

Nurse to Nurse

Oregon's community-based care nursing newsletter



Spring 2009

Vol. 6 No. 2

How do I know to delegate or not?

RNs practicing in a community-based care (CBC) setting routinely face the decision: to delegate or not. The tool used in making the decision is found in Chapter 851 Division 47 *Standards for Registered Nurse Delegation of Nursing Care Tasks To Unlicensed Persons*¹.

To determine if it is appropriate to delegate a nursing task, the RN needs to understand and apply the standards and guidance provided in Division 47. The CBC RN knows delegation far exceeds just the task and must exercise his/her professional nursing judgment. The CBC RN must also determine that it is safe to delegate, that all of the conditions of delegation have been met and the process of delegation is followed.

You alone have the legal authority and responsibility to decide if delegation can safely occur. Below are some factors the CBC RN should consider to ensure that it is appropriate to delegate a task:

- What is the CBC RN's experience and competency with delegation?
- Is the client's clinical/behavioral status stable?

- What are the complexity or risks associated with the task?
- Is the care provider able to perform the task?
- Does the care provider have the opportunity to perform the task frequently enough to remain competent once delegated?
- Is the environmental situation appropriate to perform the task safely?
- Is the care provider willing to perform the task as taught and directed?

So what does this all mean? It means do not delegate if:

- You do not understand or are not able to apply Division 47 in your community-based practice setting;
- You have not achieved competence in delegation and supervision;
- The task is outside your scope of practice;

- The task is outside your expertise;
- The practice setting does not meet Division 47’s definition of a community-based care setting;
- The client’s clinical and behavioral status are unknown or unstable and fluctuating;
- The client or anyone else in the setting will not allow the care provider to follow your written instructions/procedural guidance;
- The task does not meet Division 47’s definition of *Task of Nursing Care*;
- The care provider does not meet Division 47’s definition of an *unlicensed person*;
- The rules and regulations, governing the community-based care setting where the care will be provided, do not allow the task to be delegated;
- Your assessment of the care provider determines he/she does not have the skill or ability to perform the task appropriately;
- The care provider is unable to perform the task without direct RN supervision;
- The care provider is not willing to perform the task of nursing care;
- The care provider will not have the opportunity to implement the task often enough to allow him/her to remain competent;
- The environmental setting is unsafe for delegation to occur; or
- You are unable to complete all steps of the delegation process.

By understanding and applying Division 47, you are safeguarding your client’s health and well-being and are demonstrating your ability to safely delegate tasks of nursing in your community-based practice setting.

When should I rescind a delegation?



After you have delegated a task of nursing to a care provider, you are responsible to determine if the conditions that made the delegation safe to occur, continue to remain safe for the life of the delegation. If at any time they do not, you alone have the legal authority and legal responsibility to rescind the delegation.

Chapter 851 Division 47 *Standards for Registered Nurse Delegation of Nursing Care Tasks to Unlicensed Persons*¹ outlines the standards and guidance on which to evaluate whether a delegation is safe to continue or warrants rescinding. We’ve listed *some* circumstances you may want to consider before rescinding the delegation:

- The client’s clinical and behavioral status changes, causing the continuous need for reassessment and evaluation by a licensed nurse;
- The care provider no longer possesses the cognitive, motor or perceptual skills to perform the task safely;
- The care provider no longer demonstrates competence in performance of the task for the client;
- The care provider is no longer willing to perform the task for the clients;
- The care provider does not perform the task per your written instructions/procedural guidance;
- The client, or anyone else in the setting, will not allow the care provider to follow your written instructions/procedural guidance;
- You are denied access to the client and/or the care provider, or other reasons/conditions prevent you from providing periodic inspection, supervision and evaluation;
- The client no longer needs the task;

- The client's need for the task has become so infrequent that delegation is no longer appropriate;
- The care provider no longer works with the client;
- The client situation or living environment is such that delegation cannot occur safely;
- You are no longer employed in the setting in which the delegation occurred; or
- The client no longer resides in a community-based care setting.

Your careful application of Division 47 ensures that only appropriate delegation occurs and unsafe delegation is rescinded. Both actions safeguard the health and well-being of your client and demonstrate your ability to safely delegate tasks of nursing in your community-based practice setting.

