

# T&C Nurse Assessment Workshop

Aloha and welcome to the Nurse Assessment Workshop for the Developmental Disabilities Division 2021 Waiver Standards training and consultation for the registered nurse.

This presentation... you will be able to describe components of T&C RN, recall the DDD nurse assessment packet, identify sections of the provider nursing assessment, and complete the nurse assessment form

A timeline in regards to implementing this service— we sent out the transmittal memo on August 4th.

We held our initial training on August 11th. So, if (unfortunately) you did not get a chance to... view that training, we do have the link available in the chat.

And, we're gonna go ahead and... Cliff is going to go ahead and drop the link in the chat of where you can watch the recording.

And then, at the end of today's presentation, I'll go ahead and show you where you can go ahead and... view the training itself.

Today we're going to go ahead and talk about... the Nurse Assessment Workshop.

This training (or this service) has an effective date starting 9/1 for the plan year starting December 1.

The reason why we had a 9/1 start is because... all of our DDD case managers are so awesome that we hold our ISPs three months prior... right?

Scott was all like... "I don't think so." [Laughing]

But, yes. So, this is for all ISPs (starting December 1).

So, we're going to start off today's presentation... again, going over the components of T&C RN. And, we are going to go ahead and have our very own... Priscilla talk about the components of T&C RN. Hold on Priscilla let me... mute and then turn on...

**Priscilla:** Hi everybody! Okay... I think I got control of it. Just wanna welcome and thank you guys so much for joining us today.

I just do wanna remind you that this... we're going to go through this very briefly... because this is just going to be... a reminder and a review of our previous webinar.

But, because it does encompass a lot of what we're going to be doing, we'll still go through it.

So, the main components of T&C RN are composed of... one, first the nursing assessment (which is going to be completed by the provider RN).

And, the second part of that... (once the nurse assessment is completed) if there's nurse tasks that are identified, then it's going to encompass developing the nurse delegation plan.

So, let's first talk about the nurse assessment, and what is included in the waiver.

So, when you look at the waiver... you can see that these are the minimum requirements that also align with the five rights of delegation, and also align with the provider nursing assessment.

So, even though these are here, you can see that the provider nursing assessment already is... formatted to help you allow [to] provide these information— which includes identification of tasks, the assessment of participant circumstance, the person completing the task (or the delegatee), supervision and monitoring requirements, and recommendation by the provider RN for the hours that they may need to complete any nurse delegation requirements.

Go to the next slide... There we go.

So, if the RN determines that there are nurse delegated tasks, they can document that.

A concern that had been brought up a lot of times by the provider RN is... that they were feeling that if they felt it was a situation... identified by any one of the five rights of nursing delegation, that... didn't align... that they felt they didn't feel comfortable. And, we completely agree with that.

So, there are going to be certain situations... if the RN determines that any person is unable to perform the task safely... or if the task is not delegate-able (meaning that only... it involves certain criteria like assessment and nursing judgment) and not a task that is appropriate to delegate...the RN will not delegate.

And, in that case, the RN may submit documentation (written notification) for the reasons to the CM.

And, these components are already formatted and included into the nursing assessment form.

So, once we have the nurse assessment, then we're going to talk about nurse delegation.

Before we even start with nurse delegation, we always like to remind everyone that everything should be in alignment with the Hawaii Nurse Practice Act (whatever may be... mentioned in both the Hawaii Revised Statute 457, or the Hawaii Administrative Rules Chapter 89).

We have a link readily available there. And, we also want to remind you that a part of the Appendix Waiver includes the newly... released (back in 2019 from the ANA and the National Council of State Boards of Nursing) the new updated national guidelines.

We did also decide to keep the previous 2010... joint statement on delegation (because the current HAR and the HRS does mention some of those components previously in there).

But, like we said, we always want to remind you that this should be alignment with the Hawaii Nurse Practice Act.

And, you do have the references for the national guidelines in the appendix services, and you have the links readily available there (as well) for you.

So, when we talk about components of a nurse delegation plan... these are the minimum things that should be included— and they're pretty straightforward.

As we already mentioned, they align with the five rights of nurse delegation plan.

You should basically identify each specific task. If there's any equipment, describe the step.

And, in short, what does it look like when it works well? What are the expected outcomes?

The other part of that (and makes the nursing delegation so critical) is also identifying when the adverse reactions occur.

And, when they do occur, what does the person do in the case of an emergency?

And there... it also includes the documentation and finally the training and skills verification as well.

So, part of those nurse delegation plan also aligns with the medication administration assistance. So, you can see it's still going to encompass a lot of those.

But, for the medication administration... additional things to identify are including... either the generic or brand name, any photo, the purpose... or the purpose (or the reason) why they're taking the medications— because some medications can have multi-purposes, and we want to be... the delegatee should be very specific and... aware to the reason why they're taking it, any potential adverse effects, drug food interactions, general information, monitoring (things that the delegates should be looking out for the participant), and also (once again) the training and skills verification.

And finally, this takes us to the DDD Nurse Delegation Packet.

So, remember we had the first part of the nurse assessment, and the second part is the nurse delegation plan.

When we talk about the DDD Nurse Delegation Packet— this is referring specifically to that first part of the nurse assessment.

So, this nurse delegation packet really was in response to the feedback to create a standardized process.

The standardized nurse assessment form allows for the convenience... and the ability for the provider RN to submit those minimum requirement information to the CM in an easy to fill out way. It is available in a fillable form that makes it nice and easy to go ahead and complete.

And, this is going to be completed by the provider RN.

I know we do have a nice mix of people here— which includes DDD nurses, provider RN nurses, and other staff.

But, just to make it clear... we do want it to be very engaged but... in the end (in the process) this is something that is going to be completed by the agency RN that is completing the T&C or nurse delegation process.

The provider may submit a supplemental assessment form— meaning... that even though we do have a standardized form, the provider should not feel limited to only including information on here.

If they have additional documentation... (or whatever) it may be that they feel like... helps to supplement or add to the provider nurse assessment, please feel free to include that.

And, like Abby had kind of mentioned before, this would be completed within 15 calendar days... of the nursing assessment being authorized by the case manager.

So, the nurse delegation packet comes in three different parts. It's going to include the provider nurse assessment, the worksheet A (for activities), and finally worksheet B (risk guidance).

