

Community-Based RN Delegation Process

OSBN's Division 047

WELCOME

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Note: The Oregon State Board of Nursing (OSBN) approved changes to Oregon Administrative Rules (OAR) Chapter 851 Division 047 on September 16, 2021.

The implementation date of the September 16, 2021, approved rules has yet to be determined by the OSBN



Before you test your knowledge regarding Division 047, read this document and the OSBN documents identified below. It is also recommended that you read the pending Division 047 changes and adjust your nursing practice accordingly. Implementing the pending Division 047 rules now, will not be out of compliance with the current rules. Adopting these changes now will save time.

Division 047 are not stand-alone regulations and must be used in accordance with Division 045 standards and scope of practice and Division 006 definitions. 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 – Link to Preview of Pending Rule Updates:
www.oregon.gov/osbn/pages/delegation.aspx
- OSBN's Interpretive Statement: *The Registered Nurse Who Teaches the Administration of Life Saving Treatments*

Some test questions will include content from the updated pending Division 047 OARs.



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 of the RN who engages in delegation process. This document must be used along with Divisions 045, 047, and 006.



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. It is conduct derogatory to the practice of nursing when an RN accepts an assignment to delegate when competency with delegation process has not been established or maintained.

Division 047 is utilized in Oregon’s community-based settings. The term community-based setting is defined in Division 006.

The RN that is considering delegating a nursing procedure to an unregulated assistive person is fully responsible for that decision. The RN who proceeds with the delegation process retains accountability for the outcome of each delegation. The RN must also 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 in Division 006, is a person whose position description or job within an organization or client healthcare team does not require licensure or certification by an Oregon health licensing board.



UAPs do not include the family members of a client. A family member can carry out a medical order (including procedures/tasks) for another family member without 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 Division 45 standards including nursing process, Division 047 standards, and verification of the UAP’s accuracy in the performance of the nursing procedure, are all critical functions of the RN delegation process.

THE LAW

The OSBN holds regulatory authority over the RN who delegates. The decision to delegate, or to not delegate, 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.

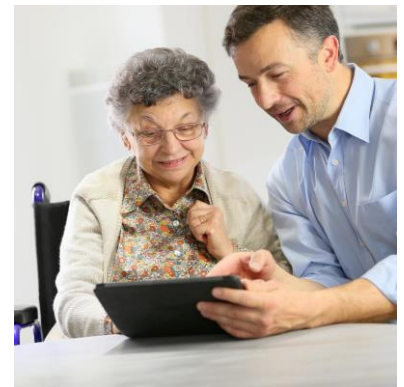
Proper and safe delegation requires a thorough understanding and adherence to Division 045. The prudent application of Division 047 standards is critical to ensure client safety.



Protection from an action for civil damages for the RN who delegates is set forth in ORS 678.036(3).

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 nursing care plan interventions for their 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 implemented, the competencies of the available UAP, and the environment 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 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.

PROCEDURE

NURSING PROCEDURE

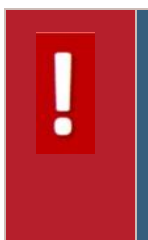
Division 006 of the NPA defines a nursing procedure as a health-related procedure identified within the RN's plan of care that is commonly taught in nursing education programs and normally performed by the RN or LPN when implementing the plan of care. Some nursing procedures may include the performance of additional steps that while not considered nursing practice, promote client safety and generate important data for the RN to evaluate.



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

A practice setting can restrict what is delegated and even whether delegation is allowed. The RN is responsible for knowing the rules, policies and procedures of their practice setting before determining if a nursing procedure can be delegated.

When the RN arrives at the decision that the specific nursing procedure under consideration meets the standards of Division 045 and 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 UAP **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 maybe taught and assigned to the UAP - refer to Division 045 for standards on teaching.

SETTING

When delegation is allowed in the setting, 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 their condition for which the procedure is ordered is stable and predictable.