¹*Oregon Secretary of State (2004, February 12). Oregon Administrative Rules Chapter 851 Division 47: Standards for Registered Nurse Delegation of Nursing Care Tasks to Unlicensed Persons.*

Accepting a registered nurse position in a community-based care setting



Community-based nursing has its challenges. In recognition of these challenges, the Oregon Board of Nursing wrote an article on what any RN working in a community setting should consider:

You have accepted a job in a community-based care setting as a Registered Nurse. This is a new setting for you, and you're excited about the opportunity. Now what?

First of all, you will want to understand more about community-based care. Community-based care settings are specifically identified in statute [ORS 678.150[9]]. These settings include places such as residential care or assisted living facilities, foster care, group homes, correctional facilities and schools. As you can see, all of these facilities

have been established for purposes other than the provision of nursing care. Since many of us began our careers in more traditional settings such as hospitals or nursing homes where the focus is on access to skilled nursing care, it can be challenging to make the leap to nursing in a community-based care setting.

Most of the time, you will be the only nurse assigned to the setting. You will be the one who has to be able to articulate the nursing needs of your clients and who has to enforce acceptable standards of nursing practice in your facility. Often your supervisor will not be a nurse and may not have much of an understanding of nursing, or he/she may be a nurse from another state who is unfamiliar with Oregon regulations. Therefore, it is incumbent upon you to understand not only the registered nurse scope and standards of practice found in Division 45 [OAR 851-045-0030 to 851-045-0100] of the Nurse Practice Act, but also to understand applicable federal law, specific administrative statutes and rules, accrediting standards (if your facility is accredited), and national standards (if they exist) for your specialty area of nursing practice. You are, in a sense, the director of nursing, nurse manager and staff nurse rolled into one.

Most community-based care settings rely heavily on unlicensed assistive personnel/caregivers (UAPs) to carry out tasks of nursing since the presence of a RN is not regularly scheduled around the clock in most circumstances. Therefore, it is important to understand how to work with UAPs in your setting. In order to appropriately and safely delegate tasks of nursing, you will need to fully understand and be able to apply the Oregon State Board of Nursing's administrative rules, found in Division 47 [OAR 851-047-0000 to 851-047-0060] of the Nurse Practice Act. A tutorial titled *RN Delegation Self-Directed Course* can be found on the board's Web site (www.oregon.gov/OSBN) under the "Items of Interest" section on the home page.

As with all areas of practice, you must accept a community-based care nursing assignment only when you are educationally prepared and have the current knowledge, skills and ability to safely function in your setting. Be sure to maintain documentation (courses you've attended,

consultation you've received, on the job training, etc.) to show your current competence. So, enjoy your new assignment – just make certain you understand your new practice setting and have done your homework so that you will be able to provide safe, effective care.

For more information, contact Marilyn L. Hudson, RN, CNS, at marilyn.Hudson@state.or.us.

Reprinted with permission from Oregon Board of Nursing (OSBN) Sentinel, Vol. 28, No. 1, April 2009, page 15, written by Marilyn L. Hudson, RN/CNS, OSBN RN/ILPN Practice Consultant.

The importance of keeping up with changes in health care



The “circle of knowledge,” theory, research, science, and practice, makes up the discipline of nursing, as well as other health professions. Theory guides research, research guides science, science guides practice, and practice guides ongoing theory development. This circle is interactive and reciprocal, resulting in improved practices for health professionals.

For centuries, the practice of providing health care has been based mostly on clinical experience and judgment. Recent developments, however, have increased the promise and importance of evidence-based decision making. Examples of these developments include: explosive growth in medical studies, increased quality of research, advances in communication, and growing recognition that evidence-based decision making helps control costs and improves the quality of health care.

Client populations are also changing. Before the Baby Boom generation, clients were willing to take the health professional's judgment alone as the source of health-related information. In the not too distant future, CBC clients will be Baby Boomers and as a group, the Boomers are more informed about their health and how to maintain it, are computer literate and are increasingly aware of the ways in which evidence should guide good health care decisions and health policies.¹For example, the Women's Health Initiative was designed and

implemented in large part by women who realized the need for information on gender-specific treatment effects and the natural history of disease. In general, an increased public awareness of the importance of evidence to guide clinical decisions has led to an increased consumer demand for this information.

