the long-term care workers performance of the nursing task.

Laws and Rules

- ***Revised Code of Washington (RCW)*** is the law of Washington State
- ***Washington Administrative Code (WAC)*** are the rules of Washington State



What Laws and Rules govern the program?

- Nurse Practice Act: [Nurse Delegation Law RCW 18.79A.260](#)
- Washington Administrative Code: [Nurse Delegation Rules WAC 246-840-910 thru 970](#)
- Medication Assistance Rules: [WAC 246-945](#) (formerly 246-888) there were no changes to the rule, however the Pharmacy Board changed the WAC this year. **MB/Dear Provider Letter: [Dear Provider 5/6/2021](#) and [H21-035 Medication Assistance - WAC 246-888](#)
- [ALTSA Long Term Care Manual Chapter 13](#)
- [DDA Policy 6.15](#)

Agencies Supporting Nurse Delegation

- HCS: Home and Community Services
- DDA: Developmental Disabilities Administration
- AAA: Area Agency on Aging
- RCS: Residential Care Services - Inspectors and Complaint Investigators
- CRU: Complaint Resolution Unit - Report issues from client settings
- APS: Adult Protection Services - Mandatory Reporter

Acronyms

- CARE Assessment: ADL focused assessment done by case managers
- LTCW: Long-Term Care Worker
- NA-C: Nursing assistant - certified
- HCA-C or HCA: Home Care Aid - certified
- NA-R: Nursing Assistant - Registered
- IP: Individual Provider
- CM: Case Manager
- CRM: Case Resource Manager
- ROI: Release of Information

Nurse Delegation History



Nurse Delegation Program from the Beginning

1996-97	<ul style="list-style-type: none"> • Nurse Delegation Rules established through DOH • Task list created • Three settings identified <ul style="list-style-type: none"> • Assisted Living (AL) • Adult Family Home (AFH) • Supported Living (SL)
2000	<ul style="list-style-type: none"> • Task list eliminated • In home setting added to approved settings
2009	<ul style="list-style-type: none"> • Law change to include insulin injects and blood glucose monitoring as delegable tasks
2018	<ul style="list-style-type: none"> • Rule clarification to include non-insulin injections, used to treat DM as delegable tasks <ul style="list-style-type: none"> • Examples include: Byetta, Victoza, Toujeo
2019-2020	<ul style="list-style-type: none"> • Collaborate with Nursing Commission and stakeholders to expand nurse delegation services being discussed but not implemented yet <ul style="list-style-type: none"> • INR testing • Other subcutaneous injections • Define nurses role in medical marijuana “administration” • Epinephrine injections
2020 COVID 19	<ul style="list-style-type: none"> • ND Temporary WAC changes • Training • Consent • Supervision



HCS Settings

Adult Family Home (AFH)

- 2-6 clients
- No nurse required
- Regulated by RCS
- Contracted RND paid to delegate to LTCW

Assisted Living Facility (ALF)

- 6 or greater clients
- Often have an LPN or RN during the week
- Contracted RND are NOT paid by state to provide delegation in ALF (ALF pays them)

In-Home

- Clients live in their own private home
- May be cared for by and individual provider (IP) or agency provider
- Contracted RND paid to delegate IP or AP

DDA Settings – Community Certified Residential Programs

Supported Living

- Clients may live in own home or share with 3 others
- Clients are cared for by a state contracted agency
- Contracted RND paid to delegate to LTCW

Group Training Homes

- Group settings, clients may live in a facility with which serves 2 or more adults
- Clients are cared for by facility staff
- No nurse is required
- Contracted RND paid to delegate to LTCW

Companion Home

- Client resides in own home
- Clients are cared for through an agency
- No nurse is required
- Contracted RND paid to delegate to agency LTCW

DDA Approved Settings

Adults

- In-home settings
- Companion Homes
- Group Homes
- Group Training Homes
- State Operated Living Alternatives (SOLA)
- Supported Living facilities
- Overnight Planned Respite (OPR)

Children

- In-home settings
- Intensive Habilitation Services (HIS)
- Licensed Child Foster Homes
- State Operated Living Alternatives (SOLA)
- Supported Living
- Licensed Staff Residential Homes
- Enhanced and Waiver Respite

Who are Long Term Care Workers?

Home Care Aide Certified (HCA-C)

- Complete 75 hours of training
- Certified through DOH after completion of Prometric test
- Application fee \$85 to DOH
- 12 hours CE annually
- Must be renewed annually

****DDA allows HCA without prometric certification**





Nursing Assistant Certified (NAC)

- Complete 85 hours of training
 - Certified through DOH
- Application fee \$85 to DOH
 - No CE required
- Must be renewed annually

Nursing Assistant Registered (NAR)

- Registered with DOH
- Application fee \$85
- No CE requirement
- Must be renewed annually

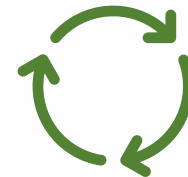
Nurse Delegation and Nursing Process

Using the Nursing Process

Nurse Delegation is based on the Nursing Process.

