Wisconsin Department of Safety and Professional Services
Division of Policy Development
4822 Madison Yards Way, 2nd Floor
PO Box 8366
Madison WI 53708-8366

Phone: 608-266-2112
Web: http://dsps.wi.gov
Email: dsps@wisconsin.gov

Tony Evers, Governor
Dan Hereth, Secretary

VIRTUAL/TELECONFERENCE
BOARD OF NURSING
Virtual, 4822 Madison Yards Way, Madison
Contact: Brad Wojciechowski (608) 266-2112
August 10, 2023

The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a record of the actions of the Board.

AGENDA

8:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

A. **Adoption of Agenda (1-4)**

B. **Approval of Minutes of July 13, 2023 (5-13)**

C. **Reminders: Conflicts of Interests, Scheduling Concerns**

D. Introductions, Announcements and Recognition – Discussion and Consideration

E. **Administrative Matters – Discussion and Consideration**
   1. Department, Staff and Board Updates
   2. Appointment of Liaisons and Alternates
   3. Board Members – Term Expiration Dates
      a. Anderson, John G.– 7/1/2025
      b. Edelstein, Janice A. – 7/1/2024
      c. Guyton, Vera L. – 7/1/2025
      d. McFarland, Rosalyn L. – 7/1/2026
      e. Saldivar Frias, Christian – 7/1/2023
      f. Weinman, Robert W. – 7/1/2027
      g. Zentz, Emily – 7/1/2023

F. Education and Examination Matters – Discussion and Consideration

G. Legislative and Policy Matters – Discussion and Consideration

H. 2022 RN Survey, Wisconsin Center for Nursing- Discussion and Consideration
   1. Presentation by Susan Zahner, PhD Principal Investigator **(14-40)**

I. **Administrative Rule Matters – Discussion and Consideration (40-81)**
   1. Discussion of N 6, Relating to Delegated Acts
   2. Pending and Possible Rulemaking Projects

J. **Speaking Engagements, Travel, or Public Relation Requests, and Reports – Discussion and Consideration**
   1. Travel Report: NCSBN Executive Officers Leadership Summit, Newport Beach, CA – June 21-23, 2023 – Brad Wojciechowski

K. **Newsletter Matters – Discussion and Consideration (82)**

L. Nurse Licensure Compact (NLC) Update – Discussion and Consideration

M. Liaison Reports – Discussion and Consideration

N. Discussion and Consideration of Items Added After Preparation of Agenda:
   1. Introductions, Announcements and Recognition
   2. Administrative Matters
   3. Election of Officers
   4. Appointment of Liaisons and Alternates
   5. Delegation of Authorities
   6. Education and Examination Matters
   7. Credentialing Matters
   8. Practice Matters
   9. Legislative and Policy Matters
   10. Administrative Rule Matters
   11. Liaison Reports
   12. Board Liaison Training and Appointment of Mentors
   13. Public Health Emergencies
   14. Informational Items
   15. Division of Legal Services and Compliance (DLSC) Matters
   16. Presentations of Petitions for Summary Suspension
   17. Petitions for Designation of Hearing Examiner
   18. Presentation of Stipulations, Final Decisions and Orders
   19. Presentation of Proposed Final Decisions and Orders
   20. Presentation of Interim Orders
   21. Petitions for Re-Hearing
   22. Petitions for Assessments
   23. Petitions to Vacate Orders
   24. Requests for Disciplinary Proceeding Presentations
   25. Motions
   26. Petitions
   27. Appearances from Requests Received or Renewed
   28. Speaking Engagements, Travel, Public Relation Requests, and Reports

O. **Public Comments**

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85(1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).

P. **Deliberation on Division of Legal Services and Compliance Matters**
   1. **Administrative Warnings (83-90)**
      a. 22 NUR 645 – B.E.M. (83-84)
      b. 22 NUR 715 – G.H.G. (85-86)

c. 23 NUR 079 – J.N.H. (87-88)
d. 23 NUR 490 – K.E.S. (89-90)

2. **Case Closings (91-158)**
   a. 21 NUR 776 – T.P.A. (91-97)
   b. 22 NUR 442 – K.M.R. (98-102)
   c. 22 NUR 446 – S.L.D. (103-107)
   d. 22 NUR 471 – S.S. (108-112)
   e. 22 NUR 597 – J.L.A. (113-118)
   f. 22 NUR 650 – A.G.M. (119-123)
   g. 22 NUR 807 – E.E.A. (124-129)
   h. 22 NUR 853 – N.E.G. & C.M.W. (130-150)
   i. 23NUR219 – L.A.N. (151-154)
   j. 23 NUR 249 – Unknown (155-158)
3. **Proposed Stipulations, Final Decisions, and Orders (159-256)**
   a. 21 NUR 003 – Tina M. Montezon, L.P.N. (159-164)
   b. 21 NUR 478 – Dina M. Twigg, R.N. (165-171)
   c. 21 NUR 545 – Jennifer Riedel, R.N. (172-179)
   d. 22 NUR 020 – Katrina A. Vandehei, R.N. (180-186)
   e. 22 NUR 315 – Kathleen M. Daily, R.N. (187-192)
   f. 22 NUR 454 – Brooke A. Lou, R.N. (193-198)
   g. 22 NUR 565 – Jennifer M. Hutcheson, R.N. (199-204)
   h. 22 NUR 596 – Renee S. Gardner, R.N. (205-211)
   i. 22 NUR 634 – Elizabeth C. Armstrong, R.N., A.P.N.P. (212-217)
   j. 22 NUR 716 – Cheryl L. Butler, R.N., A.P.N.P. (218-223)
   k. 22 NUR 723 – Nathan Lesperance, R.N. (224-232)
   l. 23 NUR 099 – Lindsay R. Wills, R.N. (233-238)
   m. 23 NUR 175 – Kaitlyn N. Chovanec, R.N. (239-249)
   n. 23 NUR 487 – Chelsey O. Sherburne, R.N. (250-256)
4. **Deliberation on Proposed Final Decision and Orders (257-267)**
   a. Joseph K. Leonard, R.N. – DHA Case # SPS-23-0018/DLSC Case # 21 NUR 284
5. **Monitoring Matters (268-566)**
   a. **Monitor Wagner**
      1. Dawn Johnson, R.N. – Requesting Full Licensure (270-295)
      2. Derek Norkol, Derek, R.N. – Requesting Reinstatement of RN License (296-352)
      3. Kathryn Techmeier, R.N. – Requesting to Terminate AODA Treatment (353-381)
   b. **Monitor Olson**
      1. Charles Bower, R.N. – Requesting reduction in drug/alcohol screens, removal of alcohol consumption limitations and access to controlled substances (382-415)
      2. Maja Espana, R.N. – Requesting Full Licensure (416-427)
      3. Ann Kohlbeck, , R.N. – Review of AODA Assessment (428-443)
      4. Maxamillian Miller, R.N. – Requesting Full Licensure (444-462)
      5. Cheryl Riebe, R.N. – Requesting Full Licensure (463-485)
      6. Jessica Shore, R.N. – Requesting Full Licensure (486-500)
      7. Jennifer Willems, R.N. – Requesting Full Licensure (501-566)

Q. Deliberation of Items Added After Preparation of the Agenda
1. Education and Examination Matters
2. Credentialing Matters
3. DLSC Matters

4. Monitoring Matters
5. Professional Assistance Procedure (PAP) Matters
6. Petitions for Summary Suspensions
7. Petitions for Designation of Hearing Examiner
8. Proposed Stipulations, Final Decisions and Order
9. Proposed Interim Orders
10. Administrative Warnings
11. Review of Administrative Warnings
12. Proposed Final Decisions and Orders
13. Matters Relating to Costs/Orders Fixing Costs
14. Case Closings
15. Board Liaison Training
16. Petitions for Assessments and Evaluations
17. Petitions to Vacate Orders
18. Remedial Education Cases
19. Motions
20. Petitions for Re-Hearing
21. Appearances from Requests Received or Renewed

R. **Consulting with Legal Counsel**
   1. Planned Parenthood of Wisconsin, Inc. v. Wisconsin Board of Nursing, Et Al; USDC, Western District of Wisconsin

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

S. **Vote on Items Considered or Deliberated Upon in Closed Session if Voting is Appropriate**

T. Open Session Items Noticed Above Not Completed in the Initial Open Session

U. Board Meeting Process (Time Allocation, Agenda Items) – Discussion and Consideration

V. Board Strategic Planning and its Mission, Vision and Values – Discussion and Consideration

ADJOURNMENT

NEXT MEETING: SEPTEMBER 14, 2023

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MEETINGS AND HEARINGS ARE OPEN TO THE PUBLIC, AND MAY BE CANCELLED WITHOUT NOTICE.

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held virtually unless otherwise indicated. In-person meetings are typically conducted at 4822 Madison Yards Way, Madison, Wisconsin, unless an alternative location is listed on the meeting notice. In order to confirm a meeting or to request a complete copy of the board’s agenda, please visit the Department website at https:\\dsps.wi.gov. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner for the convenience of the parties. Requests for interpreters for the hard of hearing, or other accommodations, are considered upon request by contacting the Affirmative Action Officer, or the Meeting Staff at 608-267-7213.

VIRTUAL/TELECONFERENCE
BOARD OF NURSING
MEETING MINUTES
JULY 13, 2023

PRESENT: John Anderson, Janice Edelstein, Vera Guyton, Robert Weinman, Emily Zentz

EXCUSED: Rosalyn McFarland, Christian Saldivar Frias

STAFF: Brad Wojciechowski, Executive Director; Whitney DeVoe, Legal Counsel; Sofia Anderson, Administrative Rules Coordinator; Brenda Taylor, Board Services Supervisor; and other Department Staff

CALL TO ORDER

Robert Weinman, Chairperson, called the meeting to order at 8:03 a.m. A quorum was confirmed with five (5) members present.

ADOPTION OF THE AGENDA

Amendments to the Agenda

- **CHANGE** ADN to PN on Agenda Item O.1 Herzing University – Review of Plan for Improvement of NCLEX Pass Rates

MOTION: Robert Weinman moved, seconded by Janice Edelstein, to adopt the Agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES JUNE 8, 2023

MOTION: Vera Guyton moved, seconded by Janice Edelstein, to approve the Minutes of June 8, 2023, as published/amended. Motion carried unanimously.

CLOSED SESSION

MOTION: Robert Weinman moved, seconded by John Anderson, to convene to Closed Session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigation with administrative warnings (ss. 19.85(1)(b), Stats. and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and, to confer with legal counsel (s. 19.85(1)(g), Stats.). Robert Weinman, Chairperson, read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: John Anderson-yes; Janice Edelstein-yes; Vera Guyton-yes; Robert Weinman-yes; and Emily Zentz-yes. Motion carried unanimously.

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The Board convened into Closed Session at 8:11 a.m.

PRESENTATION AND DELIBERATION ON PETITIONS FOR SUMMARY SUSPENSION AND DESIGNATION OF HEARING OFFICIAL

9:00 A.M. APPEARANCE: Julie Zimmer, DLSC Attorney; and M.D., Respondent: 22 NUR 831 – Marina Driza, R.N.

MOTION: Robert Weinman moved, seconded by Janice Edelstein, to delegate to DSPS Chief Legal Counsel the Board's authority to adopt the Interim Order in the matter of disciplinary proceedings against Marina Driza, R.N., DLSC Case Number 22 NUR 831. Motion carried unanimously.

CREDENTIALING MATTERS

Application Reviews

Destiny Green – CIB Review for RN Application

MOTION: Janice Edelstein moved, seconded by John Anderson, to deny the request of Destiny Green for an unrestricted license, but to offer Destiny Green a limited license for a period of not less than two years with the following restrictions: quarterly work report from supervisor, work in a general supervised setting approved by the board liaison and to report all arrests to Department monitor. **Reason for Denial**: N 7.03(2). Robert Weinman opposed. Motion carried.

DIVISION OF LEGAL SERVICES AND COMPLIANCE MATTERS

Administrative Warnings

MOTION: Emily Zentz moved, seconded by Robert Weinman, to issue an Administrative Warning in the following DLSC Cases:
22 NUR 006 – J.J.P.
22 NUR 031 – J.J.G.
22 NUR 243 – M.M.O.
22 NUR 633 – T.M.G.
22 NUR 673 – J.C.W.
22 NUR 673 – J.M.T.
22 NUR 736 – G.J.T.
22 NUR 794 – R.M.B.
23 NUR 122 – T.L.D.
23 NUR 152 – R.K.W.
23 NUR 158 – J.I.K.

Motion carried unanimously.

