

NURSE DELEGATION ORIENTATION 2021

PRESENTED BY NURSE DELEGATION PROGRAM MANAGERS

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Nurse Delegation Program Managers

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Purpose

This training is:

- Required for all Registered Nurses (RN's) who would like to contract with DSHS and be paid for Nurse Delegation services
- Intended to clarify rules for community based Nurse Delegation

Today's training is not a certification course

Welcome

- House keeping notes...
- Introductions
- Please mute your phones and use the raise hand feature for questions
- Certificates to be issued via email after evaluation received
- Full class participation required

Did You Know?

Common confusion...

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 defined within the Nurse Practice Act

Accountability:

- RN is responsible for delegating the nursing task
- LTCW is responsible for performing the nursing task as instructed
 - Based on written instructions

WAC 246-840-910 thru 970

Laws & Rules

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

Laws & Rules

What laws and rules govern the program?

Nurse Practice Act: (RCW) 18.79A.260(3)(e)

Washington Administrative Code (WAC) 246-840-910 thru 970

Medication Assistance (WAC) 246-888-010-100

Nurse Delegation History

<p>1996-97</p>	<ul style="list-style-type: none"> • Nurse Delegation Rules established through DOH • Task list created • Three settings identified <ul style="list-style-type: none"> • Assisted Living (AL) • Adult Family Home (AFH) • Supported Living (SL)
<p>2000</p>	<ul style="list-style-type: none"> • Task list eliminated • In home setting added to approved settings
<p>2009</p>	<ul style="list-style-type: none"> • Law change to include insulin injects and blood glucose monitoring as delegable tasks
<p>2018</p>	<ul style="list-style-type: none"> • Rule clarification to include non-insulin injections, used to treat DM as delegable tasks <ul style="list-style-type: none"> • Examples include: Byetta, Victoza, Toujeo
<p>2019-2020</p>	<ul style="list-style-type: none"> • Collaborate with Nursing Commission and stakeholders to expand nurse delegation services being discussed but not implemented yet <ul style="list-style-type: none"> • INR testing • Other subcutaneous injections • Define nurses role in medical marijuana “administration” • Epinephrine injections
<p>2020 COVID 19</p>	<ul style="list-style-type: none"> • ND Temporary WAC changes • Training • Consent • Supervision

COMMUNITY SETTINGS

- Adult Family homes
- Assisted Living Facilities
- Community Certified Residential Programs
 - Supported Living Agency
 - SOLA (operated by state employees)
 - CCIBS
- In Home

Agencies supporting ND

- AAA- Area of Aging: Referrals from CMs
- RCS- Residential Care Services: Inspectors and Complaint Investigators
- CRU- Complaint Resolution Unit: Report issues from client settings
- CARE Assessment- ADL focused assessment
- APS- Adult Protection Services: Mandatory Reporter

Who are Long Term Care Workers

Nursing Assistant Registered (NAR)



Home Care Aide Certified (HCA-C)



Nursing Assistant Certified (NAC-CNA)



1. Register DOH
2. Application fee \$85 pay to DOH
3. No CE requirement
4. Must be renewed annually

1. Complete 75 hours of training
2. Certified through DOH after completion of Prometric test
3. Application fee \$85 to DOH
4. 12 hours CE annually
5. Must be renewed annually

1. Complete 85 hours of training
2. Certified through DOH
3. Application fee \$85 to DOH
4. No CE required
5. Must be reviewed annually

Credentials

LTCW credentials:

