

Community-based RN Delegation Process

OSBN's Division 047

WELCOME

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The Oregon Board of Nursing (OSBN) approved changes to Division 047 effective January 1, 2022. Before you test your knowledge regarding Division 047, read this document and the OSBN documents identified below. It is recommended that you read the approved Division 047 changes and adjust your nursing practice accordingly. Implementing the revised Division 047 rules now, will not be out of compliance with the current rules. It is recommended that you do not utilize repealed rules effective immediately. Implementation of the repealed rules will require further action prior to December 31, 2021. Adopting the rules now will save time.



Division 047 are not stand-alone regulations and must be used in accordance with Division 045; Division 006 and where applicable Division 048. OSBN rules and documents are found at: www.oregon.gov/osbn/Pages/laws-rules.aspx

Oregon Administrative Rules (OARs), Chapter 851, Division:

- 006 - Standard Definitions;
- 045 - Standards and Scope of Practice for the LPN and RN;
- 047 - Standards for RN Delegation Process;
- 047 – Revised Effective 1/01/2022:
www.oregon.gov/osbn/pages/delegation.aspx
- 048 - Standards for the Provision of Nursing Care by a Designated Caregiver.
- OSBN's Interpretive Statement: *The Registered Nurse Who Teaches the Administration of Life Saving Treatments.*

Some test questions will include content from the revised OARs effective January 1, 2022.



For questions about Oregon's Nurse Practice Act follow the instructions found at www.oregon.gov/osbn/Pages/scope-practice.aspx

INTRODUCTION

The goal of this document is to highlight key concepts that reflect expectations when implementing Division 047. This document must be used along with Division 006, 045 and 047.

Prior to delegating, the RN is responsible to provide evidence of initial, ongoing, and current education and competency in Oregon's delegation process.

This includes competency in performing the nursing procedure, adherence to current professional standards and evidence-based practice, and competencies in working with specific client populations. The OSBN may consider it conduct derogatory when accepting an assignment to delegate when the RN's competency, with delegation process, has not been established or maintained.

Division 047 is utilized in Oregon's community settings. Refer to 851-006-0000 (35) current OARs or (7) in the revised Definitions effective January 1, 2022.

The RN that is considering delegating a nursing procedure has sole responsibility. The RN solely, is fully responsible for that decision to delegate and retains accountability for the outcome of each delegation and the RN must be familiar with any laws and regulations that govern their community-based setting and the policies and procedures of the setting.

Unregulated Assistive Person (UAP), as defined by the practice act, means a person whose position description or job within an organization or client healthcare team does not require licensure or certification by an Oregon healthcare licensing board. *Refer to Division 6.* Certification from a healthcare licensing board is not a healthcare license such as certified nursing assistants.



UAPs do not include family members. Family members may perform tasks of nursing care without a nursing procedure being delegated by an RN.



The delegation process is not intended to replace the need for direct nursing care and services. The RN delegation process requires an investment of time

for the RN and for each UAP. The RN's application of all standards outlined in Division 45, Division 047, the application of the nursing process and verification of the UAP's accuracy in the performance of the nursing procedure are critical functions of the RN delegation process.

THE LAW

The OSBN holds regulatory authority over the RN who delegates. The decision to delegate or not rests solely with the RN **who** has the authority and responsibility to decline to delegate a nursing procedure:



- When the RN determines, it would be unsafe for the client;
- If the RN is unable to provide adequate ongoing assessment of the client or adequate supervision of the UAP; **OR**
- When it is not permitted by law or is not supported by the organization/business policies and procedures.

Proper and safe delegation requires a thorough understanding and adherence to Division 045. The prudent application of Division 047 standards is critical to ensure client safety.



Civil liability protection for the RN who delegates is set forth in ORS 678.036

DELEGATION PROCESS

RN delegation is more than a procedure. The RN delegation process is a practice privilege that the RN may apply when deciding who will implement the nursing care plan interventions for a client.

