

HOUSE BILL REPORT

SHB 1218

As Passed Legislature

Title: An act relating to department of health recommendations for improving nurse delegation in community settings.

Brief Description: Modifying provisions related to nurse delegation of tasks.

Sponsors: By House Committee on Health Care (Originally sponsored by Representatives Cody and Parlette; by request of Department of Health).

Brief History:

Committee Activity:

Health Care: 1/29/99, 2/14/99 [DPS].

Floor Activity:

Passed House: 3/15/99, 97-0.

Senate Amended.

Passed Senate: 4/8/99, 42-0.

Passed House: 2/15/00, 96-0.

Senate Amended.

Passed Senate: 2/29/00, 44-0.

House Concurred:

Passed Legislature.

Brief Summary of Substitute Bill

- Revises the 1995 Nurse Delegation law in response to recommendations in a report of the Department of Health (DOH), Department of Social and Health Services (DSHS), and Nursing Commission directed by law.
- Expands community settings for nurse delegation to include all boarding homes, as well as adult family homes and residential programs for persons with developmental disabilities, but prohibits delegation in acute and skilled nursing facilities.
- Authorizes the Nursing Commission to determine nursing tasks that can be delegated, but prohibits the administration of medications by injection, sterile procedures, and central line maintenance.
- Authorizes the Nursing Commission to make needed revisions in nurse delegation protocols by June 30, 2001.

HOUSE COMMITTEE ON HEALTH CARE

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 12 members: Representatives Cody, Democratic Co-Chair; Parlette, Republican Co-Chair; Pflug, Republican Vice Chair; Schual-Berke, Democratic Vice Chair; Alexander; Boldt; Campbell; Conway; Edmonds; Edwards; Mulliken and Ruderman.

Staff: John Welsh (786-7133).

Background:

In 1995 the Legislature authorized nurses to delegate specific nursing tasks to nursing assistants for serving persons in three community settings. The Department of Health (DOH), in consultation with the Department of Social and Health Services (DSHS) and Nursing Commission, were required to monitor the implementation of the nurse delegation process and report to the Legislature with recommendations for improvements. As part of the monitoring process, the departments of Health, and Social and Health Services, in consultation with the University of Washington School of Nursing were directed to conduct a study of the nurse delegation process. A Joint Legislative Task Force on Nurse Delegation was established to oversee the implementation of the nurse delegation pilot program.

The specific nurse delegation is regulated in the chapter of the code providing for the registration and certification of nursing assistants. Generally this law requires a nursing assistant to complete basic core training and meet any additional training requirements for delegating complex tasks as determined by the Nursing Quality Assurance Commission.

COMMUNITY CARE SETTINGS

Nurse delegation is authorized in community residential programs for persons with developmental disabilities; adult family homes; and boarding homes contracting with the Department of Social and Health Services to provide assisted living services to clients.

NURSING DELEGATION TASKS

The nursing tasks that can be delegated are specified by law to include oral and topical medications; nose, ear, eye drops; dressing changes and catheterization; suppositories, enemas, ostomy care; blood glucose monitoring; and gastrostomy feedings.

NURSE DELEGATION PROTOCOLS

The nursing commission was directed to develop rules for nurse delegation protocols. These protocols are specified in law and include the following:

1. The determination of the appropriateness of delegation is left to the discretion of the nurse;
2. The status of the patient must be stable and predictable;
3. The written informed consent of the patient is initially obtained by the nurse, and the elements of this informed consent is specified by law;
4. A basic core training curriculum for providing care to developmentally disabled persons must be taken in addition to the training requirements, as defined in rule by the Secretary of Social and Health Services; and
5. The completion of basic core training by a nursing assistant is mandatory prior to delegation.

Summary of Bill:

Generally the statutory references of the Nurse Delegation law in the chapter of the code relating to nursing assistants are repealed and transferred to the Nurse Practice Act.

COMMUNITY CARE SETTINGS

The delegation of nursing care tasks can only be made to nursing assistants in community-based care settings, except for simple tasks defined by the nursing commission, such as blood pressure monitoring and personal care services. Community-based care settings include community residential programs for the developmentally disabled, adult family homes, and boarding homes, but hospitals and skilled nursing homes are excluded.

NURSING DELEGATION TASKS

The lawful delegation of nursing care tasks by a nurse is clarified. A nurse may delegate nursing care tasks to other individuals in the best interest of the patient. In such case, the nurse must determine the competency of the delegatee; evaluate the appropriateness of delegation; supervise the performance of the delegation; and only delegate tasks limited to the nursing scope of practice. A nurse may not delegate acts requiring substantial skill, the administration of medications, or piercing or severing of tissues except to nursing assistants providing care to individuals in community-based care settings. Acts requiring nursing judgment may not be delegated.

With respect to nurse delegation in community settings, the determination of the appropriateness of delegation is left to nurse discretion, but the administration of medications by injection, sterile procedures, and central line maintenance may never be delegated. The specified nursing tasks that can be delegated are repealed.

NURSE DELEGATION PROTOCOLS

On or before June 30, 2000, the nursing commission by rule shall make needed revisions in the nurse delegation protocols, including standards for informed consent. The specific requirements of the protocol are repealed.

The prohibitions against coercing nurses to delegate and employer reprisal are transferred to the Nurse Practice Act, including the requirement of stable and predictable patient status, and the immunity of nurses from liability within the limits of the protocol.

The nurse is responsible for ensuring that the nursing assistant has completed core nurse delegation training.

The following statutes are repealed:

RCW 18.88A.220 requiring the departments of Health, Social and Health Services, and the nursing commission to clarify reimbursement policies and barriers to current delegation; and

RCW 18.88A.240 establishing a toll-free phone number for receiving complaints.

Appropriation: None.

Fiscal Note: Available.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Testimony For: (substitute bill) The Nurse Delegation Study directed by the Legislature found that the delegation by nurses of certain tasks has had positive effects in long-term care settings. The bill implements improvements identified by the study in paper-work simplification, an often confused process, and the lengthy protocols that nurses have to follow. Nurses may use professional judgement as the basis for delegation, adding flexibility and better meeting the personal needs of the patient. The nurse has discretion as to what tasks can be delegated, except for specified intrusive procedures. The Nursing Commission has complete authority to oversee and regulate the nurse delegation process.

Testimony Against: None.

Testified: (Pro) Patty Hayes and Shannon Fitzgerald, Department of Health; Heather Young, University of Washington; Kathy Leitch, Department of Social & Health Services; Bill Sellars, The Arc of Washington; Luther Smith; Bruce Reeves, Senior Citizens' Lobby; Bill Day, Adult Family Home Association; and Dan Simnioniw, Adult Family Home Provider.

(With Concerns) Tamara Warnke, Washington State Nurses Association; Ellie Menzies, SEIU #1199; Ann Simons, UFCW (United staff nurses); and Scott Sigmon, Washington Health Care Association.