NAR	HCA-C	NAC
<p>Non-exempt (after 2012)</p> <ol style="list-style-type: none"> 1. Verify current NAR credential 2. Verify 9 hour Nurse Delegation for Nursing Assistants 3. If delegated insulin, verify 3 hour SFOD 4. Verify completion of 40 hour Basic Training <p>Exempt (January 1, 2011-January 6, 2012)</p> <ol style="list-style-type: none"> 1. Verify NAR credential 2. Verify 9 hour Nurse Delegation for Nursing Assistants 3. If delegated insulin, verify 3 hour SFOD 4. Verify completion of basic training: <ol style="list-style-type: none"> 1. FOC 2. RFOC 5. Obtain a letter of employment verification-stating dates of employment 	<ol style="list-style-type: none"> 1. Verify current HCA-C (HM) credential 2. Verify 9 hour Nurse Delegation for Nursing Assistants 3. If delegated insulin, verify 3 hour SFOD 	<ol style="list-style-type: none"> 1. Verify current CNA credential 2. Verify 9 hour Nurse Delegation for Nursing Assistants 3. If delegated insulin, verify 3 hour SFOD

COVID 19—ND CHANGES

WAC 246-840-930

(8)(b) Basic Caregiving Training Waived
(July 31,2020)

(8)(c) CORE training completed (July 31,2020)

(Can be done through virtual platform)

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

Trusted Process

Steps of nursing process

- Assessment
- Diagnosis
- Planning
- Implementation
- Evaluation



FIGURE 7-1 Five-step nursing process.

Assess

- Setting
- Client
- Nursing Task
- Long term care workers (LTCW's)

Assess Cont.

Assess

Assess the client:

- Full system- head to toe assessment
 - Completed within 3 working days of accepting the referral
- Is the clients condition **stable and predictable**

Assess Cont.

Assess

What does stable and predictable mean?

- The RN determines the clients clinical and behavioral status is non-fluctuating and consistent.
- The client does not require frequent nursing presence
- The client does not require frequent evaluation by an RN

Client's with **terminal conditions** and those who are on **sliding scale insulin** are stable and predictable

WAC 246-840-920 (15)

Assess Cont.

Assess

Prohibited nursing tasks:

- Sterile Procedures or processes
- Injectable medications
 - **Except insulin and non-insulin injections for DM**
- Central line of IV maintenance
- Acts that require nursing judgement

Assess Cont.

Assess

Examples of nursing tasks

Previous Task List developed in 1996	New “nursing tasks”
Oral/topical medication	Clean suctioning- oral/tracheal
Ointments	Vagal nerve stimulator (VNS)
Drops- eye, ear, and nose	Bladder irrigations
Clean (non-sterile) dressing changes	Insulin injections
Gastrostomy (G-tube) feedings	Nasal versed for seizure control
Ostomy care	Non-insulin injections
In-and-out catheterizations	Blood glucose monitoring

Planning and Implementation

Steps of nursing process

- **Assessment**
- **Diagnosis**
- **Planning**
- **Implementation**
- **Evaluation**

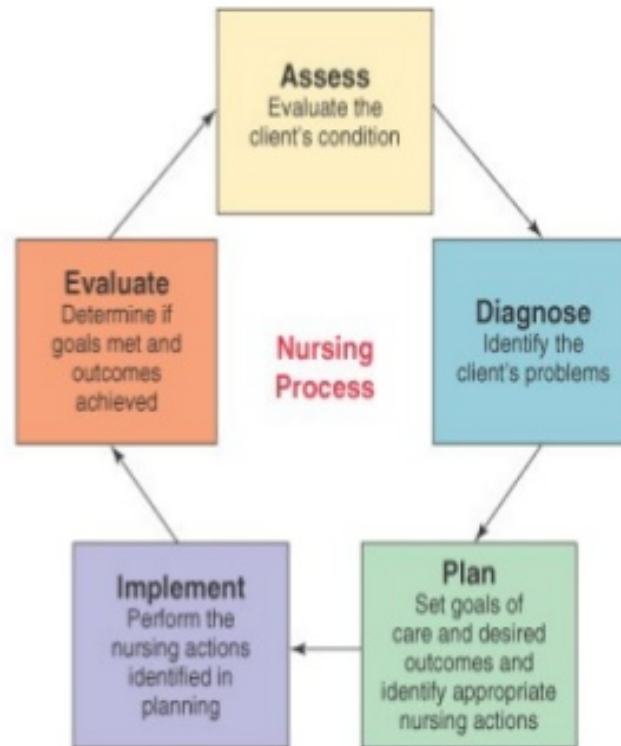


FIGURE 7-1 Five-step nursing process.

