



REGISTERED NURSE DELEGATION IN COMMUNITY BASED SETTINGS

OVERVIEW

Nurse Delegation has evolved as a necessary role for professional nurses to perform when providing direct and indirect patient care in a variety of settings. The American Nurses' Association, in its 2005 Position Paper on Delegation states: "Registered Nurses are accountable to the public for providing culturally competent, safe and effective nursing care for patients in a variety of settings across the continuum of health care."

Washington State currently licenses over 38,000 beds, including 26,000 in Boarding Homes, and 12,600 in Adult Family Homes. The number of nurse assistants is over 35,000. There are 110 Registered Nurse Delegators who are contracted with the Department of Social and Health Services, and unknown nurses who delegate only for private clients or who delegate to their own staff as RNs with their own Adult Family Home licenses. Regardless of clients, each RN must follow the delegation RCW 18.79.260 and WAC246-840-910.

PURPOSE

Washington State DSHS began expanding community care options as a way to decrease nursing home costs and prevent construction of additional skilled nursing beds in 1989. Additionally, advocates for the developmentally disabled began to move residents out of established institutions and into less restrictive settings. Specially trained caregivers assisted the disabled residents to integrate into the general population and extend opportunities for education and employment. The Washington State Legislature passed legislation in 1995 that originally allowed delegation of 6 specific nursing tasks in community based settings. The Washington State Nursing Care Quality Assurance Commission then passed rules that implemented details the law in 1996, including training requirements for caregivers, tasks, supervision and ability to rescind delegation.

In 1998, a study completed by faculty at the University of Washington School of Nursing in cooperation with the Washington State Board of Health (DOH) and DSHS and the positive results were shared with the Washington State Legislature in 1998. The key findings were that delegation was being implemented as designed and that community care providers were finding that delegation benefited their residents and their ability to provide care. "RN involvement in the community care plans had increased;" and that "Nurse Delegation brought unlicensed and unregulated practice

under the supervision of registered nurses." The study also found increased consumer satisfaction with safe choices.

After the results were published, the Nurse delegation RCW was amended and new WAC rules were implemented in 2002 to expand nurse delegation beyond the initial 6 nursing tasks. It left the judgment of delegation at the discretion of the RN to determine need for delegation of nursing tasks and the assessment of the resident to remain in a "stable and predictable" condition. Some added common tasks included management of catheters and ability to assist with digital stimulation for bowel management. In addition, supervision was expanded from every 60 days to up to 90 days, at the discretion of the RN (reference new WAC).

POSITION

The Washington State Nurses Association believes consumers benefit from having care choices that provide safe, appropriate levels of care and supports the community based settings as reasonable alternatives with the delegation process in place. WSNA recognizes the leadership role Washington State has within health care, providing community based settings with licensure and accountability through multiple agencies.

WSNA also re-affirms support for the Registered Nurse Delegation in Community Based Settings. To maintain effective delegation, WSNA further supports continuing the key provisions of delegation:

1. The Registered Nurse takes responsibility and accountability for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care. (Code of Ethics for Nurses with Interpretive Statements, ANA 2001.
2. The Registered Nurse provides delegation according to the legal parameters as stated in the Washington State Registered Nurse Practice Act (RCW 18-79-260) and by the scope and standards established by professional nursing organizations.
3. The Registered Nurse thoroughly assesses the training and education of the unlicensed caregivers prior to delegating nursing tasks.
4. The Registered Nurse reserves the right to rescind delegation at any time.

5. Both the Registered Nurse and unlicensed caregiver agree to participate in the delegation process.
6. The unlicensed caregiver meets all current training requirements, and holds current and unencumbered registration with the Department of Health in order to fall under the Uniform Disciplinary Act for Health Care Personnel.
7. That a Registered Nurse conducts all appropriate Nurse Delegation Training as mandated by the Department of Social and Health Services.
8. Registered Nurses who provide training for delegation specialize in community based care.
9. The Registered Nurse determines the supervision frequency to meet client and caregiver ongoing needs with a minimum supervision of 90 days.
10. The Registered Nurse is never coerced to provide delegation outside their judgment of the client ability to meet the stable and predictable definition or caregiver ability to adequately perform the task.

DEFINITIONS

Registered Nurse Delegation: Registered nurse delegation means the registered nurse transfers the performance of selected nursing tasks to competent nursing assistants in selected situations. The registered nurse delegating the task retains the responsibility and accountability for the nursing care of the patient.

Supervision: The guidance and evaluation by a registered nurse delegator for the accomplishment of a nursing task or activity including the initial direction of the task or activity; periodic inspection at least every ninety days of the actual act of accomplishing the task or activity; and, the authority to require corrective action.

Stable and predictable condition: The registered nurse delegator determines the patient's clinical and behavioral status is non-fluctuating and consistent. Stable and predictable may include a terminally ill patient whose deteriorating condition is expected. Stable and predictable may include a patient with sliding scale insulin orders. The registered nurse delegator determines the patient does not require frequent nursing presence and evaluation.

Date: March, 2001

Approved by the WSNA Board of Directors March 17, 2001

Revised: March 2007

Approved by WSNA Board of Directors Executive Committee June 28, 2007

Revised: June, 2009

Approved by WSNA Board of Directors Executive Committee June 5, 2009

Review: June, 2014

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