Understanding Community Based Nurse Delegation 2017

Presented by: ALTSA Nurse Delegation Program Managers
Nurse Delegation Program Managers

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Nurse Delegation

This training is:

Required for all Registered Nurses (RN’s) who wish to contract with DSHS and be paid for Nurse Delegation services

Offered for RN’s who wish to delegate in other circumstances

Intended to clarify rules for community based Nurse Delegation

Today’s training is not a certification course
Nurse Delegation

Attendees will earn 7 contact hours of continued education hours if:

- The attendee signs the attendance sheet
- Stays for the entire training
- Completes the evaluation form
Nurse Delegation

What laws and rules govern the program?

*Revised Code of Washington* (RCW) is the law of Washington State

18.79A.260(3)(e)

*Washington Administrative Code* (WAC) are the rules of Washington State

246-840-910 thru 970
Nurse Delegation

Common confusion...

General Delegation is taught to all nurses in nursing school.

Community Based Nurse Delegation - Describes certain nursing tasks which can be taught to long term care workers under a certain set of rules and circumstances. The rules apply only to community-based settings. The rules for Community Based Nurse Delegation are within the Nurse Practice Act WAC 246-840-910 thru 970.
Nurse Delegation

• Only an RN can delegate in the state of Washington
  – Not an LPN
• The RN must have a current license in the state of Washington
• The RN license must not have restrictions
Nurse Delegation

Nurse Delegation Program Description:

The RN will:

• Assess a client to determine stability and predictability
• Teach the long term care work 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
Nurse Delegation

Purpose of Nurse Delegation rules

• Rules create a consistent standard of practice
• Support the authority of the RN to make independent, and professional decisions
• Enhance client choices
• Protect the public in community-based and in-home settings
Nurse Delegation

Who do the rules apply to?
Anyone receiving delegated services

- Medicaid clients
- Clients receiving services in Supported Living (SL)
- Clients receiving services in Adult Family Homes (AFH)
- Clients receiving services in Assisted Living Facilities (ALF) — Formerly known as Boarding Homes
- Private pay clients
Nurse Delegation

• Rules first established in 1996
• Expansion to include the “in home” setting under the community based nurse delegation rules
• Task list eliminated in 2000
• Insulin injections added to community based nurse delegation in 2009
Nurse Delegation

Give me the facts!

The Nurse Delegation program serves approximately 8,300 clients
The average cost is $680 per year/client
The average cost for a skilled nursing facility is $200/day = $72,000 per year/client
Nurse Delegation

Client types:
Nurse Delegation

Who are long term care (LTC) clients?

• Referred to as “aging” clients
• Live in a community-based setting or in-home setting
• Have case managers who work for Home and Community Services (HCS) or an Area Agency on Aging (AAA) office.
Nurse Delegation

How do LTC clients typically present:

• Chronic conditions
• Diabetes
• Arthritis
• Mental health diagnoses
  – Alzheimer's
  – Dementia
• Congestive heart failure
• Lung disease
• Obesity
Nurse Delegation

Who are developmental disability (DD) clients?

• Referred to as “developmentally disabled”
• Diagnosed prior to the age of 18
• May be an adult or child
• Live in a community-based or in-home setting
• Have case resource managers through Developmentally Disabled Administration (DDA)
• Referrals managed through a regional nurse delegation coordinator
Nurse Delegation

How do DDA client’s typically present:

- Mental retardation
- Autism
- Mood disorders
  - Bipolar
  - Major Depressive Disorder
- Schizophrenia
- Cerebral Palsy
- Epilepsy or seizure disorders

WAC 388-825
Nurse Delegation

So what’s the difference?

DDA client may have:

• Unique or complex medical needs
• Behaviors managed through a positive behavioral support plan (PBSP)
• Frequent medication changes
• High staff turn over
## Nurse Delegation

**DDA Regional Coordinators:**

<table>
<thead>
<tr>
<th>REGION</th>
<th>NAME</th>
<th>PHONE</th>
<th>FAX NUMBER</th>
<th>EMAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region 1: Spokane</td>
<td>Wilma Brown</td>
<td>509-329-2940</td>
<td>509-568-3037</td>
<td><a href="mailto:brownWH@dshs.wa.gov">brownWH@dshs.wa.gov</a></td>
</tr>
<tr>
<td>Region 1: Kennewick</td>
<td>Gail Blegen-frost</td>
<td>509-374-2124</td>
<td>509-734-7103</td>
<td><a href="mailto:blegGD@dshs.wa.gov">blegGD@dshs.wa.gov</a></td>
</tr>
<tr>
<td>Region 2 N</td>
<td>Meg Hindman</td>
<td>360-714-5005</td>
<td>360-714-5001</td>
<td><a href="mailto:HindmMM@dshs.wa.gov">HindmMM@dshs.wa.gov</a></td>
</tr>
<tr>
<td>Region 2 S</td>
<td>Kathleen Wood</td>
<td>206-568-5783</td>
<td>206-720-3334</td>
<td><a href="mailto:woodkm@dshs.wa.gov">woodkm@dshs.wa.gov</a></td>
</tr>
<tr>
<td>Region 3</td>
<td>Denise Pech</td>
<td>253-404-5540</td>
<td>253-597-4368</td>
<td><a href="mailto:pechDL@dshs.wa.gov">pechDL@dshs.wa.gov</a></td>
</tr>
</tbody>
</table>
Nurse Delegation

Long Term Care Workers (LTCW’s)

NA-R: Nursing Assistant Registered

NA-C: Nursing Assistant Certified

HCA-C: Home Care Aid Certified
Nurse Delegation

Rewind...

- The rules for Community Based Nurse Delegation are defined in the Nurse Practice Act.
- Any RN in the state of Washington can delegate.
- There is no certification course to delegate in the state of Washington.
- Only contracted RN’s with DSHS may receive a referral and be paid for delegated services for Medicaid clients.
- The assessed client must be stable and predictable for delegation.
- The LTCW’s could not perform the nursing tasks without the supervisor and evaluation of the RN delegating.
Nurse Delegation

Nurse Delegation is based on the Nursing Process:

- Assess
- Plan
- Implement
- Evaluate
Nurse Delegation

Assess

- Setting
- Client
- Nursing Task
- Long term care workers (LTCW’s)
Nurse Delegation

Assess

HCS and DDA Settings:
• Adult Family Home (AFH)
  – 2-6 clients
  – No nurse on staff
• Assisted Living Facility (ALF)
  – More than 6 clients
  – Often times a nurse on staff Monday thru Friday
• In-home
  – Clients private home
Nurse Delegation

Assess

DDA Settings:
• Supported Living (SL)
  – Client is cared for by an agency
• Companion Home
  – Client is cared for by a 1:1 staff
  – Not many in the state of Washington
• Group Training Home
  – 8-12 clients
Nurse Delegation

Assess

Assess the client:

• Full system- head to toe assessment
  – Completed within 3 working days of referral
• Is the clients condition **stable and predictable**
• Does the client require frequent nursing visits
Nurse Delegation

Assess

What does stable and predictable mean?
• The RN determines the client's 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’s with terminal conditions and those who are on sliding scale insulin are stable and predictable

WAC 246-840-920 (15)
Nurse Delegation

Assess the nursing task to be delegated:
• Does the nursing task fall within your skill set
• Is the nursing task on the prohibited list
• Do you need additional assistance to determine delegation
  – Consult the decision tree
    • WAC 246-840-940
• If task determined for delegation is different from the original request, discuss findings with the referring case manager
Nurse Delegation

Assess

Prohibited nursing tasks:

• Sterile Procedures or processes
• Injectable medications
  – Except insulin
• Central line of IV maintenance
• Acts that require nursing judgement
## Nurse Delegation

### Assess

Examples of nursing tasks

<table>
<thead>
<tr>
<th>(Previous) 1996 Task List—No longer in law</th>
<th>(Current) Scope of Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral/topical medications</td>
<td>Suctioning trachael/oral</td>
</tr>
<tr>
<td>Ointment and drops for the eye, ear, nose</td>
<td>Vagal Nerve Stimulator</td>
</tr>
<tr>
<td>Clean (not sterile) dressing changes</td>
<td>INR testing</td>
</tr>
<tr>
<td>In and out” urinary catheterization</td>
<td>Bladder Irrigations</td>
</tr>
<tr>
<td>Suppositories and enemas</td>
<td></td>
</tr>
<tr>
<td>Ostomy care in healed and established condition</td>
<td></td>
</tr>
<tr>
<td>Blood glucose monitoring (finger sticks OK)</td>
<td></td>
</tr>
<tr>
<td>Gastrostomy tube feedings, healed and established</td>
<td></td>
</tr>
</tbody>
</table>
Nurse Delegation

Assess

Assess the LTCW:

• Does the LTCW have the appropriate training and credentials to perform the nursing task
• Assess the competency of the LTCW performing the nursing task
• Identify additional training needs for the LTCW to properly and safely perform the nursing task
• Consider language and cultural diversity which may affect delegation
• Is the LTCW **willing and able** to perform the nursing task
Nurse Delegation

Assess

LTCW’s must have current registration or certification for one of the following credentials:

- NA-R
- NA-C
- HCA-C

Completed the following trainings:

- basic training at the time of credentialing
- 9 hour “Nurse Delegation for Nursing Assistants” course
- 3 hour “Special Focus on Diabetes” (SFOD) course, if insulin delegation.

