

**Consideration of Report and Recommendations of the Task Force on Delegation
Pertaining to Rule 225, Independent Living Environments**

Summary of Request:

Consider the recommendations of the Task Force on Delegation to expand the list of Health Maintenance Activities (HMAs) and the list of tasks that RNs may delegate in emergency situations.

Historical Perspective

The Delegation Task Forces were formed and approved during the October 2011 Board Meeting. Board staff conducted informal teleconferences with each task force member for Chapter 224, *Delegation of Nursing Tasks by Registered Professional Nurses to Unlicensed Personnel for Clients with Acute Conditions or in Acute Care Environments* and Chapter 225, *RN Delegation to Unlicensed Personnel and Tasks Not Requiring Delegation in Independent Living Environments for Clients with Stable and Predictable Condition*.

Although the charge was to review both rules, the decision was made to review one rule at a time. Teleconferences were conducted with each member of the Chapter 225 Delegation Task Force to determine their suggestions for revisions.

Three meetings were held on April 27, August 27 and October 16, 2012 and two teleconferences on October 3 and November 28, 2012. See attachments 1 thru 4 for meeting minutes.

The decision to reconvene following the 83rd Legislative Session was made in order to allow the Delegation Task Force sufficient time to discuss possible rule revisions that ensures clients are supported safely in community-based settings and promotes the RN's ability to use his or her professional judgment.

During the final teleconference on November 28th, the Delegation Task Force Subcommittee voted to recommend expanding the list of tasks that could be designated as Health Maintenance Activities (HMAs) and the list of tasks that RNs may delegate in emergency situations.

The expanded list of tasks designated as HMAs for the Board's consideration is:

- Noninvasive ventilation (NIV) such as continuous positive airway pressure (CPAP) and bi-level positive airway pressure (BiPAP) therapy
- Routine administration of a prescribed dose of oxygen
- Unit dose medication administration by way of inhalation (MDIs) including medications administered as nebulizer treatments for prophylaxis and/or maintenance
- Topically applied medications
- Insulin administration subcutaneously, nasally, or via an insulin pump

The expanded list of tasks that a RN may delegate in emergency situations in independent living environments for certain life-sustaining medications, treatments or procedures that have been previously prescribed by an appropriately authorized healthcare practitioner for the Board's consideration is:

- Glucagon injections for treatment of severe hypoglycemia in unconscious clients or clients who are unable to swallow oral glucose
- Epinephrine injections from a single-dose pre-filled automatic injection device for severe allergic anaphylactic reactions
- Diazepam rectal gel in a pre-filled syringe for episodes of increased seizure activity
- Nitroglycerin tablet(s) administered sublingually for the acute relief of an attack of angina pectoris
- Use of a hand held magnet to activate a vagus nerve stimulator to prevent or control seizure activity
- Metered dose inhalers or nebulizer treatments for the relief of acute respiratory symptoms
- Oxygen administration for the relief of acute respiratory symptoms

Pros and Cons:

Pro: Expanding the list of tasks that may be designated as HMAs fosters independence and further supports clients who are able to train and supervise unlicensed staff in order for clients to remain in the least restrictive environments as possible. Expanding the list of HMAs also promotes the RNs ability to make on-going assessments and to use his or her professional judgment based on client conditions when making delegation decisions and documenting these decisions in the nursing care plan.

Client safety is of the utmost importance and the time it takes to travel to reach a client in the community is often an issue. The RN must have the ability to delegate to unlicensed personnel, life-sustaining medications, treatments, or procedures that have previously been prescribed by an appropriately authorized provider. Expanding the list of tasks that a RN may delegate promotes immediate intervention in emergency situations.

Con: Two members of the Delegation Task Force voiced concerns about the administration of insulin becoming a HMA. The concerns expressed were for the safety of the client in the independent living environment with numerous rotating unlicensed staff and whether the client or the client's responsible adult could adequately train and supervise these unlicensed staff. Another concern was if the client, client's responsible adult and unlicensed staff would be able to relay vital information to the RN if the client's condition changed.

Staff Recommendation:

Move to approve the expansion of the list of tasks that may be designated as HMAs and the list of tasks a RN may delegate in certain emergency situations.

Texas Board of Nursing
Delegation Task Force – Chapter 225

Minutes
April 27, 2012
9:00 am – 3:00 pm

Members Present

Julie Lindley, RN, BSN
Amanda Fredriksen
Cynthia Morgan, RN, CHPN
Daneen Machicek, BSN, RN
Diane Moore BSN, RN, SCCD

Rachel Hammond, BSN, RN

Jessica Ramos

Ron Crankston
Susan Murphree
Sylvia Trevino, BSN, RN

Board Member Liaison

Tami Cowan

Board Staff Present

Kathy Thomas, MN, RN, FAAN
Dusty Johnston
Mary Beth Thomas, PhD, RN
Melinda Hester, RN, DNP
Denise Benbow, MSN, RN
Bonnie Cone, MSN, RN
Ramona Gaston-McNutt, BSN, RN

