

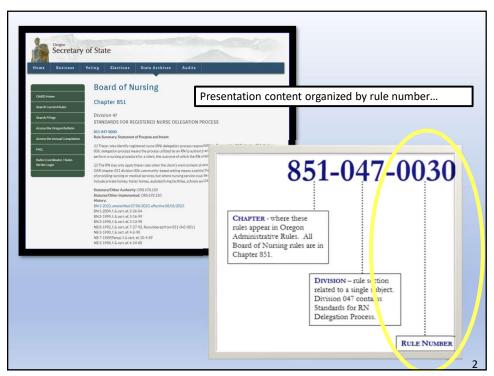
## Oregon State Board of Nursing Lunch & Learn Education August 21 & 28, 2023

Topic: OAR 851-047 Standards for RN Delegation Process Rule Revisions as of 8.1.2023

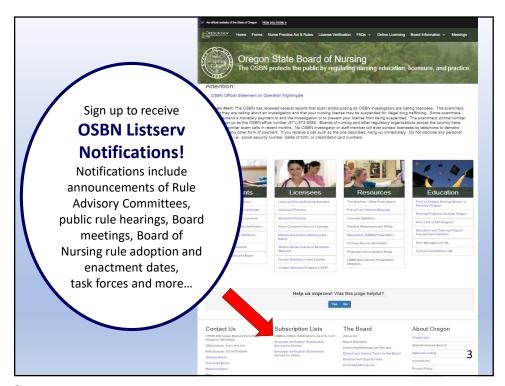
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Presentation content is based on Oregon's Nurse Practice Act (NPA) Chapter 678 Oregon Revised Statutes (ORS) and Chapter 851 Oregon Administrative Rules (OAR). Information communicated today is intended for general knowledge only; it is not intended to be used in place of a licensee's direct access of the rules or as legal advice related to Oregon Nursing Law.

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### **Rule Content Reorganized:**

0030 General Provisions

**0045** RN Authorization of a UAP's performance of a nursing procedure

**0050** Ongoing RN evaluation of the safety of the delegation

**0055** Limitations on the RN's delegation of the administration of medication by the intravenous route

**0060** Rescinding the UAP's authorization to perform a nursing procedure on a client

0065 Rescinding the delegation for a client and UAP

**0070** Accepting a hand-off of nursing services provision and delegation process responsibilities for a client and a UAP from another RN

Same delegation process - clarified and new standards

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### Standards removed that <u>do not</u> impact practice:

- ☑ Teaching the administration of non-injectable medications.

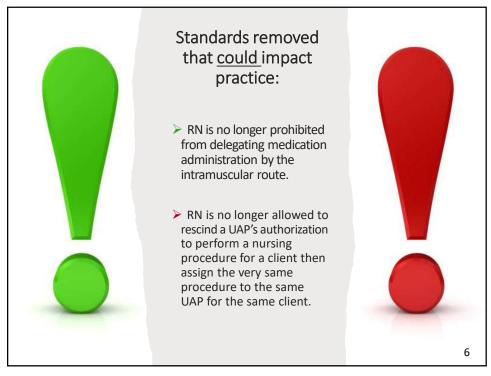
  Standards located in OAR 851-045-0060.
- ☑ Teaching the performance of tasks for an anticipated emergency.

  Standards located in OAR 851-045-0060.
- ☑ Reporting of unsafe practices. Standards located in OAR 851-045-0060.
- ☑ Standard quoting ORS 678.036. Statute located in ORS 678.036.



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### **0030 General Provisions**

**0030 General Provisions** 

Know and follow the rules.

### General obligations of RN who delegates:

General obligations of RN who delegates:

Accountable for own decisions and actions.

Decision to delegate rests with the individual RN.

New: Ensure policies of the setting or service

• Document pursuant to Division 045.

Nursing process cannot be delegated.

support delegation process.

