



Oregon State Board of Nursing

Application of Oregon's Nurse Practice Act to RN Practice in the Community-Based Setting

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Objectives



1. Apply Oregon's Nurse Practice Act (NPA) to registered nursing practice.
2. Discuss the term *context of care* in relation to nursing practice in a community-based setting.
3. Identify conditions must be met in order for the RN to delegate the performance of a nursing task to a unlicensed person in a community-based setting.
4. Discuss the *delegation process*.
5. Discuss nursing documentation standards.

The Regulation of Nursing



Adapted from American Nurses Association (2010)

Context of Care

Self-regulation

Examples of variables that inform & guide nursing service delivery:
Professional Service Contract, Div 120 General Billing
Rules, LTCCN Rules, Applicable Policies & Procedures,
ORS 419b, ORS 124, ORS 146, ORS 678.150, etcetera...

Legal Regulation

Professional Regulation

The Nurse Practice Act

Oregon Revised Statute 678.150

(6) The Board shall:

- a) Exercise general supervision over the practice of nursing in this state.**
- b) Prescribe standards and approve curricula for nursing education programs preparing persons for licensing under ORS 678.010 to 678.445.**
- i) Prescribe standards for delegation...**



Division 45: Standards & Scope of Practice

0030 Purpose & Definitions



0040 Scope of Practice Standards all Nurses

0050 Scope of Practice Standards for the LPN

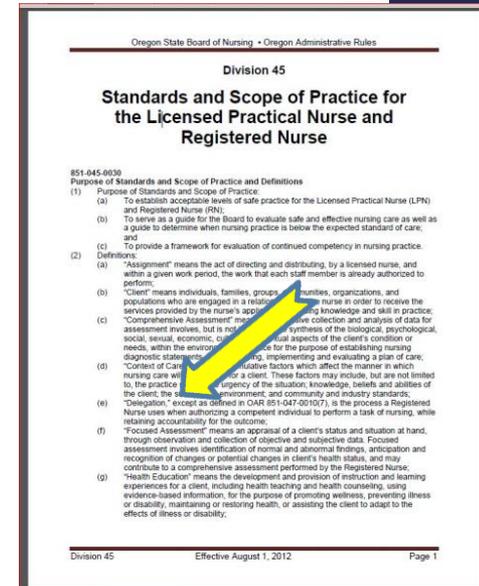
0060 Scope of Practice Standards the RN

0070 Conduct Derogatory

0080 Criminal Hx/Denial/Revocation

0090 Duty to Report

0100 Imposition of Civil Penalties



Division 45: Standards & Scope of Practice

1. Client Advocacy
2. Ethics, Professional Accountability, Competence
3. Environment of Care
4. Nursing Technology
5. Assign and Supervise Care
6. Accept and Implement Orders
7. Nursing Practice Implementation
8. Collaboration w/Interdisciplinary Team
9. Leadership
10. Quality of Care
11. Health Promotion
12. Cultural Sensitivity
13. Delegate and Supervise the Practice of Nursing

Scope of Practice:

The actions & processes that are permitted for the licensed individual

Standards of Practice:

The behaviors and/or actions to which a licensee is responsible to adhere.

Division 47: Standards for Community-Based Care RN Delegation

0000 Summary, Purpose & Intent

0010 Definitions

0020 Teaching Administration of Noninjectable
Medications

0030 Delegation of Tasks of Nursing Care

0040 Teaching the Performance of a
Task for an Anticipated Emergency

Standards for Community-Based Care Registered Nurse Delegation

851.047.0000

Rule Summary, Statement of Purpose and Intent

These rules provide standards and guidance for nurses to delegate specific tasks of nursing care and teach administration of noninjectable medications to unlicensed persons. Registered Nurses have a broad scope of practice in teaching and delegating tasks of nursing care to unlicensed persons and providing periodic supervision. Licensed Practical Nurses' scope of practice includes teaching and supervision of unlicensed persons at the discretion and under the direction of the Registered Nurse. It is the responsibility of the Registered Nurse to decide when, how and if it is appropriate for unlicensed persons to be delegated tasks of nursing care. The Registered Nurse, when delegating to an unlicensed person, is authorizing that person to perform a task of nursing care normally within the Registered Nurse's scope of practice. Prior to agreeing to delegate tasks of nursing care, the Registered Nurse has the responsibility to understand these rules for delegating tasks of nursing care and achieve the competence to delegate and supervise. This may be accomplished by attending a class on delegation, obtaining one to one instruction or using other methods to understand delegation. These rules describe the type of settings in which delegation may occur, define delegation of tasks of nursing care, who may delegate, describe the process for delegation and describe the process for teaching the administration of noninjectable medications.