And hopefully, I'm trying to go quickly, but feel free to let me know... if anything when we go to the end... additional questions.

But, I'm going to go through this... because we have talked about this before.

So, in the background information— going to be very straightforward—including the name, the... person completing it (all of that stuff). I'm going to go back to the... animation can go through— but basically the name, the date of birth, guardian, health plan, the agency (all of those).

Part of this is going to include the medical history (which includes the diagnosis).

When you see here "medical stability", you should include any risk factors, precautions, hospitalizations, AERs... includes any diet and nutrition, if they have any medical supplies, and finally, any medications and allergies.

We do want to point out for the medication and allergies to have the full information.

Also, please be sure to include the name, the indication (or the purpose), the dose, route, and the ordering physician (especially if the person has multiple providers prescribing medication).

So, the second part of the nurse assessment (after you've completed the background information), we'll look at the identification of the specific nursing tasks and person / persons [who] are responsible (meaning the delegatee).

So, it seems like a lot of boxes in there. But, when you really break down this part... it comes down to simple questions. The first part of that is nursing tasks.

What are the tasks? For each one, you do want to identify each specific task.

So, if they have medication administration and g-tube feedings— these are specific tasks that are going to be identified in each of those.

The next question that this section looks at is... who's doing the service, and where the service is being delegated to?

So, if you have a specific task for nurse... (excuse me) medication administration, if you have multiple direct support workers or care caregivers, you do want to identify each of those specifically because as the... (I'm sure all the nurses on here know), that does apply to the right person when we talk about... the rights of delegation. So, you want to be specific... one with each person completing the task, and the service in which they are providing that... task.

The next is... does the person have the knowledge and skills.

This includes the assessment of the person. Once again, tying back to those rights of delegation part of the nursing assessment does include: does this person... have the skills and the knowledge to perform that safely?

If they do, in this part, the RN can identify "Yes, the person is able to perform the task"... or they can identify in that second check box "No, they are not" and then include their reasons... for determining that... it's not appropriate for that task.

And finally, in this section (in the last box in the yellow and to the right)... will this task be delegated.

From here, the RN will be able to check off "Yes, I feel comfortable in my assessment that the task will be delegated," or "No, the task cannot be delegated"— one... because maybe it could be (as you indicated) it's not the right person or any of the five rights of delegation.

Or, it also could be that it's a task that involves nursing assessment or judgment— and therefore should only be completed by a licensed nurse.

Whatever the task may be... I mean the reason may be for either it... being delegated or not— you may [be] able to identify that here.

So, for sections three, four, and five...

You can see here... number three is assessment of participant circumstance. You're going to identify the risk.

Then for the supervision and monitoring requirements...

And finally, provider RN additional comments as well. Let's see if it goes through.

It doesn't... so actually let me go through it. Doesn't break it down... so let me kind of kind of discuss this as well.

In section three you're going to identify what the appropriate category is... and we're going to talk about that when we talk about some of the Worksheet A and Worksheet B.

Then in the supervision monitoring requirements... just a friendly reminder that the minimum requirements does include the face-to-face that should be completed with the provider RN and the person completing the task.

And, once again, when we talk about the five rights of delegation this includes... the right person (or the right delegatee) and also the participant that is there.

And then, finally, when we talk about provider RN additional comments notes— this is going to be something that the RN can provide any additional information that they feel like may be relevant.

Okay... and then the next part is DDD internal use.

So, once the provider nursing assessment gets authorized, then the provider RN has 15 days from the authorization to complete it to submit to the CM.

When it gets submitted to... back to DDD, the CM (along with the RN reviewer) will look through the assessment and... one, will either "Yes, approve the hours" or "No."

And then, this will initiate a discussion between the circle to determine what may be appropriate.

Alright. So, now that we talked about the first part of the delegation packet (which is the nursing assessment)— next we're going to look at the worksheet A (which looks at the list of RN delegated activities), and / or if they're specific skilled nursing activities.

So, with this first part here... it makes it very easy. There's a long checklist that the RN can check off on which nursing assessment (sorry nursing tasks that are there) but there also is another area where they can put "other," and add anything that may not already be included on the list.

And, once again, I just do want to remind you that each task does need to be specified in there.

So, as far as using worksheet A... this is a tool... to help the CM and the circle determine which service requires RN delegation and oversight

So, not only does it include the checklist to identify the nursing task... but as you can see on the right side of that form where (in the colored boxes) you will also then identify the specific service where that nursing task is being conducted by the delegatee.

Alright. And then, the second part of that... Worksheet A does include a checklist that looks at specific tasks that may not be delegated— because these are very complex tasks that does involve that nursing assessment nursing judgment.

And, these are components that cannot be delegated.

And, if there are, you can indicate them on there.

And finally, the last part of that delegation packet does include Worksheet B. For Worksheet B, you have a checklist of indicators of medical instability, and the risk category guidance.

That first part of the medical indicators of medical instability... you can see that there's different components here (you would check it off).

If you do not see any of these... checked off, or you do not identify any indicators of medical instability, maybe then they... they've had no AERs, they've been very stable the past year, no changes to their [medications] (whatever it may be)— you can indicate that (even though there's not a box that says "none of this apply"), you can indicate that (both in the nursing assessment under medical stability and also make a comment when you identify the category)... that none of the indicators of medical instability were identified.

And, the other part of that too... when we talk about identifying... appropriate category is also realizing that the categories are based on the participant's health risks, and also the complexity of care.

So, this is (of course)... this is just a very short graphic.

But, as the RNs will know, it is a very complex task that cannot necessarily be very black and white.

And, that's why we put the authority and the autonomy back into the provider's nurses because that's where the professional judgment and the nursing skill will really come in.

But, in short, if the person has lower stability... this in turn (generally speaking... like we say... very generally speaking) means that there tends to be a higher risk. Where, if they have a higher stability, it tends to be a lower risk.

And, the other part of that too... not only do we look at stability, but we also look at complexity of care. In that sense, the more complex they are (as far as the nursing task), there's gonna be a higher risk.

But, if there's non-complex, in theory, there's gonna be a lower risk.

So, once again, it's not a clear cut black and white (as the nurses will know).

But, these are some different components that will help the provider RN determine the appropriate category.

And, we'll get a little bit more practice coming up in the examples here.

So, from there in Worksheet B... this will provide that risk category guidance.

They don't necessarily have to meet all of the different components.