- New: RN employee of a licensed home health agency, a licensed home infusion agency, or a licensed hospice agency may now authorize a UAP to perform intravenous medication administration ordered to treat an infection.
- New: RN's authorization of UAP to perform a procedure ends when RN ends their therapeutic relationship with the client.

## 0045 RN Authorization of a UAP's performance of a nursing procedure

### Same process; clarified and new standards:

- RN must determine whether their client's situation. meets specific criteria, including:
  - Same conditions/criteria identified in the old rules.
  - New: RN's availability to fulfill nursing practice and delegation process responsibilities with the client, including:
    - · Ongoing client assessment.
    - · Ongoing supervision and evaluation of UAP
- RN responsibilities in educating the UAP:
  - New: Written instructions to be included in RN's teaching plan/content.
  - · New: Written instructions to include infection control practices.

## 0045 RN Authorization of a UAP's performance of a nursing procedure

- Clarifies RN actions when validating UAP's performance of the procedure on the client.
  - New: RN meet with UAP and client, address UAP and client questions, amend the written instructions as needed.
  - Same: Validate the UAP's adherence to the written instructions by direct observation of the UAP in their performance of the nursing procedure on the client.
- UAP authorization must not exceed 60 days. Length of authorization based on:
  - Same factors as identified in old rules; and
  - · New: Frequency of client assessment needed to determine client's response to their condition remains stable/predictable.
  - New: Client's responses to other health risks that may impact their responses to the condition for which the nursing procedure is ordered.

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### 0045 RN Authorization of a UAP's performance of a nursing procedure

Additional **new** standards – RN responsible to:

- Instruct UAP to utilize instructions when performing the procedure.
- Document a recommendation for their client's health care team that identifies how the client might continue to receive their ordered procedure in the event RN is no longer a member of the client's team (i.e., anticipatory guidance based on a client's unique situation and their available resources).
- Update the client's plan of care.
- Continue to engage in the practice of nursing with the client.

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### **Chapter 851 Division 047**

### 0050 Ongoing RN Evaluation of the Safety of the Delegation

Formerly known as periodic inspection, supervision, and reevaluation standards.

Same process with clarified and new standards:

- RN evaluation to be completed prior to end of UAP's authorization period.
- Evaluation components to include:
  - Client assessment
  - Validation of UAP's adherence to written instructions through:
    - New: Evaluation of UAP documentation.
    - Clarified: Direct observation of UAP's performance of procedure on client.
- Outcome of evaluation RN holds two options:
  - Rescind (New: must document date, time, reason and communicate decision with care team members).
  - Authorization the UAP's performance of the procedure on the client...

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### Chapter 851 Division 047

### 0050 Ongoing RN Evaluation of the Safety of the **Delegation**

- RN who authorizes the UAP's continued performance of the procedure on the client is responsible to:
  - Base their chosen authorization period on specific criteria (length of authorization can not exceed 180 days).
  - New: Communicate authorization to care team members.
  - New: Instruct the UAP to utilize instructions each time they perform the procedure.
  - New: Ensure their recommendation for anticipatory guidance remains up to date.
- Thereafter and prior to the expiration of each authorization period, the RN must conduct an evaluation of the safety of the delegation for their client per the rules.

### Chapter 851 Division 047

### 0050 Ongoing RN Evaluation of the Safety of the Delegation

Clarified: The old rules provided for supervision of the UAP's performance of the procedure to be provided by another RN.

### ➤ This action was commonly referred to as a 'shared delegation' ≺

Clarified: The RN may assign UAP's supervision and evaluation to another RN. RN must:

- ✓ Document reason for separation of delegation and supervision; responsibilities of the assignment; the name of the RN to whom the assignment is made and accepted; how the clinical supervision of assignment will occur; and how the effectiveness of the assignment will be evaluated.
- ✓ Ensure written instructions are consistent with any provisions of the assignment.
- ✓ Communicate with client care team members the name of the RN who will be providing the UAP's supervision and evaluation.

