COMMUNITY NURSE DELEGATION ORIENTATION 2021

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Washington State Department of Social and Health Services

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: Referrals from CMs
- RCS-Residential Care Services: Inspectors and Complaint Investigators
- CRU-Complaint Resolution Unit: Report issues from client settings
- APS-Adult Protection Services: Mandatory Reporter

Acronyms cont'

- CARE Assessment: is an 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

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Nurse Delegation History

1996-97	• **Nurse Delegation Rules established through DOH**
	• **Task list created**
	• **Three settings identified**
	    • **Assisted Living (AL)**
	    • **Adult Family Home (AFH)**
	    • **Supported Living (SL)**

2000	• Task list eliminated • In home setting added to approved settings
2009	• Law change to include insulin injects and blood glucose monitoring as delegable tasks
2018	• Rule clarification to include non-insulin injections, used to treat DM as delegable tasks • Examples include: Byetta, Victoza, Toujeo

2019-2020	• Collaborate with Nursing Commission and stakeholders to expand nurse delegation services being discussed but not implemented yet
	    • INR testing
	    • Other subcutaneous injections
	    • Define nurses role in medical marijuana "administration"
	    • Epinephrine injections

2020 COVID 19	• 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

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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**

Assess — Gather information about the client's condition

Diagnose — Identify the client's problems

Plan — Set goals of care and desired outcomes and identify appropriate nursing actions

Implement — Perform the nursing actions identified in planning

Evaluate — Determine if goals met and outcomes achieved

Nursing Process
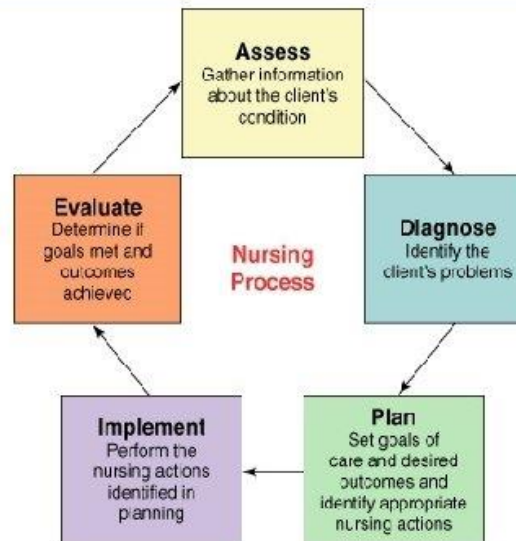
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Assessment

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:

- Sterile procedures or processes
- Injectable medications *except insulin and non-insulin injections for Diabetes
- 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 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.

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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**

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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 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:

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

<div align="center">AND</div>

- **<u>Cognitively</u> 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 <u>handing prefilled insulin </u>syringes to the client

- <u>Dialing the dose </u>on an insulin pen

- <u>Placing the needle on </u>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 <u>accurately</u> 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

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

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Required 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 <u>01-212 Word format</u>

- 13-678, Nurse Delegation: Consent for Delegation Process (page 1) <u>13-678 (p.1) Consent</u>

- 10-217 Nurse Delegation: Credentials and Training Verification <u>10-217 Credentials</u>

- 13-678, Nurse Delegation: Instructions for Nursing Task (page 2) <u>13-786 (p.2) Nursing Task</u>

- 14-484 Nurse Delegation: Nursing Visit <u>14-484 Nursing Visit</u>

Optional Forms

- [13-678A Nurse Delegation PRN Medication](#)
- [13-678B Assumption of Delegation](#)
- [13-680 Rescinding Delegation](#)
- [13-681 Change in Medical Orders](#)

★ Always check for the most recent form

Private Homes

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

- Nurse delegation forms

- Medication orders

- Medication administration records (MAR's)

- Credentials for all delegated LTCW's

Putting it together

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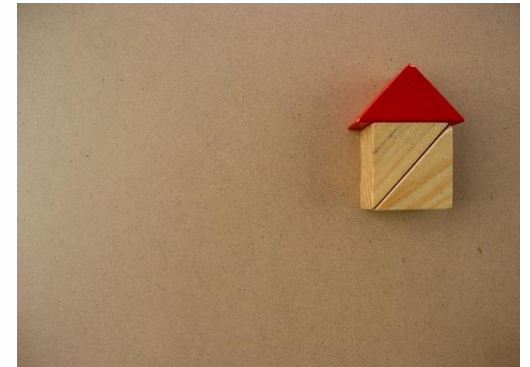
Referral