Delegation process requires the RN reach a clinical decision based on analysis of evidence or data specific to the client's response to their chronic disease, the procedure to be implement, the



competencies of the available care provider, and the location where the procedure will be performed.

The RN must determine the status of each component and whether it meets the standards for safe delegation.

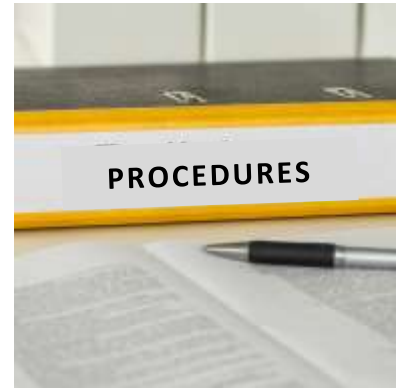
RN SELF-EVALUATION ACCOUNTABILITY

The RN is accountable and must understand the application of Division 045 and Division 047 of the Oregon's NPA. Prior to agreeing to delegate a nursing procedure, the RN is accountable for understanding the rules for delegation and possess competency with the delegation process. Additionally, the RN must:

1. Have the knowledge or acquire the knowledge on how to perform the procedure; and
2. Maintain competency and stay up to date with any technology and current standards of care; and
3. Have the competency with teaching and the development of written instructions for the procedure; **and**
4. Have the appropriate resources to fulfill nursing practice and delegation process responsibilities with the client and the UAP. Availability to provide ongoing:
 - Assessment of the client at the frequency deemed necessary by the RN to determine the ongoing stability and predictability of the client's responses to their condition; and
 - Competency validation of the authorized UAP's performance of the nursing procedure for the client.

NURSING PROCEDURE

Division 6 of the NPA defines a nursing procedure as a health-related procedure identified in the clients' plan of care that is normally performed by the LPN or RN. It is important to note that some procedures may include steps that are not considered nursing practice but are included in the process as it relates to the overall monitoring or treatment of the individual condition.



Performance of the delegated procedure by a UAP cannot include assessment, interpretation or independent decision making before, during or after its performance.

Practice settings can restrict what is delegated. The RN is responsible for knowing the rules, policies and procedures of their practice setting before determining if the nursing procedure can be delegated.

When the RN arrives at the decision that the specific procedure under consideration meets the standards of Division 047, then the RN can consider the procedure appropriate for delegation. It is important to note that while the RN may find a specific procedure appropriate for delegation, the status of the client, or the environment, or the available care provider **may not** be appropriate for delegation and the RN **would not** delegate.



Non-injectable medications (oral, sublingual, inhalation, topical etc.) are not nursing procedures and are not delegated. Administration of non-injectable medications to a client is taught to the UAP - refer to Division 45 for standards on teaching.

SETTING

When delegation is allowed in the setting, then the RN will assess the environment where the procedure would be performed. This action determines what is necessary to make the performance of the nursing procedure safe. Environmental factors to assess include provision for client privacy; hand hygiene; safe storage of items needed to perform the procedure; proper waste disposal; security of and access to written instructions of the UAPs performance of the nursing procedure; means for the UAP to contact the client's primary healthcare practitioner, the RN and/or 9-1-1 etc.



RN ASSESSMENT OF THE CLIENT'S CONDITION

The delegation process includes an RN assessment of the client to determine if the condition for which the ordered procedure is stable and predictable.

The assessment is the foundation of the delegation process and is required prior to the RN proceeding to delegate a nursing procedure. The assessment includes the collection and evaluation of data and information pertinent to the client's current health status.



Assessment data includes a physical assessment of the client, their clinical history associated with the nursing procedure, comorbidities and/or other factors that may impact current and future stability of the client and the safety of delegating the nursing procedure.