Plan/Implement Cont.

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.

Plan/Implement Cont.

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

COVID 19—ND CHANGES

WAC 246-840-940

WAIVED July 31,2020

Washington state nursing quality assurance commission community-based and in home care setting delegation tree.

Evaluate

Steps of nursing process

- **Assessment**
- **Diagnosis**
- **Planning**
- **Implementation**
- **Evaluation**



FIGURE 7-1 Five-step nursing process.

Evaluate Cont.

Evaluate

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

Supervisory visits have 2 components:

1. RN evaluates the client:
 - Head to toe assessment
 - Assess client to determine if the client status continues to be “stable and predictable”
 - Evaluate the clients response to the delegated nursing task
 - Modify tasks if needed
 - Retrain LTCW’s if needed

Evaluate Cont.

Evaluate

2. RN evaluates the continued competency of each delegated LTCW:
 - Evaluation can be direct or indirect
 - Observation or demonstration
 - Record review
 - Verbal description
 - Assess care provided
 - Documentation submitted in last 90 days
 - Validate current credentials

Evaluate Cont.

Rescinding

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

Evaluate Cont.

Evaluate

Transferring delegation to an assuming 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

In Summary

Summary

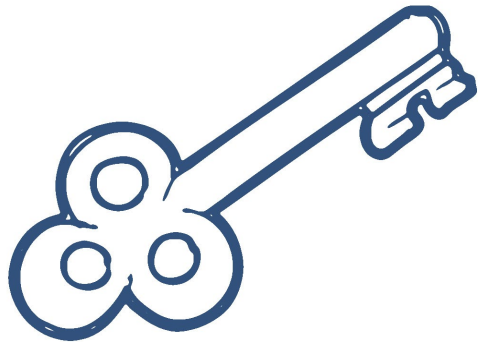
- Nurse Delegation is based on the Nursing Process
 - Assess
 - Plan
 - Implement
 - Evaluate
- Only occurs in four community settings
 - Not hospitals, jails, or skilled nursing facilities
- The client must be stable and predictable
- Select nursing tasks can only be delegated
 - Prohibited list
 -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

- ADD ACTIVITY—blue board

Nurse Delegation



MEDICATION ASSISTANCE



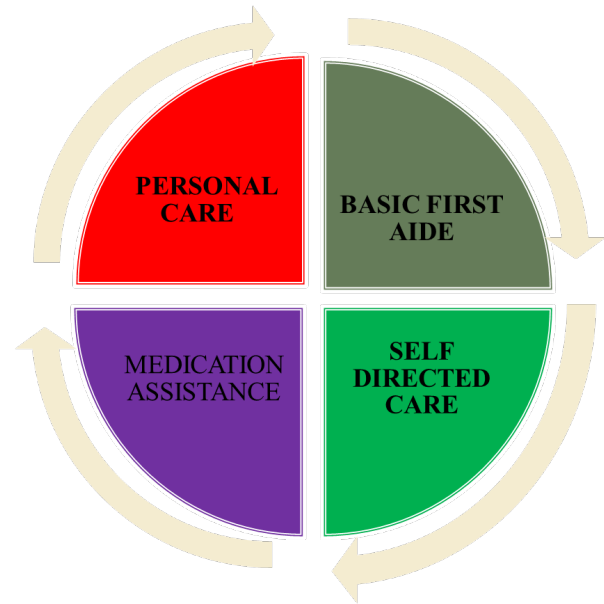
Key part of
delegation—not
all clients need to
be delegated to

Decisions

To delegate or not...

