

MNHPC Position Statement

Coordination of Hospice Care: Delegation of Medication Administration to Unlicensed Assistive Personnel

Introduction

The Minnesota Network of Hospice and Palliative Care (MNHPC) recognizes care of patients with a serious or life limiting illness involves an interdisciplinary team of individuals and multiple care providers. Coordinating care is essential to patient safety and positive outcomes at the end of life. Unlicensed Assistive Personnel (UAP) are members of the interdisciplinary team and serve an important role in patient care. This care includes delegated nursing tasks outlined by the Registered Nurse (RN) in the patient and family plan of care.^{1, 2} Medication administration may be one of these tasks. The RN is responsible for plan of care oversight and medication management.³ Medication administration is a high-risk task due to its impact on patient safety and quality of care therefore; MNHPC believes it is essential to communicate the framework surrounding the safest standard of practice for hospice providers.

Background

The population is aging and by 2030, one in five Americans will be 65 years or older.⁴ As people live longer, they acquire more illness and chronic disease. Over time, the disease or multiple chronic diseases progress and the patient becomes increasingly ill and functionally impaired.⁴ There is a greater need for high-level medical support or supervision provided through professional nursing care. This increase in need for professional nursing care conversely coincides with the shortage of Registered Nurses.^{1, 2} Every person has the right to receive high quality nursing care overseen by an RN.¹

Minnesota Statute 148.171-148.285, also known as the Nurse Practice Act asserts that the RN, in accordance with professional standards of practice, may delegate medical functions in collaboration with other health team members.^{5, 6} The RN uses sound judgment when delegating or accepting the delegation of a nursing function, is required to provide the competency training, and remains responsible for patient outcomes relative to that care.^{6, 7}

Utilization of assistive personnel is one way to reduce the task-burden of the RN.² This allows the RN to focus on the professional skills identified under their licensure such as assessment, planning and evaluation of care. UAP are individuals who provide nursing related services including delegated, routine patient care following completion of basic education and training focused on identified competencies.¹ UAP support patient care in a variety of healthcare settings including but not limited to, assisted living centers, group homes and individual home settings. Hospice providers must review state regulation and

licensure requirements for scope and/or limitations of RN delegated activities or tasks that UAP may or may not perform.^{8, 9}

MNHPC Position Statement

- MNHPC recognizes the expanded role of UAP in medication administration as a valuable resource to the Hospice RN.
- When a hospice patient is receiving care from a non-hospice provider, the Registered Nurse employed by the non-hospice provider is the professional who delegates the task of medication administration to the UAP. The Registered Nurse employed by the non-hospice provider is responsible to competency test and directly supervise the UAP.
- The Hospice Registered Nurse must not delegate medication administration to the UAP in non-hospice provider settings since the RN is unable to directly supervise, proficiently assess and document UAP competency for this task.

Supportive Information

Nurse Practice Act ⁵

Minnesota Statute 148.171.

The Minnesota Nurse Practice Act defines Nurse as a: “registered nurse, advanced practice nurse, and licensed practical nurse unless the context clearly refers to only one category.”

The Minnesota Nurse Practice Act defines Nursing Assistant as an: “individual providing nursing or nursing – related services that do not require the specialized skill of a nurse, at the direction of a nurse, but does not include a license, a licensed health professional or an individual who volunteers to provide such services without monetary compensation”.

Minnesota Statute 148.26 Grounds for disciplinary action:

Subd. 1. Grounds Listed. The board may deny, revoke, suspend, limit or condition the license and registration of any person to practice professional, advanced practice registered or practical nursing under sections 148.171 to 148.285, or to otherwise discipline a license or applicant as described in section 148.262. The following are grounds for disciplinary action:

(8) Delegating or accepting the delegation of a nursing function or a prescribed health care function when the delegation or acceptance could reasonably be expected to result in unsafe or ineffective care”.

(17) Knowingly aiding, assisting, advising, or allowing an unlicensed person to engage in the unlawful practice of professional, advanced practice registered, or practical nursing”.

Minnesota Board of Nursing-Frequently Asked Questions⁶ **Who may supervise nursing personnel, such as LPNs and unlicensed assistive personnel (UAP)?**

The Nurse Practice Act is the law that defines professional nursing and practical nursing. The definition of professional nursing, which is the practice of a registered nurse (RN), includes “supervising and teaching nursing personnel”. Supervision is not included within the definition of practical nursing but monitoring is an authorized function of practical nursing.

The legal definitions of supervision and monitoring are in the Board of Nursing Rules, Minnesota Rules Part 6321.0100

Because nursing supervision includes delegating, planning, directing and evaluating nursing practice, the Board advises nurses and employers of nurses:

- An RN may delegate to and supervise nursing personnel;
- An LPN is not legally authorized to supervise nursing personnel. An LPN may monitor the practice of other LPNs and UAPs and report to an RN supervisor; and
- A non-nurse may not supervise nursing functions or evaluate the performance of the nursing personnel in carrying out delegated nursing functions.