- **Referral**
  - 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:**
  - Copy of most recent CARE assessment
    - Including behavior support plans
  - Release of information
  - Authorization number
  - Date of birth
  - ACES ID number
- **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

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Transforming lives

Case / Resource Manager's Request

1. OFFICE ☒ HCS ☐ AAA ☐ DDA ☐ Other
2. AUTHORIZATION NUMBER FOR NURSE DELEGATION
3. RN PROVIDERONE ID

4. DATE OF REFERRAL
5. METHOD OF REFERRAL ☐ E-mail ☐ Telephone ☐ 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)
☐ CARE / DDA Assessment ☐ PCSP / DDA ☐ PBSP ☐ Service Summary Plan ☐ 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.

Page 2, the ND must document date of full head to toe 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

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 : 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

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1. CLIENT NAME		2. DATE OF BIRTH	3. ID/SETTING (OPTIONAL)

4. CLIENT ADDRESS	CITY	STATE	ZIP CODE	5. TELEPHONE NUMBER

6. FACILITY OR PROGRAM CONTACT	7. TELEPHONE NUMBER

8. FAX NUMBER	9. E-MAIL ADDRESS

10. SETTING	11. CLIENT DIAGNOSIS	12. ALLERGIES
☐ Certified Community Residential Program for Developmentally Disabled		
☐ Licensed Adult Family Home		
☐ Licensed Assisted Living Facilities		
☐ Private Home/Other		

13. HEALTH CARE PROVIDER	14. TELEPHONE NUMBER

Consent for the Delegation Process

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:

- 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

If verbal consent is obtained, written consent is required within 30 days of verbal consent.

15. CLIENT OR AUTHORIZED REPRESENTATIVE SIGNATURE	16. TELEPHONE NUMBER	17. DATE

Consent Form Continued

18. VERBAL CONSENT OBTAINED FROM	19. RELATIONSHIP TO CLIENT	20. DATE

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	22. TELEPHONE NUMBER

23. RND SIGNATURE	24. DATE

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](#)

- Check credentials for all delegated LTCW's at every visit

- Complete training and credentials form or print copies of training and credentials

- Document verification of all training and credentials

- Verification of exempt LTCW letter of employment

Verifying Credentials

Link to DOH site:

Credential Check Search

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

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Physical Assessment

Head to Toe Assessment

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

Instructions for Task Sheet

Link:

[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. Remember the task is client specific.
- There should be a task sheet for each individual task. For example: eye drops, transdermal patch, or colostomy wafer change.

# Task sheet continued

Documentation: **Be specific**

- Expected outcome of task

- Steps to perform the task

- Potential side effects or unexpected outcomes including:
    1. When to notify the RN for side effects or unexpected outcomes
       Provide contact information
    2. When to notify MD for side effects or unexpected outcomes
       Provide contact information
    3. When to notify 911

Rescinding Form

Link:

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
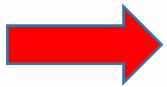
This is when you give up liability to the other RN

Assumption Form

Link:

[13-678B Assumption of Delegation](#)

- If you are assuming a case complete the assumption form to verify <u>date assumed</u>

- Document the reason why assumption occurred.

This is the date you will assume liability

Nursing Visit Form

The nursing visit form is the most widely used form

- 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.

   This is essentially your progress note for the facility and DSHS.

Short Summary of RND Responsibilities

- Respond to referral within 2 working days

- Assess a client within 3 days of accepting the referral

- Determine if task can be delegated

- 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.

- 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

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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 or
- 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

RND Documentation – SOP cont.

- Skin assessments are part of the nurse delegation paperwork and copies should be left in the client chart and retained in your own personal nurse delegation files. As a part of the assessment, the RND will address all the other referrals if indicated.

- A copy of the documentation must be sent to the referral case manager for documentation into the CARE assessment.

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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 4-hour 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

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
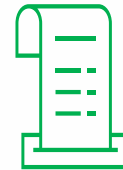
Link for Billing Tutorial:

https://www.dshs.wa.gov/sites/default/files/ALTSA/hcs/documents/ND/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.

  *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
Collaterol 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
Collaterol 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
- 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.

- 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

- HCS Referrals- from CMs

- AAA (Area of Aging) CMs

- DDA Referral Process

**Provide Skin Observation Protocol (SOP) documentation to CM within five days.

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.

- 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

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

Thank you for attending

Transforming Lives

Washington State
Department of Social
& Health Services

Transforming lives