

FINAL BILL REPORT

SHB 1218

C 95 L 00

Synopsis as Enacted

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).

House Committee on Health Care
Senate Committee on Health & Long-Term Care

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, in consultation with the Department of Social and Health Services and the Nursing Care Quality Assurance Commission, was 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 nurse delegation process 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 may 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:

- The determination of the appropriateness of delegation is left to the discretion of the nurse;
- The status of the patient must be stable and predictable;
- The written informed consent of the patient is initially obtained by the nurse, and the elements of this informed consent are specified by law;
- 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 the Department of Social and Health Services; and
- The completion of basic core training by a nursing assistant is mandatory prior to delegation.

Summary of Bill:

Generally the statutory provisions 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 may only be made to nursing assistants in community-based care settings, except for simple tasks defined by the Nursing Care Quality Assurance 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, 2001, 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, including the requirement of stable and predictable patient status, and the immunity of nurses from liability within the limits of the protocol, are transferred to the Nurse Practice Act.

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

The requirement that the departments of Health and Social and Health Services and the nursing commission clarify reimbursement policies and barriers to current delegation is repealed. Also repealed is the provision establishing a toll-free phone number for receiving complaints.

Votes on Final Passage:

House	96	0	
Senate	44	0	(Senate amended)
House	81	0	(House concurred)

Effective: June 8, 2000