Representing

Texas School Nurses Organization
AARP Consumer
Hospice Austin
Department of Aging and Disability Services
Developmental Disabilities Nurses
Association
Texas Association for Home Care &
Hospice
Texas Council for Developmental
Disabilities
ADAPT of Texas
Advocacy, Inc.
Department of Aging and Disability Services

Texas Board of Nursing

Board staff, Executive Director
Board staff, General Counsel
Board staff, Director of Nursing
Board staff, Lead Practice Consultant
Board staff, Consultant for Practice
Board staff, Consultant for Practice
Board staff, Consultant for Practice

Agenda Item	Discussion	Action or Follow-up
Welcome and Introductions	Meeting called to order at 09:06 am by Committee Chair, Julie Lindley. Kathy Thomas, Executive Director of the Board of Nursing welcomed the Delegation Task Force members. Attendees introduced themselves.	
Meeting Guidelines	Meeting guidelines were reviewed with Task Force members.	
Historical Review	Reviewed the history of the delegation rules.	
Purpose Of Meeting	M. Hester, Lead Consultant for Practice discussed the Board's charge to the Delegation Task Force members to review Chapter 225 and make recommendations regarding any revisions that were needed. Recommendation should ease understanding, facilitate good decision-making and promote public protection.	
Discussion Of Proposed Rule Revisions	<p>The new organizational structure and each section of the proposed rule draft were discussed at length, including:</p> <ol style="list-style-type: none"> 1) Delegation as a decision-making process that mirrors the nursing process. 2) Nurse Administrators' responsibility in the delegation decision-making process. 3) Requiring a conflict resolution model and comparing aspects of safe harbor nursing peer review as conceptual model for conflict resolution in delegation. 4) Financial implications associated with delegation. 5) Competency and training requirements involving unlicensed personnel or groups of unlicensed personnel on an annual basis or as client conditions change. 6) ADLs and HMAs and the various delegation options available to the RN. 7) A definition of Assignment of Nursing Tasks. 8) Importance of RN supervisory responsibilities of unlicensed personnel performing delegated tasks. 9) Identifying the LVN's role in delegation when another practitioner delegates nursing tasks or school administrators assign tasks to unlicensed personnel. <p>Suggestions were made to provide more clarification and guidance in the form of Frequently Asked Questions (FAQs) on the definition of: Nursing Tasks, Administration of Medication, Self-Administration of Medication, and Assistance with Self-Administration, Documentation of Competency, Delegation in Emergency Situations, and Delegation during Field Trips, Supervisory Responsibilities, Topical versus Transdermal, and HMAs.</p>	BON staff will develop.

Agenda Item	Discussion	Action or Follow-up
Schedule Next Meeting	Task Force Members were asked to submit written comments to B. Cone, Practice Consultant. Another meeting will be scheduled to review the second draft of the proposed rule revisions.	To be determined.
Closing	Meeting adjourned at 2:50pm.	

**Agenda Item: 5.2.6.a
Attachment 2**

Texas Board of Nursing
Delegation Task Force – Chapter 225

Minutes

August 27, 2012

9:00 am – 1:00 pm

Members Present

Cynthia Morgan, RN, CHPN

Daneen Machicek, BSN, RN

Diane Moore BSN, RN, CDDN

Jettie Eddleman (attending for Rachel Hammon)

Jessica Ramos

Susan Murphree

Ellarene Sanders, RN, PhD, NEA-BC

Sylvia Trevino, BSN, RN

Jim Willmann, JD

Board Member Liaison

Tamara Cowen, MSN, RN

Guests

Maxcine Tomlinson

Heather Vasek

Beth Skelton

Board Staff Present

Dusty Johnston

Mary Beth Thomas, PhD, RN

Melinda Hester, RN, DNP

Denise Benbow, MSN, RN

Bonnie Cone, MSN, RN

Ramona Gaston-McNutt, BSN, RN

Representing

Hospice Austin

Department of Aging and Disability Services

Developmental Disabilities Nurses

Association

Texas Association for Home Care &

Hospice

Texas Council for Developmental

Disabilities

Disability Rights Texas

Texas Nurses Association

Department of Aging and Disability Services

Texas Nurses Association

Texas Board of Nursing

Texas New Mexico Hospice Organization

Delisi Communications

Department of Aging and Disability Services

Board staff, General Counsel

Board staff, Director of Nursing

Board staff, Lead Practice Consultant

Board staff, Consultant for Practice

Board staff, Consultant for Practice

Board staff, Consultant for Practice

Agenda Item	Discussion/Follow Up
I. Welcome and Introductions	Meeting was called to order, committee members and board staff introduced themselves
II. Guidelines for Meeting	Guidelines for meeting were reviewed
III. Discussion of rule revisions – Draft 2	<p>Discussion of rule sections; comments included:</p> <ul style="list-style-type: none"> A Discussion on use and placement of the term APRN in relation to advanced practice registered nurses B Discussed consistency of wording in relation to “exempt from delegation” and “does not require delegation” and possible refining of explanation C Discussion on use of term “gate-keeping” with consensus to not to use this term in the rule D Consider removing reference to “civil liability” [225.5] E Discussion regarding client responsible adult and the provider advocate committee <p>Request for further discussion of HMA at next meeting</p>
IV. Closing	Meeting adjourned at 12:43 pm. The next meeting will be a teleconference – date and information will be sent to task force.

