

RN Delegation in ICF

RN Delegation to Unlicensed
Personnel and Tasks Not Requiring
Delegation in Independent Living
Environments for Clients with
Stable and Predictable Conditions
Chapter 225 - Texas Board of
Nursing

Objectives

- Explain how to apply the three gatekeeping criteria to determine if a task may be delegated by the RN to an unlicensed person per Chapter 225.
- Describe the six key elements of RN assessment of the client to determine if nursing tasks are ADLs, HMAs, and delegable or not.

Criteria For Using Chapter 225

All three gatekeeping criteria **must** be met:

1. Individual is in an independent living environment
2. Individual/CRA is willing and able to participate in decisions about overall management of the individual's health care
3. Task is for a stable or predictable condition

Criteria for using Chapter 225 (Continued)

- **Independent Living Environment**
 - ICF with 13 or fewer beds
 - Licensed *or* Community MHMR Center

Criteria for using Chapter 225 (Continued)

- Individual or CRA willing and able to participate in healthcare decisions
 - Delegation is a process
 - RN collaborates with individual or CRA
 - ICF – IDT discusses and agrees with delegation decision
 - Decisions do not rest solely on RN

Definition of Client's Responsible Adult (CRA) 225.4 (5)

- An individual, 18 or older, normally chosen by the client, who is willing and able to participate in the decisions about the overall management of the client's health care and to fulfill any other responsibilities required under Chapter 225 for the care of the client.
- The term includes BUT is not limited to parent, foster parent, family member, significant other, or legal guardian.

Criteria for using Chapter 225 (Continued)

- Task is for a stable or predictable condition [225.4 (11)]
 - Client's clinical and behavioral status is determined to be non-fluctuating and consistent.
 - Condition involves long term health care needs which the person will not recover from and do not require the regularly scheduled presence of a licensed nurse.

Acute Conditions – Chapter 224

- The RN must use Chapter 224 if the three gatekeeping criteria cannot be met or the individual has an acute condition.
- The RN may use Chapter 225 for the stable or predictable conditions and Chapter 224 for an acute condition simultaneously

Acute Conditions

- Illness/injury/condition with a sudden onset where recovery is expected
 - Chapter 224 must be followed
 - Examples: Fractures, surgery, exacerbation of chronic diseases

If ALL 3 Criteria Are Met

- The next step is - RN Assessment of the Client (225.6)
- The RN in consultation with Individual/CRA, must assess:

RN Assessment 225.6

- Ability of individual or CRA to participate in the healthcare decision, and ability and willingness to participate in the management and direction of the task;
- Adequacy and reliability of support systems available to individual/CRA;

RN Assessment 225.6

- Degree of stability/predictability of the individual's health status relative to which the task is performed;
- Knowledge base of individual/CRA about the individual's health status;

RN Assessment 225.6

- Ability of individual/CRA to communicate with unlicensed personnel in traditional ways; and
- How frequently the individual's status will be reassessed.
 - Reassessment must be incorporated into the nursing service plan by the RN with a specified time interval for reassessment.

RN Delegation Determination

- Based on the RN's assessment, RN determines that a task or tasks may:
 - Qualify as an ADL or HMA not requiring delegation;
 - Can be delegated to an unlicensed person;
 - Not be delegated
 - task requires nursing judgment
 - Medications fall under SB 1857

RN Delegation Determination (Cont.)

- RN determines through comprehensive assessment that medications can be administered by unlicensed person(s) without delegation {SB 1857}
 - Oral (including PRNs that are included in the physician's standing orders);
 - Topical; and
 - Metered dose inhaler

Activities of Daily Living 225.4 (1)

- Limited to the following activities: bathing, dressing, grooming, routine hair care and skin care, meal preparation, feeding, exercising, toileting, transfer/ambulation, positioning, range of motion, and assistance with self-administered medications.
- The term does NOT include more specific tasks defined as health maintenance activities (HMAs) at 225.4 (8) (A-D)

Task Qualifies as ADL Not Requiring Delegation

- Individual has functional disability and would normally perform the task, and
 - Functional disability – mental, cognitive, or physical disability that precludes the physical performance of the task
[225.4 (7)]
- Task can be performed by any unlicensed person without RN supervision

Health Maintenance Activities (HMAs) 225.4 (8) (A-D)

- Limited to the following tasks that go *beyond* (ADLs) because of the higher skill level required to perform:
 - (A) Administering oral medications that are normally self-administered, including administration through permanently placed feeding tube with irrigation;

Health Maintenance Activities 225.4 (8) (Continued)

- (B) Administering of a bowel and bladder program, including suppositories, enemas, manual evacuation, intermittent catheterization, digital stimulation associated with a bowel program, tasks related to external stoma care including but not limited to pouch changes, measuring intake and output, and skin care surrounding the stoma area;

Health Maintenance Activities 225.4 (8) (Continued)

- (C) Routine care of a Stage I decubitus (skin redness that blanches or disappears on fingertip pressure)
- (D) Feeding and irrigation through a permanently placed feeding tube inserted in a surgically created orifice or stoma

Determining to Delegate a Task

- BON Rule 225.9
 - Determine the task does not require unlicensed person(s) to exercise nursing judgment;
 - Verify experience and competency of unlicensed person(s), including ability to recognize and inform RN of individual's changes related to the task

Determining to Delegate a Task (Continued)

- The RN must have either:
 - Instructed the unlicensed person(s) in the delegated task; or
 - Verified unlicensed person(s) competency based on personal knowledge of the training, education, experience and/or certification permit

Determining to Delegate a Task (Continued)

