

OSBN Board Policy: Patient Abandonment

Registered Nurses and Licensed Practical Nurses

Patient abandonment is a term that is often used by health care regulatory agencies, employers of health care personnel, the nursing profession and consumers. The Board is concerned that the definition of "patient abandonment" is not consistent throughout the health care delivery system and is, on occasion, used as a means of intimidation in order to ensure continued staffing at facilities. Because of these concerns, the Board believes that the term "patient abandonment" should be defined and differentiated from "employment abandonment." (Also see Board policy entitled, "Disciplinary Sanctions for Patient Abandonment")

Recruiting and maintaining appropriate licensed staff is the responsibility of the facility. In addition, it is the responsibility of the nurse to identify problem staffing and report his/her concerns to the appropriate supervisor or employer. If, at the close of a shift, the facility does not have sufficient licensed staff to ensure the continuity of nursing care, it is the employer's responsibility to obtain adequate staff. This effort may include attempts to recruit licensed nurses to work an additional shift or portion of a shift. Failure of a nurse to work beyond his/her scheduled work shift does not constitute patient abandonment as defined by the Board. Failure of a licensed nurse to comply with a facility policy involving mandatory overtime is an employment rather than a nursing regulatory issue.

When there are periods of understaffing at a facility, the nurse manager/supervisor may have to reassign staff to different patient care areas as well as approve extended shifts (i.e., double shifts). The nurse manager/supervisor is accountable for assessing the capabilities of personnel in relation to client needs and assigning nursing care functions to qualified personnel. The manager/supervisor's responsibility also includes making judgements about situational factors which influence the nurse's capability to deliver safe nursing care to clients. (i.e., the staff nurse who accepts a double shift and returns for the next regularly scheduled shift with only a few hours off may not be able to function safely due to sleep deprivation). The nurse manager/supervisor should be aware that he/she may be subject to disciplinary action by the Board for assigning patient care responsibilities to staff nurses, when the manager knows or has reason to know that such an assignment may affect the competency of the staff nurse and compromise the safe delivery of care.

A licensed nurse is accountable for the nursing care that he/she provides. Before accepting any responsibility within the practice of nursing, the nurse must have the knowledge and skill to safely perform the task, including new tasks that would be performed if the nurse is floated to an unfamiliar patient care area.

If the nurse arrives at work and believes that the unit is understaffed, the nurse should immediately contact the supervisor and request assistance in planning care based on the available resources. Such assistance may include obtaining more staff; negotiating intermittent assistance from the immediate supervisor for delivery of specific care activities; prioritizing the care or activities that will be delivered and notification of other health care providers regarding these limitations. There are certain activities that must be carried out regardless of staffing. These activities include accurately administering medications; protecting clients who are at risk for harming themselves; monitoring a client's response to medical and nursing interventions; notifying the physician of a deterioration or change in patient status and accurate documentation of patient care that has been delivered.

The staff nurse who volunteers to accept an extended assignment is accountable for his/her competency in practice during the extended assignment, must be able to recognize when his/her ability to safely provide care is compromised, and has the responsibility of reporting this inability to his/her supervisor.

When a registered nurse or licensed practical nurse accepts an assignment of patient care for a specific length of time, the Board believes that the nurse should provide that nursing care until the nurse transfers the responsibility for patient care to another licensed nurse. The Board believes that patient abandonment occurs when, during the previously agreed upon work time period, the nurse voluntarily removes himself/herself from the immediate setting where the care is being delivered, and has not given a status report to another qualified

nurse who will assume responsibility for the patient care assignment. Examples of "patient abandonment" include:

- A nurse accepts an assignment of patient care and leaves the facility. Staff and supervisors are not aware that the nurse is not in the facility, nor has the nurse given a status report on his/her patients to another qualified nurse who can assume responsibility for the patient care.
- A nurse sleeps in the break room or in an empty patient room without approval that is consistent with institutional policy or without supervisory consent/approval, and is unavailable to those patients for whom he/she has been assigned patient care.
- A nurse does not report for an assignment where he/she is the sole provider of care (e.g. private duty/home health/hospice care).

The following situations are NOT examples of "patient abandonment," but are examples of employment issues, and will not subject the licensee to disciplinary action by the Board:

- A nurse has completed his/her assigned shift, and then notifies the employer that he/she is ending the employment relationship with the employer.
- A nurse ends the employment relationship without providing the employer a period of time to obtain a replacement for the specific position that was held by the nurse.
- A nurse does not return from a scheduled leave of absence and does not provide the employer notice to obtain replacement staff for that specific position.
- A nurse is asked to work beyond his/her regularly scheduled work shift and informs the employer that he/she is unable to fulfill that request.

The Board believes that failure of the licensee to provide the employer with sufficient notice of intent to end the employment relationship does not constitute patient abandonment. However, the Board does not encourage licensees to end their employment relationships in such a manner.

Certified Nursing Assistants and Certified Medication Aides (CNA and CMA)

The Oregon State Board of Nursing believes that the term "patient abandonment" should be defined for CNAs/CMAs.

Patient abandonment occurs when a CNA, having accepted an assignment to care for a patient or group of patients for a previously agreed upon work time period, voluntarily removes herself/himself from the setting where care is being delivered without reporting off to a qualified individual who will assume responsibility for patient care.

When a CNA accepts an assignment of patient care for a specific length of time, the Board believes that the CNA should provide care until the CNA can transfer responsibility to another qualified caregiver.

Although the Board encourages CNAs to give adequate notice of intent to resign, the Board believes that failure to provide an employer with sufficient notice of the intent to resign does not constitute patient abandonment.

CNAs who accept overtime work are accountable for their competence in the performance of patient care during these extended hours.

Choosing not to work beyond a scheduled work shift does not constitute patient abandonment.

Examples of patient abandonment include the following:

- A CNA accepts an assignment and begins caring for patients, but an hour into the shift leaves the building without reporting off or notifying anyone in authority that he/she is leaving.
- A CNA does not report for an assignment where he/she is the sole provider of care (e.g. home health or similar settings)
- A CNA sleeps for a portion of his/her shift and is not available for patient care.

The following are examples of employment issues that will not subject the nursing assistant to disciplinary sanctions by the Board:

- A CNA finishes a shift and leaves word that he/she is terminating employment and will not be back.
- A CNA does not return to work following vacation, failing to give the employer the traditional two-week notice.
- A CNA is asked to work beyond his/her regularly scheduled shift and responds that he/she is unable to fulfill that request.

Advanced Practice Nurses (Clinical Nurse Specialists, Certified Registered Nurse Anesthetists and Nurse Practitioners)

The legitimate discharge of a patient from practice when the Advanced Practice Nurse is that patient's primary or specialty provider does not constitute patient abandonment. Such a discharge from practice must include:

- Provision of written notice which meets community standard and clearly states the date of termination of services.
- Information regarding how the patient may access their records of care.
- Information regarding referral options for continuing care for the condition treated.
- Provision of currently authorized medications which are prescribed by the Advanced Practice Nurse for a limited refill period specified in the notice of termination.

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