Although evidence alone will never override the many complex decisions involved in providing care to unique human beings or making health care decisions, medical professionals have produced an assortment of services and information over the past 10 years that is now available for use. Providers and consumers of evidence-based health care can access the best current evidence by reviewing advanced information sites covering topics of interest to health professionals. Health care providers need to stay informed of changes in the medical field so that they can use this information as it becomes available. The following advanced information sites can be accessed for high quality evidence-based health information:

Centers for Disease Control and Prevention - Your online source for credible health information.

www.cdc.gov

ConsultGeriRN.org – The geriatric clinical nursing website of The Hartford Institute for Geriatric Nursing, at New York University's College of Nursing, College of Dentistry. ConsultGeriRN.org is an evidence-based online resource for nurses in clinical and educational settings.

www.consultgerirn.org

Enriching Clinical Learning Environments Through Partnerships in Long Term Care website – This project builds capacity for long-term care (LTC) facilities to be excellent clinical learning sites for nursing students in the Oregon Consortium for Nursing Education (OCNE).

www.eclleps.org

¹Clancy, C. & Cronin, K. (2005). Evidence-Based Decision Making: Global Evidence, Local Decisions. In *Health Affairs*, 24(1): 151-162

Did you know there is an adult immunization coalition in Oregon?

OAIC Underserved Project gets new leader



The Oregon Adult Immunization Coalition (OAIC) is very appreciative of our volunteers! We are lucky to have contact with more than 200 volunteers each year, who help us meet our mission in a variety of ways. Our volunteers are really the crux of what we do – they serve on our board, advise our partners on policy and provide direct services for agencies that serve medically underserved populations and groups.

One of our most impacting outreach projects is the Free, Local, Underserved (FLU) Project. This exciting project brings donations of vaccine and clinical supplies together with the agencies working hard to protect people who have barriers to being fully immunized. The FLU Project both donates vaccine and supplies, plus any needed staff training, to established clinics and brings groups of community volunteers to agencies that serve our target population, but do not already provide medical services. In 2008, OAIC provided more than 8,000 doses of vaccine statewide and provided more than 500 learning hours for clinical students in the process.

Our outreach would not be possible without funding for the OAIC's .8 FTE staff. This ongoing support, as well as office space, is provided by the Oregon Public Health Immunization Program. We were thrilled to bring a nurse immunization coordinator on-board early this year. In addition to her coordinator duties with the Public Health Division, Jeanine Whitney will be taking the reins of the OAIC's FLU Project, including interfacing with our education partners to provide training and oversee the clinical rotation experiences that are integral to the ongoing success of the Free, Local, Underserved Project.

Already, it is clear that Jeanine will make a great advocate for the underserved adults in Oregon, and is already bringing innovation and creativity to her work. I asked Jeanine to give a short introduction of who she is and what adventures brought her to us.

"My mother was a pediatrician who believed in keeping kids busy during the summer, so I went to work in her medical practice the summer after the 8th grade. I HATED it! I was never going into medicine! When I found myself abandoned with a 10-month old baby I changed my mind and set out for nursing school simply because it made sense. In the intervening years I graduated in 1976 (AND), 1989 (BS-PHN) and 2007 (MSN, Ed). I started out as a nursing student in ICU-open heart surgery, migrated to recovery room and emergency, left major trauma centers and headed to rural America (Prineville, Ore., and Palouse, Wash.) where you take care of everyone, working in hospitals, homes and other care facilities. I've transported critical patients on ambulances where I was the only one with medical experience, worked with various police departments and negotiated a shotgun away from an angry patient in pain... When I'm not in conscious nurse mode, I quilt, sew, do needle point, cross-stitch, or knit. My second love is anthropology – psychological anthropology, specifically the realms of religion, magic and mythology and how they relate to healing."

