ASSESSMENT TOOLS FOR THE NURSE DELEGATION PROCESS

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OUTLINE

I. Acknowledgements

II. Prior Research Study
   - Perspectives of Nurse Delegators and Long-Term Care Workers on Nurse Delegation

III. Two Instrument Development Studies
   - Insulin Administration Competency Evaluation Tool Study
   - Stable and Predictable Condition Assessment Instrument Study

IV. Future Research
   - Evaluation Study on Decision Patterns Using Case Scenarios on Clinical Stability and Predictability and Insulin Administration Competency

V. Q&A

ACKNOWLEDGEMENTS

2017 PERSPECTIVES ON NURSE DELEGATION

- Earlier project about perspectives on nurse delegation established study need

- Participants:
  - Nurse delegators
  - Long-term care workers

- 30-40 minute, semi-structured, role-specific interviews (in-person and by phone), focused on:
  - Reasons for getting involved in nurse delegation
  - Delegator and caregiver demographic information and training
  - Situations that were and were not appropriate for delegation
  - Medication administration, emphasizing insulin and other critical medications

- Findings established need for developing measures to assess:
  - Patient stability
  - Caregiver post-training knowledge

INSULIN ADMINISTRATION COMPETENCY EVALUATION TOOL STUDY

- **Preliminary Research:**
  - Content experts: focus on new nurse delegators and brevity
  - Literature review: competency evaluation, insulin administration process, current nurse delegation laws, history of nurse delegation

- **Purpose:**
  - Create a refined competency tool via preliminary research
  - Determine tool's clinical utility and applicability via survey feedback from nurse delegator and long-term care worker

