

## What is Nurse Delegation?

A service where a Registered Nurse, who is contracted with DSHS, delegates specific skilled nursing tasks to nursing assistants (RCW 18.88A) or home care aids (RCW 18.88B). The RN, under their own license, provides training and oversight to the staff providing direct care to the client. Although the RN has a requirement to complete face to face visits with clients, they are not responsible to provide direct care (WAC 246-840).

## Who is eligible for Nurse Delegation?

Medicaid eligible clients who reside or will reside in their own homes, an Adult Family Home or an Adult Residential Facility and have been assessed by HCS to have a skilled need that cannot be met by a community provider without oversight or another medical service that can be provided (like Home Health).

## What is the referral process?

Once a skilled nursing task is identified, and if there is no medical provider to meet the need, HCS will make a referral to Nurse Delegator(s) if the client is transitioning to one of the approved settings.

## Who determines if the need is able to be delegated?

The Nurse delegator will determine:

- If tasks are within the registered nurse's scope of practice (WAC 246-840).
- The client and task needing delegation are stable and predictable.
- The training and competency of the nursing assistant or home care aid to perform the task.
- Their comfort in supervising the actions of the worker performing the delegated task.

## Provider Choice:

Nurse Delegators follow WAC 246-840-940 in determining if a task can be delegated but will also rely on their own clinical judgement and level of expertise in determining who they will serve.

HCS staff do not determine if a contracted Nurse Delegator can meet the need of a client, like all other providers, it is up to the individual Nurse to determine if they can meet the needs of the client (RCW 18.79.260).

## Examples of tasks that may be Delegated?

Based on the nurse's determination, the following are examples of tasks that may be delegated:

- Oral and topical medication and administration
- Eye or ear drops and nasal sprays
- Gastrostomy tube feedings (including medication administration)
- Wound care must be simple, non-complex, does not require frequent nurse assessment and evaluation as determined by the delegating nurse
- Blood glucose monitoring, insulin or non-insulin injectables for the treatment of diabetes
- Non-sterile tracheal and oral suctioning

### **What cannot be delegated?**

Tasks that are prohibited by RCW 18.79.260 from being delegated are:

- Administration of medications by injection (by intramuscular, intradermal, subcutaneous, intraosseous, intravenous, or otherwise) with exception of insulin injections.
- Sterile procedures
- Central line maintenance
- Anything that requires nursing judgement.

### **Can Nurse Delegators come to the hospital to assess?**

Yes. In medically complex cases, HCS may be able to authorize a Nurse Delegator to complete an assessment at the hospital if they are willing, to determine the appropriateness of delegation. Please talk to the HCS worker or Supervisor for additional information.

HCS has an internal process for escalation of complex cases. If you feel that a case needs to be staffed due to its complexity, please reach out to the Regional HCS Supervisor or Program Manager.

### **Questions or Concerns?**

For questions related to the Nurse Delegation Program or if you have a concern about a Nurse Delegator, please reach out to Janet Wakefield, Registered Nurse Delegation Program Manager at 360-790-3136 or email [nursedelegation@dshs.wa.gov](mailto:nursedelegation@dshs.wa.gov).