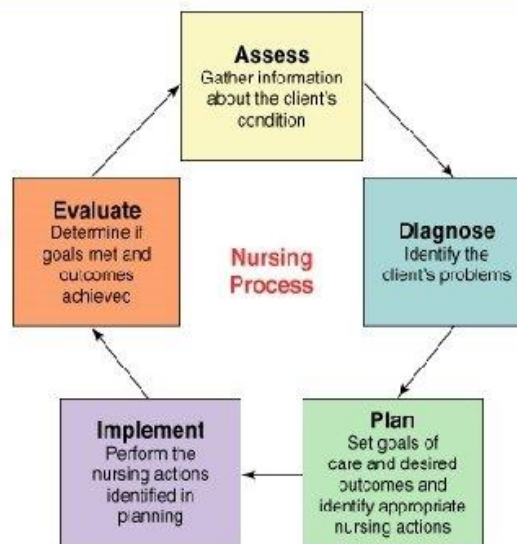
It is specific to each client, Long Term Care Worker (LTCW) and task.

1. Assess
2. Nursing diagnosis (this is not listed in the WAC 246-840-930)
3. Plan
4. Implement
5. Evaluate



5 Steps in the Nursing Process

1. **Assessment**
2. **Nursing Diagnosis**
3. **Planning**
4. **Implementing**
5. **Evaluating**



Mosby items and derived items © 2005 by Mosby, Inc.

Credit-
https://slidetodoc.com/presentation_image/4ea2843a120a55d300104a5d9bf67585/image-9.jpg

Assessment

Requirements:

- Full system head to toe assessment
- Is the client's condition **STABLE** and **PREDICTABLE**:
 - The RN determines the clients clinical and behavioral status is non-fluctuating and consistent.
 - The client **does not** require frequent nursing presence
 - The client **does not** require frequent evaluation by an RN

Client with terminal condition and those on sliding scale insulin are stable and predictable if they meet the above criteria.

Prohibited Nursing Tasks:

- Administration of medications by injection (by muscular, intradermal, subcutaneous, intraosseous, intravenous, or otherwise) with the exception of insulin and non-insulin injections for Diabetes
- Sterile procedures
- Central line or IV maintenance
- Acts that require nursing judgment





RND Task List- examples

Oral medication administration
Topical medication administration
Eye drop administration
Ear drop administration
Nasal spray administration
Medications/feedings via G-tubes
Nasal Versed administration
Blood glucose monitoring for DM

Insulin administration
Non-insulin injection for Diabetes
In and out urinary catheterization
Clean suction – oral and tracheal
Non-sterile bladder irrigation
Vagal Nerve Stimulators
Clean and Simple dressing changes

Nursing Diagnosis

The nursing diagnosis as part of the nursing process –

The clinical judgment about individual, family or community responses to actual or potential health problems / life processes. – A nursing diagnosis provides the basis for selection of nursing interventions to achieve outcomes for which the nurse is accountable. This is not in the WAC for delegation process; however, it is

This is the reasoning process with which the RND makes the decision to delegate or not delegate the task to a LTCW.

***The RND is not required to do a care plan for the client in any of the settings.**

Plan



- **Specific and focused to the client and their condition.**
- Clear description of nursing task with step-by-step instructions.
- Expected outcomes of delegated nursing task.
- Possible side effects of medications prescribed.
- Document to whom the LTCW's report and when.
- How to document the nursing task is complete or omitted.

Implementation

RND DUTIES: to be started at time of assessment

- Nurse delegation forms (will cover in future slides)
- Medication order verification.
- Treatment order verification.
- Medication administration records review.

START RIGHT AWAY

- Teach LTCW how to perform nursing task based on written instructions.
- Observe LTCW perform task.



Evaluation

Evaluation of delegation occurs every 90 days

- Client assessment
- Supervise and evaluate the performance of **each** delegated LTCW on the assigned nursing task for each client.
- Document the assessment, evaluation and competency. (Nursing Visit Form)



See slides at end of PP for COVID 19 emergency rules for 120 day visit

There are 2 components to Supervisory visits

First evaluate the client -

- Head to toe assessment
- Assess client to determine if the client status continues to be “stable and predictable”
- Evaluate the client’s response to the delegated nursing task
- Modify tasks if needed



Second evaluate the continued competency of each delegated LTCW-

- Evaluation can be direct or indirect (verbal description/review):
 - Observation or demonstration
 - Record review
 - Verbal description
- Assess care provided.
- Documentation in client file since last visit.
- **Retrain LTCW's if needed.**
- Validate current credentials.



Accountability

- **RN** is responsible for delegating the nursing task based on written instructions.
 - Teaching, observing, and evaluating
- **LTCW** is responsible for performing the nursing task as instructed on written instructions.



Summary so far...