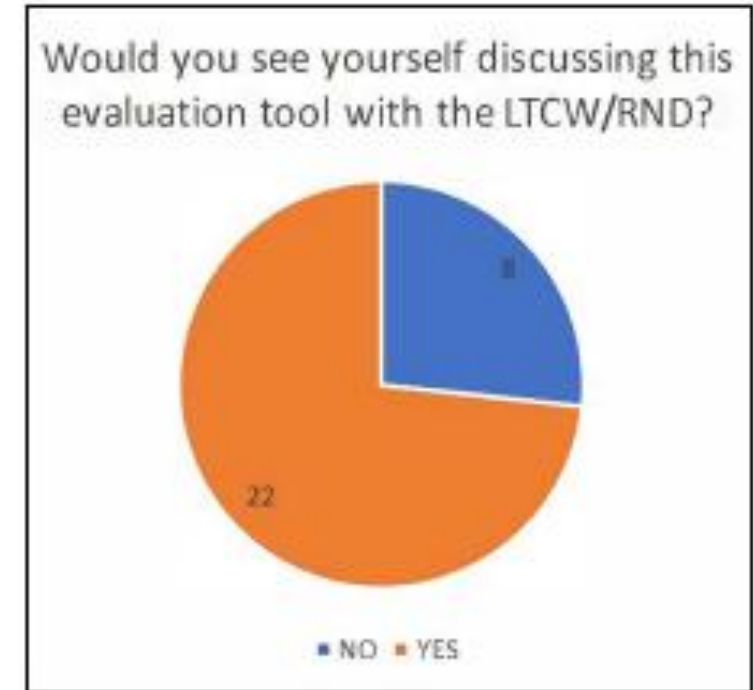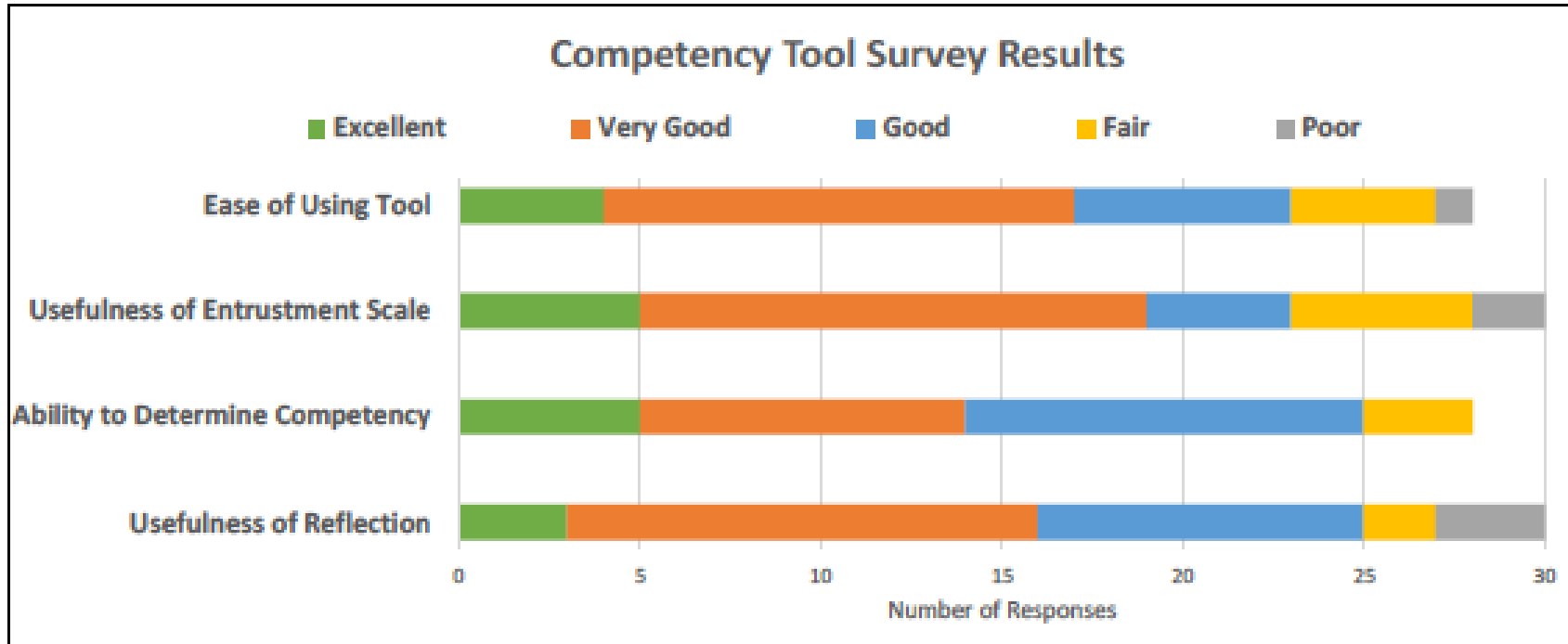# INSULIN ADMINISTRATION COMPETENCY EVALUATION TOOL

Unique Characteristics:

- Entrustment scores use evaluator's observation based on ability to trust a trainee

- Self-reflection on one's attitude, knowledge, and skill adds potential value to competency evaluation

- Incorporated on-the-job mentorship and guidance

- Opportunity for standard language around task competency

- Skills based on current DSHS training resources

INSULIN ADMINISTRATION COMPETENCY EVALUATION TOOL STUDY RESULTS

INSULIN ADMINISTRATION COMPETENCY EVALUATION TOOL STUDY SAMPLE SIZE

Survey Demographics

Current Age (N=32)	
Less than 25 years	0.00%
25-29 years	3.12%
30-39 years	9.38%
40-49 years	15.62%
50 years or older	71.88%
Ethnicity (N=32)	
Hispanic	0.00%
Non-Hispanic	100.00%
Race (N=32)	
African American	9.38%
American Indian/Alaska Native	0.00%
Asian	6.25%
Caucasian	71.88%
Pacific Islander	0.00%
Other	12.50%
Education (N=32)	
Associate degree	25.00%
Bachelor's degree	37.50%
Graduate degree (masters or doctorate)	37.50%