Case Closings

MOTION: Robert Weinman moved, seconded by John Anderson, to close the following DLSC Cases for the reasons outlined below:
22 NUR 008– J.W. – Prosecutorial Discretion (P7)

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22 NUR 144 – R.M.B. – Insufficient Evidence
22 NUR 245 – Unknown – Insufficient Evidence
22 NUR 269 – Unknown – No Violation
22 NUR 270 – N.M.O – Insufficient Evidence
22 NUR 282 – Unknown – Insufficient Evidence
22 NUR 316 – C.J.N. – Prosecutorial Discretion (P2)
22 NUR 411 – F.S.S. – No Violation
22 NUR 440 – F.S.S. – No Violation
22 NUR 484 – J.R. – Lack of Jurisdiction (L2)
22 NUR 526 – B.M.S. – Prosecutorial Discretion (P1)
22 NUR 539 – A.R.K., R.K.R., H.A.T. – No Violation
22 NUR 551 – J.A.L., J.A.F. – Insufficient Evidence
22 NUR 636 – C.M.B. II – No Violation
22 NUR 659 – Unknown – Insufficient Evidence
22 NUR 850 – K.E.T. – No Violation
23 NUR 007 – J.R.L. – No Violation
23 NUR 045 – D.A.F. – Prosecutorial Discretion (P2)
23 NUR 057 – C.J.B. – No Violation
23 NUR 141 – O.B.K. -- Insufficient Evidence
23 NUR 195 – R.R.K. – Prosecutorial Discretion (P1)
23 NUR 210 – R.J.K. Prosecutorial Discretion (P7)
23 NUR 213 – E.G.T. – Prosecutorial Discretion (P2)

Motion carried unanimously.

Proposed Stipulations and Final Decisions and Orders (459)

MOTION: John Anderson moved, seconded by Robert Weinman, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings of the following cases:

20 NUR 012 – Patricia M. Hobbins-Kemp, L.P.N.
21 NUR 207 – Barbara Johnson Farmer, R.N., A.P.N.P.
21 NUR 480 – Erin K. Kusch, R.N.
21 NUR 555 – Chrystal L. Lutz, R.N.
21 NUR 700 – Linda S. Beaber, R.N.
21 NUR 718 – Teah M. Bersch, L.P.N.
21 NUR 777 – Jessica N. Isler, R.N.
21 NUR 810 – Luke E. Tankovich, R.N.
22 NUR 019 – Stephanie L. Mayer, R.N.
22 NUR 104 – Rachelle L. Bethards, R.N.
22 NUR 131 – Danielle D. Wynn, R.N.
22 NUR 196 – Shawana S. Zerwig, R.N.
22 NUR 331 – Molly M. Fitzgerald, L.P.N.
22 NUR 332 – Elaine S. Rud, R.N.
22 NUR 372 – Richelle A. Christianson, R.N.
22 NUR 392 – Stacie D. Patzwald, R.N.

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22 NUR 432 – Tina M. Bellis, R.N.
22 NUR 510 – Kizzie R. Willingham, L.P.N.
22 NUR 599 – Rachael L. Dano, R.N.
22 NUR 707 – Jaclyn R. Vados, R.N.
22 NUR 725 – Sharon B. Johnson, R.N.
22 NUR 730 – Jan R. Hayden, R.N.
22 NUR 750 – Kristen C. Seyferth (f/k/a Staples), R.N.
22 NUR 817 – Hannah Joers, R.N.
23 NUR 017 – Julie M. Swonger, R.N.
23 NUR 222 – Jennifer S. Berning, R.N.

Motion carried unanimously.

21 NUR 439 – Cheryl Smokowicz Salceda, R.N.

MOTION: John Anderson moved, seconded by Robert Weinman, to delegate to DSPS Chief Legal Counsel the Board's authority to preside over and resolve the matter of disciplinary proceedings against Cheryl Smokowicz Salceda, R.N., DLSC Case Number 21 NUR 439. Motion carried unanimously.

21 NUR 513 – Nicole E. Holton, R.N.

MOTION: Robert Weinman moved, seconded by Janice Edelstein, to delegate to DSPS Chief Legal Counsel the Board's authority to preside over and resolve the matter of disciplinary proceedings against Nicole E. Holton, R.N., DLSC Case Number 21 NUR 513. Motion carried unanimously.

22 NUR 876 – Fatuma D. Adam, R.N.

MOTION: Robert Weinman moved, seconded by Janice Edelstein, to delegate to DSPS Chief Legal Counsel the Board's authority to preside over and resolve the matter of disciplinary proceedings against Fatuma D. Adam, R.N., DLSC Case Number 22 NUR 876. Motion carried unanimously.

23 NUR 068 – Stephanie M. Lesperance (McClain), RN

MOTION: Emily Zentz moved, seconded by John Anderson, to delegate to DSPS Chief Legal Counsel the Board's authority to preside over and resolve the matter of disciplinary proceedings against Stephanie M. Lesperance (McClain), R.N., DLSC Case Number 23 NUR 068. Motion carried unanimously.

Monitoring Matters

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Carrie Buchholz, R.N.
Requesting Full Licensure

MOTION: Robert Weinman moved, seconded by Janice Edelstein, to grant the request of Carrie Buchholz, R.N., for full licensure. Motion carried unanimously.

Jaymie Malik, R.N.
Review of Fitness to Practice Evaluation

MOTION: John Anderson moved, seconded by Emily Zentz, to acknowledge receipt and review of fitness to practice evaluation of Jaymie Malik, R.N. Motion carried unanimously.

Todd Mehroff, R.N., A.P.N.P.
Requesting Full Licensure

MOTION: Janice Edelstein moved, seconded by John Anderson, to grant the request of Todd Mehroff, R.N., A.P.N.P., for full licensure. Motion carried unanimously.

Mackenzie Campbell, R.N.
Petitioning for Full Licensure

MOTION: Robert Weinman moved, seconded by John Anderson, to grant the request of Mackenzie Campbell, R.N., for full licensure. Motion carried unanimously.

James Hansen, R.N.
Requesting Full Licensure

MOTION: Janice Edelstein moved, seconded by John Anderson, to grant the request of James Hansen, R.N., for full licensure. Motion carried unanimously.

Julie Huse, R.N.
Requesting Full Licensure

MOTION: Robert Weinman moved, seconded by Emily Zentz, to grant the request of Julie Huse, R.N., for full licensure. Motion carried unanimously.

Julie Baisa, R.N.
Requesting Termination of AA/NA Meetings and Job Setting Restrictions (C.22.)

MOTION: Emily Zentz moved, seconded by John Anderson, to grant/deny the request of Julie Baisa, R.N., for Termination of AA/NA Meetings and Job Setting Restrictions (C.22.). Motion carried unanimously.

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Stephanie Bylsma, L.P.N.
Requesting Full Licensure

MOTION: Janice Edelstein moved, seconded by Vera Guyton, to grant the request of Stephanie Bylsma, L.P.N., for full licensure. Motion carried unanimously.

Kelly Clemence, R.N.
Requesting a Reduction in AA/NA Meetings to twice per month
& AODA Treatment to Once a Month

MOTION: John Anderson moved, seconded by Robert Weinman, to grant the request of Kelly Clemence, R.N., for a reduction in AA/NA Meetings to twice per month. Motion carried unanimously.

Abby Gifford (Harris), R.N.
Requesting Full Licensure

MOTION: Janice Edelstein moved, seconded by Emily Zentz, to grant/ the request of Abby Gifford (Harris), R.N., for full licensure. Motion carried unanimously.

Sarah Ceniceros, R.N.
Requesting Full Licensure

MOTION: Emily Zentz moved, seconded by John Anderson, to grant the request of Sarah Ceniceros, R.N., for full licensure. Motion carried unanimously.

Amber (Resch) Fleming, R.N.
Requesting Termination of Treatment per the Treater

MOTION: Emily Zentz moved, seconded by Janice Edelstein, to grant the request of Amber (Resch) Fleming, R.N., for termination of treatment per the treater. Motion carried unanimously.

Christine Hamilton, R.N.
Requesting Reduction in Drug/Alcohol Screens & Termination of Direct Supervision

MOTION: Robert Weinman moved, seconded by John Anderson, to grant the request of Christine Hamilton, R.N., for a reduction in drug/alcohol screens to 36 tests per year, one hair screen and termination of direct supervision. Motion carried unanimously.

Dana Hintz, L.P.N.

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Requesting a Reduction in the Drug Testing Frequency, Reduction in AA/NA meetings, termination of the work settings in C.22, and the termination of treatment per the treater

MOTION: Emily Zentz moved, seconded by Robert Weinman, to deny the request of Dana Hintz, L.P.N., reduction in AA/NA meetings, termination of the work settings in C.22, but to grant a reduction in the drug testing frequency to 36 times a year and one hair sample test and the termination of treatment per treater. **Reason for Denial**: insufficient time under the board order to demonstrate compliance. Motion carried unanimously.

Tia McCurley, R.N.
Requesting Full Licensure

MOTION: Robert Weinman moved, seconded by John Anderson, to grant the request of Tia McCurley, R.N., for full licensure. Motion carried unanimously.

Kristin McGuire, R.N.
Board Liaison Request for AODA Assessment Review

MOTION: Robert Weinman moved, seconded by Vera Guyton, to impose additional limitations on the license of Kristin McGuire, R.N., based on the May 24, 2023 AODA assessment, requiring participation in mental health treatment including, but not limited to, SUD sessions, individual mental health therapy and quarterly treatment reports with a treater approved by the board liaison. The frequency of required individual mental health therapy and SUD sessions shall be determined by the treater. Motion carried unanimously.

Lobsang Phintso, R.N.
Requesting Access to Controlled Substances & Reduction in the Drug Testing Frequency

MOTION: Robert Weinman moved, seconded by Vera Guyton, to deny the request of of Lobsang Phintso, R.N., for reduction in the drug testing, but to grant access to controlled substances. **Reason for Denial**: insufficient time under the board order. Motion carried unanimously.

Kimberly Reilly, R.N.
Requesting Full Licensure

MOTION: Vera Guyton moved, seconded by Janice Edelstein, to grant the request of Kimberly Reilly, R.N., for full licensure. Motion carried unanimously.

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Noelle Stone, L.P.N.
Review of AODA Assessment and Requesting Initial Stay of Suspension

MOTION: Robert Weinman moved, seconded by John Anderson, to impose additional limitations on the license of Noelle Stone, L.P.N., based on the January 19, 2023 AODA assessment to include: not to work as nurse or other health care provider in setting with access to controlled substances, participate in AODA treatment including medication assisted treatment with treater approved by the Board with quarterly treatment reports, and within 60 days complete a psychiatric assessment. Motion carried unanimously.

DELIBERATION ON PROPOSED FINAL DECISION AND ORDER

Susan Drzewiecki, R.N. – SPS-23-0008, 21 NUR 148

MOTION: Robert Weinman moved, seconded by Janice Edelstein, to delegate to DSPS Chief Legal Counsel the Board's authority to preside over and resolve the matter of disciplinary proceedings against Susan Drzewiecki R.N. DLSC Case Number 21 NUR 148, SPS-23-0008. Motion carried unanimously.

DELIBERATION ON MATTERS RELATING TO ORDERS FIXING COSTS

Clifton W. Davison, R.N. – SPS-22-0028, 19 NUR 504

MOTION: Robert Weinman moved, seconded by John Anderson, to adopt the Order Fixing Costs in the matter of disciplinary proceedings against Clifton W. Davison, R.N, Respondent – DHA Case Number SPS-22-0028, 19/DLSC Case Number 19 NUR 504. Motion carried unanimously.

RECONVENE TO OPEN SESSION

MOTION: Emily Zentz moved, seconded by Janice Edelstein, to reconvene into Open Session. Motion carried unanimously.

The Board reconvened into Open Session at 10:42 a.m.

VOTING ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

MOTION: Janice Edelstein moved, seconded by Emily Zentz, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

EDUCATION AND EXAMINATION MATTERS

Herzing University – Review of Plan for Improvement of NCLEX Pass Rates (PN)

MOTION: Robert Weinman moved, seconded by Janice Edelstein, to acknowledge and thank Dr. David P. Zapencki, DNP, MSN/Ed, CNE, CCRN-K, RN, Nursing Program Chair, of Herzing University, for appearing before the Board. Motion carried unanimously.

MOTION: Robert Weinman moved, seconded by John Anderson, to accept the NCLEX Pass Rates improvement plan of Herzing University. Motion carried unanimously.

Bryant & Stratton College – Review of Plan for Improvement of NCLEX Pass Rates (ADN)

MOTION: Robert Weinman moved, seconded by Emily Zentz, to acknowledge and thank Linda Krueger, EdD, MSN, RN, Dean of Nursing, of Bryant & Stratton College, for appearing before the Board. Motion carried unanimously.

MOTION: Robert Weinman moved, seconded by Emily Zentz, to accept the NCLEX Pass Rates improvement plan of Bryant & Stratton College. Motion carried unanimously.