And, I do want to remind you that it's going to look very different— depending on those factors (of the five rights of nurse delegation).

It's going to look different for each participant. It's going to look different for the delegatee, and the different circumstances that the RN has to determine.

But, overall, in the end, once they completed the nursing assessment, they're going to identify four different categories— between the four different categories (category one being the lowest risk and category four being the highest risk).

So, participants should be assigned.

But, remember that these are examples that are intended to determine which category is most appropriate... but then again, also realizing that they do not have to meet all of the criteria in any given category.

Alright. So, just... we went through that very quickly. But, just a reminder the sections of the DDD nursing assessment.

There's going to be some parts that you would use the supplemental information (whether that's worksheet A or B). But, they're also going to be some parts that are going to be stand-alone only.

When we say "stand-alone," that means you can fill out the information on these sections... by the information that you have, or you gathered during your nurse assessment. That would be Section One (the background information).

Section Four and Five— which is the supervision monitoring, and any additional comments.

And then, for DDD, the stand-alone would be the internal use— where the DDD RN reviewer will either approve or trigger something like "Hey, let's have a discussion of what may be appropriate in that case."

The second part... when we talk about the supplemental information... there we go...

There are supplemental sections— so for section two (which is the identification of tasks)... just a reminder that you will use Worksheet A to help fill out that section.

And finally, for section three, you are going to be using Worksheet B to help you identify the appropriate category and risk.

Alright. And with that, we're gonna go back to Abby— who's gonna talk about the T&C process.

**Abby:** Hello everybody! Did you miss me?

Alright. I'm gonna take these no responses as "Yes, you guys did."

Okay. So, what we are going to do is... we are going to go ahead and talk about process.

This T&C RN revamp... there are very... a lot of moving parts to it. And, you know,... like what Priscilla said... it's not like so clear-cut.

There are different circumstances that vary. But, for the most part, we feel that... with the revamp of this process... we managed to make sure we captured a lot of nursing components— while at the same time respecting the autonomy of the provider nurse.

So, when we're talking about this RN process, and we realize that... these are... services available within our waiver.

But, you know, we also want to make sure that others are looking out for additional resources (especially when it comes to nursing services).

Some of the services may be provided through their health plan (other communities resources).

But, we also want to make sure that the waiver services isn't the end all (utilize the other health plan resources). And, again, our waiver services are meant to make sure that...

i don't want to say "last case scenario", but we want to make sure that at the end of the day we utilize all the other resources available for nursing tasks.

So, high level overview— if we are taking a look at the people that we support, if the person that we support does not have any nursing tasks, then (guess what) this service is not for them.

However, for our providers, if we support someone that does have a nursing task, the T&C RN will be authorized initially for two hours for you folks to complete the provider nursing assessment within 15 days.

Best case scenario you turn it into the case manager, and we go ahead and approve it within 10 days.

After you turn in... after it's approved, what then happens is the T&C RN provider will make sure that they... train the person that is... the delegates (I'm learning so many more new terms... learning about this T&C process).

But again, make sure that... the training and skills have been verified for those that will be... the delegates will be doing the service, and then the provider is then responsible for turning in the nurse delegation plan.

Okay. So, what happens if we do not agree within these 10 days, right?

Provider turns in their nurse assessment, and then "Oh you know what... when we review it with our nurse it does it make sense"...

We're going to advise you folks to kind of come up and work together and compromise during this part.

If it comes to the fact that you need to come up with a new nurse assessment together, go over the different categories (and so be it). We want to make sure that... at the end of the day, the individuals that do have nursing tasks... that they are covered and overseen under this service.

Should there be any type of circumstance where the individuals... the circle, the delegating RN, as well as our DDD case managers and nurse doesn't agree, then they will be advised to speak to their unit supervisor to talk about potential next steps.

So, I'm not sure if anybody remembers our initial training... with Lani girl right?

In August, we talked about Lani girl, and she made her debut. Okay.

So, if we're walking through this scenario— this is Lani girl in the middle of her circle. And, her circle consists of Paula (RN provider), her guardian Georgette (caregiver), and Casey (the case manager).

Okay, this is her circle of support (that you folks see on the screen).

At the ISP— (because, again, this case manager is amazing) the current plan year is December 1st, 2020, and it ends 11/30/2021— at the ISP (which is three months prior to the new plan year) which starts on December 1st, 2021 to November 30th 2022).

Okay, so if we're all here at the ISP talking about... the new plan year... hey, we notice that (at the ISP) Lani has nursing tests, and her nursing task is medication administration.

Okay. So, what we are going to do is we are going to go ahead... Casey (the case manager) is going to go ahead and go back to her desk, and log into Inspire, and then create the initial authorization for two hours of T&C RN— in which (during this two hours) this is where the provider "Paula Provider"... completes the nurse assessment.

Okay... she completes the nurse assessment, and submits it to DDD within 15 days.

After that, the DDD nurse and case manager reviews Paula Provider's nurse assessment.

And then, should they need additional clarification, they will go ahead and contact the provider.

But, during these 10 days, the case manager and the unit nurse will review and go ahead and authorize for the remaining hours.

Okay. So, again, the authorization process for the current plan year... is right... we did the initial [authorization] for two hours.

We're gonna go ahead and... after the nurse assessment packet comes in... we agree with it.

We're going to go ahead and do a mid-year authorization for the additional hours based on the indicated category.

Okay, so that's for the current plan year.

Now... the reason why we have this current plan year is because (right)... there are about (give or take when the ISP is)... about a month two months or so in which we want to make sure that the nursing tasks are addressed.

Okay... starting with the new plan year, we... are now being authorized the full amount of hours.

I'm not sure if you folks notice, but in our planning meetings, we call this "black box" or "blue box".

The black box is prorated hours for the current plan year.

As we are moving forward into the new plan year, the full amount of T&C RN hours will be authorized.

Okay.... alright.

So, when we are... (where [are] all my boxes?) So, when we are talking about the black box or the blue box... the black box on your left (again, remember what I mentioned earlier... these are mid-year authorizations)... should... for the current plan year ... should there be a change in health condition (any of those things)... that is where the hours... the T&C RN hours are prorated.

This is during... on the right-hand side you are going to go ahead and see the new year authorizations, and you see the authorizations vary.

When we are talking about mid-year authorizations, this is when the hours are to be used to train the delegates, verify their skills have been made, and to complete the nurse delegation plan.