- **Nurse Delegation is based on the Nursing Process**
 - Assess
 - Nursing diagnosis
 - Plan
 - Implement
 - Evaluate
- **Only occurs in four community settings**
 - Not hospitals, jails, *schools (have their own delegation rules), or skilled nursing facilities
- **The client must be stable and predictable**
- **Only select nursing tasks can be delegated ***
- **LTCW must have appropriate training and credentials**
- **There must be an individualized written plan available**





When Delegation Might NOT Be Needed

- **Personal care**
- **Basic first aid**
- **Self directed care**
- **Medication assistance**



Personal Care Task



- Medicated shampoos for **chronic** conditions (if **acute** condition such as a wound on the head it would require delegation)
- Chlorohexidine mouth rinse
- Topical lotions (if medicated use nurse judgment to delegate if needed)
- Indwelling catheter care
- Antiembolism stockings (TED)
- Emptying a colostomy bag
- Peri care
- Filing nails

First Aid



- Applying a bandage to a cut
- Reinforcing a bandage
- Administering Epinephrine under the “Good Samaritan Law”
 - [RCW 4.24.300](#)
- ***Naloxone*** – *delegation is not necessary for this task because the DOH’s standing order controls over NCQAC’s advisory opinion on opioid reversal*
[**Statewide Standing Order To Dispense Naloxone**](#)

Self Directed Care - The In-Home Client

- Only occurs in private homes
- Only occurs if an IP is providing care
- Client trains and supervises the IP
- Client must be cognitively aware
 - As determined by the case manager in his/her assessment
- The client's physician must be aware the client is self directing their care
- The IP can provide any nursing task an able-bodied person could do for themselves.



[RCW: 388-825-400](#)

[RCW: 74.39A](#)

Medication Assistance vs. Medication Administration

The distinction between these 2 ways for individuals to receive medication is critical in determining to delegate to LTCW or not.

- **Medication Assistance** describes ways to help an individual take their medication and does not need delegation.
- **Medication Administration** is the way an individual receives their medication from an authorized person. This task must be delegated if it is for a LTCW to complete.



Medication Assistance

- Rules written by the Board of Pharmacy : WAC 246-945 (WAC 246-888-020 was rewritten)

[DOH Emergency Rule-making order](#)

- Describes ways to help an individual take their medications
 - Remind
 - Coach
 - Open
 - Pour



Medication Assistance continued

- Crush
- Dissolve
- Use of an enabler
- Mix with food or liquids *client must be AWARE the medication is in the food or liquid
- Medication assistance can be performed by anyone
- Client must be in a community setting

Medication Assistance continued

- If medications are crushed or dissolved it must be noted on a physician or pharmacy order
- Examples enablers:
 - Cups
 - Bowls
 - Spools
 - Straws
 - Adaptive devices
- Hand over hand is never allowed as an assistance
- **Client maintains the right to refuse medications at any time.**



Medication Assistance continued

For medication assistance to take place, the client must be both:

- **Functionally able to get the medication to where it needs to go**
 - Medication to mouth
 - Ointment on back

AND

- **Cognitively aware he/she is receiving medications**
 - Doesn't need to know the name of the medication
 - Intended side effect



**If client is not functionally able to take medications and cognitively aware he/she is receiving medications, the medication must be administered by a person authorized to do so.
Delegation may be appropriate.**

What **IS** covered under medication assistance?

- Oral medication administration
- Topical medication administration
- Ophthalmic medication administration
- Medications via G-Tubes
- Assistance with handing prefilled insulin syringes to the client
- Dialing the dose on an insulin pen
- Placing the needle on the end of an insulin pen



What is NOT Covered Under Medication Assistance?

- **Injectable medication**
- **Intravenous medications**
- **Oxygen administration**



Assisted Living Exception Rule

- **Clients who reside in an assisted living facility who are unable to independently self-administer their medications may receive medication assistance from the LTCW.**
 - The client must be physically unable to self-administer medication and the can accurately direct others to do so.

This is not self-directed care

What Is Medication Administration

- When the client is not functionally able and not cognitively aware they are receiving medications, the LTCW is authorized to do so with delegation of the medication.
- The LTCW must be delegated for each task.
- This must be documented in the assessment.



Form Review



**ALL FORMS MUST BE
LEFT WHERE
RESIDENT RESIDES
FOR COMPLIANCE
WITH FACILITY RULES**





Mandatory Nurse Delegation Forms

Required forms are to meet the requirements of your DSHS contract and for the setting you delegate in. *The facility is held accountable by DSHS to follow delegation rules and the required paperwork to keep them in compliance.

- [01-212 Nurse Delegation Referral Form](#)
- [13-678 \(p.1\) Nurse Delegation Consent for Delegation Process](#)
- [10-217 Nurse Delegation Credentials and Training Verification](#)
- [13-786 \(p.2\) Nurse Delegation Instructions for Nursing Task](#)
- [14-484 Nurse Delegation Nursing Visit](#)

Forms continued -

- [13-678A Nurse Delegation PRN Medication](#)
 - [13-678B Assumption of Delegation](#)
 - [13-680 Rescinding Delegation](#)
 - [13-681 Change in Medical Orders](#)
- ❖ [10-448 Nurse Delegation Contract Monitoring Chart Audit](#)



Always check for the most recent form

Private Homes

In private homes RN may set up the client's file, which includes all the following:

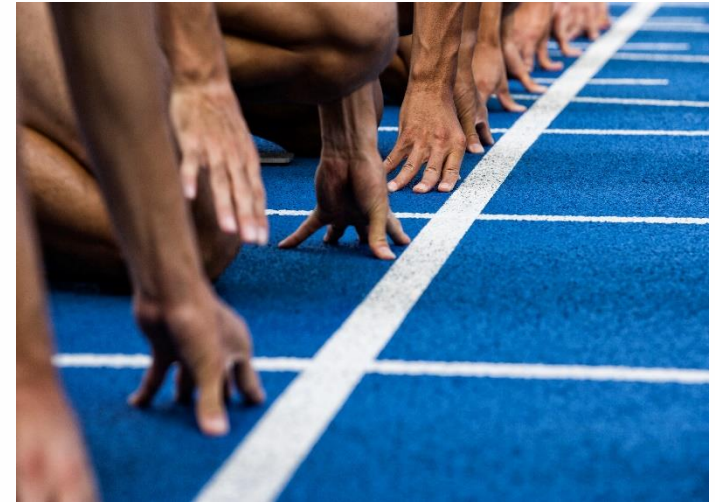
- Nurse delegation forms
- Assessment
- Medication orders
- Medication administration records (MAR's)
- Credentials for all delegated LTCW's