Mt. Mary University – Review of Plan for Improvement of NCLEX Pass Rates (BS)

MOTION: Robert Weinman moved, seconded by John Anderson, to acknowledge and thank Julie Maher, Dean and Elizabeth S. Markham, PhD, RN, Chief Nurse Administrator and Department Chair, of Mt. Mary University, for appearing before the Board. Motion carried unanimously.

MOTION: Janice Edelstein moved, seconded by Emily Zentz, to accept the NCLEX Pass Rate improvement plan of Mt. Mary University, acknowledge that additional investigation into the accuracy of the annual pass rate is needed, and request that department staff investigate the possible discrepancies. Motion carried unanimously.

(Vera Guyton was excused 11:32 a.m.)

ADJOURNMENT

The meeting adjourned at 11:36 a.m. due to loss of quorum.

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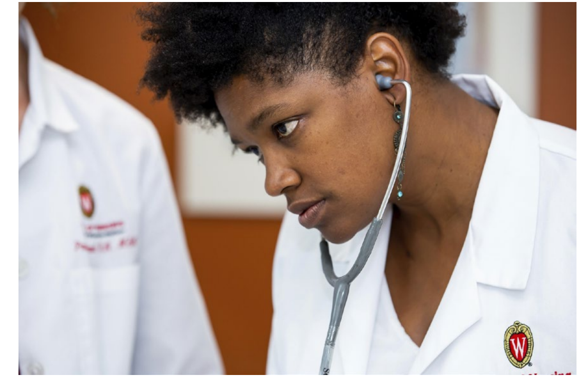
Key Findings: 2022 Wisconsin Registered Nurse Workforce Survey



Board of Nursing

July 13, 2023

Susan Zahner, DrPH, RN, FNAP, FAAN
Kristin Merss, PhD(c), RN
Jeff Henriques, PhD
Barbara Pinekenstein, DNP, RN, FAAN
Jessica LeClair, PhD(c),MPH, RN
Nisreen Alnuaimi, PhD(c), RN
Kelly Krainak, DNP, RN

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Acknowledgements

- Wisconsin Department of Workforce Development (DWD)
- Wisconsin Department of Safety and Professional Services (DSPS)
- Wisconsin Center for Nursing, Inc.
- Research team
- Registered Nurses in Wisconsin

2022 Wisconsin Registered Nurse Survey

- Survey administration process
- Data cleaning, analysis and limitations
- Key findings:
  - Overall RN workforce
  - Regional distribution
  - Advanced practice nurses
  - Nurses in leader roles
  - Nurses in faculty
  - Income
  - Health impact of Covid

Administration - Exclusions - Limitations

Electronic Responses Received (n = 96,971)	
Exclusion Criteria	Excluded
Duplicates	852
Does not live or work in Wisconsin	8,322
Date U.S. or Wisconsin RN license obtained prior to or at date of birth	43
First U.S. or Wisconsin license prior to age 16	106
Received first degree prior to age 16	115
Provided direct care prior to age 16	104
Working excessive hours in primary job, secondary job, or both[a]	759
Received first degree after age 70	6
First U.S. or Wisconsin license after age 75	6
Belongs to five or more ethnic groups	5
Working after age 85	17
Usable Responses	87,100

Wisconsin RN Workforce: Overall Size 2010 - 2022

Year	RNs	Change
2010	77553	
2012	81187	4.7%
2014	83918	3.4%
2016	87444	4.2%
2018	90143	3.1%
2020	94615	5.0%
2022	97100	2.6%

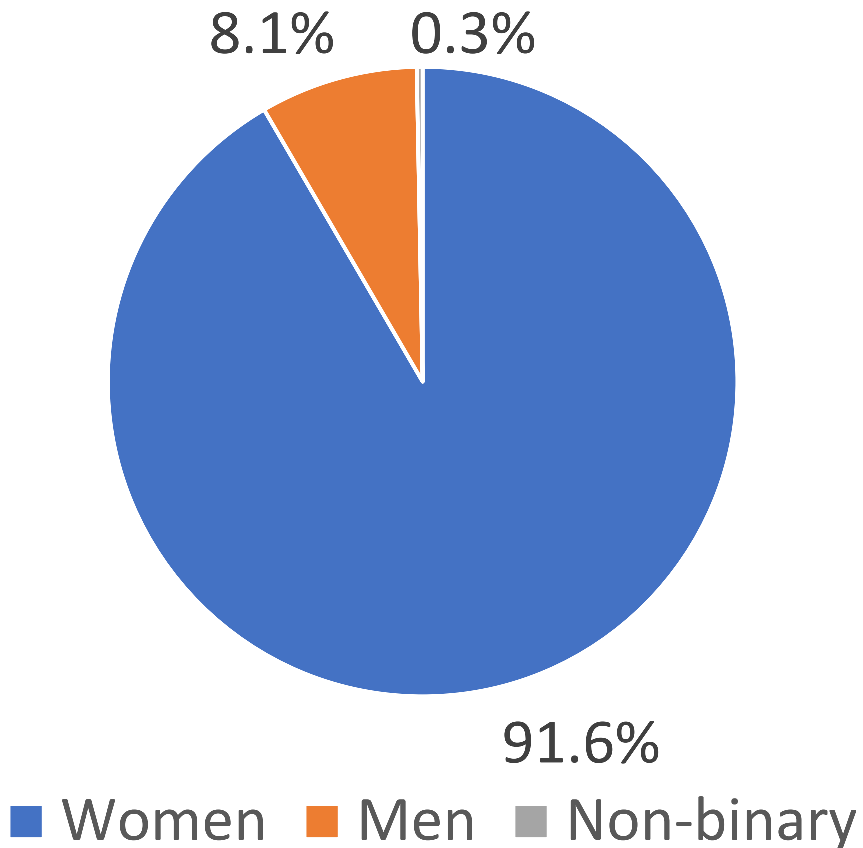
Wisconsin RN Workforce: Age

Mean RN age:
46.1
YEARS

Age	Count
<25	1678
25-34	19783
35-44	22271
45-54	16747
55-64	16372
65-74	9120
>75	1025

2022 Table 2

Wisconsin RN Workforce



Race	Number	Percent
White	81,378	93.4
Black or African American	2194	2.5
Asian	2228	2.6
Native Hawaiian or Other Pacific Islander	141	0.2
American Indian or Native Alaskan	587	0.7
Other	1523	1.7
Multiracial	890	1.0
Ethnicity		
Hispanic/Latino/Latinx	2222	2.6

Diversity change

Racial & Ethnic Diversity in RN Workforce (2014 – 2022)

	Black	Asian	American Indian/AN	Native Hawaiian/PI	Latinx/Hispanic	Multiracial
2014	1327	1095	260	79	1141	866
2016	1428	1181	265	79	1303	955
2018	1562	1417	303	85	1587	1265
2020	1763	1832	471	134	1771	688
2022	2194	2228	587	141	2222	890

Wisconsin RN Workforce: Education

Highest Nursing Degree by Percentage (2022)

Diploma	ADN	BSN	MSN	DNP	DNS/DSc	PhD
3.1	30.9	50.9	12.9	1.7	0.1	0.4

66% BSN or higher
(IOM goal = 80%)

Employment status

- 88% of RNs are employed
- 84% of RNs are employed as a nurse
- 2.4% of RNs are employed in health field, not as a nurse
- 1.5% of RNs are employed in another field

Nurses Work!!

Employment

Primary Place of Work

Primary Place of Work	%
Hospital	50.4
Ambulatory care	24.4
Extended care	7
Home health	4.5
Public/community health	3.6
Education	2.4

Primary position at principal place of work:

- 63% are staff nurses
- 83% provide direct patient care
- 67% reported caring for people with Covid-19

Clinical specialty knowledge and experience:

- 27% medical-surgical
- 30% intensive care
- 7% psych/mental health
- 3% public health

Changing work and workforce

	2020	2022
Working more hours/week	35.5	36.2
Increase in travel/temp work	1.7% (1278)	3.7% (2834)
Increased use of video call tech	3.5%	16.5%
More retired nurses	7.5% (6106)	8.2% (7141)
More listed “retirement” as the most important factor related to their change in employment in past year	1% (140)	9.3% (3106)

Supporting RNs

Benefits	2020 N	2020 %	2022 N	2022 %
Retirement plan	61,358	83.7	62,250	71.5
Dental insurance	53,943	73.6	53,938	61.9
Personal health insurance	47,000	64.1	45,666	52.4
Family health insurance	41,648	56.8	39,773	45.7
None of the above benefits	8,553	11.7	10,620	12.2
Time worked				
Average hours worked per week in primary job	35.5	44.6	36.2	46.3
Average hours worked per week in secondary job	9.1		10.1	

Wisconsin Advanced Practice Nurses

- 7996 APN in 2022 (5422 in 2020)
- 8.2 % of RN workforce
- Gender & race/ethnicity mirror RNs overall
- Education:
  - 80% with MS
  - 16% with DNP
- Regional variation
  - 1.37/1000 Overall
  - 2.37/1000 SE
  - 0.41/1000 Northern

	#	%	Age
NP	6506	81.4	45.3
CNS	397	5.0	53.2
CNM	247	3.1	47.3
CRNA	949	11.9	47
APNP*	7298	91.4	45.5

*Advanced Practice Nurse Prescribers

APN Population Focus

	n	%
Family/individual across the lifespan	3,165	46.9
Adult-gerontology	2,456	36.4
Psychiatric-mental health	394	5.8
Women's health/gender-related	385	5.7
Pediatric	209	3.1
Neonatal	145	2.1

Faculty

- 1.6% of RN workforce overall
- 1201 faculty
- Education Setting
    - Academic Institution 608 (58.1%)
    - Community Colleges 439 (41.9%)

- Mean Age 50.6
- Diversity
    - 94.5% female
    - 5.1% male
    - 0.3% Non-binary
    - 9.8% BIPOC and/ or Latinx

Image from https://www.wisconsinnurses.org/immediately-address-the-critical-shortage-of-nurse-faculty/

Faculty From 2022 Wisconsin RN Survey

Education- Highest Nursing Degree

- Bachelors 186 (16%)
- Masters 646 (56%)
- Doctorate 274 (23%)
    - 131 PhD in Nursing
    - 138 DNP
- 72% have no plans for more education

Lost work salary (16%)

Family & personal (20%)

Cost of tuition & books (40%)

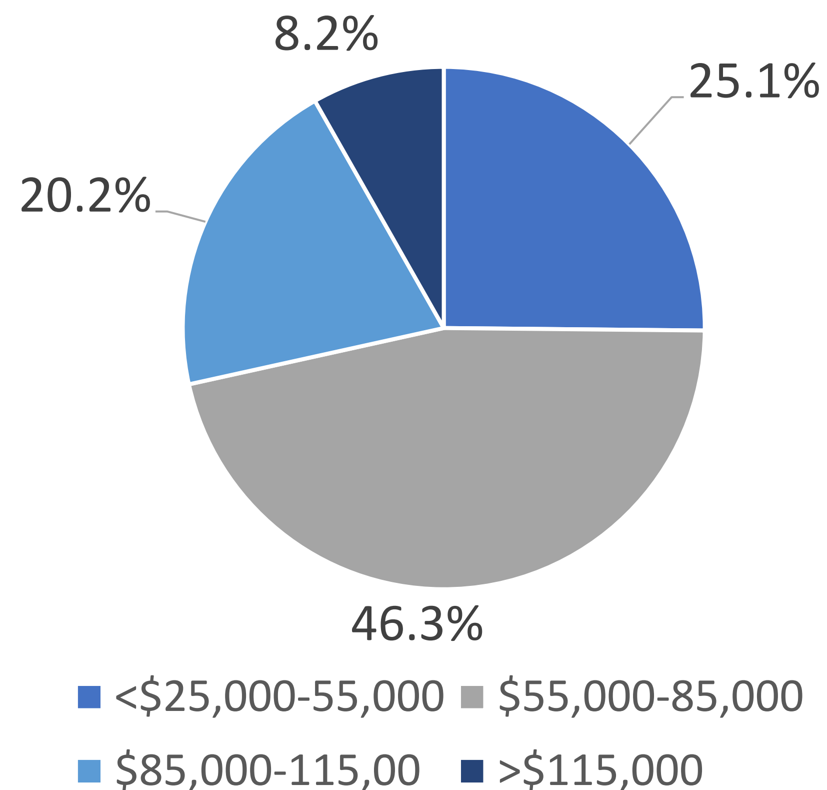
Biggest barriers to more education

Wisconsin RN Workforce: Leadership Roles

	State 41.2%	Work Area 83.4%	Organization Level 9.4%	Governance Board 1.9%	Public Official 0.4%	Major Committee Leader 4%	Professional Organization 8.3%
State	29,071	24,246	2,739	543	109	1,152	2423
Female	90.8%	90.7%	90.7 %	87.9 %	84. %	90.8 %	91.5%
Male	9.0%	9.1%	9.0%	**11.9 %**	**13.6 %**	8.8 %	8.0%
Mean Age	44.2	43.5	48.2	48.0	48.7	45.7	42.5
BIPOC & Latinx	10.0%	9.9 %	8.8 %	12.3 %	6.4 %	8.0 %	10.1%