Continuing with the skills verification the provider nurse must make sure that the delegatee... has the ability to perform this task. You've observed it, you've noted, and you've documented it within the nurse delegation plan.

You also have the responsibility to make sure that you... create and submit the nurse delegation plan to the case manager.

And, the copy of the nurse delegation plan must be archived wherever the nursing... tasks occur.

Okay. Responsibilities of the provider also include monitoring in which... quarterly visits... or if [you] need more visits, then you would go ahead and note it.

But, we want to make sure that you turn in quarterly reports.

These quarterly reports should be turned into the case manager, and archived at the T&C provider file.

Okay. So, this is Lani, and the overall process that we have.

So, what we are going to do together is... we are going to go ahead, and do a group scenario about Lani.

Okay. So, I know we don't have all nurses here, but we are going to kindly ask to change your hat.

It should have been better if I had a hat handy, but i don't. [Laughing] So, I know we all don't... we're all not nurses in here (even though I identify as one).

But, we're gonna put on our nurse ... our nursing hat (just like you see Paula Provider on her screen... she has a safari hat).

And, we're gonna put that on, and we are going to be nurses for this activity. Okay.

So, this activity... we are going to complete this RN nurse assessment as a group, understand the components of the nurse assessment packet, and then, ultimately, the reason why we are doing it is this prepares you all... for the review.

It prepares the DDD case manager of what they're looking for... it prepares the unit supervisor (should they need assistance) and then it also prepares you the provider to make sure that you folks are turning it in A-okay.

So, we provided you folks about... with information about Lani.

It was in the chat. You should have received an email about Lani girl.

But, if you didn't, I'll go ahead and talk about her real quick.

So, Lani girl she lives in Waipahu. She lived in Waipahu all her life.

Unfortunately, her mom passed away when she was 10 years old. Her sister is Georgette Guardian (and her legal guardian).

She actually met her caregiver... a while ago. He's been a family friend. But, he actually had a opening in his DDD AFH home, and... decided that (you know what) Lani can go ahead and live with me.

So... Lani... she's 19 years old... mild ID (Down Syndrome). She has a history of depression.

She also goes to her PCP annually. She sees a psychiatrist every three months for medication management.

She also sees her therapist for mood disorder, and she receives ResHab.

Okay. So, all the nursing stuff information about her. Her mood disorder... depression.

She takes Celexa (20 milligrams)— one tab by mouth every day. Psychiatrists assist with [medication] management.

We also have... she also used to have other psychotropic medications, but she was weaned off.

And, she's been taking Celexa consistently for one whole year. She has been extremely stable... and no behavior episodes. And, she is able to swallow and take pills orally. Okay.

Some information... what's important to and important for Lani, right?

So, as a recap (right)... important to has all the information in regards to... their values, who they are, what's all the fun stuff they like.

Important for... those are things where we put all the medical concerns... or just making sure that the medical supports are in place.

Okay. So, important to her...

She likes to go halo halo with her family. She likes getting visits from her family members... attending family parties. And, what's important for her is she goes to the psychiatrist every three months.

Also, important for her... she continues to see her therapist and... make sure that she takes her medication.

Okay. Next, we have... how to best support Lani.

So, she likes to take a nap when she's sad. She's also very happy. She communicates using her voice.

And, she would definitely like if you included her in your conversations.

Okay. So, more life course information. So, on the left of your screen, you will see that... these are things that are the positive past experiences, and positive future life experiences that she would like to pursue.

Then, we're going to go ahead and... on the right hand side, those are things that she doesn't want.

Sorry... I'm going through this... so that way we have enough time to... fill out the assessment together.

Like every nurse, we always look out for the "R" word.

Does anyone know what the "R" word is? Risks! See... make sure that its the same "R" word we're all talking about. [Laughing]

Okay... moving on! So, we are talking about... this is some of the risk and safety page from the ISP.

So, no risk. For the most part... nope, no current risk.

This is the page from her ISP— also talking about her health, her diagnoses, when she went to the doctor (on the bottom).

These are her health supports. So, the medication she's taking, and the doctor she visits... and then we have a previous nurse delegation report... from [the] caregiver.

Okay... so this is from the current agency that is overseeing the home. ABC agency Paula (RN) Provider did go to the home and... trained and verified the skills of Curt Caregiver of providing knowledge and understanding of medication administration.

And then, here are the comments, right?

So, Curt... does have the knowledge. He provided the refresher training, and... he is in accordance with the rights of medication.

And, the next follow-up is every three months. Okay?

So, as you remember, we filled out the nursing assessment. So, I do see your comments in the chat (and the questions).

I promise we'll get to them, but... for the interest of time, we wanna make sure that we catch all the questions at the end (if that's okay with you folks).

Alright! So, if you do have questions, make sure to include it in the chat (if you need to)... and then we will definitely make sure we get... our team gets to it at the end.

Okay. So, let us start with filling out this nurse assessment together.

Do we have any questions so far about Lani (while I pull up the nurse assessment)?

Anybody?

No? Okay. So, let us begin (shall we).

So, I... filled out all the information for Lani at the top.

Does anyone want to help me?

All the nurses in the room... can you folks help me filling out this form (because we all know I'm not a nurse) .

How would I fill this out with this medical history? What can I put here?

**CJ:** Mild intellectual disabilities.

**Abby:** Okay... thanks CJ!

**CJ:** And, Downs Syndrome.

[Background chatter]

Abby: Anything else... can I put on here?

Did I miss anything?

**CJ:** History of depression.

**Abby:** History of depression... yes!

Okay... is it okay to move on to the next one?

Thumbs up if you're with me. Okay! So, remember what we mentioned on Monday was that if a person does... is medically stable (if there are no indicators of instability), we can go ahead, and make sure we write that out in this box.

So, we filled out... no indicators of medical instability. She has had no hospitalizations... no AERs within the past year.

Is that okay nurses? Shall I add any more information to this section?

Okay... moving on. Diet and nutrition.

Does Lani girl have any diet restrictions (not regular)?

**CJ:** No regular.

**Abby:** No regular. So... what do I put?

[Laughing] No diet restrictions. Oh... I put regular.

**CJ:** Yeah... you can put regular. Yeah.

**Abby:** OK.

Okay. What about medical equipment? Nothing?