- (1) These rules apply only in settings where a Registered Nurse is not regularly scheduled and not available to provide direct supervision. These are home and community-based settings as described in ORS 851.047.0010(3) and local correction, lockups, juvenile detention, youth correction, detoxification facilities, adult foster care and residential care, training and treatment facilities as described in ORS 678.100(5).
- (2) These rules have no application in acute care or long-term care facilities or any setting where the regularly scheduled presence of a registered nurse is required by statute or administrative rule.
- (3) The purpose of these rules is to govern nurses (Registered Nurses, Licensed Practical Nurses, Clinical Nurse Specialists, Certified Registered Nurse Anesthetists and Nurse Practitioners) who practice in settings where delegation may occur. These rules are not intended to govern the setting itself. The Board recognizes that some settings do not provide nursing services. The Board believes that settings which provide nursing services or advertise that they provide nursing services should have consistent nursing practice standards in place that the public may rely on, including the delegation of nursing care tasks consistent with the provisions of these administrative rules.
- (4) Pursuant to ORS 678.026, a Registered Nurse who delegates tasks of nursing care to an unlicensed person shall not be held responsible for civil damages for the actions of the unlicensed person in performing a task of nursing care unless:
 - (a) The unlicensed person is acting on specific instructions from the nurse, or
 - (b) The nurse fails to leave instructions when the nurse should have done so.
- (5) The Registered Nurse is responsible for:
 - (a) Assessing a client situation to determine whether or not delegation of a task of nursing care could be safely done;
 - (b) Safely implementing the delegation process;

To Delegate & Supervise the Practice of Nursing

What is delegation when it occurs the community?

- CBC RN delegation is one of several chronic care delivery options an RN can consider for a client who has a need for an ongoing task of nursing care but that the client cannot perform for themselves.
- CBC RN delegation requires the RN to evaluate the whole client care situation in order to arrive at the reasoned conclusion that delegation would be a safe chronic care support for the client and their unique situation.
- CBC RN delegation is not appropriate for all care situations.
- CBC RN delegation requires ongoing assessment and evaluation of the client situation by the RN to determine that it remains a safe chronic care option for the client.

To Delegate & Supervise the Practice of Nursing

Division 47 tells us the RN is responsible for four things:

- Assessing a client situation to determine whether or not delegating a task of nursing care could be safely done.
- Safely implementing the delegation process.
- Following the Board process for delegation.
- Reporting unsafe practices.

The RN may delegate a task to an unlicensed person specific to one client under the following conditions:

- Client's condition stable and predictable.
- Client living environment allows for delegation to safely occur.
- The caregiver has been taught the task and is capable and willing to perform it safely.

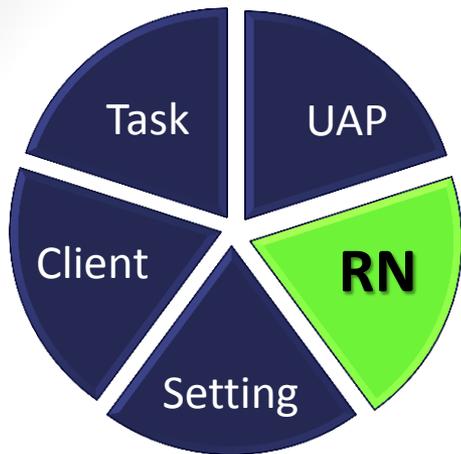
CBC RN Delegation



The RN must evaluate the entire client situation to determine if delegation would be a safe and appropriate chronic care option.

Summary of standards & conditions that must be met for the RN to engage in the activity of CBC delegation

- **The RN** must have the competencies needed to safely engage in the practice of delegation; *e.g., 851-045-0040(3), 851-045-0070(1), 851-047-000*
- **The environment** must allow for safe performance of the task: *e.g., 851-045-0040(1)&(2), 851-047-0030(2)*
- **The task** under consideration is within RN scope of practice, within the RN's individual scope of practice, and be appropriate for delegation; *e.g., 851-045-0040(1),(2),(3)&(6), 851-045-0070(1), 851-047-000 .*
- **The client's** condition is stable & predictable - their clinical and behavioral state is known, not characterized by rapid changes, & does not require frequent reassessment & evaluation; *e.g., 851-045-0040(1),&(3), 851-045-0060(2)&(8), 851-045-0070(1), 851-047-000 , 851-047-0030(2)&(3)*
- **The UAP** has the cognitive, motor & perceptual skills necessary to learn & perform the task; is willing & capable to perform the task; and can perform the task safely & accurately: *e.g., 851-045-0040(1), 851-045-0060(2)&(8), 851-045-0070(1), 851-047-0030(2)(3)*