When delegation may not be needed

- Personal care
- Basic first aid
- Self directed care
- Medication assistance



Personal Care

Personal care tasks



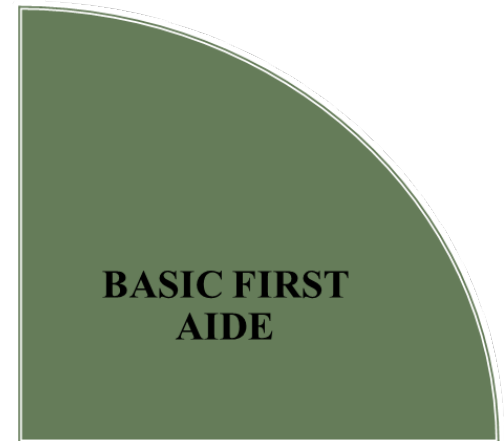
PERSONAL CARE

- Medicated shampoos
- Chlorohexidine mouth rinse
- Topical lotions
- Indwelling catheter care
- Antiembolism stockings (TED)
- Emptying a colostomy bag
- Peri care
- Filing nails

Basic First Aid

Basic First Aid

- Applying a bandage to a cut
- Reinforcing a bandage
- Administering epinephrine under the
 - “Good Samaritan Law”
 - RCW 4.24.300



Self Directed Care

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



**SELF DIRECTED
CARE**

Medication Assistance

Medication Assistance

- Rules written by the Board of Pharmacy
- Describes ways to help an individual take their medications
 - Remind
 - Coach
 - Open
 - Pour
 - Crush
 - Dissolve
 - Use of an enabler
 - Mix with food or liquids (client must be aware the medication is in the food or liquid)
- Medication assistance can be performed by anyone
- Client must be in a community setting



MEDICATION
ASSISTANCE

WAC 246-888-020

Medication Assistance Cont.

Medication Assistance

- If medications are crushed or dissolved it must be noted on a physician or pharmacy order
- Examples enablers:
 - Cups
 - Bowls
 - Spools
 - Straws
 - Adaptive devices
- Hand over hand is never allowed as an assistance
- Client maintains the right to refuse medications at any time.

Medication Assistance Cont.

Components of Medication Assistance

In order for medication assistance to take place, the client must meet both:

- **Functionally ability:** 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.**

Delegation is appropriate

Medication Assistance Cont.

Medication Assistance

Assisted Living Exception Rule:

- Clients who reside in an assisted living facility who are unable to independently self-administer their medications may receive medication assistance 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

Medication Assistance Cont.