Components of the RN's assessment are dependent on the nursing procedure ordered and the client's presenting condition. For example, when assessing a client being treated with insulin, the RN would review the clients clinical history including but not limited to CBGs, clinical notes, emergency room or hospital admissions records, assess their skin condition to determine if there are areas where injections should not be administered, the clients ability to communicate signs and symptoms consistent with low or high blood sugars,

issues with non-compliance and other clinical factors that must be considered before determining the client is stable and predictable and to identify client specific information that must be reflected in the step-by-step instructions and plan of care for the client.

Based on the RN's evaluation of the data collected, the RN will make a clinical judgement regarding the stability and predictability of the client's response to the nursing procedure performed for their condition. Only then will the RN have the knowledge needed to determine when next assessment of the client is needed to determine the continued safety of the delegation.

The provision of ongoing assessment of the client and their situation is a requirement for the delegation process. This ensures the RN remains knowledgeable of the client's condition and their response to the performance of the nursing procedure.



The RN's statement a client is "stable and predictable" only communicates an outcome. An outcome statement is not an RN assessment as defined in Division 6 and regulated in Division 45.

UAP'S ABILITY AND WILLINGNESS

Following the RN's consideration of the nursing procedure, the RN must decide if a UAP would be able and willing to perform the nursing procedure safely. The RN must evaluate the skills and ability of the UAP along with their willingness to perform the procedure for the client. During this process step, the RN must be mindful of the cognitive, perceptual, and motor skills necessary for an UAP to safely perform the client's nursing procedure:

The UAP's demonstrated proficiency of their performance of procedure on the client allows for the RN to determine if it is safe to delegate. For the RN who decides the UAP is safe to delegate, the UAP's demonstrated proficiency also provides for the RN to determine when the RN will return to observe the UAP's performance of the nursing procedure for the purpose of potential reauthorization.

Division 047 identifies specific timeframes that the RN must not exceed. Within those timeframes, the RN may determine that the UAP may require more frequent reevaluation based on the UAP's proficiency with the nursing procedure, experience and other factors identified in Division 047.

NOTE: The RN always holds the responsibility to refuse to delegate a nursing procedure to a UAP if the RN believes it would be unsafe to do so.

TEACHING THE NURSING PROCEDURE

The RN must provide initial direction for the UAP's performance of the procedure by teaching the nursing procedure to the UAP. Standards on RN teaching are outlined in Division 45. In addition to the teaching standards located in Division 45 here are other things to consider:



1. Employ adult learner principles.
2. Identify how you will evaluate the caregivers understanding of the client's chronic condition, why the nursing procedure is ordered, associated risks and the performance of the nursing procedure.
3. Guidance on how to communicate and interact with the client e.g., ***person centered approach.***
4. In addition to teaching about signs and symptoms related to anticipated side effects or adverse reactions, make sure non-verbal cues are included. ***Non-verbal communication is client specific.***
5. If performance of the nursing procedure involves other equipment such as taking blood pressure, make sure the UAP knows how to use all equipment properly.
6. Evaluate the UAP's documentation to determine if they need additional education on proper documentation.
7. Capacity of the UAP to seek assistance when they identify issues or concerns. Does the UAP have ability to advocate for the client's safety?

OBSERVATION

The RN must observe the UAP perform the procedure **on** the client from start to finish. The RN may need to observe the UAP's performance several times before determining the UAP's competency on the client. Additionally, the observation must occur when the procedure is scheduled to be performed for the client.

This requirement not only ensures that the UAP can perform the nursing procedure safely and accurately for the client, but that the client understands who will be performing the nursing procedure (informed consent) and is comfortable with the UAP performing the nursing procedure for them.

STEP-BY-STEP UAP INSTRUCTIONS

The RN must provide step-by-step written instructions (*at the appropriate reading level*) for performance of the nursing procedure by the UAP. The RN is responsible for informing the UAP they must use the step-by-step instructions each time the nursing procedure is performed. ***Performance of a nursing procedure is never done by memory.*** Written instructions must be readily available to the UAP each time the UAP performs the nursing procedure.



The RN must modify any pre-printed instructions to ensure the instructions are at a reading/comprehensive level of the UAP and meet the unique needs of the client. The RN's statutory civil liability protection is predicated on clear and easily understood step-by-step instructions. Person-centered instructions promote the client's health and safety.