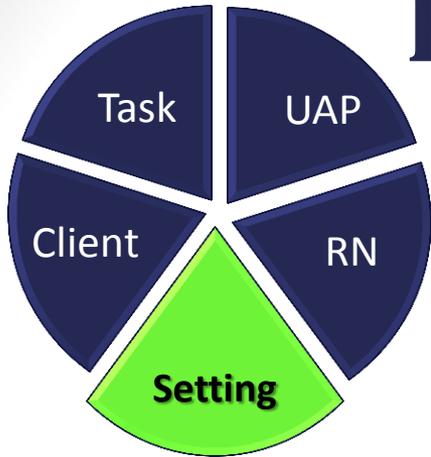


RN with competencies in CBC Delegation

The RN must only accept nursing assignment for which one is educationally prepared and has the knowledge and skills to perform safely.

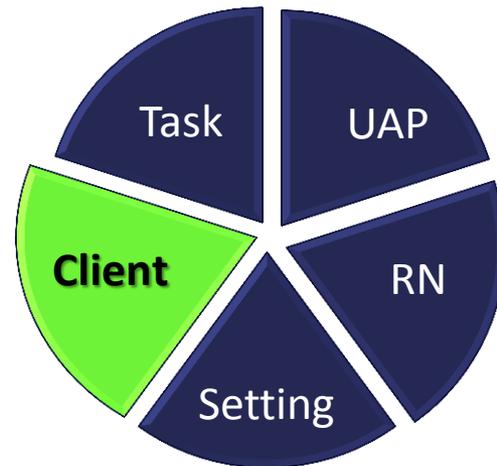
Prior to accepting an assignment that involves CBC delegation, the RN must have the competence to delegate & supervise.

Environment is safe for CBC Delegation to occur



- The environment allows for safe performance of the task
- The RN arrives at this reasoned conclusion by evaluating the environment where the client's task will be implemented

Condition of the client who needs the task is known and is stable



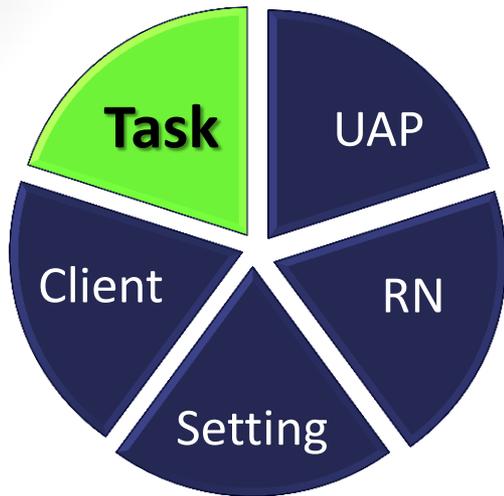
- Client condition is stable
- Client condition is predictable
- The RN makes this determination by assessing the client



Task is appropriate for CBC Delegation

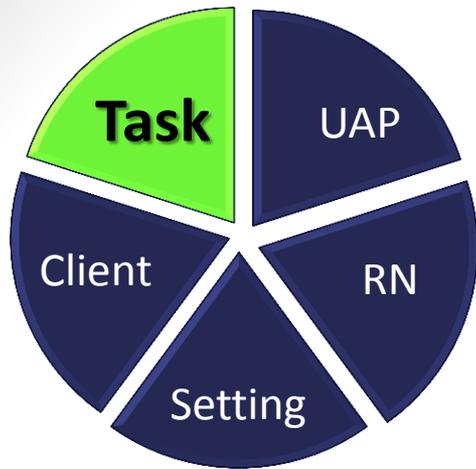
The RN must apply the standards within Division's 45 & 47 to evaluate any given task's appropriateness for delegation.

Ask not what task can be delegated; ask what task can be considered for delegation!



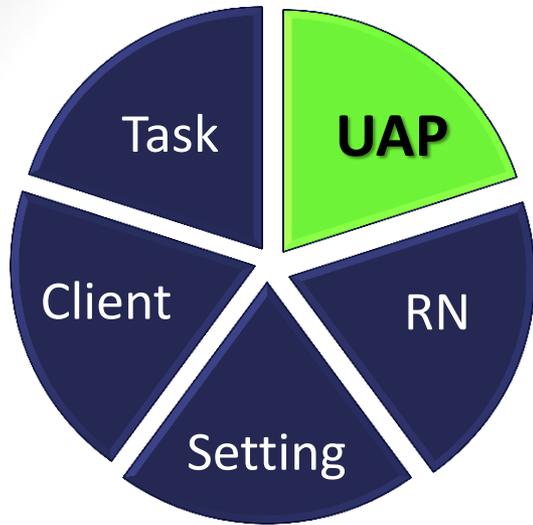
Task is appropriate for CBC Delegation

- **The RN must determine that:**
 - The task is allowed for delegation
 - There is a prescriber's order for the task
 - The task within the RN's scope of practice
 - The task is appropriate for the environment