Nurse Delegation

Assess

How do I know what basic training is required?

HCS
- 40 hour “Basic Training”

DDA
- 40 hour “Core Basic”

Exempt LTCW’s:
- HCS
  - “Revised Fundamentals of Care” (RFOC)
  - “Fundamentals of Care” (FOC)
- DDA
  - DDA basic “32 hour letter”

All exempt LTCW’s must have a letter of employment verification acknowledging they worked within the required timeframes and completed the required training
Nurse Delegation

Assess

How do I know if the LTCW is exempt LTCW?

Is the LTCW an:

• LPN
• NA-C
• LTCW employed one day between January 1, 2011 and January 6, 2012
• LTCW employed by Supported Living (SL) agency any day prior to January 1, 2016

Exempt LTCW’s do not need to complete the 75 hour “Home Care Aid” training
Nurse Delegation

Assess

HCS LTCW’s hired after January 7, 2012
AND
DDA LTCW’s hired after January 1, 2016

75 hours “Home Care Aid” training
• 40 hours “basic training”
• 30 hours “population specific”
  – Mental health
  – Dementia
• 5 hours orientation and safety

Training must be completed within 200 days of hire
WAC 246-980
Nurse Delegation

Consent for delegation:

- Discuss the process of delegation with the client or the client’s authorized representative
- Obtain consent
  - Verbal consent acceptable for first 30 days
  - Written consent **must** be obtained after the first 30 days
    - Scanned, emailed, or faxed consents are acceptable
- Consent is only needed for initial delegation
  - No need to get new consent when nursing task changes
  - **Must** get new consent if the authorized representative changes
Nurse Delegation

Nurse Delegation is based on the Nursing Process:

- Assess
- Plan
- Implement
- Evaluate
Nurse Delegation

Plan

• Written instructions
  — Steps to follow when performing nursing task
  — Predicted outcome
  — Specific side effects of medications
  — To whom do LTCW’s report side effects
• Teach LTCW how to perform the nursing task
  — Based on the written instructions
• Determine caregiver competency
  — Return demonstration
  — Verbal description
  — Record review
• Delegation of a nursing task is at the discretion of the RN assessing and delegating; including the delegation of insulin
Nurse Delegation

Plan

Instructions:

• Rationale for delegation- the “why”
• Specific to the client and their condition
  – Not transferable to another client or LTCW
• Clear description or nursing task with step by step instructions
• Expected outcomes of delegated nursing task
• Possible side effects of medications prescribed
  – To whom do LTCW’s report AND when
• How to document the nursing task as completed or omitted.
Nurse Delegation

Plan

If the nursing task is medication administration:

• Verify what medications are prescribed
  – Pharmacy list
  – MAR’s
  – Conversation with Health Care Provider
• Verify medication changes AND how they were verified
• Determine if there is a need to retrain the LTCW on the task
• Update delegation paperwork
• Update instructions and task sheet
Nurse Delegation

Plan

Document how you taught and verified competency of the LTCW’s:

• How was teaching verified
  – Return demonstration
  – Verbal communication
  – Record review
• Document date of return 90 day review
  – Remember this date is different than every 3 months
Nurse Delegation

Plan

Insulin delegation:

• Teach proper usage of insulin
• Instruct and demonstrate safe insulin injection technique
• Determine competency of LTCW in performing safe insulin administration
  – Drawing up the insulin in a syringe
  – Dialing the dose of insulin on the prefilled syringe
  – Administering the insulin
• Competency:
• Must verify LTCW once a week for the first four weeks of insulin delegation
  – The first visit MUST be in person
  – Each subsequent visit may be verified through
    • Observation or demonstration of the task
    • Verbal communication
    • Record review
Nurse Delegation

Plan

In private homes RN must set up the clients chart, which includes all of the following:

• Nurse delegation forms
• Medication orders
• Medication administration records (MAR’s)
• Credentials for all delegated LTCW’s
• Progress notes
Nurse Delegation

Plan

In the process of writing your plan, you may need help determining if the nursing task is appropriate for delegation. Review the decision tree located in the nurse practice act:

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WAC 246-840-940
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<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Does the patient reside in one of the following settings? A community-based care setting as defined by RCW 18.79.260 (3)(e)(i) or an in-home care setting as defined by RCW 18.79.260 (3)(e)(ii).</td>
<td>No</td>
<td>Do not delegate</td>
</tr>
<tr>
<td></td>
<td>Yes ↓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Has the patient or authorized representative given consent to the delegation?</td>
<td>No</td>
<td>Obtain the written, informed consent</td>
</tr>
<tr>
<td></td>
<td>Yes ↓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Is RN assessment of patient’s nursing care needs completed?</td>
<td>No</td>
<td>Do assessment, then proceed with a consideration of delegation</td>
</tr>
<tr>
<td></td>
<td>Yes ↓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Does the patient have a stable and predictable condition?</td>
<td>No</td>
<td>Do not delegate</td>
</tr>
<tr>
<td></td>
<td>Yes ↓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Nurse Delegation

Nurse Delegation is based on the Nursing Process:

- Assess
- Plan
- Implement
- Evaluate
Nurse Delegation

Implement

• Teach LTCW how to perform the nursing task
  – Based on written instructions

• Accountability:
  – RN is responsible for delegating the nursing task
  – LTCW is responsible for performing the nursing task as instructed
    • Based on written instructions
Nurse Delegation

Implement

• Document the entire Nurse Delegation process
  – Including
    • Assessment
    • Written plan
    • Training and credentials
    • Verification of competency
Nurse Delegation

Nurse Delegation is based on the Nursing Process:

- Assess
- Plan
- Implement
- Evaluate
Nurse Delegation

Evaluate

Evaluation of delegation occurs at minimum of every 90 days. There is no exception!

Supervisory visits have 2 components:

• RN evaluates the client:
  – Head to toe assessment
  – Assess client for “stable and predictable” nature
  – Evaluate the client’s response to the delegated nursing task
    • Modify tasks if needed
    • Retain LTCW’s if needed
Nurse Delegation

Evaluate

• RN evaluates the continued competency of each delegated LTCW:
  – Evaluation can be direct, indirect, or by any method the RN deems fit
    • Observation or demonstration
    • Record review
    • Verbal description
  – Assess care provided
  – Documentation submitted in last 90 days
  – Validate current credentials
Nurse Delegation

Evaluate

Evaluation of insulin administration

• Evaluation must occur once a week for the first four weeks, then every 90 days.
• Delegation and supervision is 1:1
  – One LTCW at a time for each client delegated insulin administration
  – Initial visit must be in person
  – Subsequent visits may be evaluated directly or indirectly
    • Observation or demonstration
    • Record review
    • Verbal description
Nurse Delegation

Evaluate

Modifications to tasks:

- Update Instructions and Task form
- Retrain LTCW’s on updated tasks
- Rescind LTCW’s who are no longer delegated to client
- Rescind entire caseload
- Assumption of caseload
Nurse Delegation

Evaluate

Update instructions and task form if:

• Nursing task has changed
  – Added, discontinued, or modified
    • RN verifies the new orders with the health care provider
    • Determines is the task can be delegated
    • Determines if delegation can occur immediately or if a site visit is required.
      – If the task can not be completed immediately the RN initiates and participates in developing an alternative plan to meet the needs of the client.
Nurse Delegation

Evaluate

Rescinding delegation if:
• client safety is compromised
• Client is no longer stable and predictable
• Staff turnover makes delegation difficult
• Staff unwilling or unable to perform nursing task
  – Task performed incorrectly
  – Client requests new staff
  – When any license lapse
    • Facility
    • LTCW
    • RN
Nurse Delegation

Evaluate

RN role in rescinding:

- RN initiates and participates in a safe transition plan with case managers, family member's, and the client.
- RN documents the reason for rescinding and the plan for continuing the nursing task
  - Who will provide the service in lieu of delegation
Nurse Delegation