Accountability

The RN in any setting is accountable for assigning aspects of nursing care to others, licensed and unlicensed.

- Even if an assistant has a special title, such as aide or technician, the decision to delegate nursing care and to provide adequate supervision rests with the RN.
- RNs must be aware of their responsibilities in delegation and supervision. They also should take into account the many and varied factors that must be considered in determining whether or not to delegate and if the RN does decide to delegate, which provisions should be in place to ensure the delegation is appropriate and safe for the client.
- The definition of supervision does not specify whether the supervision is provided directly or indirectly. An RN may, based on professional judgment, determine whether RN presence in the care setting is necessary or if being available for consultation is sufficient.
- Each nurse is accountable for his or her actions when supervising or monitoring other personnel.

Minnesota Rule: Hospice Licensure⁸

4664.0260 Home Health Aide Services.

Subp.3. Delegated home health aide services. Home Health Aide Services are delegated nursing services or assigned physical therapy services under the direction and supervision of a registered nurse or physical therapist. A registered nurse may delegate nursing services or a physical therapist may assign therapy services only to a home health aide who possesses the knowledge and skills consistent with the complexity of the nursing or physical therapy service being delegated or assigned and only according to Minnesota Statutes, sections 148.171 to 148.25 or 148.65 to 148.78, respectively. The licensee must establish and implement policies to communicate up-to-date information to the registered nurse or physical therapist has sufficient information to determine the appropriateness of delegating or assigning home health aide services.

Subp. 8. Competency evaluation. A hospice provider must ensure that a home health aide competency evaluation:

- A. is performed by a registered nurse
- B. addresses each of the following subject areas:

Any other task that the registered nurse may chose to have the home health aide perform, including medication reminders, assistance with self-administration of medications, and administration of medications;

4664.0270 Medication and Treatment Orders

Subpart 1. Administration. A hospice provider must ensure that all medications and treatments are administered according to the plan of care.

Subp. 2. Authorizations. For the purpose of this part, the term “prescriber’s orders” means an order for medication or treatment. A hospice provider must ensure that there is a written prescriber’s order for each drug for which a hospice provider provides assistance with self-administration of medication or medication administration, as defined under part 4664.265, including an over-the-counter drug. The prescriber’s order must be dated and signed by the prescriber, except as provided by subparts 4 and 5, and must be current and consistent with the interdisciplinary team assessment.

Medications may be administered by:

- A. a Licensed nurse or physician;
- B. a home health aide who has been delegated the task of assistance with self-administration of medications or medication administration by a registered nurse;
- C. the hospice patient, or the hospice patient’s family, consistent with the plan of care; or
- D. any other individual authorized by applicable state and local laws. The person, and each drug the person is authorized to administer, must be specified in the patient’s plan of care.

Subp. 3. Medication orders. A prescriber's order for medication must contain the name of the drug, frequency, dosage indication, and direction for use.

4664.265 Home Health Aide Requirements.

Subpart 1. Self-administration of medication; medication administration; other nursing and physical therapy procedures.

- A. A home health aide may perform assistance with self-administration of medications, medication administration, and other nursing and physical therapy procedures if delegated the activity by a registered nurse or physical therapist.
- B. "Assistance with self-administration of medications" means performing a task to enable a hospice patient to self-administer medication and includes one or more of the following:
 - 1. bring the medication to the hospice patient;
 - 2. opening a container containing medications set up by a nurse, physician, or pharmacist;
 - 3. emptying the contents from the container into the hospice patient's hand;
 - 4. giving a medication container with contents to the hospice patient;
 - 5. providing liquids or nutrition to accompany medication that a patient is self-administering; or
 - 6. documenting the administration of medication or documenting the reason for not administering the medication as ordered.
- C. "Medication administration" means performing a task to ensure that a hospice patient takes a medication and includes one or more of the following:
 - 1. checking the hospice patient's medication record;
 - 2. preparing the medication for administration;
 - 3. administering the medication to the hospice patient; or
 - 4. documenting after the administration of medication or documenting the reason for not administering the medication as ordered.
- D. "Medication reminder" means providing an oral or visual reminder to a hospice patient to take medication.
- E. "Pro re nata medication" or "p.r.n. medication" means a medication that is ordered to be administered to or taken by a hospice patient as necessary. The administration of a p.r.n. medication must be reported to a registered nurse:
 - 1. within a time period that is specified by a registered nurse prior to the administration; or
 - 2. if no time limit is specified, no later than 24 hours after its administration.