Task is appropriate for CBC Delegation

- **The RN must determine that:**
 - The task is ordered to be performed at a frequency appropriate for delegation
 - The task allowed to be delegated in the licensed or certified setting that it will occur
 - The complexity and risks are not too great for it to be performed safely



UAP is Delegation Worthy

The RN assess and evaluates the UAP's:

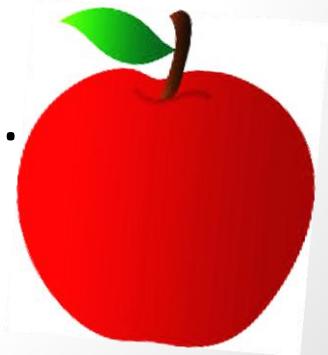
- Cognitive, motor and perceptual skills necessary for learning and completing the task
- Willingness to do the task
- Potential opportunity to perform the task if delegated to do so



Is the client situation safe for delegation, or not?

So the client situation is safe for delegation to occur... Now what?

- **The RN teaches the UAP:**
 - Basic principles r/t the client's condition.
 - Why the task is necessary for the client.
 - Risks associated with the task.
 - Anticipated side effects.
 - Observation of the client's responses and appropriate response.
 - Documentation requirements of the task.



With the UAP delegation worthy...



- **The RN:**

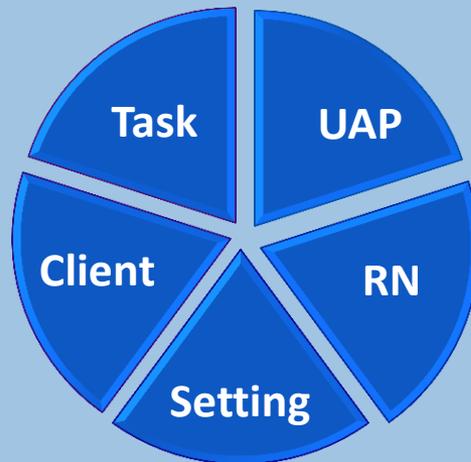
- Provides explicit written instructions to the UAP regarding the provision of the task for/on the one client.
- Observes the UAP perform the task for/on the client to ensure that they are capable and willing to safely and accurately complete the task on the client in its entirety per the written instructions.

Side Bar: Written Instructions



Client Advocacy, Ethics, Professional Accountability, Competence, Environment of Care, Nursing Technology, Assign and Supervise Care, Accept and Implement Orders, Nursing Practice Implementation, Collaboration w/Interdisciplinary Team, Leadership, Quality of Care, Health Promotion, Cultural Sensitivity

The RN now has the authority to delegate the ongoing *performance* of the nursing task on the client to the caregiver.



The RN retains responsibility for continued assessment and evaluation of the client situation.

Documentation Standards

The RN is responsible to adhere to documentation standards found in both Divisions 45 and 47.

- Division 45: *Timely, accurate, thorough, and in a clear manner.*
- Division 47: *Delegation is a process (not a form).*

For example:



Stable and predictable?

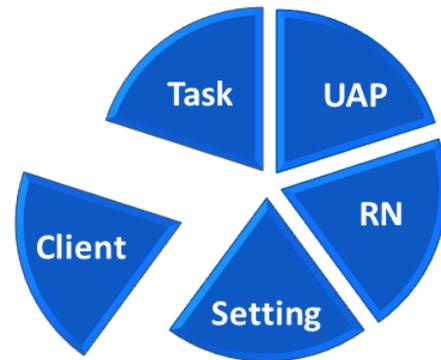
You are responsible to record assessment data *and* your in-depth analysis and synthesis of that data which informs your *reasoned conclusion* that the client's condition is *stable and predictable*

In Summary, the RN who Delegates has the responsibility to:

- Adhere to the Oregon's Nurse Practice Act, understand the rules for delegation, and achieve the competence to delegate and supervise.
- Understand the rules governing the setting where the chronic care task will be performed.
- Evaluate the environment and determine that it allows for safe performance of the nursing task.
- Complete an assessment of the client and determine that the client's condition is stable and predictable.
- Consider nursing task for appropriateness for delegation.
- Assess the caregiver to determine if they have the cognitive, motor and perceptual skill needed and if they willing and able to safely perform the task per the RN's written directions.