Putting it together



Referral



- **Referral Form**
 - Case Manager will scan, email, or fax if a state client
 - **Must be accepted and returned to CM in 2 days**
- **Attached to the referral from CM:**
 - Copy of most recent CARE assessment
 - Including behavior support plans
 - Release of information
 - Authorization number
 - Date of birth
 - ACES ID number
- **RN Assessment of client must be completed within 3 days from the date of accepting referral.**
 - If unable to meet this deadline, discuss with case manager

Referral Form

Nurse Delegation Referral Form

Authorization number, client name/information, and DOB are **REQUIRED** to bill for services.

CARE assessment and Release of Information (ROI) will be attached.

CM and RND will sign and date page 1 of the referral.

The date of acceptance begins on the day signed by CM and RND.



AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)

Nurse Delegation Referral and Communication

Case / Resource Manager's Request			
1. OFFICE <input type="checkbox"/> HCS <input type="checkbox"/> AAA <input type="checkbox"/> DDA <input type="checkbox"/> Other		2. AUTHORIZATION NUMBER FOR NURSE DELEGATION	3. RN PROVIDER ONE ID
4. DATE OF REFERRAL	5. METHOD OF REFERRAL <input type="checkbox"/> E-mail <input type="checkbox"/> Telephone <input type="checkbox"/> Fax		
TO:	6. NURSE DELEGATOR / AGENCY		
	7. TELEPHONE NUMBER	8. FAX NUMBER	9. EMAIL ADDRESS
FROM:	10. C/RM NAME / OFFICE		11. EMAIL ADDRESS
	12. TELEPHONE NUMBER		13. FAX NUMBER
14. REQUIRED ATTACHMENTS (IF APPLICABLE) <input type="checkbox"/> CARE / DDA Assessment <input type="checkbox"/> PCSP / DDA <input type="checkbox"/> PBSP <input type="checkbox"/> Service Summary Plan <input type="checkbox"/> Consent (DSHS 14-012)			
Client Information			
15. CLIENT'S NAME		16. GUARDIAN'S NAME	17. ACES ID
18. CLIENT'S DATE OF BIRTH		19. TELEPHONE NUMBER	
20. ADDRESS		CITY	STATE ZIP CODE

Referral Form

Page 1, must be completed and returned to the case manager in **2** business days.

Page 2, the ND must document date of full systems assessment.

ND must state if delegation was started and if not state why

ND has the option to provide additional information and recommendations for other resources the client may need



AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA) Nurse Delegation Referral and Communication

Delegating Nurse's Response			
TO:	30. CRM NAME		31. EMAIL ADDRESS
	32. TELEPHONE NUMBER		33. FAX NUMBER
FROM:	34. RND NAME	35. PROVIDER ONE ID	36. EMAIL ADDRESS
	37. TELEPHONE NUMBER		38. FAX NUMBER
RE:	39. CLIENT'S NAME		
40. Nurse delegation has been started <input type="checkbox"/> Yes <input type="checkbox"/> No			41. ASSESSMENT DATE
Follow Up Information			
42. List the tasks that were delegated:			
43. <input type="checkbox"/> Nurse Delegation was not implemented. Indicate the reason and any other action taken:			
44. <input type="checkbox"/> RND suggests these other options for care:			
45. RND ADDITIONAL COMMENTS			
46. NURSE DELEGATOR'S SIGNATURE			47. DATE

Consent for Delegation

Obtain client or the clients authorized representative consent for delegation.

- Obtain prior to initiating delegation. **You must also sign form.**
- Verbal consent is good for 30 days.
 - After 30 days you must have a signed consent form (may have electronic signature).
- Consent only needs to be gathered one time, at the start of delegation.
 - May get another consent signed if the client authorized representative changes
 - If assuming a case and the new RN wants to explain the delegation process



Consent Form

Nurse Delegation: Consent for Nurse Delegation Process (page 1)