Evaluate

Transferring delegation to another RN:
• The RN may transfer their case to another RN willing to assume.
• The assuming RN will:
  – Assess the patient
  – Assess the nursing tasks as being delegatable and within his/her skill set
  – Assess the LTCW’s competency
  – Assess the written instructions and task sheet

Once the care has been assumed, the assuming nurse must document:
• Reason for assumption
• Notification to client and LTCW’s
Nurse Delegation

Summary

- Nurse Delegation is based on the Nursing Process
  - Assess
  - Plan
  - Implement
  - Evaluate
- Only occurs in four community settings
  - Not hospitals, jails, or skilled nursing facilities
- The client must be stable and predictable to delegate
- Select nursing tasks can only be delegated
  - Prohibited list
  - No other list available
- LTCW must have appropriate training and credentials
- There must be an individualized written plan available
Nurse Delegation

Summary

• Frequency of insulin delegation
• How to access the decision tree and when
• Evaluation of nurse delegation occurs every 90 days
  – Not every 3 months
• When to update nurse delegation documents
• When to provide additional training
• How to rescind a caseload of LTCW
Nurse Delegation

Training and Credentials

• Breakout into small groups: 3-5 people
• Each group will be assigned a scenario
• Take 5-10 minutes to review the scenario, determine what training and credentials are required and complete the required training and credentials form
• Present your findings to the entire class
Nurse Delegation

Nurse Delegation: Credentials and Training Verification

1. Long Term Care Worker’s (LTCW) Data (WA)

2. Credential Verification
   - Attach a copy of Internet Provider Credential Search
   - http://www.doh.wa.gov/LicensesPermitsandCertificates/ProviderCredentialSearch
   - OR COMPLETE THE FOLLOWING
   - A. RN Delegator has verified that the Long Term Care Worker is currently registered or certified in Washington state and is in good standing without restriction. Date of verification: __________
   - B. Washington State Certificate/Registration Number for: NAR  NAC  HCA-G
   - C. Expiration Date: __________  Registered  Certified

3. Training Verification
   - Required for NAR, NAC, and HCA-G before delegating:
     - Nurse Delegation for Nursing Assistants (9 hours) Date: __________
     - Nurse Delegation for Nursing Assistants Special Focus on Diabetes class (3 hours) Date: __________
     - Basic Caregiver Training class required for NAR’s before delegating:
       - Basic Training (Core Competency) Date: __________
       - Revised Fundamentals of Caregiving (RFOC) or alternative DBHS approved course Date: __________
       - DDA CORE Basic Training Date: __________
       - DDA 32 hour letter Date: __________
     - PRIDE Training (Foster Care Setting) Date: __________
     - Basic Caregiver Training required for HCA before delegating:
       - NAR credential Date: __________
       - Dual credential is no longer required after the HCA becomes certified. *

4. Exempt LTCW
   - The HCB LTCW employed sometime between January 1, 2011 and January 6, 2012 and the DDA LTCW employed sometime before 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 her hire. Date: __________
   - Letter of employment verification Date: __________
   - Basic Training (Core Competency) OR Date: __________
   - Revised Fundamentals of Caregiving (RFOC) Date: __________
   - DDA CORE basic Date: __________
   - DDA 32 hour letter Date: __________
   - RND signature: __________

To register concerns or complaints about Nurse Delegation, please call 1-800-682-8078

Washington State Department of Social and Health Services
Nurse Delegation

1. A Licensed Practice Nurse working in an Adult Family Home in 2012.

2. The LTCW worked April 2012, as a Nursing Assistant-Registered. The LTCW worked for a Supported Living agency, administering insulin.

3. The Nursing Assistant-Certified is working in an Adult Family Home in 2013, applying a fentanyl patch.
Nurse Delegation

4. It’s February 2012, there is a Home Care Aide- Certified working in an Assisted Living Facility giving insulin.

5. A Nursing Assistant- Registered is working in an in-home setting with a hospice client. The client requires insulin injections and wound care. The LTCW was hired prior to January 7, 2012.

6. It is February 2012, a Nursing Assistant- Registered working for a Supported Living agency has been asked to give insulin to a client. The LTCW worked for a Home Care Agency in 2011.
Nurse Delegation

7. A LTCW was just hired in an Adult Family Home, after January 7, 2012. the Nursing Assistant- Registered did not work in 2011. the LTCW will be administering insulin.

8. A Home Care Aid-Certified is working in an Adult Family Home administering oral medications, it is February of 2013.

9. The Nursing Assistant- Registered is working in Supported Living, after January 1, 2016, administering insulin injections.
Nurse Delegation

When delegation may not be needed

• Personal care
• Basic first aid
• Self directed care
• Medication assistance
Nurse Delegation

Personal care tasks

- Medicated shampoos
- Chlorohexidine mouth rinse
- Indwelling catheter care
- Applying ted hoes
- Emptying colostomy bag
- Peri care
Nurse Delegation

Basic First Aid

• Applying a bandage to a cut
• Reinforcing a bandage
• Administering epinephrine under the “Good Samaritan Law”
  – RCW 4.24.300
Nurse Delegation

Self Directed Care

• Nursing care provided to a client who resides in their private home by an Individual Provider (IP).
  – Only occurs in private homes
  – Only if an Individual Provider is providing care
  – Client trains and supervises the Individual Provider on their completion and competency level
  – Client must be cognitively aware
    • As determined by the case manager in her assessment
  – The clients 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.

WAC: 388-825-400
RCW: 74.39
Nurse Delegation

Medication Assistance

- Rules were written by the Board of Pharmacy
- Describes ways to help an individual take their medications
  - Remind
  - Coach
  - Open
  - Pour
  - Crush
  - Dissolve
  - Mix with food or liquids (client must be aware the medication is in the food or liquid)
- Medication assistance can be performed by anyone
  - No need to be a LTCW
- Client must be in a community setting

WAC 246-888-020
Nurse Delegation

Medication Assistance

• If medications are crushed or dissolved it must be noted on an order or medication label
• Examples of enablers are:
  – 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.
Nurse Delegation

Medication Assistance

In order 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.
Nurse Delegation

Medication Assistance

• 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

Assistance with administration of IV or injectable medications, except for insulin, is specifically excluded
Nurse Delegation

Medication Assistance

Boarding Home Exception Rule:

- Clients who reside in an assisted living facility who are unable to independently self-administer their medications may receive medication assistance as follows:
  - If the client is physically unable to self-administer medication they can accurately direct others to do so.

This is not self directed care
Nurse Delegation

Medication Assistance

So what is covered under medication assistance?

• Oral medication administration
• Topical medication administration
• Ophthalmic medication administration
• Insulin pen set up
• Medications via G-Tubes
Nurse Delegation

Medication Assistance

What is not covered under medication assistance:

• Injectable medication
• Intravenous medications
• Oxygen administration
Nurse Delegation

Blue Board Exercise

Review nursing takes which may need delegation, may not need delegation, or are strictly prohibited from delegation
Nurse Delegation

Step by step process for delegation
Forms review

Initial delegation:
• Referral
  – Case Manager will scan, email, or fax if a state client
• Attached to the referral:
  – Copy of most recent CARE assessment
    • Including behavior support plans
  – Release of information
  – Authorization number
  – Date of birth
• Assessment of client must be completed within three days from the date of the referral.
  – If unable to meet this deadline, discuss with case manager
**Nurse Delegation**

**Washington State Department of Social and Health Services**

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**ALTSA Nurse Delegation Referral and Communication**

**Case / Resource Manager’s Request**

<table>
<thead>
<tr>
<th>Office</th>
<th>Client’s Authorization Number</th>
<th>RN Provider ID</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCS</td>
<td>101999254</td>
<td>101802362</td>
<td>02/02/1952</td>
</tr>
</tbody>
</table>

**Date of Referral:** 06/06/2015

**Method of Referral:** Email

**To:** Minnie Mouse

**From:** Chris Coe

**Email Address:** coe.Cdshs.wa.gov

**Telephone Number:** 360-000-0000

**Fax Number:**

---

**This is a referral for nurse delegation.**

**This is a referral for skin observation that was triggered in CARE**

**ATTACHED**

- CARE/DDA Assessment
- ISP / DDA
- BSHP
- Service Plan
- Client Consent / Release of Information

---

**Client Information**

<table>
<thead>
<tr>
<th>Client Name</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mabel Smith</td>
<td>360-555-1212</td>
</tr>
</tbody>
</table>

**Address:**

- XYZ Street
- Olympia, Wa 98506

**Provider Name:** Dr Welby

**Phone Number:** 360-000-0000

**Client Communication:**

- This client needs an interpreter
- Deaf/HH
- Primary language needed is:

**Diagnosis:**

- CVA
- IDDM
# Nurse Delegation

<table>
<thead>
<tr>
<th>DIAGNOSIS PER CARE ASSESSMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>CVA</td>
</tr>
<tr>
<td>IDDM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Please identify the delegated task(s) for this client:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication administration, insulin injections</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Communicating with RND</th>
</tr>
</thead>
<tbody>
<tr>
<td>C/RM will communicate with RND when changes occur in client condition, authorized representative, financial eligibility or authorization is due.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CASE RESOURCE MANAGER'S SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE</td>
</tr>
<tr>
<td>06-06-2015</td>
</tr>
</tbody>
</table>

Authorization for payment is linked to return of this form to C/RM

DSHS 01-212 (REV. 04/2015)
# Nurse Delegation

**AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)**
**ALTSA Nurse Delegation Referral and Communication Case / Resource Manager’s Request**

<table>
<thead>
<tr>
<th>Delegating Nurse’s Response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TO:</strong> CRM NAME</td>
</tr>
<tr>
<td>Chris Coe</td>
</tr>
<tr>
<td><strong>FROM:</strong> RND</td>
</tr>
<tr>
<td>Minney Mouse</td>
</tr>
<tr>
<td><strong>RE:</strong> CLIENT NAME</td>
</tr>
<tr>
<td>Mabel Smith</td>
</tr>
</tbody>
</table>

Nurse delegation has been started: **Yes**  **No**

**ASSESSMENT DATE**

06-09-2015

Please list the tasks that were delegated:

- Oral medications, insulin

**Follow Up Information**

- Please call the delegating nurse at this number: 
  - [ ]

  **EXAMPLES WHEN THIS MAY BE CHECKED AS NOT IMPLEMENTED:**
  1. CAREGIVER NOT CREDENTIALED OR DOESN’T HAVE PROPER TRAINING
  2. MEDICATION CAN BE DONE UNDER MEDICATION ASSISTANCE—NO NEED FOR REFERRAL
  3. CAREGIVER NOT COMPETENT TO DO TASK
Nurse Delegation

- RND suggests these other options for care:
  - HOME HEALTH AND OR WOUND CLINIC NEEDS TO BE INVOLVED
  - MAY NEED HOSPICE REFERRAL

- Skin Observation Protocol assessment was completed. Please see the documentation attached. This information has already been telephoned to C/RM on [date]. Return documentation within five (5) working days.

**ADDITIONAL COMMENTS**

WHEN NO REFERRAL FORM SENT BY CASE MANAGER, THE FOLLOWING INFORMATION MUST BE PROVIDED:

1. NAME OF CARE MANAGER SENDING THE REFERRAL
2. TIME AND DATE OF CALL
3. WHAT IS REQUESTED FOR DELEGATION AND INCLUDE INFORMATION IF SKIN OBSERVATION IS REQUESTED

ANY OTHER INFORMATION YOU FEEL THE CASE MANAGER NEEDS TO KNOW

NURSE DELEGATE'S SIGNATURE

DATE: 06-09-2015

Authorization for payment is linked to return of this form to C/RM.
Nurse Delegation

Consent for delegation

Obtain client or the clients authorized representative consent for delegation.
• Obtain prior to initiating delegation
• Verbal consent is good for 30 days
  – After 30 days you must have a signed consent form.
• Consent only needs to be gathered one time, at the start of delegation
  – If the client authorized representative changes
  – If assuming a case and the new RN wants to explain the delegation process
# Nurse Delegation

## Nurse Delegation: Consent for Delegation Process

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. CLIENT NAME</td>
<td>2. DATE OF BIRTH</td>
<td>3. ID/SETTING (OPTIONAL)</td>
</tr>
<tr>
<td>MABEL SMITH</td>
<td>05/16/1932</td>
<td>0005678</td>
</tr>
<tr>
<td>4. CLIENT ADDRESS</td>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>Xyz Street</td>
<td>Olympia</td>
<td>Wa</td>
</tr>
<tr>
<td>5. TELEPHONE NUMBER</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>360-000-0000</td>
<td></td>
</tr>
<tr>
<td>6. FACILITY OR PROGRAM CONTACT</td>
<td>7. TELEPHONE NUMBER</td>
<td></td>
</tr>
<tr>
<td>Sunrise Beach Cove AFD</td>
<td>360-000-0004</td>
<td></td>
</tr>
<tr>
<td>8. FAX NUMBER</td>
<td>9. E-MAIL ADDRESS</td>
<td></td>
</tr>
<tr>
<td>360-000-0006</td>
<td>none</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. SETTING</td>
<td>11. CLIENT DIAGNOSIS</td>
<td>12. ALLERGIES</td>
</tr>
<tr>
<td></td>
<td>Cerebral Vascular Accident</td>
<td>Penecillin</td>
</tr>
<tr>
<td></td>
<td>Memory Loss</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NIDDM</td>
<td></td>
</tr>
<tr>
<td>Certified Community Residential Program for Developmentally Disabled</td>
<td>Licensed Adult Family Home</td>
<td>Licensed Assisted Living Facilities</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. HEALTH CARE PROVIDER</td>
<td>14. TELEPHONE NUMBER</td>
<td></td>
</tr>
<tr>
<td>Dr. Welby</td>
<td>(360) 777-1212</td>
<td></td>
</tr>
</tbody>
</table>

Consent for the Delegation Process
**Nurse Delegation**

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**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. ESHHB 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.*

<table>
<thead>
<tr>
<th>16. CLIENT OR AUTHORIZED REPRESENTATIVE SIGNATURE</th>
<th>16. TELEPHONE NUMBER</th>
<th>17. DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark Smith</td>
<td>(360) 000-0000</td>
<td>01/25/2014</td>
</tr>
</tbody>
</table>

18. VERBAL CONSENT OBTAINED FROM

Guardian

19. RELATIONSHIP TO CLIENT

20. DATE

01/03/2014

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. RN NAME - PRINT

Ima Nurse RN

22. TELEPHONE NUMBER

206.222.2222

23. RN SIGNATURE

24. DATE

01/03/2014

---

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

Credentials and verification form

- Check credentials for all delegated LTCW’s
- Complete training and credentials form or print copies of training and credentials
- Document verification of all training and credentials
Nurse Delegation

Nurse Delegation: Credentials and Training Verification

1. Long Term Care Worker’s (LTCW) Name:

2. Credential Verification:
   - Attach a copy of Internet Provider Credential Search:
     [URL]
   - RN Delegator has verified that the Long Term Care Worker is currently registered or certified in Washington state and is in good standing without restriction. Date of verification:
   - LCCW Certificate/Registration Number for:
   - Expired Date:
     - Registered
     - Certified

3. Training Verification:
   - Required for NAR, NAC, and HCA-C before delegating:
   - Nurse Delegation for Nursing Assistants (9 hours) Date:
   - Nurse Delegation Special Focus on Diabetes care (3 hours) Date:
     (ONLY if providing delegated insulin injections)
   - Basic Caregiver Training class required for NAR’s before delegating:
     - Basic Training (Core Competency) Date:
     - Revised Fundamentals of Caregiver (RFOC) or alternative CEHS approved course Date:
     - DDA CORE Basic Training Date:
     - DDA 32 hour class Date:
     - PRIDE Training (Foster Care setting) Date:
   - Basic Training certificate required of HCA before delegating:
     - NAR certificate Date:
     - Dual credential is no longer required after the HCA becomes certified.

