



# Nurse to Nurse

Oregon's Community Based Care Nursing Newsletter

## Mary Gear, new administrator of the OLQC for SPD

My name is Mary Gear and I am the new administrator for the Office of Licensing and Quality of Care for SPD.

Let me tell you a bit about myself and my support of community nursing. I have a Masters in Social Work from Walla Walla College and a Bachelor's degree in Sociology and Research from the University of Wisconsin-Madison. I also have 18 years of experience in clinical, medical and legal social work in a wide range of settings with a variety of consumers with functional limitations across the life span.

I've had the wonderful opportunity to work in the long-term care systems in two other states — Washington and Michigan. I most recently worked for the State of Michigan as the director of licensing and regulation of nursing homes, and prior to that as the manager of long-term care policy in the Medicaid agency. I previously worked for the State of Washington in home and community based services, in addition to a private practice of legal social work focused on guardianship issues.

When I assumed these new responsibilities in February, I was delighted to learn about the strong community nursing program that my predecessor,

The *Nurse to Nurse* newsletter now has its own email address! If you have ideas for future issues, want to be placed on our mailing lists, are interested in receiving future editions electronically or need to change your email address, please contact us at [N2N.HSU@state.or.us](mailto:N2N.HSU@state.or.us). When sending an email, please list "Email" in the subject line.

Cindy Hannum, had championed in Oregon. The services that you provide are part of a nationally-recognized program of community nursing that helps support seniors and people with disabilities in community settings. Without your help to establish and provide needed medical services to people in community settings, our clients would often not be able to remain in non-institutional settings, let alone remain healthy. I intend to continue strong support for community nursing programs.

I look forward to meeting some of you as I get out into the field. Thank you so much for the good work that you do.

*Mary M Gear*

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## **RN delegation in Oregon — coming summer 2007**

The Oregon Department of Human Services Seniors and People with Disabilities (SPD) is pleased to announce upcoming release of RN Delegation in Oregon: A Seniors and People with Disabilities self-directed study course for nurses. The three part self-directed study course will be available for distribution this summer. This community based nursing educational learning series is based upon



Chapter 851 Division 047 *Standards for Registered Nurse Delegation of Nursing Care Tasks to Unlicensed Persons* (Secretary of State, 2004). The goal of the learning series is to assist the registered nurse practicing in Oregon's long term care system in attaining a fundamental understanding of RN delegation.

In creating the learning series, SPD has intentionally made use of Division 47 rule language whenever possible. This is to preserve the accuracy of the learning series' content and not misinterpret and/or misrepresent application of the rule's language.

The self-directed study course is divided into three sections:

1. RN Delegation in Oregon
2. The Process of Delegation
3. RN Delegation in Oregon: Common questions and discussions

The next issue of this newsletter will provide you with information on how to order a copy. The following excerpt is a condensed preview of Section One of SPD's three-part self-directed study course.

### **RN Delegation in Oregon: A Seniors and People with Disabilities self-directed study course for nurses.**

#### ***Section One - General concepts***

#### **Introduction**

Oregon is one of a few states in the Nation with a Nurse Practice Act (NPA) that supports a registered nurse's discretionary authority to delegate a task of nursing care. This scope of RN practice authority is a key piece of the state's regulatory framework that enables Oregon's long term care (LTC) system to lead the nation in community based care alternatives to nursing facility placement.

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This scope of authority also brings great responsibility to the RN practicing within Oregon's long term care system; the responsibility of the individual practitioner to understand the rules governing RN delegation and to achieve the competence to delegate and supervise.

Section One of the self-directed study course will discuss general concepts underpinning RN delegation in Oregon. Following completion of Section One, the registered nurse will be able to:

- Describe RN delegation in Oregon.
- Discuss why Oregon's Nurse Practice Act includes RN delegation.
- Identify settings where RN delegation can occur.
- Identify to whom nursing tasks of care may be delegated
- Discuss what nursing tasks may be delegated.

### **What is RN delegation?**

Oregon State Board of Nursing (OSBN) Oregon Administrative Rule 851-047-0010(7) provides the following definition of delegation: Delegation means that a Registered Nurse authorizes an unlicensed person to perform a task a nursing care in selected situations and indicates that authorization in writing. The delegation process includes nursing assessment of a client in a specific situation, evaluation of the ability of the unlicensed persons, teaching the task, ensuring supervision of the unlicensed person and re-evaluating the task at regular intervals.

In other words, delegation is the authorization of a lay care provider to perform a task of nursing care normally within the RN's scope of practice. This authorization is specific to one care provider in the performance of a specific nursing task for one specific client in a community based care setting.

There is a certain process by which this authorization is to occur; a process that bridges assessment through ongoing supervision and re-evaluation. Both the process of delegation and the authorization of the care provider to perform the task of nursing care must be documented in writing by the RN.

### **Why RN delegation in Oregon?**

During the 1980s, there was a rapid growth in number of people with chronic health support needs choosing community living options over traditional long term care services delivery inside a nursing facility or an institution. This was due Oregon's evolving sets of laws, regulations and policies that were building the infrastructure to sustain community-based care settings and allowing the lay care provider, with consultation from a registered nurse, to assist the person living in those settings with personal care and health maintenance needs.

