

Workforce Advocacy	Investigates complaints regarding nurses; issues discipline and monitors disciplinary actions (Discipline may include stipulations, revocations, suspensions, denial of license or limitations on scope of nursing or nursing related practice activities.)	Promotes occupational safety for nurses. Provides workforce advocacy program for nurses including addressing workplace issues, e.g., staffing, safelifting, hazardous exposure, work-place violence.
Government Affairs	Administers Nurse Practice Act and adopts rules and regulations for its implementation.	Acts and speaks for nursing profession related to legislation, governmental programs, and health policy. Reviews all bills introduced in the Washington State Legislature for impact on nurses, nursing and the health care of the public.
Revenue	Establishes and collects licensure fees pursuant to legislative rules.	Membership dues established by members. Percentage may go to ANA.

Adapted from: "Board or Association?" (September, October, November, 2007) Nebraska Nurse. 20-21

Expanding Nurse Delegation to Allow Insulin Injections: Is it Safe Practice?

By Pamela Pasquale, MN, RN, BC, CNE, Wenatchee

The Registered Nurse Delegation program has been successfully managed by the Department of Social and Health Services since 1997, as a part of the leadership Washington State has shown in expanding community based living programs that offer an alternative to nursing home placement. Over 13,000 elderly and disabled residents live in a variety of setting that allow for them to have the maximum independence and support as they age in place.

Currently, there are 150 contracted RNs who serve throughout the state to assure that the residents in these settings are receiving safe and appropriate care by essentially, minimally trained caregivers. The RNs assess the clients to assure they are stable with their diseases and assure the caregivers are performing the assigned and delegated tasks within their scope of knowledge and practice. In every instance, the RN is the one who determines the care needs and if caregivers are skilled enough to perform tasks such as medication administration, simple wound care, blood glucose checks, catheter care, gastric tube feedings and medications and other tasks as determined by the RN.

Last summer, DSHS Aging and Disability Division staff came to the Nursing Commission seeking to add Insulin Administration to the RCW that governs delegation. Since then, there has been a lot of discussion about the appropriateness of the program and if this

is "giving away" nursing practice. I don't believe it does, because of these already built in safeguards, checks and balances:

1. ALL care must be approved by a licensed MD or care provider. And, written, signed orders must be in the record of the facility-Boarding home or AFH. RN may not delegate any care without an order, including OTC medications such as Tylenol, DSS or Milk of Magnesia.
2. ALL caregivers must be willing to perform the task, and have current credentials stating they are in good standing with the Department of Health. This means they have completed the required training, have registered and have no pending actions.
3. Facilities may only accept residents if they can meet their care needs according to WAC regulations.
4. RNs extend their license to the facilities and are not willing to delegate in facilities, tasks or caregivers where their training and experience indicate potential problems that could put the RN license at risk. Most Delegators make decisions on the side of caution when determining if the care should be delegated and consult with the Delegation Coordinators in Olympia for guidance.
5. The care is specific to the resident only and the care procedure must be in writing as established by WAC. The plan must

include instructions for what to do in an emergency, and potential problems and risks with the care, thereby preventing the providers from having to make assessment or judgment decisions out of their scope of practice.

6. The RN uses the foundation of nursing practice: Assessment, and nursing judgment to determine if the client medical status will remain stable and follow a predictable course prior to initiating the delegation process.
7. The Adult Family Homes and Boarding Home facilities are licensed by DSHS, following stringent guidelines to be able to provide the care needed. The guidelines have been expanded in recent years to require appropriate documentation and to assure resident care needs are met in case of emergency. Because the cost of obtaining a AFH license is so high, as well as the investment into a home large enough to have 4-6 clients, the provider is financially motivated to assure they are following the guidelines. Additionally, liability insurance is very expensive and providers are again, motivated to limit any potential problems that would result in a claim.
8. Facilities are inspected regularly by DSHS approved RN inspectors, who must have at least a BSN in order to be hired by the department. This assures another layer of professionalism to be able to observe and teach providers and caregivers for public safety. Facilities are part of the 1-800 hotline investigation procedure available for anyone to use to address concerns.
9. Supervision of care is mandated by WAC to occur every 90 days, but the RN has the discretion to return as part of their visit summary if they feel more frequent follow up is required for newly delegated care. RNs can go weekly or every 2 weeks if needed, though they are limited initially by the reimbursement. However, the RN can apply for additional reimbursement with appropriate documentation of need.
10. Only RNs or qualified DSHS social workers are allowed by WAC do a pre-placement assessment to assure the residents meet the stable and predictable threshold.
11. RN delegators maintain their own scope of practice by coordinating care needs of clients with hospice and home health agencies when appropriate to meet client needs due to sudden acute events that require closer skilled nursing monitoring and communication with health care providers.
12. RN Delegator client files are subject to review by the current Aging and Adult Services Delegation coordinators for quality assurance in meeting the current WAC. Currently they are used as information and education tools to help the RN better understand how to meet the Delegation WACs.

RN delegators have developed close, working relationships with their providers and caregivers to assure our community based care is the safest alternative available. Not all RN delegators I have surveyed feel comfortable delegating Insulin Injections, and

not all caregivers wish to. However, it will likely move forward as a cost saving measure for those who have stable diabetes. Rather than take away “nursing” I believe it speaks to the essence of nursing practice, to motivate and teach care that brings us back to the early days of visiting nurses that brought care to the community.

Professional Nursing and Health Care Council Update

Nursing Delegation of Insulin Administration

The PNHCC held two conference calls during December concerning the proposed act related to delegation of nursing tasks to care for persons with diabetes, creating a new section and amending RCW 18.79.260 and RCW 18.88A.210. Approximately 12 Registered Nurse Delegators were also surveyed to elicit their input on this issue.

Recommendations made to the legislature included the following:

1. Include the ability to delegate such to Nursing Assistant, Registered population as long as they also must complete the same educational requirements as referenced. This is based on the fact that many adult family homes and boarding homes do not have Certified Nursing Assistants on staff. WSNA supports the need for allowing the elderly and persons with disabilities to live in their own home or other home-like setting while providing cost effective care.
2. Sliding scale insulin dosages do not necessarily constitute “unstable and unpredictable” condition of the patient; therefore, administration of such dosages should be included in the required educational curriculum.
3. In order to better facilitate access, care and transitional care placement for patients, reimbursement issues for primary care providers needs to continually be a primary focus of any ongoing healthcare legislation. Medical Director reimbursement for services rendered should not interfere with the ability for primary care providers to bill for ongoing coordination of care.
4. With these aforementioned items addressed, WSNA supported the proposed legislative changes.