- RN in consultation with individual or CRA, determines the level of supervision and frequency of supervisory visits required, taking into account:
 - Stability/predictability
 - Training, experience, capability of unlicensed person(s)
 - Nature of nursing task
 - Proximity/availability of the RN to unlicensed person(s) when task is performed
 - Level of participation of individual or CRA

Determining to Delegate a Task (continued)

- Whether the five rights of delegation can be met:
 - Right task
 - Right unlicensed person
 - Right circumstances
 - Right direction and communication by RN
 - Right supervision

Determining to Delegate a Task (Continued)

- The RN or another RN qualified to supervise the unlicensed person(s) must be available in person or by telecommunications when unlicensed person(s) is performing the task
- The employing entity must have a written policy acknowledging that the final decision to delegate shall be made by the RN in consultation with the individual or CRA

Tasks That May Be Delegated

- The tasks that may be delegated are found at 225.10
- Important points to remember
 - Administering medications from a daily pill reminder has specific instructions
[225.11(a)(1-5)]
 - Administering insulin has specific instructions
[225.11(b)(1-7)]

PRN Medications

- RN may decide to delegate certain PRN medications provided an appropriate (initial/annual) comprehensive assessment and nursing service plan (which includes protocols) have been completed.
- Nursing service plan must include necessary follow-up and emergency directives should untoward reactions to medications occur.

PRN Medications Under SB 1857

- The RN may determine not to delegate oral PRN medications that are identified on the physician's standing order for the individual

Initial Doses

- Rule 225.12(5)(E) allows RN to determine if it is appropriate to delegate the initial dose of a medication.
 - *The RN must document in the individual's medical record the rationale for authorizing an unlicensed person to administer the initial dose of prescribed or over-the-counter (OTC) medication.*
- If an individual independently self-administers his/her medications, then he/she can self-administer the initial dose

Tasks Prohibited From Delegation

- Physical, psychological, social assessments which requires nursing judgment;
- Formulation of the nursing service plan and evaluation of care rendered;
- Specific tasks in the implementation of the nursing service plan that requires nursing judgment or intervention

Rule 225.12

Tasks Prohibited From Delegation (Continued)

- Responsibility and accountability for health teaching/counseling
- Tasks related to medication administration:
 - Calculation of medication doses
 - Injectable routes except for SQ insulin
 - By way of tube inserted in a cavity except as permitted at 225.10(10)
 - Receiving or requesting verbal or telephone orders

BON/DADS Clarification

- Chapter 225 is specific to RNs.
- A LVN cannot make any decisions regarding delegation and cannot take the place of the RN making supervisory visits.
- The LVN may assist the RN in the supervision, teaching, training, and education of the individual, CRA, and unlicensed personnel.
- The overall responsibility and accountability for the teaching and health counseling is the RN's.

MANDATORY REPORT

- If RN or LVN has reason to believe the individual is at risk, they would be expected to intervene:
 - on behalf of the individual to ensure his/her safety, and
 - file any necessary reports to appropriate authorities regardless of residential setting.

RN's Responsibility when Tasks are Delegated by other Licensed Practitioners (Rule 225.13)

- RN must verify training of unlicensed person
- Verifies the unlicensed person can properly and adequately perform task
- Adequately supervises the unlicensed person
- If RN cannot verify the unlicensed person's capability, the RN must communicate this to the licensee who delegated the task

Nursing Process Toolbox

Nursing is a profession that advocates for health and wellness. It is guided by the nursing process and is regulated by the BON.

Sample documents have been created to demonstrate documentation according to nursing practice guidelines that are in compliance with BON rules and regulations. These forms are not a requirement, and are optional.

Nursing Process Toolbox (continued)

The toolbox includes samples of a:

- **Nursing Comprehensive Assessment and Nursing Care Plan:** The comprehensive assessment is a sample of a typical assessment for a client with IDD, and additional information may be required based on the client's condition, age, or other factors. It contains a delegation decision page to document the self-administration of medication (SAM) decision based on the assessment, and a section for the planning of nursing care.

Nursing Process Toolbox (continued)

- **RN Delegation Worksheet:** A tool to guide RN delegation decisions for medication administration, other nursing tasks, and to guide RNs in planning care in an independent living environment for stable and predictable conditions. This worksheet synthesizes nursing tasks identified in Chapter 225 that guide the RN in practice options in addition to his/her professional judgment.

Nursing Process Toolbox (continued)

- **Nursing Special Needs Form for Unlicensed Assistive Personnel:** This form is a resource guide for unlicensed assistive personnel, and a guide for required documentation of the delegation process for RNs. A copy of this would be kept in the individual's chart as well as distributed to each person participating in the care of the individual to communicate specific instructions for care.

Nursing Process Toolbox (continued)

- **Nursing Supervision Form:** This form is used to document the continued competency of the UP performing the nursing task(s).

Case Study of Betsy Ross

- 51-year-old female
- Mild intellectual disability, schizoaffective disorder, diabetes
- Depakote, Clozaril, Glucophage, Insulin
- Communicates verbally
- Needs verbal prompting
- Has an LAR, no family contact
- Attends a day habilitation program
- Regular chopped diet
- Recently choked on a piece of meat

Case Study of Betsy Ross

1. What nursing task may the registered nurse (RN) decide does not require delegation?

Is there something going on with Ms. Ross that would alert the RN not to use this option?

Case Study of Betsy Ross

2. What types of medications fall under SB 1857?
3. Should Ms. Ross' ADLs be exempt from RN delegation?
4. What are Ms. Ross's identified health risks that would be part of the nursing service plan?
5. Explain what the RN should include in the teaching plan for the identified health risks to unlicensed personnel regarding the care of Ms. Ross.

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*Thank you
for your
participation!*

Questions?