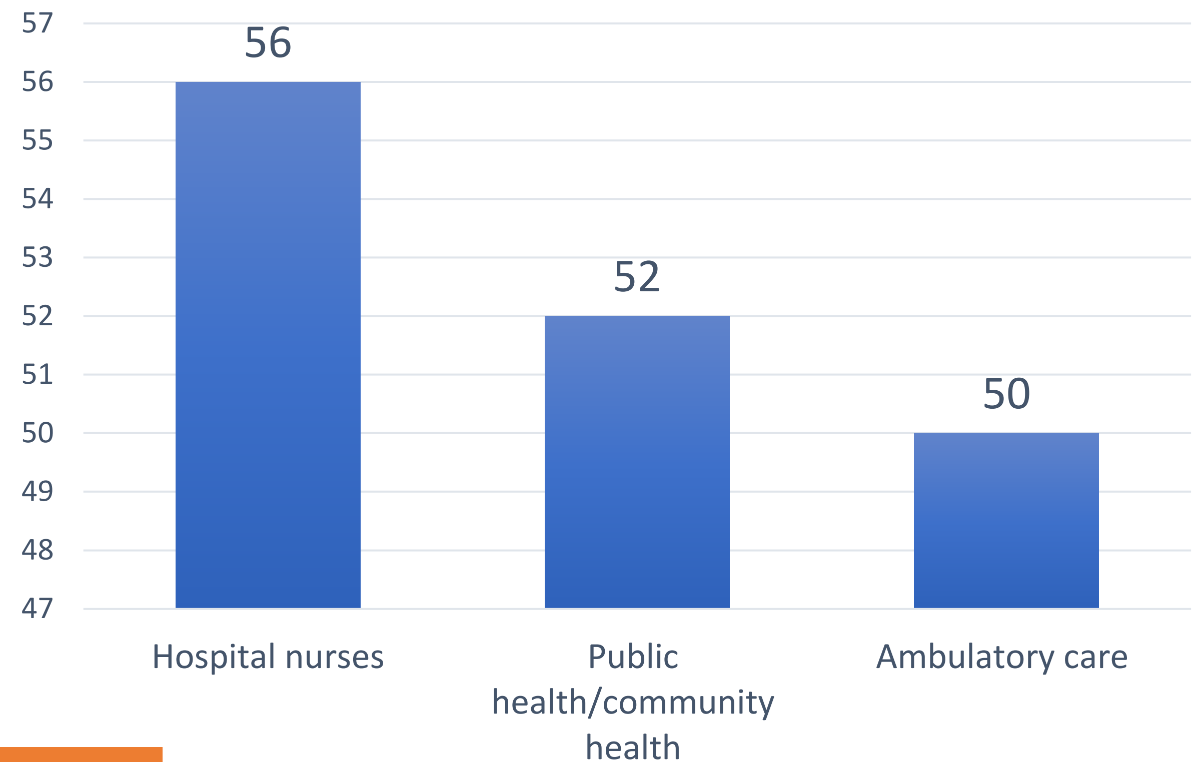
Median income

- $80,000 (full-time)
- Lower income ($70,000) was reported by BIPOC/Latinx compared to White/Not Latinx ($80,000)
- Higher income reported by men ($80,000) compared to women ($70,000)
- Income increased with age:
  - 55+ income ($80,000)
  - < 55 years ($70,000)
- Higher income ($80,000) in Southern & SE regions compared to other regions ($70,000)
- Higher income for hospital nurses ($80,000) compared to school nurses ($60,000)
- Higher income for executives, APNs, and with education



Compared to before the Covid pandemic, how would you rate your overall personal (physical or mental) health?

- 8% Better than before the pandemic
- 44% About the same as before the pandemic
- 39% Worse than before the pandemic
- 9% Much worse than before the pandemic



48% worse or much worse health

Health rating by age

- *Compared to before the Covid pandemic, how would you rate your overall personal (physical or mental) health?*

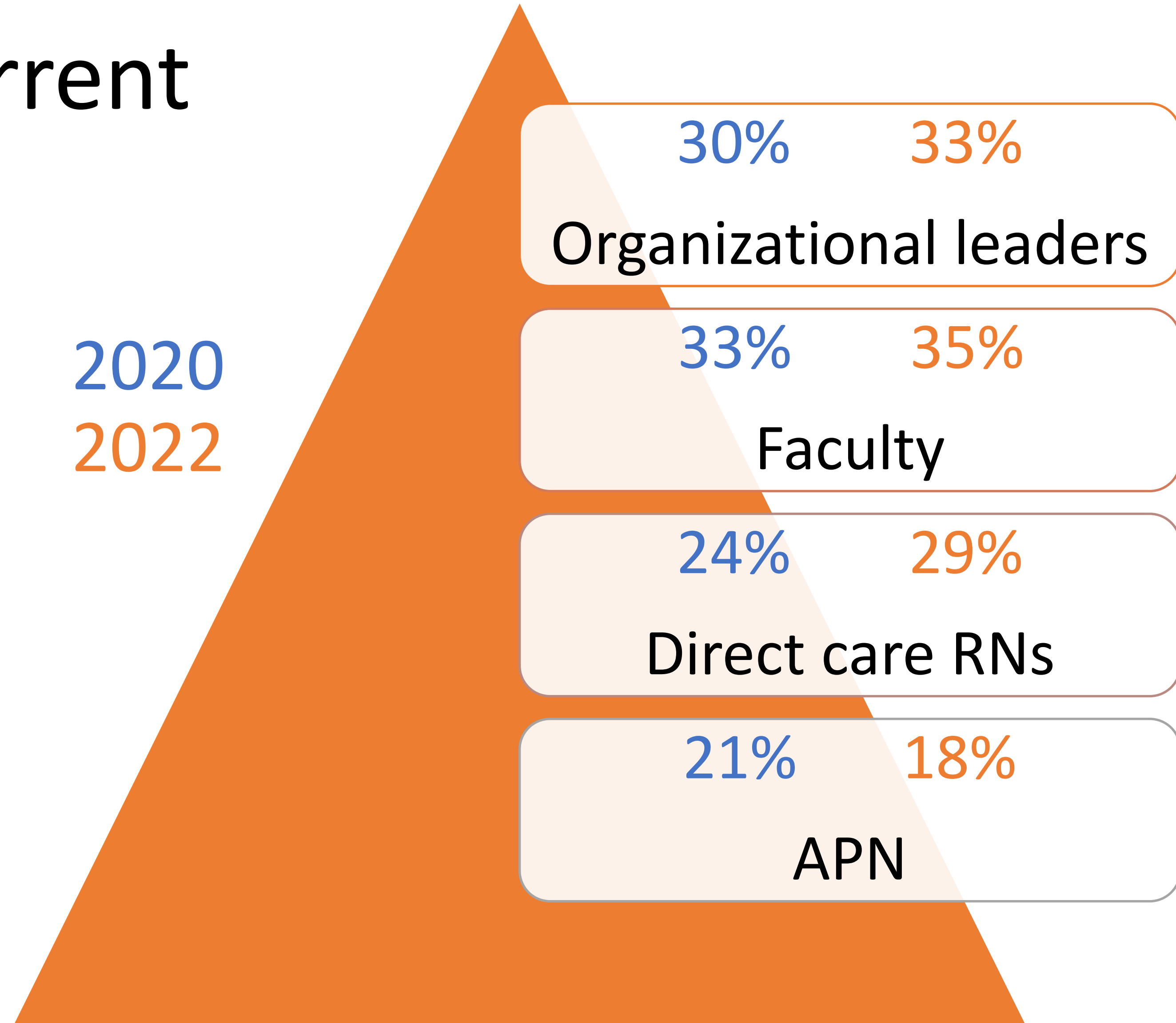
Age	< 25	25 - 34	35-44	45-54	55-64
Better	7 %	8%	8%	8%	8%
About the same	29%	30%	37%	44%	55%
Worse	49%	47%	44%	39%	32%
Much worse	15%	15%	11%	9%	5%
	64%	62%			

Intent to continue providing direct patient care

Number of Years	2020 n	2020 %	2020 Mean Age	2022 n	2022 %	2022 Mean Age
Less than 2 years	5,180	8.7	52.1	7294	12.0	47.4
2-4 years	8,793	14.8	49.2	10,554	17.4	46.0
5-9 years	12,127	20.4	47.2	12,402	20.5	45.8
10-19 years	15,514	26.1	43.5	14,681	24.2	43.1
20-29 years	10,373	17.4	37.8	9472	15.6	37.9
30 or more years	7,563	12.4	31.7	6150	10.2	31.9

2020 N = 59,550; 2022 N = 60,553

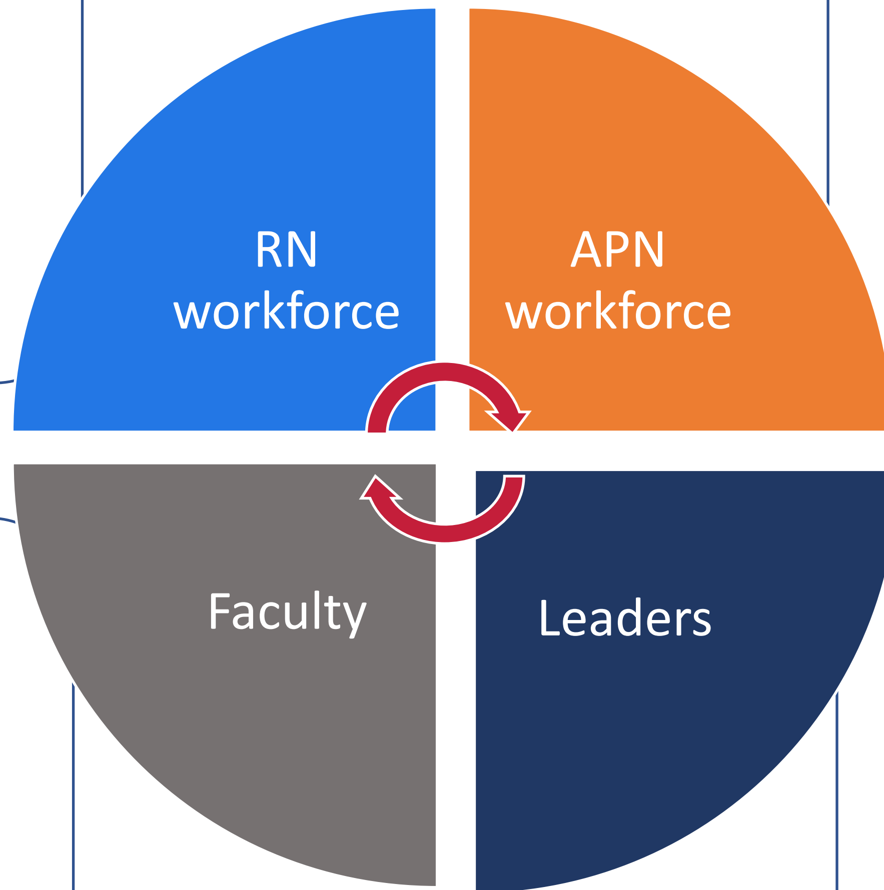
Intent to stay in current position < 5 years



IMPLICATIONS

- Fund education
- Fund scholarships/loan forgiveness
- Recruit for diversity
- Address health issues
- Recruit for rural areas
- Increase RN salaries
- Continue the biennial survey

- Fund supports for APN education
- Forecast demand by APN role & specialty
- Recruit for diversity
- Address climate & racism
- Full scope of practice



- Loan forgiveness, tuition support, scholarships
- Innovation in doctoral education
- Recruit for diversity
- Address climate & racism
- Increase PhD prepared faculty

- Enhance leadership training & mentoring
- Increase formal succession planning
- Continue efforts to appoint nurses to boards
- Recruit/mentor for diversity