Nurse Delegation: Consent for Delegation Process

1. CLIENT NAME [REDACTED]		2. DATE OF BIRTH [REDACTED]	3. ID/SETTING (OPTIONAL) [REDACTED]
4. CLIENT ADDRESS [REDACTED]		CITY [REDACTED]	STATE [REDACTED] ZIP CODE [REDACTED]
6. FACILITY OR PROGRAM CONTACT [REDACTED]		7. TELEPHONE NUMBER [REDACTED]	
8. FAX NUMBER [REDACTED]		9. E-MAIL ADDRESS [REDACTED]	
10. SETTING	11. CLIENT DIAGNOSIS		12. ALLERGIES
<input type="checkbox"/> Certified Community Residential Program for Developmentally Disabled	[REDACTED]		[REDACTED]
<input type="checkbox"/> Licensed Adult Family Home	[REDACTED]		[REDACTED]
<input type="checkbox"/> Licensed Assisted Living Facilities	[REDACTED]		[REDACTED]
<input type="checkbox"/> Private Home/Other	[REDACTED]		[REDACTED]
13. HEALTH CARE PROVIDER [REDACTED]		14. TELEPHONE NUMBER [REDACTED]	
Consent for the Delegation Process			
<p>I have been informed that the Registered Nurse Delegator will only delegate to caregivers who are capable and willing to properly perform the task(s). Nurse delegation will only occur after the caregiver has completed state required training (WAC 246-841-405(2)(a)) and individualized training from the Registered Nurse Delegator. I further understand that the following task(s) may never be delegated:</p> <ul style="list-style-type: none"> • Administration of medications by injections (IM, Sub Q, IV) except insulin injections. ESSHB 2668 (2008) specifically allows delegation of insulin injections. • Sterile procedures. • Central line maintenance. • Acts that require nursing judgment <p><u>If verbal consent is obtained, written consent is required within 30 days of verbal consent.</u></p>			
15. CLIENT OR AUTHORIZED REPRESENTATIVE SIGNATURE [REDACTED]		16. TELEPHONE NUMBER [REDACTED]	17. DATE [REDACTED]

Consent Form Continued

18. VERBAL CONSENT OBTAINED FROM [REDACTED]	19. RELATIONSHIP TO CLIENT [REDACTED]	20. DATE [REDACTED]
My signature below indicates that I have assessed this client and found his/her condition to be stable and predictable. I agree to provide nurse delegation per RCW 18.79 and WAC 246-840-910 through 970.		
21. RND NAME - PRINT [REDACTED]	22. TELEPHONE NUMBER [REDACTED]	
23. RND SIGNATURE	24. DATE [REDACTED]	

To register concerns or complaints about Nurse Delegation, please call 1-800-562-6078

DISTRIBUTION: Copy in client chart and in RND file

Credentials and Training Verification Form

- Complete training and credentials form for new client, new LTCW, and when there are changes to LTCW credentials and training.
- Check credentials for all delegated LTCW's at every supervisory visit or as needed.
- Ensure documentation for:
 - Current credentials
 - Verification of exempt LTCW letter of employment
 - All required training

Nurse Delegation: Credentials and Training Verification

1. LONG TERM CARE WORKER'S (LTCW) NAME (PRINT) _____

2. Credential Verification

☐ Attach a copy of internet Provider Credential Search
<http://www.doh.wa.gov/LicensesPermitsandCertificates/ProviderCredentialSearch>

OR COMPLETE THE FOLLOWING

Washington State Certificate / Registration Number for _____
☐ NAR ☐ NAC ☐ HCA – C Expiration Date: _____

3. Training Verification

NAR	NAC and HCA-C
Non-exempt LTCW (employed after January 7, 2012 (HCS) and January 1, 2016 (DDA)): <input type="checkbox"/> 9 hour ND for nursing assistants Date: _____ <input type="checkbox"/> 3 hour special focus on diabetes Date: _____ Basic training: <input type="checkbox"/> HCS – 40 hours basic training Date: _____ <input type="checkbox"/> DDA – 40 hour CORE basic Date: _____	<input type="checkbox"/> 9 hour ND for nursing assistants Date: _____ <input type="checkbox"/> 3 hour special focus on diabetes Date: _____
Exempt LTCW (employed one day from January 1, 2011 – January 6, 2012 (HCS) or employed prior to January 1, 2016 (DDA)): <input type="checkbox"/> 9 hour ND for nursing assistants Date: _____ <input type="checkbox"/> 3 hour special focus on diabetes Date: _____ Basic training: <input type="checkbox"/> HCS – Fundamentals of Care (FOC) Date: _____ <input type="checkbox"/> HCS – Revised Fundamentals of Care (RFOC) Date: _____ <input type="checkbox"/> DDA – 32 hour letter Date: _____	

4. Exempt Long Term Care Workers

The HCS LTCW employed one day between January 1, 2011 and January 6, 2012 and the DDA LTCW employed any time prior to January 1, 2016 should have a letter from the employer who employed them stating they have completed the basic training requirements in effect on the date of his or her hire. The Registered Nurse Delegator must obtain proof of employment prior to delegation of an exempt LTCW.

Letter of employment verification type: _____ Date of verification: _____

5. Notes

6. RND SIGNATURE _____ 7. DATE _____

NURSE DELEGATION: CREDENTIAL AND TRAINING VERIFICATION
 DSHS 10-217 (REV. 04/2018)

Verifying Credentials



Link to DOH site:

[Credential Check Search](#)

All LTCW's including NAR must have a credential verification and number before being delegated.



Physical Assessment




Head to Toe Assessment

- **Full systems nursing assessment**
- Currently no standardized form required
- Must be completed on initial delegation visit and at each supervisory visit

Instructions for Task Sheet

Nurse Delegation: Instructions for Nursing Task #13-786 page 2

- The Task sheet is your documentation of the instructions given to the LTCW.
- Be specific when giving examples of side effects and steps to perform task.
- There should be a task sheet for each individual task. For example: eye drops, transdermal patch, or colostomy wafer change.
- Must have clear description of the procedure or steps to follow to perform the task.
- Instruct on how to document task in patient's record.