**CJ:** No more...

**Abby:** No more. Okay. Medications and / or allergies... to the medication. How do I fill out this section?

**CJ:** So, you can put for allergies... "NKDA." So... no known diagnosed allergies.

**Abby:** Mmm... hmm.

**CJ:** And then, for medicine... is the Celexa 20 milligram.

**Abby:** So, I have a question. Can we put either / or... Celexa or that Citalopram, or do we have to put one or the other?

**CJ:** CMs... I don't know. I put both.

**Abby:** Okay.

**CJ:** I put in parentheses the other one.

Yeah....I put....yeah, however it's in the ISP... right now— that's how I usually write it.

**Abby:** Good job! Okay. Then, we also have to put indication— what dose, route, and ordering physician.

So, that's the dose. Twenty milligrams.

**CJ:** Once...

**Priscilla:** Once daily...

**CJ:** Once daily...

**Abby:** Once daily...

**CJ:** Umm

**Priscilla:** Who's her psychiatrist?

**CJ:** Dr John Carter.

**Abby:** Dr John Carter. Bye!

[Inaudible]

**Abby:** Do we have to put... route?

**CJ:** Yes!

**Nurse:** By mouth...

**CJ:** Yeah

**Abby:** [Oral]?

Okay... alright! So, moving on now... we are on Section Two of the nurse assessment.

So, if you folks remember nursing the Section Two actually coincides with...does anyone remember... does it coincide with Worksheet A or Worksheet B?

[Background noise]

Pop quiz... yeah.

**CJ:** Worksheet A?

**Abby:** Worksheet A... yes! Worksheet A has... the list. Sorry, you guys going to see my scrolling of all the identified... nursing tasks. Okay?

[Background Noise]

Going back up... what is the nursing task that we have for Lani girl?

**CJ:** Medication administration... or medication... yeah administration yep.

**Abby:** Oh Linda... in the chat... she said I forgot to put in the indication.

Good eyes Linda!

**Priscilla:** Thanks Linda! [Laughter]

**Abby:** Awesome!

See... the non-nurse would have missed it!

**Priscilla:** It might be helpful too... to go in the... checklist too.

**Abby:** OK

So, sorry guys... I'm gonna keep scrolling.

**Priscilla:** Close your eyes if you get dizzy. [Laughing]

**Abby:** Ok, so.... Priscilla... I'm in the checklist. What do I do?

**Priscilla:** OK... so... when we're using Worksheet A... (I know that this might be... so we can run through it) what was the service that she's receiving this... nursing pass of medication administration (like CJ mentioned)?

[Background Noise]

**CJ:** ResHab. Was it ResHab?

**Abby:** Yeah... ResHab!

**Priscilla:** Exactly... so we'll put in that provider there.

And then, (like you guys had mentioned... I think it was CJ)...there's medication administration. Which medication administration would Abby check off in Worksheet A?

**CJ:** Ongoing.

**Abby:** Nurse?

**CJ:** Ongoing... yeah!

**Abby:** I realized my video was off. Ongoing... this one?

**Priscilla:** Yeah... but... I guess like... how many...

**Abby:** Oh my god. That's two RNs. I can't even read!

**Priscilla:** There's a... so this one... their caregiver was doing the medication administration— so it... actually how many did she list though... in the orders... how many [medications] did she have?

**CJ:** One... only one.

**Priscilla:** Yeah... so you... under the ResHab you identify the service, and you would go through this checklist... to determine. And, like you guys said, it's only one med— so what we can do is we're going to do a little scrolling... or you guys can take a look at your Worksheet A. Was there anything else on the checklist... and / or things you want to add for any nursing task during that service?

**CJ:** So, what's the difference between the medication (oh that's medication assistance... sorry)? Okay.

**Priscilla:** Yeah...

**CJ:** Could they... could they be both checked at the same time... like if she could take her medicine with assistance?

**Priscilla:** Yep... very good question... CJ. And then... so I know you guys don't have it readily available, but the assistance is... includes... so medication assistance can be performed by the nurse (or part of it)... but it's also when they're able to participate... in some of the activities, but you still have that nursing oversight.

So, I'm going to reference you to page 42 [laughing] (you can take note)... but the administration is specifically when... I guess the... either the direct support worker / the caregiver is fully... involved in doing the administration of the medication (if that makes sense).

**Nurse:** Thank you!

**Priscilla:** Yeah.

No problem. And then, let me know— because sometimes if I'm not explaining it correctly, let me know, and I can try to do it in another way.

Okay. So, when we go down to the... was there any other (under the checklist)... was there any other nursing tasks... (besides the medication administration) or was that it?

[Inaudible]

**Abby:** Is Curt Caregiver in the audience?

Oh... Curt called me he said "That's all!"

**Priscilla:** Yep... okay. And then, also part of Worksheet A... was there any skilled nursing activities identified?

**CJ:** No!

**Priscilla:** No... yeah. Exactly! So, going back to where Abby has it now... it would only... you would only list the one.

And then... Abby... I guess you can take them through the rest of this part too.

**Abby:** Okay... perfect! Alright... so, the person that is doing this (according to the quarterly report)— list the person tasks are being delegated to... and services... what settings [laughing] are delegated in. So, we would put the caregiver's name. Is that correct Priscilla?

**Priscilla:** Yep, and what do you guys think too? [Laughing]

**Nurse:** ResHab?

[Background Noise]

**Abby:** ResHab. Okay.

Yes...according to the quarterly report... the provider did indicate that.

They have the ability to perform the task. And, yes, this task will be delegated.

So... next. We're scrolling down. Close your eyes if you're dizzy.

So... based on this information that we have... what do we think is Lani's risk category?

So, there's a poll that popped up on your screen.

[Keyboard Noise]

**Abby:** Alright! Looks like everybody is in agreement. We are at category one.

So, we're going to check off this box. And then, this is where you provide the RNs recommendation for the hours needed to complete the nurse delegation requirements.

So, this is where we would put the amount of hours we feel is necessary. Is that correct Priscilla?

**Priscilla:** Yes... whatever the RN's recommendation is.

And then, just a friendly reminder... I know we're trying to go through it quickly but... you would use Worksheet B... going through that checklist of indicators of medical instability. And, just a reminder that Abby had... yeah, maybe we'll scroll through it (down to Worksheet B).