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

MANDATORY FORM REVIEW

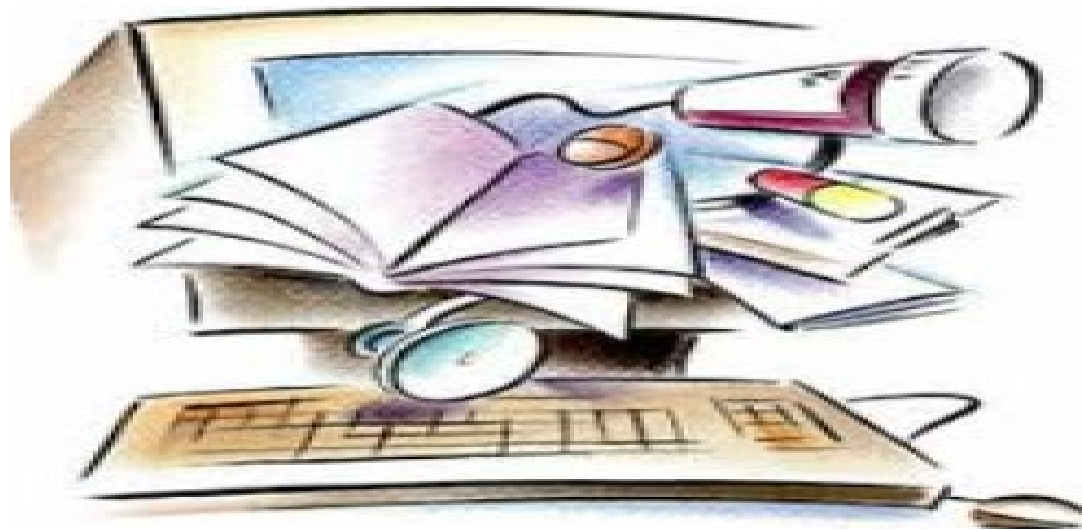


Delegation Forms Review

FORMS:

- Referral
- Consent
- Credentials and verification
- Head to toe assessment
- Instructions and nursing task
- Nursing visit
- PRN
- Change in medication or treatment
- Rescinding
- Assumption
- SOP documents
- Billing tracker

Review sample chart:



First Client—what to do

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 accepting referral.
 - If unable to meet this deadline, discuss with case manager



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

Case / Resource Manager's Request			
1. OFFICE <input type="checkbox"/> HCS <input type="checkbox"/> AAA <input type="checkbox"/> DDA <input type="checkbox"/> Other		2. CLIENT'S AUTHORIZATION NUMBER	3. RN PROVIDER ONE ID
4. DATE OF BIRTH			
5. DATE OF REFERRAL	6. METHOD OF REFERRAL <input type="checkbox"/> E-mail <input type="checkbox"/> Telephone <input type="checkbox"/> Fax		
TO:	7. NURSE / AGENCY	8. TELEPHONE NUMBER	9. FAX NUMBER
FROM:	10. C/RM NAME / OFFICE	11. EMAIL ADDRESS	12. TELEPHONE NUMBER
13. FAX NUMBER			
14. REQUIRED ATTACHMENTS (IF APPLICABLE) <input type="checkbox"/> CARE/DDA Assessment <input type="checkbox"/> ISP / DDA <input type="checkbox"/> BSHP <input type="checkbox"/> Service Plan <input type="checkbox"/> Release of Information			
Client Information			
15. CLIENT NAME			16. TELEPHONE NUMBER
17. ADDRESS		CITY	STATE ZIP CODE
18. PROVIDER NAME		19. TELEPHONE NUMBER	20. FAX NUMBER
21. CLIENT COMMUNICATION <input type="checkbox"/> This client needs an interpreter <input type="checkbox"/> Deaf/HOH <input type="checkbox"/> Primary language needed is:			
22. DIAGNOSIS PER CARE ASSESSMENT			
23. Please identify the delegated task(s) for this client:			
Communicating with RND			
C/RM will communicate with RND when changes occur in client condition, authorized representative, financial eligibility or authorization is due.			
CASE/RESOURCE MANAGER'S SIGNATURE			DATE

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

Referral Page 2

Return this page
to your CM



AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)

AL TSA Nurse Delegation Referral and Communication Case / Resource Manager's Request

Delegating Nurse's Response				
TO:	24. C/RM NAME [REDACTED]		25. TELEPHONE NUMBER [REDACTED]	26. FAX NUMBER [REDACTED]
FROM:	27. RND [REDACTED]	28. RN PROVIDER ONE ID [REDACTED]	29. TELEPHONE NUMBER [REDACTED]	30. FAX NUMBER [REDACTED]
RE:	31. CLIENT NAME [REDACTED]			
32. Nurse delegation has been started <input type="checkbox"/> Yes <input type="checkbox"/> No				33. ASSESSMENT DATE [REDACTED]
34. Please list the tasks that were delegated: [REDACTED]				
35. Follow Up Information				
<input type="checkbox"/> Nurse Delegation was not implemented. Please indicate the reason and any other action taken:				
<input type="checkbox"/> RND suggests these other options for care:				