4. EXEMPT LONG TERM CARE WORKERS:
   - The DDA LTCW employed sometime between January 1, 2011 and January 6, 2012 and the DDA LTCW employed sometime before 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 hire or on hire.
   - Letter of employment verification Date:
   - Basic Training (Core Competency) OR Date:
   - Revised Fundamentals of Caregiver (RFOC) Date:
   - DDA CORE Basic Date:
   - DDA 32 hour class Date:

5. Signature:

To register concerns or complaints about Nurse Delegation, please call 1-800-662-6078.
Nurse Delegation

Nurse Delegation: Credentials and Training Verification

1. CLIENT NAME
   MABEL SMITH

2. DATE OF BIRTH
   05/16/1932

3. ID / SETTING (OPTIONAL)

4. LONG TERM CARE WORKER’S (LTCW) NAME (PRINT)
   Iona Ford

5. Credential Verification
   - Attach a copy of internet Provider Credential Search
     https://fortress.wa.gov/doh/hpca1/Application/Credential_search/profile.asp
   - OR COMPLETE THE FOLLOWING
     A. RN Delegator has verified that the Long Term Care Worker is currently registered or certified in Washington state and is in good standing without restriction. Date of verification: 01/03/2014
     B. Washington State Certificate/Registration Number for NR00123456
        - NAR  ☑  NAC  ☐  HCA – C  ☐
     C. Expiration Date: 06/07/2015  ☑  Registered  ☐  Certified

6. Training Verification
   - REQUIRED for NAR, NAC, and HCA-C before delegating.
   - Nurse Delegation for Nursing Assistants (9 hours)  Date: 02/20/2013
   - Nurse Delegation Special Focus on Diabetes class (3 hours)  (ONLY if providing delegated insulin injections)  Date: 02/27/2013
Nurse Delegation

Basic Caregiver Training class required for NAR’s before delegating:

☐ Basic Training (Core Competency)  Date: 
☐ Revised Fundamentals of Caregiving (RFOC) or alternative DSHS approved course  Date: 07/18/2006
☐ DDD Basic Training (Supported Living or Group Training Homes)  Date: 
☐ PRIDE Training (Foster Care setting)  Date: 

Basic Training certificate required of HCA before delegating*:

☐ NAR credential  Date: 
*Dual credential is no longer required after the HCA becomes certified.

EXEMPT LONG TERM CARE WORKERS

The long-term care worker employed sometime during the time frame between January 1, 2011 and January 6, 2012 should have a letter from the employer who employed them stating they have completed basic training requirements in effect on the date of his or her hire prior to January 6, 2012.

☐ Letter of employment verification  Date: 
☐ Basic Training (Core Competency) OR  Date: 
☐ Revised Fundamental of Caregiving (RFOC)  Date: 

7. RND SIGNATURE  8. DATE

01/03/2014

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

DISTRIBUTION: Copy in client chart and in RND file

DSH 5 10-217 (REV. 04/2013)
Nurse Delegation

Head to Toe Assessment

• Full systems nursing assessment
  – Currently no standardized form required
  – Must be completed at each supervisory visit
    • RN may chart per exception after the initial assessment.
Nurse Delegation
Nurse Delegation

Instructions and Task Sheet

• Complete instructions and task sheet for each delegated task
  – Oral medications
  – Topical medications
  – Wound care
• List medications delegated
  – Method of verification
    • MD order
    • MAR review
    • Pharmacy
• Step by step task analysis to complete nursing task
Nurse Delegation

Instructions and Task Sheet

• Expected side effects
• When to notify the RN
  – Provide contact information
• When to notify MD
  – Provide contact information
• When to notify 911

Be specific when giving examples of side effects. Remember, side effects and steps to perform task are specific to the client
# Nurse Delegation

## Nurse Delegation: Instructions for Nursing Task

<table>
<thead>
<tr>
<th>1. CLIENT NAME</th>
<th>2. DATE OF BIRTH</th>
<th>3. SETTING (OPTIONAL)</th>
<th>4. DATE TASK DELEGATED</th>
</tr>
</thead>
</table>

**Complete 5 and 7 only if medication(s) delegated:**

6. METHODS OF VERIFICATION

<table>
<thead>
<tr>
<th>VERIFICATION OF DELEGATED MEDICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE</td>
</tr>
</tbody>
</table>

6. STEPS TO PERFORM THE TASK:

- [ ] Check here if additional teaching aide(s) attached.

7. REPORT SIDE EFFECTS OR UNEXPECTED OUTCOMES TO:

- [ ] RN
- [ ] NAME (PRN)
- [ ] PHONE NUMBER

8. WHAT TO REPORT TO RN

9. RN NAME

10. RN TELEPHONE NUMBER

11. WHAT TO REPORT TO HEALTH CARE PROVIDER

12. HEALTH CARE PROVIDER NAME

13. HEALTH CARE PROVIDER TELEPHONE NUMBER

14. WHAT TO REPORT TO EMS

15. RN SIGNATURE

16. RN TELEPHONE NUMBER

17. DATE

**Call RN when:**

- Medications change
- New orders received
- Client moves
- Emergency services
- Client dies
- Client condition changes
- Problem/unable to perform nursing task

To register concerns or complaints about Nurse Delegation, please call 1-800-562-4073
# Nurse Delegation

**Report Side Effects or Unexpected Outcomes To:**

<table>
<thead>
<tr>
<th>9. RND Name (Print)</th>
<th>10. Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ina Nurse RN</td>
<td>206-000-0000</td>
</tr>
</tbody>
</table>

**11. WHAT TO REPORT TO RND**

**EXAMPLES:** Refuses to take medications
Weight gain greater than 3 lbs, increased fatigue, increased abdominal pain, etc.

<table>
<thead>
<tr>
<th>12. Health Care Provider Name</th>
<th>13. Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Welby</td>
<td>360-000-0000</td>
</tr>
</tbody>
</table>

**14. WHAT TO REPORT TO HEALTH CARE PROVIDER**

**EXAMPLES:** Weight greater than 3 lbs; Eye pain or decreased vision

**EMERGENCY SERVICES, 911**

<table>
<thead>
<tr>
<th>15. WHAT TO REPORT TO 911</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXAMPLES: Non responsive</td>
</tr>
</tbody>
</table>
*If this client had seizures and was non responsive to protocol....*

<table>
<thead>
<tr>
<th>16. RND Signature</th>
<th>17. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>01/03/2014</td>
</tr>
</tbody>
</table>

**Call RND when:**

- 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

Nursing Visit Form

• The nursing visit form is the most widely used form
  – Initial assessment
  – Supervisory (90 day) visits
  – Change in condition
  – Change in delegated task
  – Resending of LTCW
  – Delegation to new LTCW
  – other
Nurse Delegation
# Nurse Delegation

## Nurse Delegation: Nursing Visit

<table>
<thead>
<tr>
<th>1. CLIENT NAME</th>
<th>MABEL SMITH</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. DATE OF BIRTH</td>
<td>05/16/1932</td>
</tr>
<tr>
<td>3. ID SETTING (OPTIONAL)</td>
<td>AFH</td>
</tr>
</tbody>
</table>

### 4. CHECK ALL THAT APPLY
- [x] Initial Client Assessment (See attached)
- [ ] Supervisory Visit
- [x] Initial Caregiver Delegation
- [ ] Other

### 5. Client Requires Nurse Delegation for these Task(s):
- Oral Medications, Topical Medication: Eye Drops

- DUE TO:
  - CVA, memory loss, glaucoma

### 6. Review of Systems: Only check changes in condition from last assessment.

<table>
<thead>
<tr>
<th>System</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular</td>
<td></td>
</tr>
<tr>
<td>Respiratory</td>
<td></td>
</tr>
<tr>
<td>Integumentary</td>
<td></td>
</tr>
<tr>
<td>Diet/Weight/Nutrition</td>
<td></td>
</tr>
<tr>
<td>Neurological</td>
<td></td>
</tr>
<tr>
<td>ADL</td>
<td></td>
</tr>
<tr>
<td>Endocrine</td>
<td></td>
</tr>
<tr>
<td>Psych/Social</td>
<td></td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td></td>
</tr>
<tr>
<td>GI</td>
<td></td>
</tr>
<tr>
<td>GU/Reproductive</td>
<td></td>
</tr>
<tr>
<td>GI</td>
<td></td>
</tr>
<tr>
<td>Sensory</td>
<td></td>
</tr>
<tr>
<td>Cognition</td>
<td></td>
</tr>
</tbody>
</table>

### 7. Notes

**SEE INITIAL ASSESSMENT - EXAMPLE ONLY**

82 year-old female with diagnoses including CVA, memory loss for delegation. Appearance to be healthy and eating well. Ambulates with assistance and gait steady, balance fair. No history of falls. Weight is stable, however still with 1+ edema. Bilateral lower extremities.

Recent death of spouse and appears to be grieving and has been already referred to mental health for further follow-up by case manager.

### 8. Caregiver (CG) Training/Competency (Check or date all that apply)
## Nurse Delegation

<table>
<thead>
<tr>
<th>№</th>
<th>CG Evaluated</th>
<th>Observation or Demonstration</th>
<th>Verbal Description</th>
<th>Record Review</th>
<th>Needed Training Completed</th>
<th>Other (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Lena Nealson</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Iona Ford</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>5</td>
<td></td>
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</tr>
</tbody>
</table>

**Rescinded 1/14/2017**

This date must be within 90 days.