And then, as Abby... (if you guys have remembered what she mentioned earlier)... when the nurse went through this checklist there was no indicators that she identified (either already on there or any other) that she would input.

So, in that first section Abby had put "no indicators of medical instability."

And then, I think that's why the nurses picked up on that. And, you guys had identified "Category 1".

Any questions on that... or how they... the Worksheet A or Worksheet B align with any part of the other sections?

Straight forward now... yeah?

Okay.

**Nurse:** Yes... yes. Thank you!

**Abby:** Thank you. Okay... moving... sorry scrolling... scrolling. You can open your eyes in two seconds.

Okay, you can open them. I lied okay. So... do we have any comments that I need to put in here?

As a group... no?

So, as a RN... now let's move on to the supervision and monitoring requirements.

Do you think quarterly face-to-face visits are sufficient or should Curt Caregiver... have more frequent supervision and visitation (not visitation but child supervision and monitoring)... [Laughing] for the nurse delegated tasks.

**CJ:** Quarterly.

**Abby:** Quarterly... thanks CJ! And then, some rationale in here. What type of rationale can we put?

**CJ:** Can you just put that she has... no medical... can we put the same thing as we put on medical stability... like... no indicators of medical instability / no hospital. That's our rationale, right?

[Background Noise]

**Abby:** Medical stability. And then, let's put... some information...

**Priscilla:** Instability...

**Nurse:** Instability.

**CJ:** Instability.

**Abby:** This is why I am not a nurse everyone.

**Priscilla:** [Laughing] No... you're doing good.

**Abby:** So, no indicators of medical instability. Do we put something about... Curt Caregiver, and the delegated task?

**CJ:** No.

**Abby:** No... okay.

**Nurse:** Administrates... understanding...

**Abby:** And then... additional comments or notes. You want to put anything?

**CJ:** Do we need to put that the caregiver demonstrates knowledge and understanding of safe medication administration?

**Abby:** Awesome. The caregiver demonstrates knowledge of...

Say it again, Jen.

[Laughing]

**Jen:** Alright... I just... I copied it. [Laughing]

**Abby:** Oh! Okay. I was all like... "wow that sounds familiar".

Okay. The caregiver demonstrates knowledge of safe medication administration.

**Jen:** Yeah. Demonstrates knowledge and understanding of safe medication administration.

**Abby:** Okay.

**Priscilla:** Nice Jen. And then, just a reminder in Section Two... you also have the option (like Jen was putting up)... to indicate those under the assessment, and then... the determination if the RN is going to authorize "yes" or "no".

**Nurse:** I guess you may also include knowledge, understanding, and skill for medication administration.

**Abby:** Caregiver demonstrates knowledge, understanding, and skills. Did you say abilities too?

Okay.

**CJ:** No... I think that's good.

**Abby:** Okay... alright.

So then, the provider nurse will then submit this completed nurse delegation assessment to the DDD-RN.

And... (oh wait)... sorry... to the case manager. And then, the DDD-RN will then review it with the...

Did I say that right? The DDD case manager will then review with the DDD-RN. Oh... that was rough.

Too many DDDs in there. Okay... so when we are talking about this process... right... Does everybody remember from the process that the last... when we went over it the last time?

We'll go ahead and go over it one more time. But, again, right... the nurse assessment is then submitted to the DDD case manager.

The DDD case manager reviews with the DDD nurse.

And, should there be any type of follow-up questions... and should there be any type of clarification, this is where we want all the nurses to come together to just kind of clarify what the assessment looks like.

Okay... if there are no questions... then a mid-year authorization will then take place to authorize the pro-rated hours of nurse delegation.

And... I'm trying to pull up that slide here. I don't know where it went.

Questions in regards to Lani girl, and the scenario that we just went over?

No questions?

[Inaudible]

Yeah... hello! Wait... let me... stop sharing. Did I stop share already?

**Priscilla:** Hmm... mmm.

**CJ:** Yes

**Abby:** Oh... okay.

**Nancy:** Abby...

**Abby:** Hi Nancy! Hi...

**Nancy:** I'm so sorry, but I was driving... so I could not... participate. I was just listening.

But, I have a question.

So, where is the nursing delegation plan? When did you... so I heard you guys saying that: "Oh... they should say about... that she has the ability to understand."

But, that is a part of the nursing delegation plan. That is for your evaluation is during your training. So, what is that?

What is... what part of the...(you know) your toolkit is involved?

Where is the plan that was made that she used to educate or train the caregiver— so that then... you have all these skills. So, if... in case... the RN that is delegating is sick... somebody can take over, and know exactly what were the indicators and what were the... comments (whether she was able to follow or not).

And then, that... also that the caregiver [understands] that she is... (he or she is) responsible for the action.

But the RN can... receive the delegation— because the caregiver is working under the license of the RN.

**Priscilla:** So, good question... Nancy. It's Priscilla. I'll jump in because... I think this is a nursing-specific question.

So, that's a very good point! And, I think it highlights what... we had mentioned in the previous trainings as part of the T&C RN.

Under the current waiver, there's two separate sections. One is going to be a separate nursing assessment.

So, this part just encompasses just that... first part where the provider RN will conduct the nursing assessment to identify if there's any tasks.

If the provider RN identifies that (you know) there are nursing tasks, the caregiver or the worker is able to do it. And then, they're going to proceed with delegation.

Then, that will trigger the next part— where the RN will have the ability to... complete the nursing delegation.

So, there's two separate parts. And today, we're focusing... primarily only on the nursing assessment— because this is the new standardized form (that's new).

So, it actually is two part. And, today is focused primarily on the nurse assessment.

Then, once that gets approved (like Abby had said from the case manager and the DDD RN reviewer), then you will... proceed to developing the nurse delegation plan— which you have the mid-year authorization, and the current year authorization to complete.

So, there are two separate processes. But, this is just for... for those that have participated in the person-centered organization training.

What we want to know is (like) what worked, what didn't work, what did you guys try, what was learned, and any other comments.

And then... from there, we'll proceed to do the Q&A.

But, any you guys can share in the chat. You guys can un-mute. But, what did you guys find helpful in each of the breakout rooms?

[Background Noise]

**Abby:** I got it!

**Priscilla:** Okay. Okay. [Laughing]

Anyone can share what did you guys try that worked? What did you guys learn during that process?

[Background Noise]

Apparently nothing! Just kidding! [Laughing]

No, no, no. Go ahead! Thank you Linda. Go ahead!