 Nurse Delegation: Instructions for Nursing Task			
1. CLIENT NAME	2. DATE OF BIRTH	3. ID / SETTING (OPTIONAL)	4. DATE TASK DELEGATED
5. DELEGATED TASK AND EXPECTED OUTCOME			
Complete 6 and 7 only if medication(s) delegated:			
6. LIST SPECIFIC MEDICATION(S), DOSAGES AND FREQUENCY OF MEDICATIONS DELEGATED ON THIS DATE <input type="checkbox"/> CHECK HERE IF ADDITIONAL FORM ATTACHED.)		7. VERIFICATION OF DELEGATED MEDICATION DATE	
		NAME / TITLE	
		METHOD OF VERIFICATION	
8. STEPS TO PERFORM THE TASK: <input type="checkbox"/> Check here if additional teaching aide(s) attached.			
Report Side Effects or Unexpected Outcomes To:			
9. RND NAME (PRINT)		10. TELEPHONE NUMBER	
11. WHAT TO REPORT TO RND			
12. HEALTH CARE PROVIDER NAME		13. TELEPHONE NUMBER	
14. WHAT TO REPORT TO HEALTH CARE PROVIDER			
15. WHAT TO REPORT TO 911			
16. RND SIGNATURE		17. DATE	
18. FOR CONSUMER DIRECTED EMPLOYER: INDIVIDUAL PROVIDER'S (IP) NAME		19. PROVIDERONE NUMBER	
Call RND when: <ul style="list-style-type: none"> • Medications change • New orders received • Client dies • Client is admitted to ER, hospital, or SNF • Client moves • Client condition changes • Problem / unable to perform nursing task. 			

To register concerns or complaints about Nurse Delegation, please call 1-800-562-6078

DISTRIBUTION: Copy in client chart and in RND file

NURSE DELEGATION: INSTRUCTIONS FOR NURSING TASK
DSHS 13-678 PAGE 2 (REV. 06/2021)

Task sheet continued

Documentation must be **client specific** and include:

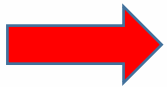
- Rationale for delegating the task
 - Nature of condition requiring treatment and purpose of the task
 - Predictable outcomes of the nursing task and how to effectively deal with them
 - Risk of treatment and interactions of prescribed medications
 - How to observe and report potential side effects or unexpected outcomes including:
 1. When to notify the RN for side effects or unexpected outcomes
 2. When to notify MD for side effects or unexpected outcomes
 3. When to notify 911
- *Must provide contact information



Rescinding Form

13-680 Rescinding Delegation

- Document date rescinded
- Who you rescinded to
- Why you rescinded
- Assist with transition to initiate and participate in safe transition for client, family members, and caregivers



This is when you give up liability to the other RN



Assumption Form

13-678B Assumption of Delegation

- If you are assuming a case from another RND, complete the assumption form to verify date assumed
- Document the reason why assumption occurred.

This is the date you will assume liability






Nursing Visit Form

14-484 Nurse Delegation Nursing Visit

The nursing visit form is the most widely used form and is essentially like  your progress note.

- Initial assessment
- Supervisory 90-day (*120 days) visits
- Change in condition
- Change in delegated task
- Delegation to new LTCW or new task
- LTCW competency and training record
- Notes for documentation of specific client needs or training.

 **Nurse Delegation:
Nursing Visit**

1. CLIENT NAME		2. DATE OF BIRTH	3. SETTING <input type="checkbox"/> AFH <input type="checkbox"/> DDA <input type="checkbox"/> In-home <input type="checkbox"/> Other:																
4. CHECK ALL THAT APPLY <input type="checkbox"/> Initial Client Assessment (See attached) <input type="checkbox"/> Supervisory Visit <input type="checkbox"/> Initial Caregiver Delegation <input type="checkbox"/> Condition Change <input type="checkbox"/> Initial Insulin Delegation <input type="checkbox"/> Other																			
5. CLIENT REQUIRES NURSE DELEGATION FOR THESE TASK(S): RELATED TO:																			
6. REVIEW OF SYSTEMS: ONLY CHECK CHANGES IN CONDITION FROM LAST ASSESSMENT <input type="checkbox"/> No Change <table border="0"><tr><td><input type="checkbox"/> Cardiovascular</td><td><input type="checkbox"/> Diet/Weight/Nutrition</td><td><input type="checkbox"/> Neurological</td><td><input type="checkbox"/> GU/Reproductive</td><td><input type="checkbox"/> GI</td></tr><tr><td><input type="checkbox"/> Respiratory</td><td><input type="checkbox"/> Endocrine</td><td><input type="checkbox"/> ADL</td><td><input type="checkbox"/> Sensory</td><td><input type="checkbox"/> Pain</td></tr><tr><td><input type="checkbox"/> Integumentary</td><td><input type="checkbox"/> Psych/Social</td><td><input type="checkbox"/> Musculoskeletal</td><td><input type="checkbox"/> Cognition</td><td></td></tr></table>					<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Diet/Weight/Nutrition	<input type="checkbox"/> Neurological	<input type="checkbox"/> GU/Reproductive	<input type="checkbox"/> GI	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Endocrine	<input type="checkbox"/> ADL	<input type="checkbox"/> Sensory	<input type="checkbox"/> Pain	<input type="checkbox"/> Integumentary	<input type="checkbox"/> Psych/Social	<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/> Cognition	
<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Diet/Weight/Nutrition	<input type="checkbox"/> Neurological	<input type="checkbox"/> GU/Reproductive	<input type="checkbox"/> GI															
<input type="checkbox"/> Respiratory	<input type="checkbox"/> Endocrine	<input type="checkbox"/> ADL	<input type="checkbox"/> Sensory	<input type="checkbox"/> Pain															
<input type="checkbox"/> Integumentary	<input type="checkbox"/> Psych/Social	<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/> Cognition																
7. Notes																			
8. Long Term Care Worker (LTCW) Training / Competency (Check or date all that apply)																			
A. CG Evaluated	B. Observation or Demonstration	C. Verbal Description	D. Record Review	E. Training Needed	F. Training Completed	G. Other (specify)													
1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
9. <input type="checkbox"/> Check here if additional notes/caregiver name on page 2.																			
10. <input type="checkbox"/> Client stable and predictable <input type="checkbox"/> Continue delegation <input type="checkbox"/> See rescind form																			
I have verified, informed, taught and instructed the caregiver(s) to perform the delegated task(s). The LTCW(s) has indicated that he/she accepts responsibility for performing the task as delegated. The LTCW(s) has been given the information on how to contact the RND if he/she is no longer able or willing to do these task(s) or resident health care orders change.																			
11. RND SIGNATURE						12. DATE													
13. RETURN VISIT ON OR BEFORE																			