Texas Board of Nursing
Delegation Task Force - Chapter 225

Minutes of Conference Call
October 3, 2012
1:00pm – 3:00pm

Members Present

Ron Cranston
Jettie Eddleman, RN

Amanda Fredriksen
Bob Kafka
Julie Lindley, RN, BSN
Daneen Machicek, BSN, RN

Diane Moore, BSN, RN, CDDN

Cynthia Morgan, RN, CHPN
Susan Murphree
Jessica Ramos

Ellarene Sanders, RN, PhD, NEA-BC- attending
for Julie Withaeger, RN, MSN, RNC-NIC
Beth Skeleton-attending
for Sylvia Trevino

Jim Willmann, JD

Guests

Maxcine Tomlinson
Heather Vasek

Board Member Liaison

Tamara Cowen, MSN, RN

Board Staff

Denise Benbow, MSN, RN
Bonnie Cone, MSN, RN
Ramona Gaston-McNutt, BSN, RN
Melinda Hester, DNP, RN
Dusty Johnston

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Texas Department of Aging and Disabilities
Services
Developmental Disabilities Nurses
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Agenda Item	Discussion/Follow-up
<p>I. Welcome and Introductions</p> <p>II. Guidelines for Meeting</p> <p>III. Discussion of Health Maintenance Activities – Susan Murphree, Advocacy Inc.</p> <p>IV. Discussion of rule revisions – Draft 3</p> <p>V. Meeting Adjournment</p>	<p>I. Julie Lindley called the meeting to order. The participants on the call were all identified through roll call and introductions.</p> <p>II. Reviewed</p> <p>III. There was discussion concerning whether nebulizer treatments and insulin pen injections always had to be tasks that were delegated or could these tasks be Health Maintenance Activities.</p> <p>IV. Proposed revisions were reviewed from the beginning of the rule.</p> <ul style="list-style-type: none"> A. Discussions included the use of the term stable and predictable, correct reference to other laws, placement of examples versus rule section reference, CRA and delegation assessment process. B. A vote was taken on use of the term “nursing tasks” versus “tasks” with the majority in favor of “nursing tasks” C. Task Force Members will meet again to discuss HMA’s. Members requested a side by side comparison of the old rule and the proposed new rule. Next meeting will be determined and information will be sent to Task Force. <p>V. Meeting Adjourned at 3:08 p.m.</p>

Texas Board of Nursing
Delegation Task Force – Chapter 225

Minutes

October 16, 2012

1:00 pm – 3:00 pm

Members Present

Daneen Machicek, BSN, RN

Diane Moore BSN, RN, CDDN

Jessica Ramos

Susan Murphree

Ellarene Sanders, RN, PhD, NEA-BC

Sylvia Trevino, BSN, RN

Ron Cranston

Board Member Liaison

Tamara Cowen, MSN, RN

Guests

Maxcine Tomlinson

Beth Skelton

Board Staff Present

Dusty Johnston

Melinda Hester, RN, DNP

Bonnie Cone, MSN, RN

Ramona Gaston-McNutt, BSN, RN

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Consumer

Texas Board of Nursing

Texas New Mexico Hospice Organization

Department of Aging and Disability Services

Board staff, General Counsel

Board staff, Lead Practice Consultant

Board staff, Consultant for Practice

Board staff, Consultant for Practice

Agenda Item	Discussion/Follow Up
<p>I. Welcome and Introductions</p> <p>II. Guidelines for Meeting</p> <p>III. Review of Minutes</p> <p>IV. Discussion of rule revisions – Draft 4</p> <p>V. Closing</p>	<p>I. Meeting was called to order, committee members and board staff introduced themselves</p> <p>II. Guidelines for meeting were reviewed</p> <p>III. Approval of 8/27/12 and 10/3/12 minutes with one minor edit to 10/3/12 minutes</p> <p>IV. Discussion of rule section 225.6; comments included:</p> <ul style="list-style-type: none"> A. Discussion on HMAs Able to be Delegated to LTSS Workers (State LTSS Scorecard, 2011) B. Discussed moving routine nebulizers to HMA; ADLs, HMAs and nursing task; what is lowest level of nursing oversight; ADLs have lowest level of oversight, then HMAs; routine versus acute and stable and predictable with regards to nebulizers; routine nebulizers added to list of tasks that may be delegated in 11/11; motion made to move routine nebulizers to HMAs and keep use for emergency in Section 225.13; motion did not pass C. Discussion on use of mechanical lift in transferring moved from ADLs to HMAs; people have been injured using lifts; people in Primary Home Care program would be required to have nurse evaluate if moved to HMA; motion made to move transferring with mechanical lift back to ADLs; motion passed <p>V. Meeting adjourned at 2:30 pm due to a member having to leave and no longer having a quorum. The next meeting will be 11/28/12 – date and information will be sent to task force.</p>