Consent for 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

Consent Form



Nurse Delegation: Consent for Delegation Process

1. CLIENT NAME [REDACTED]		2. DATE OF BIRTH [REDACTED]		3. ID/SETTING (OPTIONAL) [REDACTED]	
4. CLIENT ADDRESS [REDACTED]			CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]
6. FACILITY OR PROGRAM CONTACT [REDACTED]				7. TELEPHONE NUMBER [REDACTED]	
8. FAX NUMBER [REDACTED]			9. E-MAIL ADDRESS [REDACTED]		
10. SETTING		11. CLIENT DIAGNOSIS		12. ALLERGIES	
<input type="checkbox"/> Certified Community Residential Program for Developmentally Disabled		[REDACTED]		[REDACTED]	
<input type="checkbox"/> Licensed Adult Family Home		[REDACTED]		[REDACTED]	
<input type="checkbox"/> Licensed Assisted Living Facilities		[REDACTED]		[REDACTED]	
<input type="checkbox"/> Private Home/Other		[REDACTED]		[REDACTED]	
13. HEALTH CARE PROVIDER [REDACTED]				14. TELEPHONE NUMBER [REDACTED]	
Consent for the Delegation Process					
<p>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:</p> <ul style="list-style-type: none"> • Administration of medications by injections (IM, Sub Q, IV) except insulin injections. ESSHB 2668 (2008) specifically allows delegation of insulin injections. • Sterile procedures. • Central line maintenance. • Acts that require nursing judgment <p style="text-align: center;"><i>If verbal consent is obtained, written consent is required within 30 days of verbal consent.</i></p>					
15. CLIENT OR AUTHORIZED REPRESENTATIVE SIGNATURE [REDACTED]			16. TELEPHONE NUMBER [REDACTED]		17. DATE [REDACTED]

COVID 19 ND CHANGES

- WAC 246-840-930
- (10) (b) Can now accept electronic signature for consens

Consent Form Continued

18. VERBAL CONSENT OBTAINED FROM [REDACTED]	19. RELATIONSHIP TO CLIENT [REDACTED]	20. DATE [REDACTED]
My signature below indicates that I have assessed this client and found his/her condition to be stable and predictable. I agree to provide nurse delegation per RCW 18.79 and WAC 246-840-910 through 970.		
21. RND NAME - PRINT [REDACTED]	22. TELEPHONE NUMBER [REDACTED]	
23. RND SIGNATURE	24. DATE [REDACTED]	

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

DISTRIBUTION: Copy in client chart and in RND file

Credentials and 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
- Verification of exempt LTCW letter of employment



**Nurse Delegation:
Credentials and Training Verification**

1. LONG TERM CARE WORKER'S (LTCW) NAME (PRINT)

2. Credential Verification

Attach a copy of internet Provider Credential Search
<http://www.doh.wa.gov/LicensesPermitsandCertificates/ProviderCredentialSearch>.

OR COMPLETE THE FOLLOWING

Washington State Certificate / Registration Number for _____
 NAR NAC HCA – C Expiration Date: _____

3. Training Verification

NAR

**Non-exempt LTCW
(employed after January 7, 2012 (HCS) and January 1, 2016 (DDA)):**

9 hour ND for nursing assistants Date: _____
 3 hour special focus on diabetes Date: _____

Basic training:

HCS – 40 hours basic training Date: _____
 DDA – 40 hour CORE basic Date: _____

**Exempt LTCW
(employed one day from January 1, 2011 – January 6, 2012 (HCS) or
employed prior to January 1, 2016 (DDA)):**

9 hour ND for nursing assistants Date: _____
 3 hour special focus on diabetes Date: _____

Basic training:

HCS – Fundamentals of Care (FOC) Date: _____
 HCS – Revised Fundamentals of Care (RFOC) Date: _____
 DDA – 32 hour letter Date: _____

NAC and HCA-C

9 hour ND for nursing assistants
Date: _____
 3 hour special focus on diabetes
Date: _____

4. Exempt Long Term Care Workers

The HCS LTCW employed one day between **January 1, 2011 and January 6, 2012** and the DDA LTCW employed any time prior to **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 his or her hire. The Registered Nurse Delegator must obtain proof of employment prior to delegation of an exempt LTCW.