Allow a cushion
Nurse Delegation

Supplementary Forms

The following forms are not required, but can be used:

• PRN
• Change in medical orders
• Assumption
• Rescinding
There is room for multiple PRN medications to be listed.
# Nurse Delegation

## Nurse Delegation: PRN Medication

TO BE COMPLETED ONLY IF PRN MEDICATIONS ARE DELEGATED

<table>
<thead>
<tr>
<th>1. CLIENT NAME</th>
<th>2. DATE OF BIRTH</th>
<th>3. ID/SETTING (OPTIONAL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MABEL SMITH</td>
<td>05/16/1932</td>
<td>AFH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. DATE ORDERED</th>
<th>5. NAME OF MEDICATION</th>
<th>6. DOSE/FREQUENCY/ROUTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/03/2014</td>
<td>TYLENOL</td>
<td>325 mg P.O. every 6 hrs PRN (as needed)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. NOT TO EXCEED</th>
<th>8. REASON FOR MEDICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000 MG in 24 hours</td>
<td>arthritis multiple joints</td>
</tr>
</tbody>
</table>

9. SYMPTOMS FOR ADMINISTRATION AND AMOUNT TO BE GIVEN

Verbalizes complaints of pain at joints or facial grimacing when standing (especially upon rising in am)

10. NOTES

She likes to keep her legs warm, covered with blanket. She tends to be less cooperative when in pain.

11. RND SIGNATURE

IMA NURSE RN

12. DATE

01/03/2014
## Nurse Delegation

<table>
<thead>
<tr>
<th>DATE ORDERED</th>
<th>NAME OF MEDICATION</th>
<th>DOSE/FREQUENCY/ROUTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/03/2014</td>
<td>Ativan</td>
<td>2-4 mg every 4-6 hrs as needed</td>
</tr>
</tbody>
</table>

7. NOT TO EXCEED: 8 mg/24 hrs
8. REASON FOR MEDICATION: Agitation
9. SYMPTOMS FOR ADMINISTRATION AND AMOUNT TO BE GIVEN: Pacing in hallway; striking out;
10. NOTES: Can repeat dose as needed

Not an acceptable order due to ranges

---

<table>
<thead>
<tr>
<th>DATE ORDERED</th>
<th>NAME OF MEDICATION</th>
<th>DOSE/FREQUENCY/ROUTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/03/2014</td>
<td>Ativan</td>
<td>2 mg every 4 hrs PRN for agitation</td>
</tr>
</tbody>
</table>

7. NOT TO EXCEED: 8 mg/24 hours
8. REASON FOR MEDICATION: Agitation
9. SYMPTOMS FOR ADMINISTRATION AND AMOUNT TO BE GIVEN: with pacing in hallway and/or striking out. Client yells when she is agitated usually.
10. NOTES: See second page for possible 2nd dosing when no relief in agitation after 1 hour.

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

## Nurse Delegation: PRN Medication

<table>
<thead>
<tr>
<th>1. CLIENT NAME</th>
<th>2. DATE OF BIRTH</th>
<th>3. ID/SETTING (OPTIONAL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MABEL SMITH</td>
<td>05/16/1932</td>
<td>AFH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. DATE ORDERED</th>
<th>5. NAME OF MEDICATION</th>
<th>6. DOSE/FREQUENCY/ROUTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/03/2014</td>
<td>Ativan</td>
<td>May repeat 2mg by mouth in 1 hr. PRN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. NOT TO EXCEED</th>
<th>8. REASON FOR MEDICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>8mg/24 hours</td>
<td>agitation</td>
</tr>
</tbody>
</table>

0. SYMPTOMS FOR ADMINISTRATION AND AMOUNT TO BE GIVEN

- with pacing in hallway and/or striking out. Client yells when she is agitated usually

10. NOTES

This order is for repeat dose of Ativan when no relief within 1 hour.

<table>
<thead>
<tr>
<th>11. RND SIGNATURE</th>
<th>12. DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMA NURSE RN</td>
<td>01/03/2014</td>
</tr>
</tbody>
</table>
Nurse Delegation

Change in Medical Orders Form

• If there is a change in medications mid review cycle
• Change in dosage
• Addition of short term medication
  – 10 day course of antibiotic ointment
• Change in a nursing task

The change in medical orders form is similar to the instructions and task form
Nurse Delegation

<table>
<thead>
<tr>
<th>Client Name</th>
<th>Date of Birth</th>
<th>ID Setting (Optional)</th>
</tr>
</thead>
</table>

1. Date and Time Notified: [ ] By Whom: [ ]
2. Changes in Orders: [ ] New Med. [ ] Change in a delegated Med. [ ] New Nursing Task [ ] Change in a nursing task
3. How was the change ordered? [ ] Written [ ] Facsimile [ ] Verbal
4. Effective Date of Change: [ ]

5. If applicable, item 7 was a verbal order:
   Subject Person: [ ]
   Title of Person: [ ]
   Date of Notification: [ ]

6. Nursing Tasks: [ ] New Task(s) sheet required [ ] Current Task(s) sheet(s) updated [ ] No change to existing sheet(s)

7. Nursing Task Order: [ ]

8. This medication was: [ ] New [ ] Changed
9. Date Ordered: [ ]
10. Start Date: [ ]
11. Stop Date (If Applicable): [ ]
12. Strength/Volume: [ ]
13. Administration Frequency: [ ]
14. Route: [ ]
15. Not to Exceed: [ ]

16. Report for Directions:

Optional Next Sheet (21-29):

17. Steps to Perform the New Task:
18. Expected Outcome of Delegated Task:
19. Report side effects or unexpected outcomes to:
20. RN or Nurse (Print): [ ]
21. Telephone Number: [ ]
22. What to Report to RN:
23. What to Report to HC Provider:
24. What to Report to Emergency Services:
25. Select Only One of the Following:
   a) Delegate Immediately: No site visit required. The above order and instructions have been communicated to the designated caregiver(s) and this form should be added to the client's chart. OR
   b) Site visit required for training, assessment, or prior to delegation. The caregiver may not perform the task until the site visit is completed.

To register concerns or complaints about Nurse Delegation, please call 1-800-882-6073

DISTRIBUTION: Copy to client chart and RN/RNAs
# Nurse Delegation

<table>
<thead>
<tr>
<th>1. CLIENT NAME</th>
<th>2. DATE OF BIRTH</th>
<th>3. ID / SETTING (OPTIONAL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MABEL SMITH</td>
<td>05/16/1932</td>
<td>AFH</td>
</tr>
<tr>
<td>4. DATE RNĐ WAS NOTIFIED</td>
<td>5. BY WHOM</td>
<td>6. CHANGES IN ORDER(S)</td>
</tr>
<tr>
<td>02/04/2014</td>
<td>Jane Doe Provider</td>
<td>☑ New med. ☐ Change in a delegated med</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ New nursing task ☐ Change in a nursing task</td>
</tr>
<tr>
<td>7. HOW WAS THE CHANGE RECEIVED?</td>
<td>8. EFFECTIVE DATE OF CHANGE</td>
<td></td>
</tr>
<tr>
<td>☑ Written ☐ Faxed ☐ Verbal</td>
<td>02/04/2014</td>
<td></td>
</tr>
<tr>
<td>9. Only Complete if number 7 was a verbal order.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABC Pharmacy</td>
<td>Lilly Smith</td>
<td>02/04/2014</td>
</tr>
<tr>
<td>10. NURSING TASK(S)</td>
<td>☑ New task(s) sheet required</td>
<td>☑ Current task(s) sheet(s) updated ☐ No change to task(s) sheet(s)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. This medication(s) was: ☑ New ☐ Changed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. DATE ORDERED</td>
<td>13. NAME OF MEDICATION(S)</td>
<td>14. START DATE</td>
</tr>
<tr>
<td>02/04/2014</td>
<td>Bactrim DS</td>
<td>02/04/2014</td>
</tr>
<tr>
<td>16. STRENGTH/DOSE</td>
<td>17. MEDICATION FREQUENCY</td>
<td>18. ROUTE</td>
</tr>
<tr>
<td>500 mg</td>
<td>BID (Twice Daily)</td>
<td>PO (by mouth)</td>
</tr>
<tr>
<td>20. REASON FOR MEDICATION(S)</td>
<td>Upper respiratory infection</td>
<td></td>
</tr>
</tbody>
</table>
### Nurse Delegation