Periodic Inspection, Supervision & Evaluation

- Everything that was required for delegation to safely occur *in the first place*, must remain so throughout the life of the delegation...



- If at any time the status/outcome of just **one** of the delegation components changes making the client care situation no longer appropriate for delegation, the RN must end the delegation.

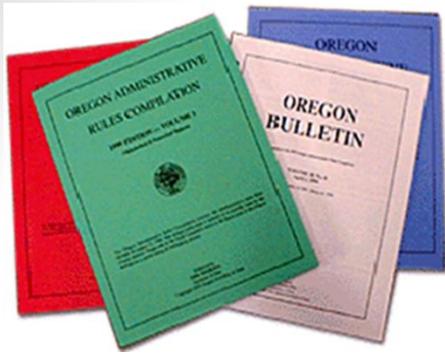
Some situations where rescinding a delegation is a prudent action

- Order for task has expired or is discontinued
- Client does their own task
- UAP not following written instructions
- UAP no longer works with client
- Client no longer receiving services
- Environment is no longer safe for delegation
- Client's condition becomes unstable
- Task no longer meets definition *of task of nursing care (look what happened to capillary blood glucose testing!)*

In Review...



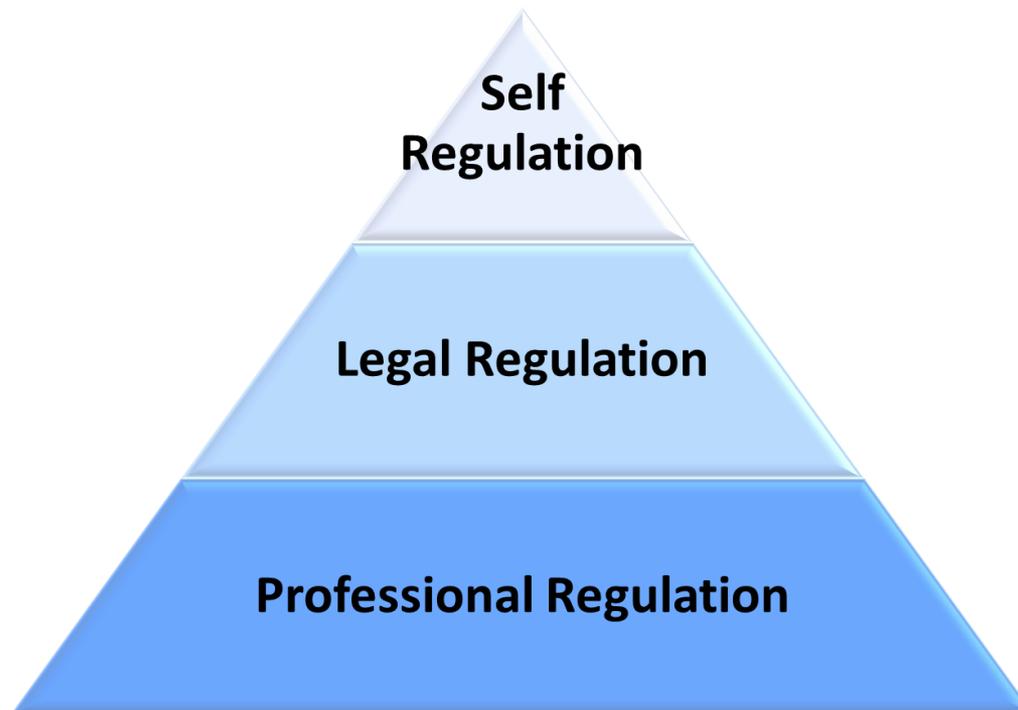
The RN must evaluate each individual component of the client situation to determine if delegating a specific nursing task would be a safe and appropriate chronic care support.



Duty to Report Oregon Regulations

- **The Nurse Practice Act**
- **ORS Chapter 419b - *Reporting Of Child Abuse***
- **ORS Chapter 124 *Abuse Prevention and Reporting; Civil Action for Abuse***
- **ORS Chapter 146 *Investigations of Deaths, Injuries and Missing Persons***
- **ORS 676.150 *Health Professions Generally***

Reporting unethical, incompetent, illegal, or impaired practices, even when done appropriately, may present substantial risks to the nurse; nevertheless, such risks do not eliminate the obligation to address serious threats to patient safety (American Nurses Association, 2001).



Query & Discussion



The RN must evaluate each individual component of the client situation to determine if delegating a specific nursing task would be a safe and appropriate chronic care support.

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