Please join us in welcoming Jeanine to the Oregon Public Health Immunization Program and to OAIC! Here is how to contact her:

Jeanine Whitney, R.N., M.S.N., E.D., adult immunization nurse coordinator, 971-673-0281, jeanine.r.whitney@state.or.us

Pertussis exposures in Washington sends Oregon running for Tdap

In late February, there were 15 confirmed cases of pertussis disease at the Washington State High School Wrestling Championships. The cases involved wrestlers and coaches from several counties in Washington.

This news story, and a small outbreak in an Oregon county, got somebody's attention. The increase in phone calls inquiring, "Where can I get a Tdap shot?" is the silver lining of this situation. Click the link below to see the KATU news story:

www.katu.com/news/medicalalert/40830527.html

CHOP Releases New Immunization Resources

The Children's Hospital of Philadelphia (CHOP) has added some great educational and public outreach resources to their Web site. The files are available for order or to download. The publications can be viewed here:

www.chop.edu/consumer/jsp/division/generic.jsp?id=81901

For questions about ordering packs of the tear sheets, please call the CHOP Vaccine Education Center at 215-590-9990. Below are the two we found most useful for adult immunization providers:

"Vaccine and Adults"

A Lifetime of Health discusses the vaccines and diseases they prevent for adults at different ages, special circumstances when vaccines may be needed, issues regarding paying for vaccines, and common questions and concerns about vaccines. The booklet also includes a vaccine schedule, a place to record an individual's vaccine history, and resources for further reading (available in English and Spanish).

"Shingles: What You Should Know"

The CDC now recommends a shingles vaccine for all adults 60 and older, including those who have had shingles. These tear sheets answer questions such as: "What is shingles," "How common is shingles," "Is shingles dangerous," "Is shingles contagious," and "Is the shingles vaccine safe."

Thanks to R. Bryan Goodin, Coordinator of the Oregon Adult Immunization Coalition, for giving us permission to share this information with you.

Upcoming Events:

Second Annual Community Health Support RN Conference

This one-day conference will be offered in four cities on four different dates:

NORTH BEND	July 22, 2009
SALEM	July 24, 2009
LA GRANDE	July 28, 2009
BEND	July 30, 2009

All locations: 8:30 a.m. – Check-in.
8:50 a.m. - 4 p.m. Presentations.

Topics:

- Health promotion assessment and planning;
- The nurse as health educator;
- A clinical update of Alzheimer's disease;
- Financial benefits of small business ownership; and
- Emergency preparedness.

Approved for 6.9 contact hours of professional nursing continuing education.

Register at the DHS Learning Center: https://dhslearn.hr.state.or.us/kc/login/login.asp?kc_ident=kc0001&strUrl=http://dhslearn.hr.state.or.us/Default.asp.

Seating is limited, so Community Health Support Contract RNs will get first priority. Conference registration for all others will begin July 1, 2009.

\$15 per person, including lunch.
Invoice mailed after registration.
Payment due by Wednesday, July 15, 2009

20th Annual Summer Institute

Are you seeing more older adults than ever in your clinic or caseload? Join the Oregon Geriatric Education Center as they host their 20th Annual Summer Institute on Thursday, June 18, 2009, at OHSU's Center for Health and Healing!

The theme of this year's conference is Innovation and Aging in Oregon. Speakers will present the latest in geriatric medicine, assistive technology, activity planning, service delivery, and the POLST.

This conference is intended for a wide audience, including professionals in the field of aging (social workers, case managers, program planners), residential care providers, and students in the health/gerontology fields.

More information about Summer Institute 2009 and registration materials can be found on the OGEC Web site under the calendar tab:
www.ohsu.edu/ogec/

Fun facts

Did you know that every community college in Oregon offers extended learning courses in how to start and run a small business? Here are some additional links that will also help you find small business information:

- The Oregon Small Business Development Center: www.bizcenter.org/
- Oregon Economic and Community Development: www.oregon4biz.com/smbiz.htm
- Small Business Administration – Oregon: www.sba.gov/localresources/district/or/index.html

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Seniors and People With Disabilities
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Nurse-to-Nurse is published by Seniors and People with Disabilities, Office of Licensing and Quality of Care, Oregon Department of Human Services, 500 Summer Street NE, E-13, Salem, OR 97301-1074.

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