The RN's assessment is the foundation of the delegation process and is required prior to the RN proceeding to delegate a nursing procedure. Assessment includes the RN's 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 client's 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 client's 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 their condition and to the nursing procedure performed. Only then will the RN have the knowledge needed to determine when the 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 of delegation process. The provision of ongoing assessment ensures the RN remains knowledgeable of the client’s condition and their response to the performance of the nursing procedure.



The RN’s statement that a client is “stable and predictable” only communicates an outcome. The RN must record the assessment supporting the RN’s stated outcome. See Division 006 and Division 045.

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 a UAP to safely perform the client’s nursing procedure.

The RN’s observation of the UAP’s demonstrated accuracy in their performance of the procedure on the client allows for the RN to determine whether it is safe to authorize the UAP’s continued performance of the procedure for the client. For the RN who decides the UAP is safe to delegate, the UAP’s demonstrated accuracy also provides for the RN to determine when the RN will need to 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 accuracy in performing the nursing procedure, experience, and other factors that are identified in Division 047 standards.

NOTE: The RN always holds the responsibility to decline to delegate a nursing procedure to a UAP when the RN determines 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 045. In addition to the teaching standards located in Division 045, here are other things to consider:



1. Employ adult learning principles.
2. Identify how you will evaluate the UAP's understanding of the client's chronic condition, why the nursing procedure is ordered, associated risks and the performance of the nursing procedure.
3. Provide 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. When the performance of the nursing procedure involves the use of equipment (e.g., obtaining the client's blood pressure reading or measuring the client's capillary blood glucose level), 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. Evaluate the 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.

These requirements not only ensure 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.

Additionally, it is the RN's responsibility to ensure the UAP is following the instructions as written.

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 that 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 accurate, clear and easily understood written step-by-step instructions that are followed by the UAP.



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 045 documentation standards.

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 met 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 delegation process. ***These standards are not suggestions but are the law.*** The RN has a responsibility to meet all documentation standards outlined in Division 045 and 047.

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

Remember, RN delegation process does not occur in absence of the RN's responsibility for engagement in nursing practice (*see OAR 851-045-0060*). 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 nursing practice 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 for their client's right to receive appropriate care, and to receive appropriate and accurate information. Division 045 standards outline the responsibility of the RN for client advocacy which includes client choice and rights.



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

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.

In the pending Division 47 rules, 851-047-0030 (7) (e) is repealed. This standard allowed the RN to rescind a delegation based on the skill of the UAP, the longevity of the relationship and the client's condition, and then assign the performance of the very same nursing procedure to the same UAP. This RN action has commonly been referred to as converting a delegation to a taught task.

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.

SHARED DELEGATION

The RN who has authorized a UAP to perform their client’s nursing procedure holds the authority to assign validation of the UAP’s adherence to the written instructions to another RN who accepts the assignment.

In the pending Division 47 rules, *OAR 851-047-0050 (4)* clarifies this action based on Division 045 RN assignment standards. Adherence to the pending OAR is necessary for compliance with Division 045 standards. *See RN assignment OAR 851-045-0060 (4)*.

TRANSFER OF DELEGATION

A transfer of delegation is a “hand off” from one RN to another RN of client care responsibilities that include delegation process responsibilities for the client and for the UAP who is authorized to perform the client’s nursing procedure.

Transfer of delegation (*termed “hand-off”*) in the pending rules has been extensively clarified. The pending rules have separate standards for the RN who initiates the transfer and for the RN who receives the transfer. Refer to the 047 – Link to Preview of Pending Updates: www.oregon.gov/osbn/pages/delegation.aspx

SUMMARY

The safety and well-being of the client is the central focus of all RN decisions 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 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

RESOURCES

- Oregon Department of Human Services (ODHS) 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 Framework for the RN and the LPN.
 - Oregon Administrative Rules (OAR) Chapter 851 Division 047: Standards for Caregiver Community-Based Care Registered Nurse Delegation.
 - OAR Chapter 851 Division 006, and Division 045.
 - *It is the RNs responsibility to check the OSBN website for all applicable OARs, OAR revisions, and new or revised interpretive statements.*



For a refresher on nursing standards for documentation and/or assessments, see the following self-directed eLearning resources:

Nursing CE: nursingce.com:

- Nursing Documentation
- Care Considerations for Older Adults: Management of Common Geriatric Syndromes for RN/LPNs, Part 1
- Other assessment topics that are condition/disease specific
- **Hartford Institute for Geriatric Nursing:** <https://hign.org>

ADDENDUM

THE TEACHING OF THE ADMINISTRATION OF LIFESAVING TREATMENTS - THIS SECTION IS INFORMATIONAL ONLY -

ADDENDUM

Teaching a UAP how to administer a lifesaving treatment 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, the RN may refer to OSBN's Interpretive Statement: *The Registered Nurse Who Teaches the Administration of Life Saving Treatments*.



The administration of Life Saving Treatments is under the authority of the Oregon Health Authority (OHA) statutes and rules. ***Do not apply OHA statutes and rules on teaching the administration of lifesaving treatments to any medication or treatment that is not identified in the 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 act upon Division 045 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 s/epi-protocol-training.aspx](http://www.oregon.gov/OHA/PH/PROVIDERPARTNERRESOURCES/EMSTRAUMASYSTEMS/Page%2Fs/epi-protocol-training.aspx)

Test Your Knowledge

You can test your understanding of the Division 47 OARs by taking a self-evaluation through Survey Monkey:

[https://www.surveymonkey.com/r/DIV047- SelfEvaluation](https://www.surveymonkey.com/r/DIV047-SelfEvaluation) You do not log into Survey Monkey - just copy and paste the URL in your browser. **Please note this is not a monitored test or web page and is self-serve.** You will be able to print your test results, for your records once you've completed the test. After printing your test results document your name, RN license number and the date you took the test:

- After completing the test – on the last page (*Congratulations you've completed the self-study*) select "ok and then the "done" icon which will take you to another page that displays your score answers.

Congratulations you've completed the self-study test.

After you select the "done" icon it will take you to another page that shows your score and any questions missed.

To view and save your results:

View your results - Select the "done" icon and it will take you to another page with your results.

Print your results - Go to your browser bar upper right hand corner (*not the Survey Monkey banner*) and select the drop-down box. Depending on the browser the drop down box is either three dots (...) or three horizontal lines. Then select "Print".

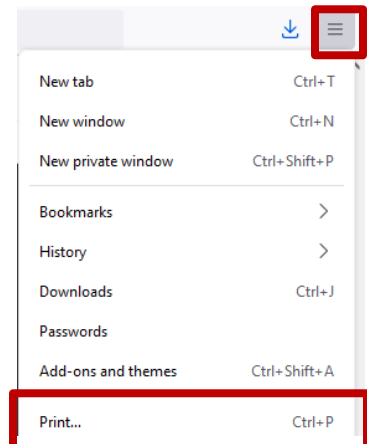
Per OSBN 851-045-0040 Scope of Practice Standards for All Licensed Nurses: there are no specific Continuing Education hours, except for:

Cultural Competency - www.oregon.gov/osbn/Pages/Cultural-Competency.aspx and

Pain Management www.oregon.gov/oha/HPA/dsi-pmc/Pages/about-us.aspx



- To print results, go to your browser bar upper right-hand corner (*not the Survey Monkey banner*) and select the drop-down box. Depending on the browser the drop-down box is either three dots (...) or three horizontal lines (≡). Then select "Print".



Per OSBN 851-045-0040 Scope of Practice Standards for All Licensed Nurses: there are no specific Continuing Education hours, except for specific topics mandated by Oregon's Legislature:

- Cultural Competency – www.oregon.gov/osbn/Pages/Cultural-Competency.aspx and
- Pain Management www.oregon.gov/oha/HPA/dsi-pmc/Pages/about-us.aspx

Questions about the Nurse Practice Act or nuances of Division 047 go to the OSBN website and use the tools listed:

<https://www.oregon.gov/osbn/pages/delegation.aspx>

If you still have questions after reviewing the OSBN tools and Scope of Practice Decision Tool you can submit questions through OSBN's online "Ask a Scope-of-Practice Question" <https://www.oregon.gov/osbn/Pages/scope-practice.aspx>