Always validate that the UAP understands what is required for a specific nursing procedure including associated tasks and client risks.

DOCUMENTATION

The RN must document all delegation process decisions, actions, and outcomes pursuant to Division 45.

The RN's documentation:

- Provides evidence of the RN's legal responsibility for the client.
- Serves as a communication tool between the RN, the client's caregivers, and other team members
- Provides evidence of the RN's adherence to the NPA
- Provides evidence the RN has meet the needs of the client.



The standards of documentation of nursing practice are outlined in Division 045. Division 047 also identifies specific documentation requirements related to the delegation. ***These standards are not suggestions but are the law.*** The RN has a responsibility to meet all documentation requirements outlined in Division 045 and 047.

If an RN utilizes a preconstructed form, the RN remains responsible to meet documentation requirements of Division 045 and 047. This means it is the responsibility of the RN to address any documentation gaps when utilizing a preconstructed form.

Remember, RN delegation does not occur in absence of the RN's responsibility for engagement in nursing practice. If the RN uses a pre-constructed form to document a delegation, the RN remains responsible to ensure all actions and decisions recorded on the form are supported by retrievable evidence.

There is no OSBN approved delegation "form"; the Board holds no legal authority to approve or endorse forms.

There may be other documentation requirements as a function of your practice setting; e.g., OARs governing the setting, position description, agency policies and procedures, etc.

CLIENT RIGHTS

The RN is responsible to advocate the client right to receive appropriate care, and to receive appropriate and accurate information. Division 045 outlines the responsibility of the RN for client advocacy which includes client choice and rights.



The RN must inform the client that their nursing procedure will be performed by an UAP instead of a nurse and whom the client can contact regarding concerns about the UAP, the performance of the procedure or their condition.

The RN is responsible for answering any questions or concerns that the client may have regarding the delegation process.

RESCINDING DELEGATION

An RN has the authority to rescind a UAP's authorization to perform a nursing procedure for the client. The RN has an obligation to rescind a delegation when situations, identified in Division 047 are identified.

When rescinding a UAP's authorization to perform a nursing procedure for a client, the RN must document the date, time, and reason/rationale for rescinding. The RN is also responsible to communicate their decision to the appropriate client care team members.

Effective January 1, 2022 851-047-0030 (7) (e) has been repealed. 851-047-0030 (7) (e) allowed the RN to rescind a delegation based on the skill of the unlicensed person, the longevity of the relationship between the caregiver and the client condition when the RN determined that the delegation was no longer needed. A common term used was covert from a delegation to a taught task. This is no longer allowed.

It is highly recommended that the RN identify any client whose delegated procedure was rescinded under this rule and to begin the delegation process if the nursing procedure is still needed by the client. This action should occur prior to December 31, 2021.

SHARED DELEGATION

The January 1, 2022 rule changes require that a singular RN retain responsibility for the delegation. However, for the RN who owns the delegation there are provisions to allow the RN to assign supervision of the UAP to another RN.

Although the new OARs regarding sharing of delegation is not effective until January 1, 2022 it is highly recommended the RNs follow 851-047-0065 and 851-047-0070. Following the new OARs does not place the RN out of compliance with current OAR - 851-047-0030 (5).

TRANSFER OF DELEGATION

Transfer of delegation (newly termed Hand-off of Nursing Services) has been completely rewritten providing very specific processes and required documentation. Carefully review 851-047-0065 and 851-047-0070 and adjust your practice accordingly.

However, the hand-off of a delegation occurs **only** when both RNs have a legal relationship with the setting and client.

SUMMARY

The safety and well-being of the client is the central focus of all the RN’s decision regarding the delegation process. The RN’s utilization of OSBN’s Division 047 is an important tool that supports Oregon’s growing population requiring nursing supports to live successfully in community-based settings.