Discussion & Questions

Photo credits: Alex Andre

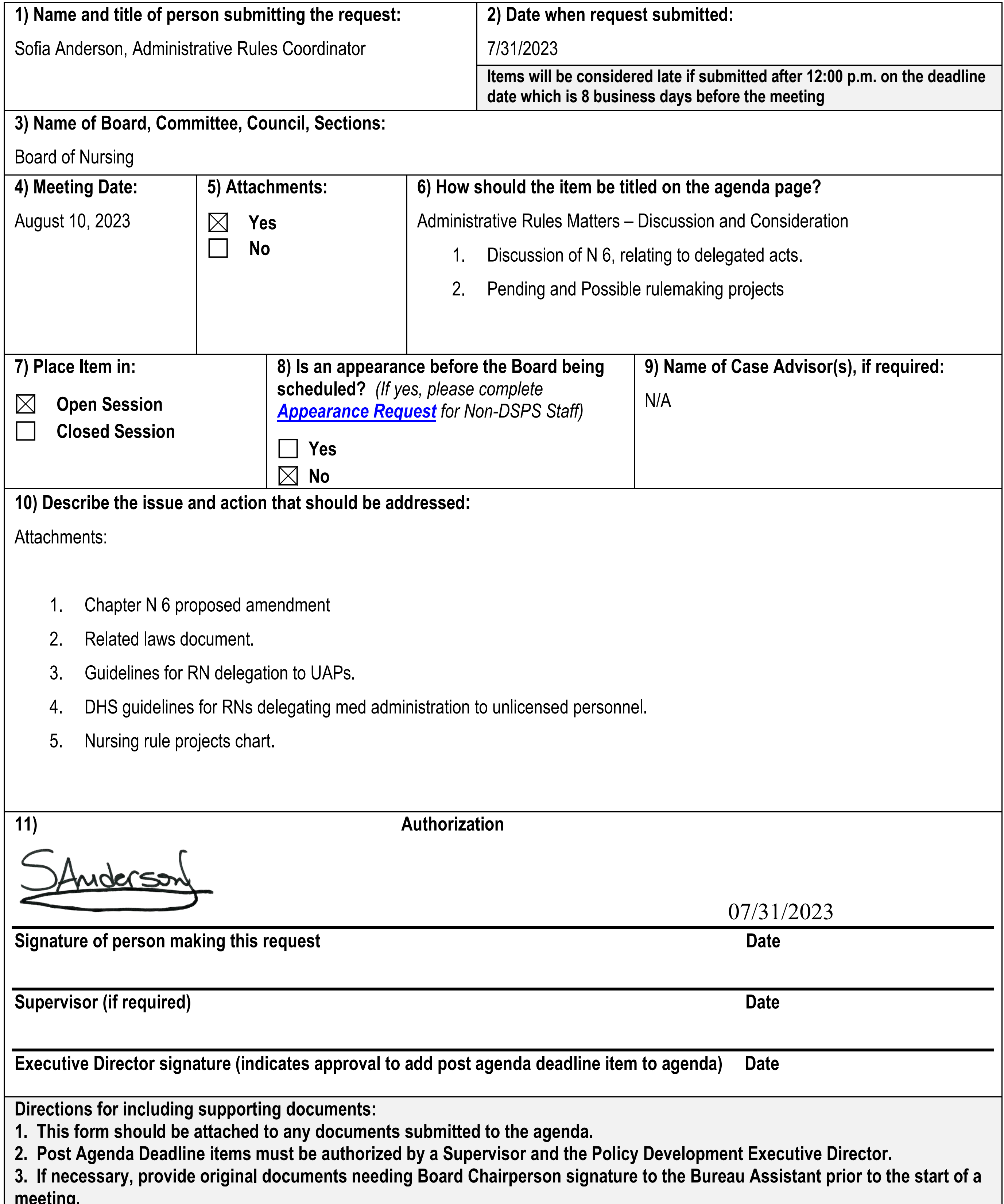
School of Nursing
UNIVERSITY OF WISCONSIN–MADISON

Thank you!

Susan Zahner, DrPH, RN, FAAN
Professor and Associate Dean for Faculty Affairs

susan.zahner@wisc.edu
608-263-5282

State of Wisconsin
Department of Safety & Professional Services



AGENDA REQUEST FORM

1) Name and title of person submitting the request:	2) Date when request submitted:
Sofia Anderson, Administrative Rules Coordinator	7/31/2023
	Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting

3) Name of Board, Committee, Council, Sections:

Board of Nursing

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
August 10, 2023	☒ Yes ☐ No	Administrative Rules Matters – Discussion and Consideration 1. Discussion of N 6, relating to delegated acts. 2. Pending and Possible rulemaking projects

7) Place Item in:	8) Is an appearance before the Board being scheduled? *(If yes, please complete* ***Appearance Request*** *for Non-DSPS Staff)*	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session	☐ Yes ☒ No	N/A

10) Describe the issue and action that should be addressed:

Attachments:

1. Chapter N 6 proposed amendment
2. Related laws document.
3. Guidelines for RN delegation to UAPs.
4. DHS guidelines for RNs delegating med administration to unlicensed personnel.
5. Nursing rule projects chart.

11) Authorization

SAnderson 07/31/2023

Signature of person making this request **Date**

Supervisor (if required) **Date**

Executive Director signature (indicates approval to add post agenda deadline item to agenda) **Date**

Directions for including supporting documents:
1. This form should be attached to any documents submitted to the agenda.
2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director.
3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.

Chapter N 6

STANDARDS OF PRACTICE FOR REGISTERED NURSES AND LICENSED PRACTICAL NURSES

N 6.01 Authority and intent.

N 6.02 Definitions.

N 6.03 Standards of practice for registered nurses.

N 6.04 Standards of practice for licensed practical nurses.

N 6.05 Violations of standards.

N 6.01 Authority and intent.

(1) This chapter is adopted pursuant to authority of ss. 15.08 (5) (b), 227.11 and 441.001 (3) and (4), Stats., and interprets the statutory definitions of professional and practical nursing.

(2) The intent of the board of nursing in adopting this chapter is to specify minimum practice standards for which R.N.s and L.P.N.s are responsible, and to clarify the scope of practice for R.N.s and L.P.N.s.

N 6.02 Definitions. As used in this chapter,

(1) "Advanced practice nurse prescriber" means a registered nurse who holds an advance practice nurse prescriber certificate under s. 441.16, Stats.

(1m) "Basic nursing care" means care that can be performed following a defined nursing procedure with minimal modification in which the responses of the patient to the nursing care are predictable.

(2) "Basic patient situation" as determined by an R.N., physician, podiatrist, dentist or optometrist means the following 3 conditions prevail at the same time in a given situation:

> **(a)** The patient's clinical condition is predictable;
>
> **(b)** Medical or nursing orders are not changing frequently and do not contain complex modifications; and,
>
> **(c)** The patient's clinical condition requires only basic nursing care.

(3) "Complex patient situation" as determined by an R.N., physician, podiatrist, dentist or optometrist means any one or more of the following conditions exist in a given situation:

> **(a)** The patient's clinical condition is not predictable;
>
> **(b)** Medical or nursing orders are likely to involve frequent changes or complex modifications; or,
>
> **(c)** The patient's clinical condition indicates care that is likely to require modification of nursing procedures in which the responses of the patient to the nursing care are not predictable.

(5) "Delegated act" means acts delegated to a registered nurse or licensed practical nurse or acts delegated by registered nurse or licensed practical nurse to eligible staff of certified facilities who have received the appropriate training and education required to perform the delegated act.

(6) "Direct supervision" means immediate availability to continually coordinate, direct and inspect at first hand the practice of another.

(7) "General supervision" means regularly to coordinate, direct and inspect the practice of another.

(8) "Nursing diagnosis" means a judgment made by an R.N. following a nursing assessment of a patient's actual or potential health needs for the purpose of establishing a nursing care plan.

(9) "Patient" means a person receiving nursing care by an R.N. or L.P.N. performing nursing services for compensation.

(10) "Protocol" means a precise and detailed written plan for a regimen of therapy.

(10m) "Provider" means a physician, podiatrist, dentist, optometrist or advanced practice nurse provider.

> **Note:** There was an inadvertent error in CR 15-099. "Advanced practice nurse provider" should be "advanced practice nurse prescriber" consistent with sub. (1) and s. 441.16, Stats. The error will be corrected in future rulemaking.

(11) "R.N." means a registered nurse licensed under ch. 441, Stats., or a nurse who has a privilege to practice in Wisconsin under s. 441.51, Stats.

(12) "L.P.N." means a licensed practical nurse licensed under ch. 441, Stats., or a nurse who has a privilege to practice in Wisconsin under s. 441.51, Stats.

N 6.03 Standards of practice for registered nurses.

(1) General nursing procedures. An R.N. shall utilize the nursing process in the execution of general nursing procedures in the maintenance of health, prevention of illness or care of the ill. The nursing process consists of the steps of assessment, planning, intervention and evaluation. This standard is met through performance of each of the following steps of the nursing process:

> **(a)** *Assessment.* Assessment is the systematic and continual collection and analysis of data about the health status of a patient culminating in the formulation of a nursing diagnosis.
>
> **(b)** *Planning.* Planning is developing a nursing plan of care for a patient which includes goals and priorities derived from the nursing diagnosis.
>
> **(c)** *Intervention.* Intervention is the nursing action to implement the plan of care by directly administering care or by directing and supervising nursing acts delegated to L.P.N.'s or less skilled assistants.
>
> **(d)** *Evaluation.* Evaluation is the determination of a patient's progress or lack of progress toward goal achievement which may lead to modification of the nursing diagnosis.

(2) Performance of delegated acts. In the performance of delegated acts an R.N. shall do all of the following:

(a) Accept only those delegated acts for which there are protocols or written or verbal orders.

(b) Accept only those delegated acts for which the R.N. is competent to perform based on his or her nursing education, training or experience.

(c) Consult with a provider in cases where the R.N. knows or should know a delegated act may harm a patient.

(d) Perform delegated acts under the general supervision or direction of provider.

(3) Supervision and direction of delegated acts. In the supervision and direction of delegated acts an R.N. shall do all of the following:

(a) Delegate tasks commensurate with educational preparation and demonstrated abilities of the person supervised.

(b) Provide direction and assistance to those supervised.

(c) Observe and monitor the activities of those supervised.

(d) Evaluate the effectiveness of acts performed under supervision.

N 6.04 Standards of practice for licensed practical nurses.

(1) Performance of acts in basic patient situations. In the performance of acts in basic patient situations, the L.P.N. shall, under the general supervision of an R.N. or the direction of a provider:

(a) Accept only patient care assignments which the L.P.N. is competent to perform.

(b) Provide basic nursing care.

(c) Record nursing care given and report to the appropriate person changes in the condition of a patient.

(d) Consult with a provider in cases where an L.P.N. knows or should know a delegated act may harm a patient.

(e) Perform the following other acts when applicable:

1. Assist with the collection of data.

2. Assist with the development and revision of a nursing care plan.

3. Reinforce the teaching provided by an R.N. provider and provide basic health care instruction.

4. Participate with other health team members in meeting basic patient needs.

(2) Performance of acts in complex patient situations. In the performance of acts in complex patient situations the L.P.N. shall do all of the following:

(a) Meet standards under sub. (1) under the general supervision of an R.N., physician, podiatrist, dentist or optometrist.

(b) Perform delegated acts beyond basic nursing care under the direct supervision of an R.N. or provider. An L.P.N. shall, upon request of the board, provide documentation of his or her nursing education, training or experience which prepares the L.P.N. to competently perform these assignments.

(3) Assumption of charge nurse position in nursing homes. In assuming the position of charge nurse in a nursing home as defined in s. 50.04 (2) (b), Stats., an L.P.N. shall do all of the following:

(a) Follow written protocols and procedures developed and approved by an R.N.

(b) Manage and direct the nursing care and other activities of L.P.N.s and nursing support personnel under the general supervision of an R.N.

(c) Accept the charge nurse position only if prepared for the responsibilities of charge nurse based upon education, training and experience beyond the practical nurse curriculum. The L.P.N. shall, upon request of the board, provide documentation of the nursing education, training or experience which prepared the L.P.N. to competently assume the position of charge nurse.

N 6.05 Violations of standards. A violation of the standards of practice constitutes unprofessional conduct or misconduct and may result in the board limiting, suspending, revoking or denying renewal of the license or in the board reprimanding an R.N. or L.P.N.

DHS 129.07 Standards for nurse aide training programs.

(https://docs.legis.wisconsin.gov/code/admin_code/dhs/110/129/ii/07)

(1) Curriculum for a nurse aide training program. The training program shall include theory and practice in all of the following care areas:

(a) *Interpersonal communication and social interaction.* The program shall include the theory of and practice in communicating and interacting on a one-to-one basis with a client; serving as part of a team implementing client care objectives; demonstrating sensitivity to a client's emotional; social and psychological needs through directed interactions; and skills that enable expressions of age-appropriate behavior by allowing a client to make personal choices and by reinforcing behavior that supports a client's sense of dignity. After completion of this portion of the training program, a nurse aide shall do all of the following:

1. Identify the components of a caregiver-client relationship and be able to recognize and demonstrate understanding of all of the following:

a. The uniqueness of each client, in terms of that person's age, disability, family status, financial status, gender, marital status, race, and sexual orientation, and cultural, generational, social, ethnic, religious or other background, values or characteristics.

b. The needs of a client with Alzheimer's disease, dementia, mental illness, intellectual disability, or other cognitive disabilities or impairments.

c. Ways both nurse aides and clients can cope with stress.

d. What constitutes caregiver misconduct.

e. The messages conveyed by body language, speech and facial expressions.