Letter of employment verification type: _____ Date of verification: _____

5. Notes

6. RND SIGNATURE

7. DATE

[Credential Check Search](#)

Always use most current version of forms



Physical Assessment

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.

- Assessment form under development 2020

Instructions and Task Sheet

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

Instructions and Task Sheet

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:
Instructions for Nursing Task**



1. CLIENT NAME		2. DATE OF BIRTH	3. ID / SETTING (OPTIONAL)	4. DATE TASK DELEGATED
5. DELEGATED TASK AND EXPECTED OUTCOME				
Complete 6 and 7 only if medication(s) delegated:				
6. LIST SPECIFIC MEDICATION(S), DOSAGES AND FREQUENCY OF MEDICATIONS DELEGATED ON THIS DATE (<input type="checkbox"/> CHECK HERE IF ADDITIONAL FORM ATTACHED.)			VERIFICATION OF DELEGATED MEDICATION	
			DATE	
			NAME / TITLE	
8. STEPS TO PERFORM THE TASK: <input type="checkbox"/> Check here if additional teaching aide(s) attached.			METHOD OF VERIFICATION	
Report Side Effects or Unexpected Outcomes To:				
9. RND NAME (PRINT)			10. TELEPHONE NUMBER	
11. WHAT TO REPORT TO RND				
12. HEALTH CARE PROVIDER NAME			13. TELEPHONE NUMBER	
14. WHAT TO REPORT TO HEALTH CARE PROVIDER				
EMERGENCY SERVICES, 911				
15. WHAT TO REPORT TO 911				
16. RND SIGNATURE			17. DATE	
Call RND when:				
<ul style="list-style-type: none"> • Medications change • New orders received • Client dies 			<ul style="list-style-type: none"> • Client is admitted to ER, hospital, or SNF • Client moves • Client condition changes • Problem / unable to perform nursing task. 	



Always check for most updated form

**NURSE DELEGATION: INSTRUCTIONS FOR NURSING TASK
DSHS 13-678 PAGE 2 (REV. 07/2017)**

Nursing Visit Form

Nursing Visit Form

- The nursing visit form is the most widely used form
 - Initial assessment
 - Supervisory (90 day—120 days) visits
 - Change in condition
 - Change in delegated task
 - Rescinding of LTCW
 - Delegation to new LTCW
 - other

Nursing Visit Form

Nurse visit form
(14-484)



Nurse Delegation: Nursing Visit

1. CLIENT NAME			2. DATE OF BIRTH		3. SETTING <input type="checkbox"/> AFH <input type="checkbox"/> DDA <input type="checkbox"/> In-home <input type="checkbox"/> Other:	
4. CHECK ALL THAT APPLY <input type="checkbox"/> Initial Client Assessment (See attached) <input type="checkbox"/> Supervisory Visit <input type="checkbox"/> Initial Caregiver Delegation <input type="checkbox"/> Condition Change <input type="checkbox"/> Initial Insulin Delegation <input type="checkbox"/> Other						
5. CLIENT REQUIRES NURSE DELEGATION FOR THESE TASK(S): RELATED TO:						
6. REVIEW OF SYSTEMS: ONLY CHECK CHANGES IN CONDITION FROM LAST ASSESSMENT						<input type="checkbox"/> No Change
<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Diet/Weight/Nutrition	<input type="checkbox"/> Neurological	<input type="checkbox"/> GU/Reproductive	<input type="checkbox"/> GI		
<input type="checkbox"/> Respiratory	<input type="checkbox"/> Endocrine	<input type="checkbox"/> ADL	<input type="checkbox"/> Sensory	<input type="checkbox"/> Pain		
<input type="checkbox"/> Integumentary	<input type="checkbox"/> Psych/Social	<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/> Cognition			
7. Notes						
8. Long Term Care Worker (LTCW) Training / Competency (Check or date all that apply)						
A. CG Evaluated	B. Observation or Demonstration	C. Verbal Description	D. Record Review	E. Training Needed	E. Training Completed	F. Other (specify)
1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. <input type="checkbox"/> Check here if additional notes/caregiver name on page 2.						
10. <input type="checkbox"/> Client stable and predictable <input type="checkbox"/> Continue delegation <input type="checkbox"/> See rescind form						
I have verified, informed, taught and instructed the caregiver(s) to perform the delegated task(s). The LTCW(s) has indicated that he/she accepts responsibility for performing the task as delegated. The LTCW(s) has been given the information on how to contact the RND if he/she is no longer able or willing to do these task(s) or resident health care orders change.						
11. RND SIGNATURE					12. DATE	
13. RETURN VISIT ON OR BEFORE						