One of the key laws to be amended was Oregon Revised Statute (ORS) 678 for Professional Nurses. In 1987 this statute was amended to allow a registered nurse the authority to delegate the performance of nursing care tasks to unlicensed persons. This meant that people living in

*Continued on page 4*

the community who were in need of the frequent provision of a nursing care task could have a lay care provider perform the task for them if that lay care provider received instruction and authorization from a registered nurse to do so.

By the following year, the Oregon State Board of Nursing (OSBN) had published standards and guidance for RN delegation within Division 45 of the NPA. Over time, RN delegation rules became Division 47 of the NPA; officially titled *Standards for Registered Nurse Delegation of Nursing Care Tasks to Unlicensed Persons*.

It is important to note that Division 47 rules apply only in community based care (CBC) settings. CBC settings include (but are not limited to) private homes, foster homes, assisted living facilities, and residential care facilities. Division 47 does not apply to acute or long term care settings where the regular presence of a registered nurse is required by statute or administrative rule.

### **To whom may nursing care tasks be delegated?**

Division 47 gives the RN the authority to delegate nursing care tasks to *unlicensed persons*. But who is an unlicensed person?

Division 47 answers this question by defining what an unlicensed person is and is not. It states: *Unlicensed Person, for the purpose of Division 47, means an individual who is not licensed to practice nursing, medicine, or any other health occupation requiring a license in Oregon, but who provides tasks of nursing care or is taught to administer noninjectable medications. A certified nursing assistant,*

*as defined by these rules, is an unlicensed person. For the purposes of these delegation rules, unlicensed persons do not include members of the client's immediate family. Family members may perform tasks of nursing care without specific delegation from a registered nurse. The terms unlicensed person and caregiver may be used interchangeably.*

In Oregon's' CBC settings, unlicensed persons are frequently referred to as providers, service providers, care providers, direct care professionals, or Home Care Workers (HCW).

While practicing in a community based care setting, you may encounter a care provider who also happens to be a Certified Nursing Assistant (CNA) or Certified Medication Aid (CMA). While CNAs and CMAs may possess a broader knowledge base related to client care supports, when working in a community based care setting these care providers are considered *unlicensed persons*.

Division 47 clearly states that members of a client's immediate family are not considered unlicensed persons. Family members may perform tasks of nursing care without specific delegation from a registered nurse.

### **What tasks of nursing care can be delegated?**

While a number of state's NPAs identify by task what a nurse can delegate, Oregon nursing law gives individual RNs the discretion authority to determine what nursing task is safe to delegate or not safe to delegate. Experienced community based

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**\* Attention first time readers\***

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practitioners embrace this discretionary authority within their autonomous practice; those new to community based care can find this concept a bit confusing.

To answer the question of what can be delegated, we will examine Division 47's definition of *tasks of nursing care* along with applicable standards and guidelines presented within the rule.

Division 47 states the following: *Tasks of Nursing Care means procedures that require the education and license of a Registered Nurse or Licensed Practical Nurse to perform* (Oregon Secretary of State, 2004).

In applying this definition to nursing practice, think about specific procedures that require the knowledge and skill gained from nursing education to be performed safely. These are the tasks recognized by the nursing profession to be performed by nurses.

If you are not certain if a specific task or procedure is considered a *task of nursing care*, please reference the Division 47 definition of tasks of nursing care (while you are considering a specific task). If you continue to need guidance while evaluating if a specific task meets Division the Division 47 definition of *task of nursing care*, contact the Oregon State Board of Nursing and ask to speak with a Nursing Practice Consultant or Advisor.

So are all tasks fair game? Not all; this is where Division 47's *standards and guidelines* come into play.

Division 47 specifically prohibits the delegation one task of nursing care: the

administration of medications by the intramuscular route.

Division 47 also limits the authority to delegate the administration of medications by the intravenous route. This can be done only by the RN who is an employee of a licensed home health, home infusion or hospice provider.

With these two exceptions, all other tasks of nursing care can be considered for delegation to an unlicensed person.

### **Conclusion**

Section One of this three-part series has presented what RN delegation means in Oregon, discussed why we have delegation, identified practice settings where delegation can occur, identified whom the RN may delegate to, and has discussed which nursing care tasks may be delegated. These fundamental concepts all underpin RN delegation in Oregon and set the stage for the community based RN to consider delegation as an option to address a client's chronic health needs."

*Note:* This self-directed study course is designed to complement Oregon Administrative Rules (OARs) Chapter 851 Division 047 *Standards for Registered Nurse Delegation of Nursing Care Tasks to Unlicensed Persons* (Oregon Secretary of State, 2004). This Module is not inclusive of all information contained within Chapter 851 Division 47 and does not address other Rules contained in Division 47; i.e., *Teaching the Administration of Noninjectable Medications and Periodic Inspection and Teaching for Anticipated Emergencies*. This Module is for continuing education purposes only and not intended to replace Oregon Nursing Law.

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Assisting seniors and people with disabilities of all ages to achieve individual well-being through opportunities for community living, employment and services that promote choice, independence and dignity.

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