<table>
<thead>
<tr>
<th>Optional Task Sheet: (21 – 29)</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. STEPS TO PERFORM THE NEW TASK(S)</td>
</tr>
<tr>
<td>See: 1. Instructions for administering PO meds 2. See attached Pharmacy Sheet highlights for possible side effects</td>
</tr>
<tr>
<td>22. EXPECTED OUTCOME OF DELEGATED TASK(S)</td>
</tr>
<tr>
<td>Resolution of infection with normal breath sounds</td>
</tr>
<tr>
<td>Report side effects or unexpected outcomes to:</td>
</tr>
<tr>
<td>23. RND NAME (PRINT)</td>
</tr>
<tr>
<td>Ima Nurse RN</td>
</tr>
<tr>
<td>24. TELEPHONE NUMBER</td>
</tr>
<tr>
<td>(206) 000-0000</td>
</tr>
<tr>
<td>25. WHAT TO REPORT TO RND</td>
</tr>
<tr>
<td>Rash: Increase in cough or deep yellow/gold, green or bloody sputum</td>
</tr>
<tr>
<td>26. HEALTH CARE PROVIDER</td>
</tr>
<tr>
<td>Dr. Welby</td>
</tr>
<tr>
<td>27. TELEPHONE NUMBER</td>
</tr>
<tr>
<td>(206) 777-1212</td>
</tr>
<tr>
<td>28. WHAT TO REPORT TO HEALTH CARE PROVIDER</td>
</tr>
<tr>
<td>Rash, difficulty swallowing, increased difficulty with breathing</td>
</tr>
<tr>
<td>29. WHAT TO REPORT TO EMERGENCY SERVICES, 911</td>
</tr>
<tr>
<td>Non responsive</td>
</tr>
<tr>
<td>Select Only One of the Following</td>
</tr>
<tr>
<td>30. Delegate immediately. No site visit required. The above order and instructions have been communicated to the delegated caregiver(s) and this form should be added to the client's chart. <strong>OR</strong></td>
</tr>
<tr>
<td>31. A site visit required for training or assessment prior to delegation. The caregiver may not perform the task until the site visit is completed.</td>
</tr>
<tr>
<td>32. RND SIGNATURE</td>
</tr>
<tr>
<td>Ima Nurse RN</td>
</tr>
<tr>
<td>33. DATE</td>
</tr>
<tr>
<td>2/4/2014</td>
</tr>
</tbody>
</table>

RN can make the decision to delegate immediately or require a site visit.
Nurse Delegation

Assumption Form

• If you are assuming a case complete the assumption form to verify date assumed
• This is the date you will begin assuming liability
• Document the reason why assumption occurred.
Nurse Delegation

Rescinding Form

- Document date rescinded
- Who you rescinded
- Why you rescinded
Nurse Delegation

<table>
<thead>
<tr>
<th>Nurse Delegation Rescinding Delegation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptance Date</td>
</tr>
<tr>
<td>__________________</td>
</tr>
<tr>
<td>1. Indicate reason for rescinding delegation:</td>
</tr>
<tr>
<td>A. Certification expired or revoked</td>
</tr>
<tr>
<td>B. Certification suspended</td>
</tr>
<tr>
<td>C. Certification suspended due to non-compliance</td>
</tr>
<tr>
<td>D. Staffing shortage due to illness or injury of assigned nurse</td>
</tr>
<tr>
<td>E. Reorganization or relocation of facility</td>
</tr>
<tr>
<td>F. Other (please specify):</td>
</tr>
</tbody>
</table>

Document date you rescind. If not date, you can be held liable for any actions that take place.
Nurse Delegation

Group Activity

Background:

On 11/20/2016 at 10:15am you receive a call from Judy a Case Manager in your local Home and Community Services office, she is looking for a nurse delegator to evaluate a client to determine if delegation is appropriate. He currently has informal support at home however has enlisted the help of three caregivers to help complete his care needs.
Nurse Delegation

Group Activity

Client History:

Alfonso Green a 66 year old male with a history of insulin dependent diabetes, diabetic foot ulcers, hypertension, congestive heart failure, immobility, and rheumatoid arthritis.
Nurse Delegation

Group Activity

Medications and Treatments:

• Novolog
• Lantus
• Lasix
• Metoprolol
• Methotrexate
• Weekly dressing changes to foot ulcers
Nurse Delegation

Forms Scenario

Current Caregivers:

• Lisa- CNA (9 hour nurse delegation course completed and 3 special focus on diabetes completed)
• Rachel- NAR completed on Feb. 11th 2010 and has worked at the same long-term care facility since acquiring NAR.
• David HCA-C- (9 hour nurse delegation course completed)
Nurse Delegation

Group Activity

Next Steps:

- What form will you need from the case manager before you complete your assessment?
- Is there specific information you need on that form to complete an accurate assessment?
- Are the caregivers prepared for delegation (Use the Credential and Verification form to help you)?
- What do you need to complete and send back to the case manager?
- Use your imagination to create additional details and complete all forms required to initiate delegation
Nurse Delegation

Contracting with ALTSA

Who needs to contract with ALTSA?

- RN’s who want to be paid for providing services to DSHS clients
  - Adult Family Homes
  - DDA Supported Living
  - Private homes
Nurse Delegation

Contracting with ALTSA

What services can I provide with a DSHS contract?

• Nurse Delegation for both DDA and HCS clients
• Skin Observation Protocol for existing clients
• One time skilled nursing task
  – For DDA clients ONLY
Nurse Delegation

Skin Observation Protocol (SOP)

Specific protocol for DSHS clients
• Case manager will refer a client to you if:
  – Their annual CARE assessment triggers SOP
• RN must follow specific protocol to assess skin
  • Specific forms
  • Specific documentation criteria
    – Document on triggered referral
• Timeline must be followed without exception.
# Nurse Delegation

## Skin Observation Protocol (SOP)

<table>
<thead>
<tr>
<th></th>
<th>HCS</th>
<th>DDA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Referral sent by CM</td>
<td>Referral sent by CM</td>
</tr>
<tr>
<td></td>
<td>RN has 48 hours to accept or deny referral</td>
<td>RN has 48 hours to accept or deny referral</td>
</tr>
<tr>
<td></td>
<td>5 days to contact client, assess client, document clients skin</td>
<td>5 days to contact client, assess client, document clients skin</td>
</tr>
<tr>
<td></td>
<td>assessment, and return documentation to the CM</td>
<td>assessment, and return documentation to the CM</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If the client cannot be assessed after two attempts or the client</td>
</tr>
<tr>
<td></td>
<td></td>
<td>declines the assessment APS or CPS and the CM must be notified.</td>
</tr>
</tbody>
</table>
Nurse Delegation

Skin Observation Protocol (SOP)

Forms to be used when SOP is triggered:

• Basic Skin Assessment

• Pressure Ulcer Assessment
  – Only complete if there is a pressure injury
    • Complete a pressure ulcer assessment for each Pressure injury
Nurse Delegation

Skin Observation Protocol (SOP)

Forms and Power Point can be found at:

https://www.dshs.wa.gov/altsa/residential-care-services/skin-observation-protocol-sop-resources
Nurse Delegation

Requirement for Contracting with ALTSA

• RN must attend 8 hour Nurse Delegation Orientation
• WA state RN license without restrictions
• 2 years RN experience or equivalent experience, determined by ND program managers
• Professional liability insurance
  – 1 million incident/ 2 million aggregate
• Pass a criminal background check
• Have a National Provider Index (NPI) number
• Complete a Core Provider Agreement (CPA)
• Have a business license
Nurse Delegation

Contract Requirements

• Resume
• Copy of Drivers License
• Copy of RN license
• Copy of business license
• Copy of professional liability insurance
• Completed background check
• Completed W-9
  – Private business owner
Nurse Delegation

Nurse Delegation Application

1. Return completed packet to Haleigh Divine
2. ND Program Manager
3. ALTSA Contract Unit
4. CPA to Health Care Authority (HCA)
5. HCA to ALTSA Contracts Unit
6. ALTSA Contract Unit to RN
7. RN to Contracts Unit
8. Contracts Units to RN Program Managers
Nurse Delegation

What Can I Bill for?

• Assessments
• Documentation
• Collateral contacts
• Travel time
• Billing time
Nurse Delegation

Payment

- RN delegators must track time billed
- Billed in units
  - 1 unit = 15 minutes
  - 4 units = 1 hour
- Current rate is $8.24 per unit
  - $32.96 an hour
  - Rate is set by Legislation
Nurse Delegation

Billing

• HCS clients are authorized:
  – 36 units per month x 12 months

• DDA clients are authorized:
  – 100 units per month x 12 month

If additional units are needed RN must complete an “additional unit request form” outlining rationale.
Nurse Delegation

Washington State Department of Social and Health Services

Aging and Long-Term Support Administration
Nurse Delegation: Request For Additional Units
To be completed by Delegating Nurse

1. UNIT NAME
2. UNIT TELEPHONE NUMBER
3. UNIT EMAIL ADDRESS
4. CLIENT NAME
5. CLIENT'S DATE OF BIRTH
6. CASE MANAGER'S NAME
7. CASE MANAGER'S TELEPHONE NUMBER
8. CASE MANAGER'S EMAIL

9. I will need [ ] more units in addition to the [ ] units already authorized for the month of [ ].
   This will allow me to bill for a total of [ ] units for the month.