Short Summary of RND Responsibilities

- Respond to referral within **2** working days
- Assess and document a client within **3** days of accepting the referral
- Determine if task can be delegated and send referral back to CM
- Obtain consent
- Verify LTCW credentials
- Train LTCW and verify continued competency every 90 days *COVID exception
- Document all assessments, visits and collateral contacts
- Notify CM when changes occur
- Bill promptly

Nursing Services and Skin Observation Protocol

As an RND you may find that you are referred to do Skin Observation Protocol visit and Nursing Services visit. This is not a delegated task. This is only done by an RN.

- HCS Referral Form 13-776
- DDA Referral Form 13-911
- Basic Assessment Form 13-784
- Skin Assessment Form 13-780
- Pressure Injury Assessment 13-783



RND Duties - Skin Observation Protocol (SOP)

TIMELINE:

• HCS

- CM send referral form in **2** BUSINESS days and assessment
- RND has **48** hours to respond to referral
- **5** days to return documentation to CM

• DDA

- CM sends referral form in **2** business days
- RND has **1** day to accept **2** days to schedule visit
- **5** days to return documentation to CM

RND Duties- SOP cont.

- Review current treatment and who authorized plan
- Develop a care plan
- Verify current treatment plan in place
- Verify CG is checking pressure points
- Distribute educational materials
- Contact client's family rep if no HCP, if client refusing treatment or if HCP is not treating
- Refer to Adult Protective Services, Child Protective Services, Complaint Resolution Unit, Health Care Provider, and other resources as appropriate
- Discuss findings with CM
- Address all other nursing triggered referrals





Requirements for Contracting with DSHS

- WA state RN license without restrictions
- 1 year RN experience or equivalent experience determined by ND program managers
- RN must attend DSHS offered Nurse Delegation Orientation
- Have a National Provider Index (NPI) number
- Complete a Core Provider Agreement (CPA) with DSHS
- Have a Washington business license
- Professional liability insurance
 - *1 million incident/ 2 million aggregate
- Pass a criminal background check every two years
 - *This contract packet is received by request from PM.

What Can I Bill For?

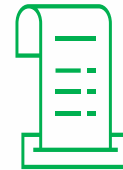
- Assessments
- Documentation
- Collateral contact time
- Travel time
- Billing time

****** Your contract states what you may bill for. Consult your tax professional for additional information



Payment

- RN delegators must track time to be billed
- Billed in units
 - 1 unit= 15 minutes
 - 4 units= 1 hour
- Current rate is \$12.46 per unit
 - \$49.85 an hour



Link for Billing Tutorial:

<https://www.dshs.wa.gov/sites/default/files/ALTSA/hcs/documents/N/D/P1%20Common%20Billing%20Questions.pdf>

Billing



Billing is done via Provider One system through Health Care Authority.

- **HCS clients are authorized:**

- 100 units per month x 12 months (36 automatically and between 37-100 with case manager approval) Contact CM with request.
- **Over 100 units the RN must complete an additional unit request form outlining rationale. [HCS request for additional units](#)

- **DDA clients are authorized:**

- 100 units per month x 12 month
- **Over 100 units the RN must complete an additional unit request form outlining rationale. [DDA request for additional units](#)

Example Billing Form

Complete sample billing chart

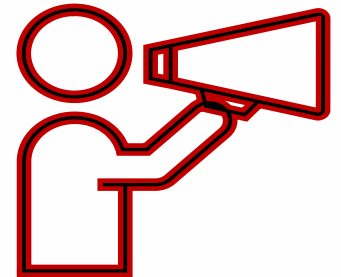
- Track units in category (there is no right or wrong category)
- Add units up based on your billing schedule (weekly, every two weeks, monthly...)