2. Demonstrate an ability to establish effective relationships with clients and be able to do all of the following:

a. Communicate with clients in a respectful manner that affords clients dignity.

b. Explain procedures and activities to clients before carrying out those procedures or beginning those activities.

c. Demonstrate concern for clients who have long-term or disabling illnesses or who are dying.

d. Identify developmental tasks associated with the aging process.

3. Demonstrate an ability to use appropriate verbal and nonverbal communication skills with clients and be able to do all of the following:

a. Recognize effective listening techniques.

b. Distinguish assertive from aggressive responses.

c. Identify the difference between non-acceptable and acceptable touching during job performance.

d. Identify therapeutic interventions and specialized techniques for responding to client's wandering and confusion.

4. Recognize common barriers to communication, including language, vision changes, hearing loss, speech problems, memory loss, disorientation and pain.

5. Demonstrate an ability to promote the independence of clients within the limitations of their physical, mental and intellectual impairments by fostering self-help skills through appropriate responses to clients' attempts to provide self care, including recognizing clients' level of ability in self care activities.

6. Identify the role of the family and other persons of importance to the client in the client's care and as resources for client emotional support.

(b) *Basic nursing skills.* The program shall include the theory of and practice in basic nursing skills, including bed making, taking vital signs, measuring height and weight, caring for the client's environment, measuring fluid and nutrient intake and output, assisting in the provision of proper nutritional care, walking or transferring the client using body mechanics and appropriately selected equipment with regard to principles of client care ergonomics, and maintaining infection control and safety standards. A nurse aide shall do all of the following:

1. Use acceptable personal hygiene.

2. Recognize the components of working relationships.

3. Identify how and when to seek guidance, using the supervisory channels of communication within the facility or agency.

4. Use proper body mechanics.

5. Demonstrate an understanding of the meaning of common medical terms and abbreviations.

6. Observe and report changes in client behavior and physical status, including signs and symptoms of common diseases and conditions.

7. Recognize when a client may be choking and respond appropriately.

8. Recognize the normal physical and psychological changes associated with aging.

9. Identify the basic principles of nutrition and hydration.

10. Recognize and report deviations from a client's normal food and fluid intake and output.

11. Recognize the basic requirements of commonly prescribed therapeutic diets.

12. Use common measures to promote a client's skin integrity, considering the client's ethnicity, race and age.

13. Demonstrate appropriate techniques in walking, transferring, positioning and transporting clients.

14. Recognize and respond appropriately to unsafe environmental conditions, including damp floors, frayed electrical cords and loose hand rails.

15. Recognize and respond appropriately to emergency situations including following emergency evacuation procedures.

16. Demonstrate appropriate hand washing techniques.

17. Understand and use commonly used alternatives to restraints in accordance with current professional standards.

18. Maintain the safety and cleanliness of client care areas.

19. Make use of proper isolation technique.

20. Perform commonly accepted infection control practices, including proper gloving technique and proper disposal of blood and body fluids and secretions.

21. Make occupied and unoccupied beds.

22. Measure temperature, pulse and respiration.

23. Measure a client's weight and height.

24. Record objective information.

25. Apply nonprescription ointments to unbroken skin areas.

26. Recognize the general effects of prescribed routine medications.

27. Recognize therapeutic interventions and specialized non-pharmacological pain control interventions.

28. Assist with care of clients when death is imminent.

29. Assist with post-mortem care.

30. Maintain the safety and cleanliness of areas where food is stored.

(c) *Personal care skills.* The program shall include the theory of and practice in basic personal care skills, including bathing, mouth care, grooming, dressing, toileting, and assistance with eating, hydration and skin care. A nurse aide shall demonstrate the ability to do all of the following:

1. Give a complete or partial bed bath to a client and assist a client in taking a bath or a shower.

2. Provide care of the client's perineal area.

3. Apply appropriate oral hygiene practices when assisting a client with oral hygiene, including caring for the client's dentures.

4. Care for a client's nails, hair and skin.

5. Shave and shampoo a client, including applying nonprescription medicated shampoos.

6. Dress and undress a client.

7. Prepare a client for meals.

8. Assist in feeding a client, including helping a client use adaptive devices and feeding utensils and encouraging a client to eat nutritionally balanced meals.

9. Assist a client with bowel and bladder elimination.

(d) *Basic restorative services.* The program shall include the theory of and practice in providing restorative services. Basic restorative services include the application of assistive devices for ambulation; eating and dressing; maintenance of range of motion through appropriate exercises; proper turning and positioning both in bed and chair; proper transferring techniques; bowel and bladder training; and care and use of prosthetic devices such as hearing aids, artificial eyes and artificial limbs. A nurse aide shall demonstrate the ability to do all of the following:

1. Recognize the importance of bowel and bladder programs.

2. Recognize the method for maintaining and improving musculoskeletal functioning by promoting joint mobility, body alignment and movement, including being able to do all of the following:

a. Position clients by use of pillows, towel rolls, padding and footboards.

b. Perform simple range of motion exercises.

c. Assist clients in the use of crutches, walkers, wheelchairs, canes, prostheses and appliances.

3. Transfer clients safely and according to principles of patient care ergonomics and with proficiency in use of available equipment that is used to transfer clients.

Note: Equipment used to transfer clients includes, but is not limited to, mechanical lifts, friction reducing devices; wheelchairs and gait belts.

4. Reinforce breathing exercises, including coughing and deep breathing.

5. Help clients use hearing aids and visual aids.

(e) *Rights of clients.*

1. The program shall provide instruction on the principles of and requirements relating to clients' rights. The nurse aide shall demonstrate an understanding of all of the following obligations:

a. Providing privacy for clients in treatment, living arrangements and personal care needs.

b. Maintaining the confidentiality of client health and personal records.

c. Allowing clients to make personal choices to accommodate the clients' needs.

d. Providing help clients need in getting to and participating in activities, including client and family group meetings.

e. Maintaining the personal possessions of clients in good and secure condition.

f. Interacting with clients without abusing or neglecting the clients.

g. Interacting with clients without misappropriating the clients' property.

h. Immediately reporting to appropriate facility or agency staff every instance of abuse or neglect of a client or misappropriation of a client's property as defined in s. DHS 13.03 (1), (12), and (14).

2. The nurse aide shall demonstrate behavior that recognizes that clients have rights and that the aide respects those rights. The nurse aide shall do all of the following:

a. Demonstrate respect and concern for each client's rights, preferences and awareness of age, color, disability, family status, financial status, gender, marital status, race, sexual orientation, and ethnic, cultural, social, generational and religious differences.

b. Show respect for cultural, ethnic and religious food preferences.

c. Recognize what constitutes abuse of clients and demonstrate an understanding of how to interact with clients without abusing them or without appearing to abuse them.

d. Demonstrate prevention and intervention skills with combative clients that balance appropriate client care with a need to minimize the potential for injury to the aide and others.

e. Recognize the role of state and federal regulatory agencies in licensing or otherwise approving providers and in investigating complaints of abuse of client property.

f. Demonstrate an understanding of the process by which a client or staff member may file a complaint on behalf of a client and seek redress for a perceived violation of client rights.

g. Recognize the role of client advocacy groups as client resources.

h. Demonstrate awareness of how to file a complaint with the department regarding operations within the provider setting.

(f) *Dementias.* The program shall include instruction about dementia and specific techniques for meeting the basic needs of clients with dementia. The nurse aide shall demonstrate an understanding of all of the following:

1. The nature of dementia, including the cause, course and symptoms of the impairment. The effects that brain changes have on the person's moods, abilities and functioning.

2. The effects on the client of staff verbal and nonverbal communication with the client and means of modifying these communications and approaches to facilitate effective interaction between clients and staff.

3. The feeding and fluid intake problems associated with dementia and the specialized techniques for addressing those problems.

4. The effect of the environment on clients with dementia and the appropriate environmental stimuli to use with those clients to reduce stress and maximize normal functioning and how to incorporate strategies that preserve function and prevent excess disability.

5. Possible causes of dementia related symptomatic behavior changes, specifically focusing on understanding behavior as an attempt to communicate unmet needs and then how to address the unmet need including an understanding of how pain impacts behavior.

6. Ways to help the person with dementia continue meaningful involvement in his or her day, the importance of structure and routine and the incorporation of the person's life story and past interests, routines, tastes, values and background.

7. The stress involved for the client, family and nurse aide in caring for a client with dementia and techniques for coping with this stress and ways to address the person with dementia's core needs of having self-esteem boosted, being useful, giving and receiving love, and caring for self and others.

DSH 105.14 (4) (4) Orientation and training.

https://docs.legis.wisconsin.gov/document/administrativecode/DHS%20105.14(4)

(a) *Orientation.* Before performing any job duties, all employees shall receive appropriate orientation to their job responsibilities and to the ADCC and its policies, including emergency and evacuation procedures, participant rights, and prevention and reporting any allegation of participant abuse, neglect, and misappropriation of participant property.

(b) *Training.*

1. Within 90 days of employment, the ADCC shall provide, obtain or otherwise ensure each caregiver receives training in all the following areas:

a. Meeting the physical, social and mental health needs of each participant group served by an ADCC. Specific training shall include, as applicable, activities, safety risks, managing and responding to challenging behaviors, environmental considerations, disease processes, communication skills, and nutritional needs.

b. Recognizing and responding to changes in condition including first-aid.

c. Use of a fire extinguisher.

2. The ADCC shall provide, obtain, or otherwise ensure each caregiver receives and successfully completes specific task training prior to assuming these job duties, including all of the following:

a. Personal care training for all caregivers who provide assistance with activities of daily living. Training shall be appropriate to the care and services provided. Specific training topics may include toileting and incontinence care, mobility and transferring, eating, bathing, and dressing.

b. Standard precaution training for all caregivers who may be exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood.

c. Medication administration and management training for all caregivers who manage, administer, or assist participants with prescribed or over-the-counter medications.

(c) *Caregiver supervision.* Until a caregiver has completed all required training, the caregiver shall be directly supervised by the program director or by a qualified caregiver.

(d) *Continuing education.* The program director and every caregiver shall receive at least 10 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following:

1. Standard precautions.
2. Participant rights.
3. Prevention and reporting of abuse, neglect and misappropriation.
4. Emergency and evacuation procedures.

DHS 105.14 (7) (d) (d) *Medication administration.*

https://docs.legis.wisconsin.gov/document/administrativecode/DHS%20105.14(7)(d)

1. The ADCC shall have a written policy for medication management and shall designate which caregivers are authorized and trained to administer medications. The caregiver administering medications shall be 18 years of age or older. The policy shall indicate the program's role in the supervision of self-administered medications and caregiver administered medications.

2. Self-administered medications may be supervised by a caregiver who may prompt the participant and observe the participant taking the medication. To self-administer medications, the participant shall have the physical and mental capacity to obtain, dispense, and ensure the correct medications are taken in the prescribed dosages. When medications are self-administered, the medication list shall be reviewed and updated annually by the prescribing practitioner, physician, physician's assistant, or nurse practitioner.

3. Caregiver-administered medications shall be stored, obtained, and assembled for the participant. The caregiver is responsible for ensuring the correct medication, in the correct dose, at the correct time is administered to the correct participant. Medications administered by a caregiver shall meet all of the following conditions:

a. A written order from the prescribing practitioner shall be in the participant's record.

b. A listing of current medications with the dosage, frequency, and route of administration shall be in the participant's record.

c. Over-the-counter and prescription medications shall remain in the original labeled containers and be stored in a locked, safe place.

d. Non-licensed caregivers shall consult with the prescribing practitioner or pharmacist about each medication to be administered.

e. Written information describing side effects and adverse reactions of each medication shall be kept in the participant's record.

f. The administration of medications shall be documented in the participant's permanent record to include the name of the medication, dosage, method of administration, date and time administered, and name of the caregiver who administered the medication.

g. Medication administration by routes to include: injectable, nebulizers, stomal and enteral medications, and medications, treatments or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license, or may be delegated to a non-licensed caregiver pursuant to s. N 6.03 (3).

DHS 107.11 (2) (b) (b) Home health aide services are:

https://docs.legis.wisconsin.gov/document/administrativecode/DHS%20107.11(2)(b)

1. Medically oriented tasks which cannot be safely delegated by an RN as determined and documented by the RN to a personal care worker who has not received special training in performing tasks for the specific individual, and which may include, but are not limited to, medically oriented activities directly supportive of skilled nursing services provided to the recipient. These may include assistance with and administration of oral, rectal and topical medications ordinarily self-administered and supervised by an RN according to 42 CFR 483.36 (d), chs. DHS 133 and N 6, and assistance with activities directly supportive of current and active skilled therapy and speech pathology services and further described in the Wisconsin medical assistance home health agency provider handbook;

2. Assistance with the recipient's activities of daily living only when provided on conjunction with a medically oriented task that cannot be safely delegated to a personal care worker as determined and documented by the delegating RN. Assistance with the recipient's activities of daily living consists of medically oriented tasks when a reasonable probability exists that the recipient's medical condition will worsen during the period when assistance is provided, as documented by the delegating RN. A recipient whose medical condition has exacerbated during care activities sometime in the past 6 months is considered to have a condition which may worsen when assistance is provided. Activities of daily living

include, but are not limited to, bathing, dressing, grooming and personal hygiene activities, skin, foot and ear care, eating, elimination, ambulation, and changing bed positions; and

3. Household tasks incidental to direct care activities described in subds. 1. and 2.

> **Note:** For further description of home health aide services, refer to the Wisconsin Medical Assistance Home Health Agency Provider Handbook.