What best describes you? (N=32)	
Long-term care worker (e.g., nursing assistant, home care aide)	3.12%
Nurse delegator	87.50%
Other professional involved in nurse delegation:	9.38%
Length of Time in Current Role (N=32)	
Less than 2 years	12.90%
2 to 5 years	32.26%
More than 5 years	54.84%
Length of Time Delegating Insulin (N = 32)	
Less than 6 months	6.45%
6-12 months	12.90%
More than 1 year	80.65%
# of patients you have delegated insulin for (N=32)	
1-5 patients	48.39%
5-20 patients	32.26%
More than 20 patients	19.35%

STABLE AND PREDICTABLE CONDITION ASSESSMENT TOOL FOR INSULIN ADMINISTRATION STUDY

- **Preliminary Research –**
  - Content experts: modify instrument to be task-specific (i.e. insulin administration) to avoid double charting and increase clinical utility
  - Literature review: institutional comprehensive assessment tools, insulin administration risk factors, relevant NANDA diagnoses, current nurse delegation laws, and history of nurse delegation

- **Purpose:**
  - Create refined instrument via preliminary research
  - Determine clinical utility/applicability and potential improvements to current legal definition of stable and predictable condition via nurse delegator survey feedback

STABLE AND PREDICTABLE CONDITION ASSESSMENT FOR INSULIN ADMINISTRATION TOOL

Unique Characteristics of Tool:

- References evidence-based risk factors for instability and unpredictability for insulin administration

- Provides a list of requirements, using the WAC regulations for nurse delegation

- Enables modifications to improve clinical utility of instrument, based on nurse delegator input

STABLE AND PREDICTABLE INSTRUMENT FOR INSULIN ADMINISTRATION

Based on the criteria for delegation and risk factors for client instability and unpredictability, the nurse delegator can use this form to guide nursing judgment about nurse delegation of insulin administration.

Category I: Care Compatibility with Nurse Delegation

Mark each nurse delegation criterion below as either "True" or "False" (refer to WAC 246-840-930)	True	False
1. Client resides in a community-based or in-home care setting		
2. Client or authorized representative gives consent to delegation		
3. RN assessment of task has been completed (skip if currently being completed with this instrument)		
4. Client is in stable and predictable condition (skip if currently being assessed with this instrument)		
5. Delegation is within the scope of practice of the delegating RN		
6. Caregiver is properly trained and registered/certified to perform diabetes care and insulin injections when delegating insulin		
7. Required medications do not include injections (except insulin), sterile procedure, or central line maintenance		
8. Nursing judgment not required for task		
9. Results of task are reasonably predictable		
10. Task can be safely performed using exact, unchanging directions		
11. Task can be performed without complex observations or critical decisions		
12. Task can be performed without repeated nursing assessments		
13. Appropriate supervision is available for task, including with insulin injections, of at least weekly for the first four weeks of supervision.		
14. No specific laws or rules prohibit delegation		

If all criteria are met, continue to Category II on the next page ...

Category II: Risk Factors for Client Instability and Unpredictability

Mark each item below as "Yes" or "No" to indicate whether the risk factor is present or not. (To further describe selected risk factors, use the "Additional Information" box below.)	
15. Alteration in mental status and/or delay in cognitive developed that diminishes self-care and functional ability related to diabetes	
16. Alcohol and/or illicit drug use	
17. Average daily physical activity is less or more compared to recent baseline since insulin was last prescribed or last insulin orders	
18. Compromised physical diabetic health status due to presence of other chronic diseases, such as chronic renal failure	
19. Client does not accept diagnosis	
20. Excessive stress	
21. Excessive weight gain or loss insulin compared to recent baseline since insulin was last prescribed or last insulin orders	
22. Inadequate blood glucose monitoring	
23. Undertreated blood glucose levels and/ or medications that produce inconsistent blood glucose levels, such as with steroid treatment, related to a recent change in scheduled and/or PRN medications	
24. Insufficient diabetes management, such as recent hospitalizations, due to hyperglycemia and/or hypoglycemia or inappropriate levels of HbA1c or other lab values	
25. Insufficient dietary intake, such as with skipping meals	
26. Insufficient knowledge of disease management	
27. Nonadherence to diabetes management plan	
28. Pregnancy	
29. Rapid growth period (pediatric clients)	
30. *Additional information about the selected risk factor(s) (optional):*	

FINAL DECISION	Yes	No
Based on the risk factors identified above, is this client in a stable and predictable condition appropriate for delegated insulin administration?		