**Linda:** Oh... can I... should I speak? Well it was... I... it was idealized. I mean we had a perfect med list and a perfect set of providers.

And, oftentimes, the ISP is incorrect. They're not on those [medications], they don't see those doctors.

And it... you know, it's done every year. So, of course it's going to change.

So, I learned that... if it's perfect... it's really easy. [Laughing]

**Priscilla:** Absolutely... good point Linda!

And I... that is a very good point! And, part of the limitations of training is that we do need to provide the experience... by having limited time. So, that's part of the process.

**Linda:** Sure...sure!

**Priscilla:** I'm so glad you brought that up— because a lot of the feedback from previous... is that the RNs... need to have the autonomy— because the iSP isn't always going to be the most updated (because life happens in between).

But, that is a good point. When it is perfect, it is easy. So, I'm glad you brought that up— because that's why I'm glad it's back on the RN autonomy (to be able to make those). Good point. Anyone else?

**Nancy:** I think we have to realize that the RN is the only one that can delegate. And, at the same time... also that... the RN the delegatee is working under the license of the RN.

If anything good...

**Priscilla:** Absolutely.

**Nancy:** None of us in the circle of support will be responsible (except for the RN). It's RN that losses her license.

So, I think...

**Priscilla:** Absolutely.

**Nancy:** we really have to consider those. And then, at the same time... how can we... (I get my question Priscilla... the first question that I asked)... how can you tell me that... under A... I think that... tool A— that I can tell in there whether the delegatee... can...be delegate... can do the job or not. But, I have never made my plan yet.

**Priscilla:** Oh, Okay. That's a good...

**CJ:** I agree! That is a good point.

**Priscilla:** That's a good point. And then... so that's why that's part of the assessment. If you feel like...

So, let's put it out to the other nurses—what do you think would work well to make that determination?

Because when you're doing the assessment, you do have that automatic two hours to make that development. You have another part where you have more time to develop the nurse delegation plan. But, I'm sure there's gonna be... when you're doing the initial assessment... there is gonna be a part where you are able to... make that determination. I want to hear from other nurses. What has worked for you guys?

**Linda:** You have to...

**Priscilla:** Or anything.

**Linda:** You have to make...

**Priscilla:** Go ahead!

**Linda:** You have to meet the delegatee— before you can determine if they're... qualified.

**Priscilla:** Absolutely... and I'm glad... so glad you brought that up Linda because that is part of the nursing assessment.. is that the provider RN will not only meet with a delegatee, but also the participant... to really have that ability and the... (I guess) the circumstance to make that determination.

So, you know, part of that is really (like Nancy had said... she made a really good point)... it does fall on your license. So, however you feel like it works best to make that determination,

I want you guys to do what works for you— because it is under your license, and I want you to feel comfortable.

So, any tips that you have that have worked over these past few years, please share.

And, any recommendations, please share as well. So, real quickly... because I do want to get to the Q&A.

What are you guys pleased about, or what are you guys concerned about? I know the concern is that Dr. Nancy had said is about the license.

And, that's why we're putting the autonomy back on the provider RN to make that assessment.

And, remind you guys too... it is... should everything should align with the national guidelines, and the Hawaii Nurse Practice Act.

So, those are all... included in the Waiver Standards ,and the Appendix as well. But... real quickly... what are you guys pleased about... or any other concerns? And, we'll jump to the Q&A.

**Linda:** I'm pleased that the hours have increased. The...

[Background Noise]

**Priscilla:** Yep. And, thank you Linda considerably (as well) because now you have the time to do the nurse assessment.

And, you have the authorization to complete the nurse delegation plan— and we can cover that in the process as well.

From here, thank you guys so much! I'd like to open up in the Q and A.

We do have our planning team available here to have any questions.

From there, Cliff, we can (I think) go start going over the questions (as well) for the planning... team to... address.

[Background Noise]

**Cliff:** Okay... thank you! Thank you again for all your questions. Let's systematically (hopefully) get to all your questions here.

And, this is different from the webinar style.

But, we do have some questions here. First one we have is from Linda: "Where can... I obtain section 1, 4 and 5, and Supplemental Section 2, Worksheet A and Section 3, Worksheet B?

It's... she seems to be unable to find it on the DDD website.

[No Audio]

**Priscilla:** So, I believe... and Abby you kind of... explain this a little bit more to better than me.

But, because of accessibility issues, and... the fact that the form is locked... we can't post it on the website.

Because... those documents do need to be made accessible.

Am I explaining that right, Abby?

**Abby:** Yes!

**Priscilla:** But, what you can do (I believe) is email CRB. But, we can what I can do is also put it into the chat here as well. Alright.

**Abby:** Exactly what... Priscilla mentioned, unfortunately.

We can't put a locked document onto our website. And, because it's a fillable form,

if you do need a copy of it, feel free to reach out to... our CRB team. And then, we can put a copy of it in the chat.

Go ahead Linda!

**Cliff:** Go ahead Linda!

**Linda:** But... we're supposed to be using this as of September 1st.

So, the agencies all need... electronic copies so that we can give them to our nurses.

**Abby:** Correct! So, there is actually ... a memo that... a transmittal memo that was issued on August 4th.

And, within that transmittal memo included an electronic copy of the nurse assessment packet.

**Linda:** And who did that go to? Who... what... do you know how it went to the agencies? Like a... which...

Did it go to the secretary? It didn't come to the nurse, so...

**Priscilla:** No... I believe it went to the either the executive directors or whoever is identified... as the primary contact for the agency.

**Linda:** So, it was sent to directors on August...

**Priscilla:** Or... whoever the agency has identified as their primary contact.

**Linda:** So, if I don't have it, what is the address to email to receive it (the whole packet)?

**Abby:** Okay. I can go ahead, and put it in the chat for you.

**Linda:** Please... please!

**Abby:** Yeah... no worries!

**Linda:** Sorry!

**Abby:** And then, because we have your email, we can actually forward you a copy of it also.

**Linda:** Thank you so much!

**Abby:** No problem!

**Cliff:** Thank you! Another question we have... (thank you for answering those questions)... one risk level...

Once risk level is ascertained, is there any chance to the frequency change? (excuse me).

Let me read that again. Once risk level is ascertained, is there any change to frequency apart in visits?