DHS 106.16 (2) (2) Home health aides.

https://docs.legis.wisconsin.gov/document/administrativecode/DHS%20105.16(2)

(a) *Assignment and duties.* Home health aides shall be assigned to specific recipients by a registered nurse. Written instructions for patient care shall be prepared by a registered nurse, a physical or occupational therapist or a speech and language pathologist, as appropriate. Duties shall include medically oriented tasks, assistance with the recipient's activities of daily living and household tasks as specified in s. DHS 107.11 (2) (b) and further described in the Wisconsin medical assistance home health agency provider handbook.

(b) *Supervision.* A registered nurse shall make supervisory visits to the recipient's home as often as necessary, but at least every 60 days, to review, monitor and evaluate the recipient's medical condition and medical needs according to the written plan of care during the period in which agency care is being provided. The RN shall evaluate the appropriateness of the relationship between the direct care giver and the recipient, assess the extent to which goals are being met, and determine if the current level of home health services provided to the recipient continues to be appropriate to treat the recipient's medical condition and if the services are medically necessary. The supervising RN shall discuss and review with the recipient the services received by the recipient and discuss the results of the supervisory visit with the LPN, home health aide or personal care worker. The results of each supervisory visit shall be documented in the recipient's medical record.

(c) *Training.* Home health aides shall be trained and tested in accordance with the requirements of s. 146.40, Stats., and ch. DHS 129. Aides shall not be assigned any tasks for which they are not trained, and training and competency in all assigned tasks shall be documented and made part of the provider's records.

DHS 129.24 Standards for nursing home medication aide training programs.

https://docs.legis.wisconsin.gov/document/administrativecode/DHS%20129.24

(1) Curriculum.

> (a) Minimum requirements. A training program shall include at least the following 6 areas, specified in pars. (b) to (h):
>
> (b) Introduction.
>
> > 1. To the course.
> >
> > 2. To the role of medication aides.
>
> (c) Legal and ethical considerations.

1. Federal and state nursing home standards, regulations, statutes, and administrative rules.

2. Standards of Practice for Registered Nurses and Licensed Practical Nurses, ch. N 6 specific to registered nurse delegation.

3. Professional and staff roles and liabilities.

4. Resident rights regarding administration of medications.

5. Confidentiality of information related to residents.

6. Facility policies and procedures for administration of medications.

(d) Overview of body systems related to routes of medication administration and the classes of medications.

1. Anatomy of body structures that pertain to medication administration, including structure of the eye, ear, nose, mouth, vagina, rectum, and skin, which are necessary to administer medication correctly via these routes.

2. Functions of these body structures that impact medication administration and effectiveness.

3. Diseases of these body structures that impact medication administration and medication effectiveness.

Note: Examples of anatomy, function and diseases are provided in the curriculum development guide.

(e) Medication fundamentals, including:

1. Medication orders.

2. Medication mathematics, weights and measures.

3. Dosage forms, including pills, capsules, ointments, patches, and suppositories.

4. Drug effects and actions.

5. Classes or types of commonly used medications in nursing homes.

6. Use of the drug or drug indication.

7. Side effects of the medications.

8. Specific medication administration requirements.

Note: Chemotherapy is not part of the basic medication aide course.

9. Medication packaging systems.

10. Medication storage, destruction or return of medication.

(f) Medication administration.

1. Techniques and procedures of various routes of medication administration.

    Note: Injections, and medications administered via a tube, a nebulizer, or an oxygen route will not be evaluated as part of the basic nursing home medication aide curriculum.

2. Six “rights" of medication administration, including right patient, right drug, right dose, right route, right time, and right documentation.

(g) Observations, communication, and reporting. Requirements for timely reporting and documenting the administration of all medication, including the need for PRN medications and the resident's response, refusal to take medication, omission of medications, errors in the administration of medication and drug reactions and any change in the condition of a resident.

(h) Medication safety.

1. Prevention of medication errors.

2. Causes and reporting of medication errors.

Guidelines for Registered Nurse Delegation to Unlicensed Assistive Personnel ©

Wisconsin Nurses Association
2820 Walton Commons, West
Suite 136
Madison, WI 53178
info@wisconsinnurses.org
www.wisconsinnurses.org

Guidelines for Registered Nurse Delegation

Developed by Nursing Delegation Workgroup September 2001- March 2002

Background:
There is generally a good deal of confusion concerning nurse delegation–among individuals, states, sites, and agencies (regulatory & provider). These problems around nurse delegation stimulated the formation of an ad hoc workgroup to clarify delegation issues. The Workgroup members are as follows:

Penny Schinktgen, RN, President *(Workgroup Chair),* WI Personal Services Assoc., Inc.

Gina Dennik-Champion, RN Executive Director, Wisconsin Nurses Association
Lynn Polacek, RN, Clinical Nurse Specialist, ElderCare/ WI Partnership Program, Madison
Ann M. Pooler, RN, PhD, Clinical Director, Center for Excellence in Long-Term Care, UW-Madison School of Nursing
Burt Wagner, Attorney, Reinhart, Boerner, Van Deuren, Madison
Alice Mirk, CSW, Implementation and Technical Assistance Manager
WI Dept. of Health & Family Services (DHFS), Office of Strategic Finance
Center for Delivery Systems Development
Sue Jones, RN, Director, DHFS Bureau of Developmental Disabilities
Melanie Foxcroft, Policy Analyst, DHFS Bureau of Aging & LTC Resources

Workgroup members supplemented their diverse perspectives with research on nurse delegation policies and protocols in other states. The following summarizes our discoveries:

1. States vary in their treatment of nurse delegation. Some states specifically limit it to certain tasks and/or settings. (For example, some states will not let anyone but a nurse assist with pills, while other states have unlicensed workers caring for people using ventilators.)
2. National advisory entities such as the National Council of State Boards of Nursing provide general descriptions of the delegation process without citing specific tasks.
3. Wisconsin's Nurse Practice Act is very broad and open to interpretation.
4. Wisconsin's Board of Nursing has sometimes limited delegation to specific tasks or settings based on interpretations of broad statutory language.
5. Actual practice in Wisconsin varies widely, from very little delegation (in some institutions) to limited to no nurse involvement for people with disabilities living in community settings—even when unlicensed staff are performing health-related tasks for consumers unable to direct the cares.
6. Delegation is a skill in which nurses have various levels of competence.
7. Some states have developed statutes to clarify that consumer self-directed supports involves an <u>absence</u> of nurse delegation, because the consumer directs, not the nurse.
8. Clarification of delegation is needed for consumers who are not wanting or not able to fully direct their own cares. In other words, clear delegation protocols are needed for delegating tasks in community settings even with consumers who cannot direct the cares or workers.
9. Facility "downsizing" (reducing nursing staffs) and managed care's focus on cost effectiveness cause some nurses to be concerned that they will be forced to delegate tasks against their better judgment.
10. Different regulatory agencies have different perspectives about whether delegation is appropriate or allowable. Nurses commonly complain that their nursing practice is constrained by written restrictions or subjective interpretations by state regulators.

Since the majority of people prefer to live at home, in-home assistance must be as cost-effective as possible to help more people attain their desired quality of life. At the same time, consumers' safety and quality of care must be protected. Increasing proper nurse delegation can increase quality, safety, and cost-efficacy to support consumers' quality of life. Given all the confusions noted above, it appears that what is needed is a clear protocol or guideline for nurses and delegatees to follow. The delegation workgroup has drafted such a guideline and is now

distributing it for review and feedback. It should be noted that this guideline focuses on best practice, which is separate from reimbursement issues. It is hoped that reimbursement and regulations will be adapted to be consistent with this perspective on delegation.

We found that Washington State went through a similar process several years ago, and had the same issues as Wisconsin does. They formed a workgroup that developed delegation guidelines, and funded a pre-and post-implementation study to assess the impact of use of the guidelines. The study showed that nurses, UAPs, and consumers and families felt more confident and comfortable with clear guidelines, and that nursing delegation was introduced where there had been no nurse oversight at all before.[1]

Workgroup Analysis of Nurse Delegation in Wisconsin

The Wisconsin Nurse Practice Act is one of the most flexible in the United States. Chapter N6 of the Wisconsin Administrative Code (Standards of Practice for Registered Nurses and Licensed Practical Nurses) has language on delegation as follows:

> "SUPERVISION AND DIRECTION OF DELEGATED NURSING ACTS. In the supervision and direction of delegated nursing acts an RN shall:
>
> > (a) Delegate tasks commensurate with educational preparation and demonstrated abilities of the person supervised;
> > (b) Provide direction and assistance to those supervised;
> > (c) Observe and monitor the activities of those supervised; and
> > (d) Evaluate the effectiveness of acts performed under supervision."
>
> (Admin. Code N6.03 (3))

In addition, the Wisconsin Statutes (441 Board of Nursing) under 441.115 state the following regarding the rules governing nursing practice:

> "This chapter shall not be construed to affect nursing by friends, members of the family or undergraduates in an accredited school, nor be construed to interfere with members of religious communities or orders having charge of hospitals or taking care of the sick in their homes, except that none of such excepted persons while engaged in activities shall represent herself as a graduate nurse unless registered under this chapter 2."

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1. Young, Heather M., and Sikma S.K., "Evaluation of the Implementation of Nurse Delegation in Washington State Community-Based Residential Care Settings," Washington Nurse, 29 (1): 34-6, 1999 Winter.

There are no more specific details on delegation within the Nurse Practice Act itself. There are numerous restrictions on delegation in statutes and administrative code regulating various licensed or certified residential settings (e.g., CBRFs, adult family homes, assisted living) and providers (e.g., personal care agencies, home health agencies). Medicaid and Medicare have additional, sometimes differing, restrictions on nurse delegation. The delegation workgroup did not seek to revise or coordinate these diverse regulations by different state agencies. Instead, the workgroup focused on developing clear delegation guidelines for nurses and delegatees to follow. These guidelines detail the nursing process (assess, plan, implement, and evaluate) that takes place at all steps in the delegation process. This highlights that fact that decisions about delegation are made by the delegating nurse following proper nursing procedure and nursing judgment. The delegating nurse assesses the consumer, the situation, and the task; the potential delegatee, the training needed, the return demonstration of competence; the level of supervision and support needed and available; and the ongoing quality of the care delivered. The delegating nurse uses the nursing process to determine whether delegation is appropriate in a particular situation, given all these details.

The Wisconsin Nurse Practice Act requires delegation "commensurate with the educational preparation and demonstrated abilities" of the delegatee. "Educational preparation" is not defined, and is variously interpreted. Some interpretations—again, varying among different state agencies--mandate certification as nurses' aid or as personal care worker, with mandatory standard curricula. It should be noted, however, that such general trainings and certification are not always <u>sufficient</u> training to perform a particular delegated task with a particular consumer in particular setting and circumstances. Nurse delegators must always assess whether a specific delegation to a certified delegatee is appropriate. Nurse delegators must always ensure that the delegatee understands the delegated task, its expected outcomes, how to respond to problems, and how to contact the nurse for questions. Nurse delegators must almost always provide consumer-specific training and have the delegatee demonstrate competence. (This may not be needed when a relatively simple task is taught in general trainings and no additional training is needed for a particular individual or situation.) All of these training steps are inherent to the delegation process no matter what other training or certification the UAP has. In fact, the nurse delegation process can be followed successfully with any willing and able individual. Safety and quality are built in to the delegation process, because at each step the nurse assesses the situation and proceeds accordingly. The delegating nurse provides adequate training to ensure safety and quality of care. It is this specific training that is necessary and sufficient for delegation to occur. It is the delegation workgroup's position that the delegation process itself ensures adequate "educational preparation and demonstrated abilities" of the delegatee.

The Delegation Guideline

The Delegation Workgroup sought to develop a clear delegation protocol that:

A. Provides a <u>decision process</u> to determine if delegation of a particular task is appropriate or not.
B. Lays out the step-by-step process of delegation from assessment through implementation and evaluation and documentation.
C. Reduces nurses' confusions and liability fears by providing A and B.
D. Clarifies responsibilities of delegatees. The delegation process also demands close communication between nurse and delegatees; this professional support and responsibility often improves direct care worker morale and retention.