NPI Number:	Taxonomy: 163W00000X										Service Code: H2014										1 Unit = 15 minutes										Provider ID										
Month:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total									
Client Name:																																0									
DOB:																																0									
ICD-10 Code:																																0									
Assessment :																																0									
Collateral Contact																																0									
Travel Time																																0									
Documentation																																0									
Billing																																0									
TOTAL UNITS																																0									
Month:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	0									
Client Name																																0									
DOB:																																0									
ICD-10 Code																																0									
Assessment																																0									
Collateral Contact																																0									
Travel Time																																0									
Documentation																																0									
Billing																																0									
TOTAL UNITS																																0									
Month:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	0									

Setting Up Your Business

You must market your business and yourself

- Contact Case Manager's in your area HCS and DDA office
- Develop marketing materials
 - Business cards
 - Flyers
 - Website
- Contact other RN delegators in your community
- Attend bi-monthly contractor meetings



Nurse Delegation Responsibilities

- Contracted RN responsibilities
- Case manager responsibilities
- ND program manager responsibilities



Contracted RN

- Document when, how, and from whom referral was received.
- If necessary, arrange interpreter services with CM.
- Assess client within **3** working days of receiving the referral.
- Return referral to case manager within **2** working days.
- Notify CM if there is a change in client condition or nursing task delegated.
- Notify CM if rescinding or assuming a caseload.

Contracted RN continued

- Maintain duplicate copies of all ND files for 6 years.
- Send client files to case managers as requested.
- Send client files to program managers if requested.
- If client resides in a private home, set up client chart.
- Teach LTCW how to safely perform the nursing task.
- Maintain a current RN license, business license, and liability insurance.
- Report suspected abuse or neglect.

Sources of Referrals

- Home and Community Services (HCS)
- Area Agency on Aging (AAA)
- Developmental Disabilities Administration (DDA)



Keep in mind - the referral will come from the case managers. The referring CM may be the one to get the process started but is not necessarily the CM that will follow the resident after placement.

Case Manager

- Send referral to RN.
- Send current CARE assessment.
- Send positive Behavior Support Plan.
- Send release of information (ROI).
- Authorize payment for 12 months.
- Communicate changes in client eligibility.
- If client referred is in their private home, the case manager will verify LTCW credentials prior to referring.

Program Manager

- Resource for all contracted RN's.
- Resource for RNs in the state of WA regarding delegation.
- Resource for all HCS/AAA CMs in the state of WA.
- Provide follow up and investigations on all delegation complaints with contracted nurses.
- Maintain contracted RN records.
- Contract Monitoring on all contracted RN's.
- Training statewide.

DDA Nursing Services Unit Manager

- Resource for all DDA CMs in the state of WA.
- Resource for contracted RNDs serving DDA clients.
- Provide follow up and investigation of DDA complaints.
- DDA Training statewide.

COVID-19 ND Emergency Rules

This rule change will make more sense after you go through the whole class and is placed here for reference:

In Summary, significant temporary rule changes include:

- Core competencies training (the core basic training) of the seventy-hour long-term care worker basic training waived for people who will be nurse delegated. Normally in order to be delegated the caregiver must be currently registered or certified as a nursing assistant or home care aide (HCA) in Washington state without restriction.
- With the emergency rule change, for delegation the person must be nursing assistant registered (NAR) AND completed the 9-hour Nurse Delegation Core Training and for insulin the 3-hour Special Focus on Diabetes.

- Clarification of the credential HCA-C means the nursing assistant has taken the Prometric test and is certified. For DDA, HCA is not certified. During COVID 19 pandemic this level of certification is not required for delegation. Only a NAR is required during this time of COVID 19. Please see The Nurse Delegation Chapter 13, of the Long-Term Care Manual for assisting a caregiver in obtaining the NAR if needed.
- Written, verbal or electronic consent is an acceptable format for nurse delegation. The 30-day rule is removed until emergency rules expire.
- Supervision, documentation and reevaluation must occur at least every 120 days increased from 90 days until emergency rules expire.

- With delegation of insulin injections, after initial training on the task that the registered nurse considers appropriate, the registered nurse will assess the competence of the LTCW and determine further supervision needs as appropriate until emergency rule expires.
- Removal of the in-home care setting delegation decision tree per emergency rules was included in the Governor's proclamation 20-32. There are no changes to the prohibited tasks.



- [COVID-19 Temporary ND Rule Changes](#)



Summary of Delegation

- RCWs and WACs are the same for all clients receiving delegation.
- Nurse delegation is based on the nursing process.
- Communication is key to having a successful business.
- RND Program manager is available for support.

This is a lot of information. Save the website link for your reference:

[Nurse Delegation website](https://www.dshs.wa.gov/altsa/residential-care-services/nurse-delegation-program)

<https://www.dshs.wa.gov/altsa/residential-care-services/nurse-delegation-program>

Program Evaluation

Your feedback is very important:

- An evaluation will be sent out via email from 123Signup.
- Upon return of evaluation, you will be emailed your certificate of completion.



**IF YOU WISH TO CONTRACT WITH DSHS PLEASE
SEND A REQUEST FOR PAPERWORK TO
NURSEDELEGATION@DSHS.WA.GOV**

Transforming
Lives

Thank you for attending

