


“Common Nursing Issues During
Survey & Changes To Nursing
Protocol in Waiver Programs”
(HCS, TXHmL, & ICF)

PRESENTED
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- Who are they?
- What do they do?
- How can they help?



RN Nursing Assessment

- Why Should It Be Done?
 - The RN Nursing Assessment Lays Foundation For Providing Nursing To An Individual
 - The RN Nursing Assessment should be done prior to receiving any nursing tasks provided by unlicensed person

RN Nursing Assessment

- When Should It Be Done?
 - Admission
 - Enrollments
 - Transfers
 - Annually
 - Complete new RN Nursing Assessment Prior to Annual PDP
 - Or complete Review of previous RN Nursing Assessment, but include review of current health status and any changes.
 - Should be updated to reflect change in condition/health status
 - Includes:
 - Hospitalization
 - Major Illness or Injury
 - Crisis Stabalization/Psychiatric Emergency

What If RN Nursing Assessment is Refused?

- Provider May Not Be Able To Provide Nursing Services In **HCS & TXHmL**
 - Provider can't provide FC, RSS, SL, SHL/CS, Respite, SE/EA, or DH, unless the UAP/Staff –**DOES NOT PERFORM NURSING TASKS**
 - The program provider must be sure that the program can ensure the individual's health, safety, and welfare without nursing assessment and nursing services
 - **In the ICF Program**, if the RN Nursing Assessment is refused, then they would not be able to receive any services through the ICF Program. *(Might have to discharge)*
 - **(UAP/Staff can't administer meds or complete medical tasks without RN Nursing Assessment first in any program)**

Miscellaneous

- Nursing Assessment Must be Completed by RN
- No Specific Time Frames For Completion in **HCS & TXHmL** *(Good Nursing Practice is 1st 30 days)*
- **ICF**- Must Be Completed In First 30 Days
- If the Individual Has Extensive Medical & Nursing Needs, It Should Be Completed ASAP (**HCS, TXHmL, ICF**)
- UAP's (Unlicensed Assistive Persons)/Staff -contracted or employed by the facility, may not perform any medical tasks without RN NU Assess. being completed prior to:
 - RN Delegation, (**HCS, TXHmL, ICF**)
 - FC Exemption, or (**HCS**)
 - Initiating SB1857: RN determines okay to administer oral, topical, metered-dose inhaler routes without delegation. (**HCS, TXHmL, ICF**)

Miscellaneous (Cont.)

- The Review of Medical & Dental Information (Specific To Individual) to Develop the RN Assessment-Billable in HCS/TXHmL
 - Writing assessment is not billable
 - Reviewing your own nursing logs/SDL's is not billable or other nursing SDL's

Delegation

- Who Does Delegation?
 - ✦ **RN and only after RN Assessment completed**
 - ✦ **Needed and done only after assessing individual and unlicensed staff for competency**
 - ✦ **Provider needs company policy stating "Only RN can determine if delegation is appropriate for an individual".**
- How is a Need Determined?
 - ✦ **Assessment of Individual's Abilities & Needs-**
 - ✦ **SAM's should be part of RN Nursing Assessment**
 - ✦ **Provider needs company policy stating "Only RN can determine if delegation is appropriate for an individual".**
 - ✦ **Assessment if the ability of UAP**
 - ✦ **Assess for stable and predictable conditions**

Delegation (Cont.)

- How is a Need Determined? (Cont.)
 - ✦ **Is the individual in an independent living environment?**
 - ✦ **Is the individual age 16yrs or older or is the CRA (Client's Responsible Adult) able to participate in decisions about the overall management of individual's healthcare.**
- What Can Be Delegated? (See handout for Routes and Tasks)

RN Determination/Decision Choices

- In reference to the SAM's or SAM's section of the RN Nursing Assessment, this is where the RN determines the self-med. abilities and needs of the individual.
 - Self-Administration of meds- Individual is knowledgeable and capable (what, why, dose, route, & time) and is therefore independent.
 - ✦ (Or, needs only ancillary assistance, due to medical issues, ex: needs hand-over-hand only due to the fact he/she has Parkinson's and is too shaky to do by his/her self)
 - RN Delegation is Necessary
 - FC Exempt-Delegation not required and RN Determined FCC can assume responsibility and accountability (For HCS only)
 - SB 1857- RN determined Delegation not required and UAP's can administer oral, topical and metered-dose inhalant routes only
 - CRA can be responsible for training, oversight, being available for UAP's- no RN Delegation required. (Not for RSS or the ICF Program)
 - Nurse must administer meds.

Foster Care Exemption (HCS Only)

- CRA must be FC provider
- Must Be Stable & Predictable
- SAM's section must have been completed by RN
- UAP/FCP is trained by RN or LVN under direction of RN about proper admin of meds. and tasks
- Training of unlicensed staff must include info. and training on when nurse must be called/notified
 - For any change in health status
 - New physician's order or new medications
 - Injury /Illness
- Exemption form must be completed by RN and copy kept in FC home
- Must Call RN Prior to giving Psychotropic med/Med used to manage Maladaptive Behavior

Possible FC/CC Exemption Citations

- No Evidence of RN Nursing Assessment
 - Must be Done Prior To Exemption
- FC/CC acting as CRA when another Identifiable Adult is willing and able to make decisions
- No evidence an RN Nursing Assessment/ or Review completed by RN after Significant change in health/medical condition or change in FC/CC's ability to manage individual's healthcare.
 - Have been citing persons for RN not doing f/f after hospital discharge
- No Evidence RN Nursing Assessment reviewed/updated at least annually (N/A in TXHml if no NSP)
- No evidence of current NSP
- No Evidence RN instructed FC/CC to notify RN prior to use of chemical restraints (PRN psychotropics).
- FC/CC was instructed to notify RN prior to Chemical Restraints, but failed to do so.

Delegation (Miscellaneous)

- Hand over Hand is considered administration by BON
 - Exception is ancillary assistance only
- ICF must delegate all HMA's if staff/UAP's are performing them.
 - Exception (Oral route per SB 1857)
- Delegation includes PRN meds. UAP's should be trained on proper use of PRN meds. and provided specific guidelines for their use.
 - Recommend they notify RN prior to giving PRN's, if so make it a policy or put in NSP if individualized.
- UAP must call RN (*or LVN if facility is part of "on-call pilot" and PRN's are in NSP*) prior to use of a PRN medication to manage maladaptive behavior/psychotropic

SB 1857

- Only for following routes:
 - Oral (not sublingual)
 - Topical (does include patches and creams)
 - Metered Dose Inhalers (ex: Advair, Primatine)
- *Must be stable and predictable (Okay in ICF, HCS, and TXHmL)
- *Training Does Not have to be client specific
- *Assessment of UAP/staff and Training of Staff can be completed by RN or LVN under direction of RN
- *RN must assess individual/resident
- *Licensed person does not have to give initial dose, but training still prudent and necessary .