Rescinding Form

- Document date rescinded
- Who you rescinded
- Why you rescinded

- Form 13-680

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.

Assumption Form Cont.

Assumption Form (13-678B)



Nurse Delegation: Assumption of Delegation

1. CLIENT NAME	2. DATE OF BIRTH	3. SETTING
4. FACILITY OR PROGRAM NAME		5. TELEPHONE NUMBER
6. REASON FOR ASSUMING DELEGATION		
<p>I agree that I know the client through my assessment, the plan of care, the skills of the Long Term Care Worker(s) (LTCW), and the delegated task(s). I agree to assume responsibility and accountability for the delegated task(s) and to perform the nursing supervision. I have informed the client and/or authorized representative of this change. I have informed the LTCW, case manager, and client of this change.</p>		
7. RND SIGNATURE		8. DATE



Billing Form

Billing practice:

- Take 5-10 minutes to walk through purple billing scenario
- Complete sample billing chart
 - Track units in category (there is no right or wrong category)
 - Add units up based on your billing schedule (weekly, every two weeks, monthly...)

NPI Number:	Taxonomy: 163W00000X							Service Code: H2014							1 Unit = 15 minutes							Provider ID											
Month:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total	
Client Name:																																	0
DOB:																																	0
ICD-10 Code:																																	0
Assessment :																																	0
Collateral Contact																																	0
Travel Time																																	0
Documentation																																	0
Billing																																	0
TOTAL UNITS																																	0
Month:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	0	
Client Name																																	0
DOB:																																	0
ICD-10 Code																																	0
Assessment																																	0
Collateral Contact																																	0
Travel Time																																	0
Documentation																																	0
Billing																																	0
TOTAL UNITS																																	0
Month:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	0	

Nurse Delegation



Requirements for Contracting with ALTSA/DDA

- RN must attend 4 hour Nurse Delegation Orientation
- WA state RN license without restrictions
- 1 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 every two years
- Have a National Provider Index (NPI) number
- Complete a Core Provider Agreement (CPA)
- Have a business license

What Can I Bill For?

- Assessments
- Documentation
- Collateral contacts
- Travel time
- Billing time

Your contract states what you may bill for. Consult your tax professional for additional information.

Payment

- RN delegators must track time billed
- Billed in units
 - 1 unit= 15 minutes
 - 4 units= 1 hour
- Current rate is \$12.46 per unit
 - \$49.85 an hours
 - Rate 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

Billing is done via Provider One system through HCA.

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

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

Contracted RN

- Document when, how, and from who referral was received
- If necessary arrange interpreter services with CM
- Assess client within 3 working 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

Contracted RN Cont.

- 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

Sources of Referrals

- HCS Referrals- from CMs
- AAA (Area of Aging) CMs
- DDA Referral Process

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

Program Manager

- 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

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

Program Evaluation

Survey will be sent out
Your feedback is very important

Program Managers

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