10. Reason Additional Units Needed:

A. For Insulin, complete the section below (no additional narrative required):

   - Initial visit: [ ] units needed.
   - Supervisory visit: [ ] units needed.
   - New support providers / caregivers: [ ] units needed.
   - Total number of caregivers delegated insulin: [ ].

B. Other than Insulin please list reasons units needed:

11. DATE REQUESTED
12. REQUESTING NURSE SIGNATURE
13. UNITS APPROVED
14. NO PARENTS / MANAGERS SIGNATURE
15. DATE APPROVED

Scan and email additional unit request form:
Erika Parada
Nurse Delegation Program Manager
ParadaE@dshs.wa.gov
Nurse Delegation

<table>
<thead>
<tr>
<th>CLIENT NAME</th>
<th>PHONE NUMBER</th>
<th>NURSE DELEGATION NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Fax completed form to DDA Nurse Delegation (ND) Coordinators (check where faxing):
   - Region 1 Spokane: Willma Brown (509) 326-2940, fax (509) 568-3037, brownWH@dhhs.wa.gov
   - Region 1 Kennewick: Gail Blegen-Frost (509) 374-2124, fax (509) 734-7103, blege@dhhs.wa.gov
   - Region 2 South: Kathleen Wood (206) 968-5763, fax (206) 720-3334, woodKM@dhhs.wa.gov
   - Region 2 North: Meg Hindman (360) 714-5905, fax (360) 714-5901, hindmaM@dhhs.wa.gov
   - Region 3: Denise Pech (253) 404-5540, fax (253) 697-4366, pechDL@dhhs.wa.gov

Aging and Long-Term Support Administration (ALTSA) ND Program Manager is available for consultation.

4. I will need ___ more units in addition to the 100 units already authorized for the month of ___. This will allow me to bill for a total of ___ units for the month of ___.

5. Reason additional units needed (check all appropriate boxes below):
   - For Insulin, complete the section below (no additional narrative required):
     - Initial visit: ___ units needed.
     - Supervisory visit: ___ units needed.
     - New support providers / caregivers: ___ units needed.
     - Total number of caregivers delegated: ___
   - Other than Insulin, please list reason(s) needed:

6. DATE REQUESTED | NURSE DELEGATION NUMBER |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. DATE APPROVED | SIGNATURE |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form and email additional unit request form:
   Doris Barrett
   Nursing Service Unit Manager
   BarrettD@dhhs.wa.gov
Nurse Delegation

How do I bill?

Billing is completed through the Health Care Authority (HCA)
• You must complete a CPA in order to get access to ProviderOne for billing
• Once you have access you will:
  – Receive a welcome letter via US mail
  – Receive your domain and user name via email
  – Receive a second email with a temporary password
Nurse Delegation

Rolodex sheet

Your important Information

Provider ID/Domain: ________________________
Login/Username: _________________________
Password: ______________________________
Secret Question/Answer: ________________________

NPI: _________________________
Taxonomy: 163W00000X
Proc/Service Code: H2014
Modifier: U5

WHO TO CONTACT FOR HELP

HCA- Health Care Authority
1-800-862-3022
• Press #6 then 1 for Social Services
• Hours 8:30am to 5:30pm, Mon- Fri

HCA Security
• If you are still unable to access your account, you can request to have the password reset by HCA Security: 1-800-862-3022 Ex. #19663
# Nurse Delegation Billing Tracker

<table>
<thead>
<tr>
<th>Month</th>
<th>NPI Number</th>
<th>Taxonomy: 16SW00000X</th>
<th>Service Code: H201-1 Unit = 15 minutes</th>
<th>Provider ID 12345120</th>
</tr>
</thead>
<tbody>
<tr>
<td>JUNE</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client Name: Scooby Doodle</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOB: 12-15-1950</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICD-9 Code: 427.361</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REF</td>
<td>INT</td>
<td>A</td>
<td>TC</td>
<td></td>
</tr>
<tr>
<td>Assessment: 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collateral Contact 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel Time 8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation 2 4 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Billing 2</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>TOTAL UNITS 27</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JULY</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client Name: Scooby Doodle</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOB: 12-15-1950</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICD-9 Code: 427.361</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment 0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collateral Contact 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel Time 0</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Documentation 1</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Billing 0</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL UNITS 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AUGUST</td>
<td>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</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Client Name: Scooby Doodle</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
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<td>ICD-9 Code: 427.361</td>
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<tr>
<td>Assessment 4 4</td>
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<td>TOTAL UNITS 19</td>
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Nurse Delegation

Billing Scenarios

Use your forms scenario to track units used from the initial date of your referral until the time you billed.

This may include:
• Conversation regarding referral
• Assessment of client
• Task analysis
• Training caregivers
• Returning documentation
• Billing
Nurse Delegation

Health Care Authority

Self study billing:

http://www.hca.wa.gov/medicaid/provider/Pages/training.aspx
Nurse Delegation

The Washington Health Care Authority (HCA) offers a variety of learning opportunities for providers. These include live and recorded Webinars, E-Learning modules, Fact Sheets, and System User Manuals.

**Social Services ProviderOne Tutorials**

ProviderOne users billing for Social Service and Social Service Medical claims can view training material using the links below:

- Getting Started
- Adding Medical Social Services Profiles
- Managing Provider Data
- Managing Alerts and Reminders
- Adding New Users
- Password/Login Issues
- Authorization Lists
- Submitting Social Service Claims
- Submitting Social Service Medical Claims
- Adjusting Social Service Claim
- Adjusting Social Service Medical Claims
- Creating and Submitting Social Service Template Claims
- Creating and Submitting Social Service Medical Template Claims
- Creating and Submitting Social Service Batch Claims
- Creating and Submitting Social Service Medical Batch Claims
- Finding Service Code Taxonomy Associations
- Claim Status Inquiry and View Remittance Advice (RA)
Nurse Delegation

Billing Labs

Billing labs are scheduled throughout the state

- Completed Orientation
- Current DSHS contract
- Have at minimum of one client to bill for
- Have access to ProviderOne
- Register for a billing lab
  - On 123signup
  - Must bring your personal computer
  - Bring rolodex sheet
Nurse Delegation

Billing Lab

What to bring:

• Your NPI number
• Clients authorization number
• Clients birthdate
• ICD 10 number
• Billing tracker
Nurse Delegation

Other DSHS Contract

• Community instructor contract
  – Train LTCW for 9 hour ND for NA
  – Train LTCW for 3 hour SFOD

• HCS
  – Contact Training Unit at 360-725-2548

• DDA
  – Contact DDA Regional Coordinator in area of interest
Nurse Delegation

Other DSHS Contracts

• Skilled Nursing Waiver Contract
  – Provide skilled nursing task
  – Similar to Home Health
    • Wound care
    • Indwelling catheter insertion
    • Injections
  – Contact local Area Agency on Aging (AAA) office
Nurse Delegation

Other DSHS Contracts

• Private Duty Nursing
  – Provide 1:1 care
  – Client must require four hours of continued nursing services
    • Vent
    • Trach
  – Contact Jevahly Wark 360-725-1737
Nurse Delegation

Setting Up Your Business

You must market your business and yourself

• Contact CM’s
• Develop marketing materials
  – Business cards
  – Flyers
  – Website
• Contact other RN delegators in your community
• Attend quarterly meetings
Nurse Delegation

Responsibilities

• Contracted RN responsibilities
• Case manager responsibilities
• ND program manager responsibilities
Nurse Delegation

Contracted RN

- Document when, how, and from who referral was received
- If necessary arrange interpreter services with CM
- Assess client within 3 days of receiving the referral
- Provide SOP documentation to CM within five days
- Return page two of 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
Nurse Delegation

Contracted RN

- Maintain duplicate copies of all ND files for six 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
Nurse Delegation

Case Manager

- Send referral to RN
- Send current CARE assessment
- Send positive behavior support plan
- Send release of information
- 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
Nurse Delegation

Program Managers

• Resource for all contracted RN’s
• Resource for RN’s in the state of WA
• Resource for all CM’s 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
• Train statewide
Nurse Delegation

Summary of delegation

• RCW’s and WAC’s are the same for all clients receiving delegation
• Nurse delegation is based on the nursing process
• Communication is key to having a successful business
• Program managers are available for support
Nurse Delegation

Questions
Nurse Delegation

Program Evaluation

• Complete orientation evaluation
• Submit evaluation to Program Managers for certificate of completion
Program Managers

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