Example— according to 2017 matrix level four is monthly face-to-face.

Also, where do we obtain the 2021 authorization matrix to include the RN responsibility duties based on risk level?

[Background noise]

**Priscilla:** I guess I can step in and answer that. So, that is up to the RN. I'll turn on my camera.

That is up to the RN, So, at minimum, it would just be the quarterly visit that is the minimum requirement.

And, that should be between the RN, the participant, and the worker that is completing the nursing task.

But, other than that, it is completely up to you to determine how often you think it would be necessary— depending on the specific circumstance.

**Linda:** Thank you! Thank you!

Cliff: I got a question early on...(secretly).

[Laughing] Does each participant automatically receive two hours for RN assessment to determine if the service is needed?

[Laughing] Priscilla, I think you answered that question earlier.

**Priscilla:** Yes... so that is correct... that would be an automatic two hours.

And I'm glad you guys had brought it up. So, the two hours is standardized for the nurse to complete the nursing assessment to identify if there's any nursing tasks (and all of those things we went over). Correct!

And, those are going to be separate from the authorizations to complete the delegation plan.

**Cliff:** Thank you!

Question here... sorry if this was discussed... but with medication assistance (not administration) is a monthly MAR required?

**Priscilla:** Any of the nurses on hand can say to... jump in as well. But, my thought is "yes"— any of the tasks should be documented in the MAR.

And then, the nurse can indicate how they feel best in the assessment as well.

**Nancy:** Actually, I agree with you, because medication administration is a medication administration... and you have to follow the ten rights of medication administration— whether the patient can help a little bit. But, as the caregiver, they have to do the first five in order

for the patient to be... able to do it on his own— if you give it to (you know) to put it in his hand... put it into his mouth.

So, to me, medication administration is a nursing delegated task in any licensed home.

**Priscilla:** Thank you, Nancy! Good point. Absolutely!

**Linda:** May I add to the previous question whether two hours are authorized for to see if... nursing tasks are needed, or delegation is needed.

It's authorized after a nursing task has been identified, and delegation is needed. Then, the two hours are authorized.

So, you've already identified the fact that there's a nursing task to be delegated.

**Cliff:** Okay, thank you so much. I'm looking at the questions here. So, it's a combination. So... question here is so anyone who gets medication by paid caregivers gets T&C hours?

**Linda:** Yes... yes.

**Cliff:** Okay. Question here... our group (I guess that's our group, my group)... question here is regarding whether or not transfer should be listed as a nursing task?

[Inaudible]

**Linda:** You know... that's a very good question. There's things like nursing... like transfers... prevention of skin breakdown that does need to... that is identified, and does need to be trained on. We don't have it in the formal list.

But, that does... training is needed to ensure the safety of our participants.

[Background Noise]

**Cliff:** OK. Thank you. Have a comment here: "It will be highly appreciated if the DOH DDD can develop an assessment tool so it will be uniform for agencies."

**Priscilla:** Good, good point. And then, hopefully we demonstrated that in the past two webinars that we had when we presented the standardized form. Thank you!

**Cliff:** Question... "There are often multiple DSWs or DSW's changed throughout the year.

Sometimes there is no DSW hired at the time of the ISP. Can... they put unknown on the assessment?"

**Priscilla:** I think that maybe the... so basically the delegation is specific to the direct support worker.

That is part of the rights of delegation.

So, maybe that would be something (I think you can maybe hopefully identify), but the assessment should include that specific person.

If it does change, maybe that's a conversation that does need to be had with the case manager to address any of those issues.

But, as it stands, delegation is specific to the person doing the direct... task, and that worker.

**Cliff:** Thank you! Question here: "Is there a template for the delegation plan?"

**Priscilla:** Nope... at this time there is no template for the delegation plan. We've seen various delegation plans submitted for the different agencies.

And, that is going to be dependent on what the RN feels is best.

So, at this time, there is no template because it seems to have been working for each of the agencies... of what they've found works for them, the participant, and the specific worker (as well).

**Nancy:** And, that is true... because it also depends on the RN. How [detailed] you want or how [un-detailed] you want.

So, to me... that depends on the RN, and her experience and training on nursing delegation— because nursing delegation is... (before it was never part of a class), but now it's being done.

And, there are... (I think) a whole semester on nursing delegations in some schools of nursing (that they offer)... and... include at the different sites. And for us, it's the HCBS— [where] the RN who is delegating is not in there supervising all the time.

So, it's very different from a nursing delegation in an acute care.

[Background Noise]

**Priscilla:** Thank you, Nancy! I really appreciate that. Yeah, and that is absolutely true!

**Cliff:** Okay... we are entering here. So, one question here is: "So, if that training is needed (i.e. aspiration precaution, prevention of skin breakdown, transfers)... is it training— and it will fall under T&C (although not listed here in the delegation), or is that a separate T&C hours?"

Linda: Well, that is that is a good question. And, I would believe that it would go under T&C RN. But, we'd need to discuss that further.

**Cliff:** Thank you. And, in the chat box everybody... just in case if you need a copy of the nursing assessment fillable, it is... in the chat box there. Thank you, Priscilla.

Looking at... we're entering the one more minute. I want to respect everybody's time. I have one more question here.

Sorry, there's a lot, yeah. I have to filter through here. [Laughing] If you see any questions...

Let me know people. Okay here... "Is the nursing assessment separate from admission assessment?"

**Priscilla:** Ahh... I just....

**Cliff:** Is the nursing assessment separate or different from the admission assessment?"

**Priscilla:** I'm not... and maybe [inaudible] can jump in for the admission assessment. But... this nursing assessment (the provider nursing assessment) is specific to identifying the tasks... and all those things we just went over for... the... to complete nurse delegation.

And then, if anyone else has... regarding the admission assessment... you can...

**Abby:** Thank you for attending today's RN nurse assessment workshop. [Music Playing]

For more information, or should you have any additional questions, please feel free to reach out to our team at... [doh.dddcrb@doh.hawaii.gov](mailto:doh.dddcrb@doh.hawaii.gov). [Music Continues]

Also, please visit our website at [health.hawaii.gov/ddd](http://health.hawaii.gov/ddd).

To view a list of the different waiver provider trainings, please feel free to click on the waiver providers menu.

Next scroll down to "Waiver Providers Training," and it will take you to our training archive.

[Music Playing]

Thank you again for joining us!