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### **Chapter 851 Division 047**

## 0055 Limitations on the RN's Delegation of the Administration of Medication by the Intravenous Route

- Same standards as in old rules.
- Minor editorial changes.



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### **Chapter 851 Division 047**

## 0060 Rescinding the UAP's Authorization to Perform a Nursing Procedure on a Client:

Carried forward from the old rules - the RN is responsible to rescind when:

- · UAP demonstrates inability to adhere to the instructions.
- Client's response to their condition becomes unstable or unpredictable.
- · Procedure is discontinued.
- RN is no longer able to provide ongoing evaluation of the safety of the delegation.
- New causes for rescinding added:
  - New: Procedure cannot be performed by the UAP at a frequency that provides for its continued safe performance.
  - New: Client's environment is not safe for performance of the nursing procedure by the UAP.

### Chapter 851 Division 047

### 0060 Rescinding the UAP's Authorization to **Perform a Nursing Procedure on a Client:**

New causes for rescinding added:

- New: UAP no longer works with the client.
- New: RN ends their therapeutic relationship with the client.

Other standards applicable to the RN who rescinds...

- New: Must document date & time the UAP's authorization is rescinded.
- New: Must inform the UAP and other health care team members that the UAP is no longer authorized to perform the nursing procedure for the client.

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### **Chapter 851 Division 047**

### 0065 Rescinding the delegation for a client and UAP:

Applies to the RN who is ending their therapeutic relationship with their client.

- New: Clarifies that for the performance of a procedure to no longer be considered under the accountability of an RN's license, the RN must rescind the UAP's authorization to perform the procedure.
- New: Clarifies that the act of transferring a delegation to another RN still requires the rescinding RN to formally end their nursing relationship with the client and the UAP.
- New: Clarifies that when there is another RN to whom a transfer can be made, a synchronous handoff between the two RNs must occur (i.e., the two RNs meet at the same time, attending together in person or attending together from different locations).

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### **Chapter 851 Division 047**

### 0065 Rescinding the delegation for a client and UAP:

New: (4) If there is no accepting RN, then the following rules apply:

- An RN may choose to authorize continued performance of the procedure for the client. The RN must document that there is a rescinding assessment that the UAP has successfully performed the procedure without issue and there is no indication that they cannot continue to do so, and, to the best knowledge, skill, ability and competency of the RN, the client has no indication that there would be a change in condition which would cause the procedure not to continue.
- The RN must document that the care facility, RN's employer, or client's family have been informed that the RN will no longer be able to provide the delegation oversite and that currently there is no other RN to whom the delegation can be transferred.
- The RN must leave written instructions for actions the facility or family need to take if the client's condition becomes unexpectedly unstable or if no UAPs are available to perform the procedure.
- The continued ability for the client to receive the delegated services until an RN can accept the delegation oversite, rests with the facility, family, or RN employer. It is expected that the RN, prior to leaving the assignment, will assist in planning for continuity of care but is not accountable under their license to maintain the delegation until another RN is found.
- Rescinding the delegation under these rules, ends the RN's relationship with the client and UAP.
- Failing to follow the above criteria could be considered patient abandonment.

### **Chapter 851 Division 047**

0070 Accepting a Hand-off of Nursing Services Provision and Delegation Process Responsibilities for a Client and a UAP from another RN

- ➤ Many clarified and new standards under this rule number <
- New: Clarifies that the RN who accepts a transfer is responsible under their own license to determine whether:
  - · The client's situation is safe for delegation.
  - · The teaching plan is appropriate.
  - · The written instruction are appropriate.
  - The UAP adheres to the written instructions in their performance of the nursing procedure on the client.
- New: Clarifies the RN is responsible to evaluate specific data to determine the duration of UAP's authorization period for performance of the procedure (that cannot exceed 60 days).
- New: Clarifies that prior to the end of the UAP's authorization period, RN must evaluate the ongoing safety of the delegation per the rules.