Subp. 2. Training. A home health aide performing assistance with self-administration of medication, medication administration, and other nursing and physical therapy procedures must:

- A. be instructed by a registered nurse or physical therapist on specific written instructions and proper methods to perform the procedure;
- B. be instructed by a registered nurse or physical therapist on reporting information to a registered nurse or physical therapist regarding the hospice patient's refusal of the procedure, when to report to the registered nurse or physical therapist, medication side effects, and reasons why the medication was not administered or not self-administered; and
- C. demonstrate to a registered nurse or physical therapist the home health aide's ability to competently follow the procedure. The registered nurse or physical therapist shall provide patient-specific instructions as required under part 4664.0260, subpart 5.

Subp. 3. Authorization and limitations on administering medications. Home health aides may be delegated to perform medication administration and assistance with self-administration of medications, whether oral, suppository, eye drops, ear drops, inhalant, topical, or administered through a gastrostomy tube. A home health aide delegated assistance with self-administration of medications and medication administration under this subpart must not be delegated administration of medications by injection, whether intravenously, intramuscularly, or subcutaneously.

Minnesota Rule: Home Care Licensure⁹

4668.0110 HOME CARE AIDE TASKS

Subp. 1. Home Care aide Tasks. For a class B or C license, only a person who satisfies the requirements of subpart 2 or part 4668.0110, subpart 5, may perform the following services for clients:

- A. preparing modified diets, such as diabetic or low sodium diets;
- B. reminding clients to take regularly scheduled medications or perform exercises;
- C. household chores in the presence of technically sophisticated medical equipment or episodes of acute illness or infectious disease;
- D. household chores when the client's care requires the prevention of exposure to infectious disease or containment of infectious disease; and
- E. assisting with dressing, oral hygiene, hair care, grooming, and bathing, if the client is ambulatory, and if the client has no serious acute illness or infectious disease. Oral hygiene means care of teeth, gums, and oral prosthetic devices.

Subp. 2. Qualifications for persons who perform home care aide tasks. No person may offer or perform home care aide tasks, unless the person has:

- A. successfully completed training and passed the competency evaluation required by part 4668.0130, subpart 1;
- B. passed the competency evaluation required by part 4668.0130, subpart 3;
- C. successfully completed training in another jurisdiction comparable to that required by item A; or
- D. satisfied the requirements of part 4668.0100.

MN Statute 144A.45, subd.1: Class B License

- 5. standards for supervision of home care services requiring supervision by a registered nurse or other appropriate health care professional which must occur on site at least every 62 days, or more frequently if indicated by a clinical assessment, and in accordance with sections 148.171 to 148.285 and rules adopted thereunder, except that a person performing home care aide tasks for a class B licensee providing paraprofessional services does not require nursing supervision.

4668.0800: Class F Assisted Living

Subp. 2. Required services. A class F home care provider licensee must provide at least one of the following assisted living home care services directly:

- A. professional nursing services;
- B. delegated nursing services;
- C. non-nursing services performed by unlicensed personnel; or
- D. central storage of medications

Definitions

Non-Hospice Provider:

Includes a licensed home care agency, an adult day care center, an adult foster care, a nursing facility (Medicare certified or not) or a board and care home, group home, or any facility or program where services by the provider are supervised by an RN.

References

- 1. American Nurses Association (ANA). Revised position statement: July 13, 2007. *Registered Nurses Utilization of Nursing Assistive Personnel in All Settings*. Available at: <http://nursingworld.org>. Accessed January 2012.
- 2. American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN) 2005. Joint Statement on Delegation. Available at: <http://nursingworld.org>. Accessed November 2011.

3. Center for Medicaid and State Operations/Survey and Certification Group, January 2, 2009. Hospice Interpretive Guideline 418.56 (a-c). Available at: <http://ngsmedicare.com/wps/portal/ngsmedicare>. Accessed March 2012.
4. Kapo, J., Morrison, L.J., Solomon, L., Palliative Care for the Older Adult. *Journal of Palliative Medicine* 2007; Vol.10:1, pgs. 185-210.
5. Minnesota Nurse Practice Act. 2010 Minnesota Statutes 148.71-148.285 Available at: www.nursingboard.state.mn.us. Accessed January 2012.
6. Supervision in Nursing - *Frequently Asked Questions*. Minnesota Board of Nursing. Available at: www.nursingboard.state.mn.us. Published 1994 and 1996. Reviewed 2001 and 2010. Accessed January 2012.
7. England M.E., June 28, 2011. Minnesota Board of Nursing 1907-2007, 100 Years, Minnesota Department of Health Mark of Excellent: power point slides.
8. Minnesota Department of Health Hospice Services Chapter 4664.0260; 4664.0265 and 4664.0270. Available at: www.health.state.mn.us.
9. 144A.45 Minnesota Statutes: Regulation of Home Care Services. Available at: <https://www.revisor.leg.state.mn.us/statutes/?id=144A.45>. Accessed February 28, 2012.

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This position statement reflects the bioethical standards and best available clinical evidence at the time of writing or revisions.

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In Hospice, the RN has the responsibility for medication management and care plan oversight.