RESULTS FOR STABLE AND PREDICTABLE CONDITION ASSESSMENT INSTRUMENT STUDY

Results – Feedback on Instrument

Support for Clinical Utility

- Useful with changes in wording and added sections
- Could help to share assessment with case manager
- Provides salient points and consistency for evaluation
- Comprehensive checklist format
- Could be helpful for new and experienced Nurse Delegators

Arguments Against Clinical Utility

- Assessment should be based on experience, existing training, and nursing judgment
- Needs evaluation piece to cover overall health and well-being
- Does not reflect risk factors in community
- Needs more nurse delegator input
- Too long, time-intensive, requires extra paperwork
- Might not be helpful if English is limited

Results – Clinical Attributes for Stability and Predictability

Clinical Status

- Stable fasting blood glucose within parameters
- Dietary and treatment compliance and cooperation
- Stability of chronic conditions and frequency of new diagnoses
- Changes in mental status, independence, or other physical symptoms
- Medication effects
- Comorbidities
- Drug-seeking behaviors
- Communication ability and (rudimentary) understanding of diagnoses
- Status of immune system
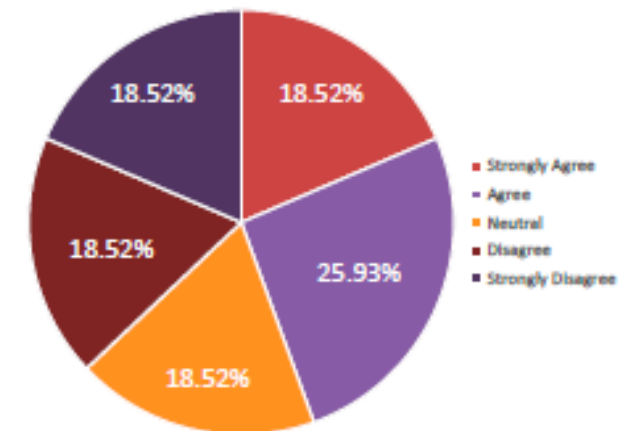- Client fragility/brittleness

Health Care

- Number of treatment/medication changes
- Frequency of hospitalizations, ER visits, provider visits
- Caregiver competency - knowledge and job performance
- Differences between assistance and administration with task

Care Procedures

- Need for nursing judgment to execute task
- Adequate staff ratios, turnover rate, supervision, input/communication

Results – Pie Chart on Instrument Clinical Applicability

Do participants agree that this instrument assists in making stable and predictable decisions within insulin administration?

- Strongly Agree: 18.52%
- Agree: 25.93%
- Neutral: 18.52%
- Disagree: 18.52%
- Strongly Disagree: 18.52%

Quotes – Stable and Predictable Condition Legal Definition

"It's not very comprehensive and leaves a lot open for human judgment.."

"This description…doesn't say enough about the importance of the evaluation of the caregivers that may affect the client's condition."

* Refer to Competency Tool Sample Size Slide for Demographic Information

FUTURE RESEARCH STUDY

- **Focus of new study:**
  - Nurse Delegator decision patterns and evaluation of insulin administration competency in response to stable and predictable condition within performance scenarios

- **Procedure:**
  - Demographic data survey
  - Address two clinical scenario types
    - Scenario #1: Answer questions about stability and predictability based on client clinical data
    - Scenario #2: Determine competency of insulin administration based on long-term care worker performance

- **Participants:**
  - Any current or former nurse delegator

THANK YOU!

Questions??

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