“...let whoever is in charge keep this simple question in (their) head, not how can I always do this right thing myself, but how can I provide for this right thing to be always done?”

Nightingale, F. (1860). Notes on nursing What it is, and what it is not. New York; D. Appleton & Company

RESOURCES

- Department of Human Services (DHS) Long-term Community Care Nurse Program (LTCCN):
www.oregon.gov/DHS/SENIORS-DISABILITIES/PROVIDERS-PARTNERS/LTCCN/Pages/index.aspx
- Oregon Center for Nursing (OCN):
<http://oregoncenterfornursing.org/>
- Oregon Nurses Association (ONA): www.oregonrn.org
- Oregon Health Care Association (OHCA): www.ohca.com
- The following OSBN documents can be found at oregon.gov/osbn:
 - Oregon State Board of Nursing Scope-of-Practice Decision-Making Guideline for RN and LPN Practice.
 - Oregon Administrative Rules Chapter 851 Division 047: Standards for Caregiver Community-Based Care Registered Nurse Delegation.
 - Division 006, Division 045, Division 047 and Division 048.



It is the RNs responsibility to check the OSBN website for all applicable OARs, OAR revisions, and new or revised interpretive statements.

ADDENDUM

THE TEACHING OF THE ADMINISTRATION OF LIFESAVING TREATMENTS

THIS SECTION IS INFORMATIONAL ONLY

Teaching of the administration of lifesaving treatments is **not** a delegated nursing procedure.

Division 45 contains standards on teaching the administration of life saving treatments. For additional information on this RN activity addition the RN may want to refer to OSBN's Interpretive Statement: *The Registered Nurse Who Teaches the Administration of Life Saving Treatments* for more detailed information.



The administration of Life Saving Treatments is under the authority of the Oregon Health Authority (OHA) statutes and rules. **Do not apply these OHA statutes and rules on teaching the administration of lifesaving treatments to any medication or treatment that is not identified by OHA statutes and rules.**



OHA statutes list specific lifesaving treatments that may be taught by the RN to UAPs for administration. Injectable insulin is **NOT** on the list.

The RN is directed to access their employer's guidelines and policies on RN teaching the administration of lifesaving treatments. If no such policies or guidelines exist, the RN is encouraged to exercise their leadership and quality of care standards in the development of policies and guidelines.

Oregon Health Authority Training on Lifesaving Treatment Protocols webpage contains training materials that have been developed in response to ORS 433.800 through 433.830:

www.oregon.gov/OHA/PH/PROVIDERPARTNERRESOURCES/EMSTRAUMASYSTEMS/Page/epi-protocol-training.aspx

**Department of Human Services
Safety, Oversight and Quality Care
RN Delegation for RNs in Community Based Setting**

Application for continuing education hours (CE)

DHS's Safety, Oversight and Quality (SOQ) Unit is a continuing education provider approved by the California Board of Registered Nursing, Provider Number CEP 14432, for 4.0 CE contact hours.

Name as it appears on your nursing license: _____

RN license # (include all letters, numbers and state of issue): _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Name of Practice Setting: _____ Position: _____

DIRECTIONS

- Complete this application; *incomplete applications will delay processing*;
- Mail a check or money order made out to the "State of Oregon" for \$20.00; and
- Mail the application with payment to:

SOQ Unit
PO Box 14530
Salem OR 97309

Once payment is received a test URL will be emailed from spd.hsu@dhsosha.state.or.us to the address on the application. Add spd.hsu@dhsosha.state.or.us to your contact list to ensure proper delivery. The test takes approximately an hour to complete. Plan on uninterrupted time. Once the test is started you cannot leave and return to the test. The test is open book. You have 30 days to complete the test. There are no refunds.

Read Division 47 with the course materials (<https://tinyurl.com/RN-Delegation-Div47>). Revised Division 047 effective January 1, 2021 is found at: www.oregon.gov/osbn/pages/delegation.aspx

To receive a certificate a score of 100% must be obtained. This test contains questions that require selecting multiple answers.