We believe the attached "Delegation Decision Tree" and "Delegation Guideline" meet these criteria. They are intended to be very clear and appropriate for use by nurses and delegatees. They are consistent with contemporary nursing practice.

GUIDELINE FOR REGISTERED NURSE DELEGATION TO UAP'S

I. Introduction

The purpose of this delegation guideline is to ensure that nursing care services have a consistent standard of practice upon which the public and profession may rely, to safeguard the authority of the registered nurse delegator to make independent professional decisions regarding the delegation of a nursing task, and to protect the safety of consumers.

A licensed registered nurse may delegate specific nursing care tasks to unlicensed assistive personnel (UAPs) who meet certain requirements. Before delegating a task, the registered nurse delegator must determine that specific criteria described in this guideline are met. The registered nurse delegator and the UAP are accountable for their own individual actions in the delegation process.

This guideline addresses delegation of specific tasks. It in no way replaces general legal and ethical responsibilities of providers, including but not limited to emergency response procedures, crisis intervention, and consumer participation in service plan development. This guideline does not apply to tasks that do not require delegation, such as assistance with bathing, dressing, or other activities of daily living. The registered nurse retains overall accountability for the nursing care of the consumer, including nursing assessment, evaluation, and assuring documentation is completed. No person may coerce the registered nurse delegator into compromising consumer safety by requiring the nurse to delegate if the registered nurse delegator determines it is inappropriate to do so.

All the steps of the delegation procedure may be done by one delegating nurse, or may be shared by several nurses.

II The Delegation Procedure

Step 1: Use the **Delegation Decision Tree** to determine whether delegation of particular task is appropriate. If not, do not delegate. If task is generally appropriate for delegation, continue.

Step 2: The RN should delegate only in accordance with her/his education, training and experience. If necessary, the RN should seek consultation from a knowledgeable RN.

Step 3: Assess the consumer and situation including the environment and available resources to ensure that there are no unique factors that could make outcomes of the delegated task unpredictable.

Step 4: Assess the UAP's willingness and potential ability to perform the task with this consumer. The registered nurse delegator shall:

a. Consider the psychomotor and cognitive skills required to perform the nursing task.
b. Verify that the UAP is willing to perform the task in the absence of direct or immediate nurse supervision and to accept responsibility for her/his actions.
c. Analyze the complexity of the nursing task and determine the required training or additional training needed by the UAP to competently accomplish the task.

d. Assess the level of interaction required, considering language or cultural diversity that may affect communication or the ability to accomplish the task to be delegated, as well as methods to facilitate the interaction.

Step 5: Provide training for the UAP. Upon discretion, the RN may also require a demonstration of competence by the UAP.

Step 6. Provide clear and specific instructions to the UAP including when and how to contact the delegating nurse or back-up nurses.

Step 7: ***Implement and Evaluate Delegation***

a) The registered nurse delegator must ensure that the performance of the UAP is supervised and evaluated.
b) The method of supervision is at the discretion of the registered nurse delegator.

Step 8: *Document the delegation according to agency policies.*

Note: The documentation of the tasks to be delegated will depend upon the complexity of the tasks, the setting and the agency practice guidelines and or protocols.

III Procedure for Implementing Changes in Delegated Tasks

A. If a delegated task is changed or added, the registered nurse delegator must review the criteria and process for delegation prior to delegating the new or revised task to the UAP.

B. The registered nurse delegator maintains the authority to decide if the new or altered medication, treatment, or procedure can be delegated immediately.
C. Document the rescinding of the delegation

IV. Rescinding Delegation

A. The registered nurse delegator may rescind delegation of the nursing task whenever the nurse believes that consumer safety is being compromised or for other reasons according to the judgment of the nurse.

B. In the event delegation is rescinded, the registered nurse delegator initiates and participates in developing an alternative plan to ensure continuity for the provision of the task.

C. Document the rescinding of the delegation.

DEFINITIONS

1. "Coercion" means to force or compel another, by authority, to do something that he/she would not otherwise choose to do.
2. "Complex task" means that a nursing task may become more complicated because of the interrelationship between the following criteria:
   (a) The consumer's condition
   (b) The setting
   (c) The nursing care task and involved risks, and
   (d) The skill level required to perform the task.

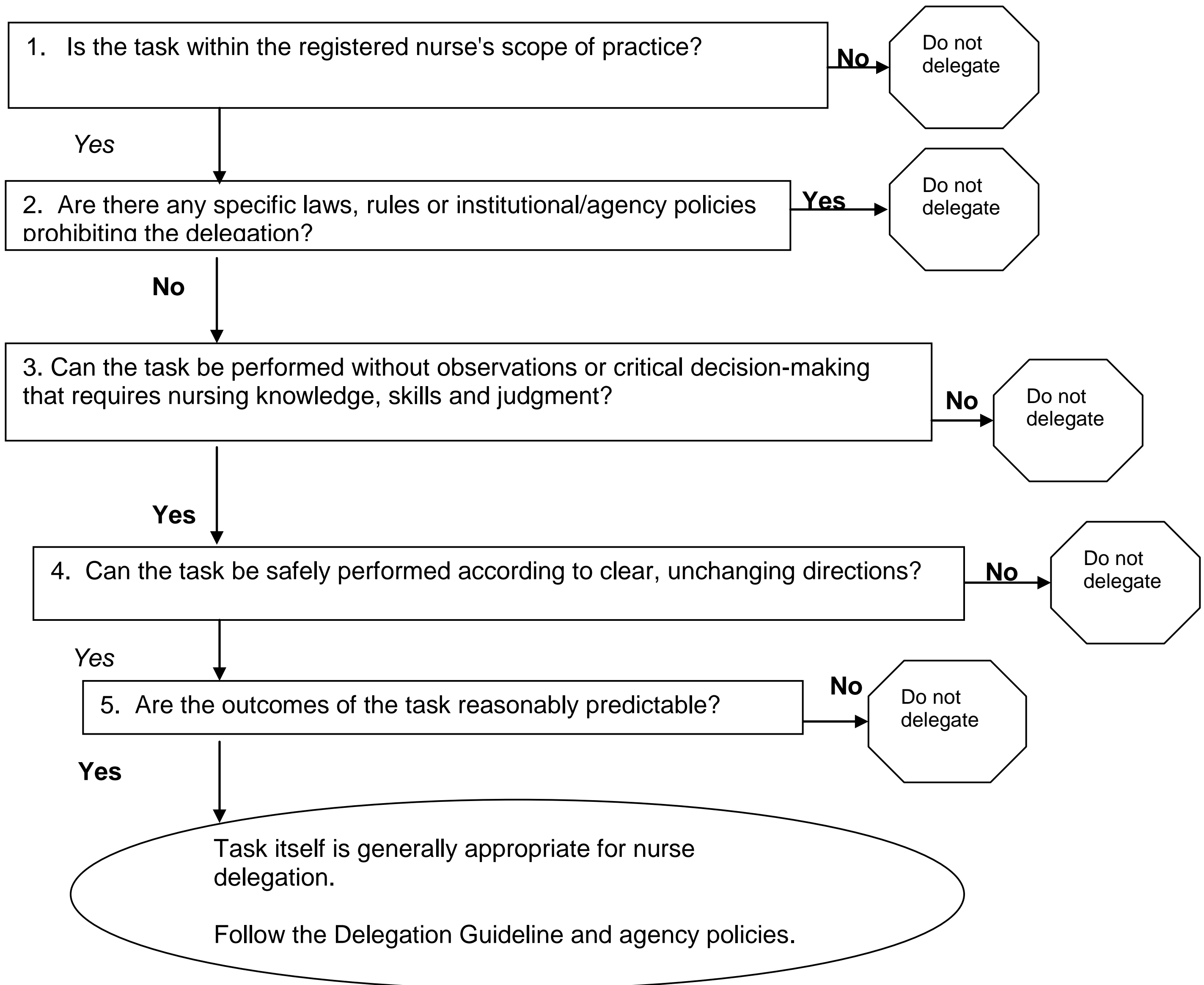
The registered nurse delegator must identify the need for and facilitate procurement of additional training of the UAP prior to delegation in these situations. The registered nurse delegator may decide the task is not delegatable because it is too complex.

3. “Consumer” means the individual recipient of the tasks. In community settings, “consumer” is the preferred word instead of “patient.”
4. “Guidelines” are systematically developed statements to assist practitioner and consumer decisions about appropriate health care for a specific clinical condition.
5. "Outcome" means the end result or consequence of an action after following an established plan of care.
6. "Procedure" means a series of steps by which a desired result is obtained, a particular course of action or way of doing something.
7. "Protocol" means an explicit, detailed written plan specifying the procedures to be followed in providing care for a particular condition.
8. "Registered nurse delegation" means the registered nurse transfers the performance of selected nursing tasks to competent UAPs in selected situations. The registered nurse delegating the task retains the responsibility and accountability for the nursing care of the consumer.
9. "Supervision" means the provision of guidance and evaluation by a registered nurse delegator for the accomplishment of a nursing task or activity as outlined in this guideline including the initial direction of the task or activity, periodic inspection of the actual act of accomplishing the task or activity, and the authority to require corrective action.
   a) “Direct supervision means immediate availability to continually coordinate, direct and inspect at first hand the practice of another” (Wisconsin Administrative Code N6.
   b) “General supervision means regularly to coordinate, direct and inspect the practice of another” (Wisconsin Administrative Code N6).
10. "Stable and predictable condition" means a situation in which the consumer's clinical and behavioral status is known through the registered nurse delegator's assessment to be non-fluctuating and consistent, including a terminally ill consumer whose deteriorating condition is predictable. The registered nurse delegator determines that the consumer does not require their frequent presence and evaluation.
11. "UAP" means unlicensed assistive personnel. It includes certified nurse assistants, personal care workers, daily living assistants, supportive home care workers, adult family home owners and staff, unlicensed workers in community-based residential facilities, assisted living facilities. UAP can be broadly interpreted to include any person paid to provide supports in community. Nurses’ training of family members to perform tasks is training, not delegation.

DECISION TREE FOR NURSE DELEGATION

This decision tree is to assist Registered Nurses in determining if it is appropriate to delegate a particular nursing task in a particular setting to an Unlicensed Assistive Personnel (UAP) using these Delegation Guidelines.

It is assumed that a nurse has assessed the consumer and situation completely in order to answer the questions in this decision tree.



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MEDICATION ADMINISTRATION BY UNLICENSED ASSISTIVE PERSONNEL (UAP)

Guidelines for Registered Nurses Delegating Medication Administration to Unlicensed Assistive Personnel

Home Health Agency, Hospice, Hospital, Nursing Home, Community-Based Residential Facility, Adult Family Home, Residential Care Apartment Complex, Facility for the Developmentally Disabled or Intermediate Care Facility for Persons with Intellectual Disabilities, End-Stage Renal Dialysis Unit, Ambulatory Surgical Center

STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES

Division of Quality Assurance

P-01908 (05/2023)

Introduction

This document is intended to provide a compilation of current Wisconsin facility regulations that impact medication administration and registered nurse delegation of medication administration. This document also contains resources that licensed registered nurses may find useful when delegating medication administration to unlicensed assistive personnel (UAP). This document does not specifically address physician delegation or any healthcare professional delegation of medication administration other than registered nurse delegation. The information in this document is based on current regulations as of January 1, 2016.

Many licensed healthcare professionals are authorized by their license to delegate certain duties, including medication administration, to unlicensed personnel who are commonly referred to as unlicensed assistive personnel (UAPs).

UAPs in Wisconsin include individuals who are trained to perform certain healthcare-related duties under the supervision of healthcare professionals. UAPs may have job titles such as medication aide, nurse aide, or home health aide. The scope of duties for UAPs in regulated entities such as hospitals, nursing homes, assisted living, and community facilities is generally defined by the facility requirements and subject to the delegation of tasks to them by licensed healthcare professionals who supervise them.

Regulations for many regulated entities require registered nurses (RNs) be responsible for medication administration. The limits of that authority are governed by the laws and rules that regulate the practice of nursing in Wisconsin and the type of facility or entity in which an RN works. This publication reviews the use of unlicensed assistive personnel (UAPs), typically nursing assistants, to administer medications. This approach is subject to facility or agency regulations under which the entities operate laws and regulations that define the scope of nursing practice, the obligation of nurses to exercise professional judgment when delegating nursing duties to UAPs, and supervising UAPs in the performance of delegated duties.

Healthcare providers, nurses, administrators, and others routinely ask the Division of Quality Assurance (DQA) about the scope of UAP duties and the extent of supervision required for UAPs to whom RNs delegate medication administration. The complexity of each healthcare situation requires healthcare professionals to know the extent of delegation permitted in a particular setting and to exercise professional judgment in accordance with their licensure whether a task should be delegated to a UAP.

Common Questions and Answers

1. **What types of nursing acts may be delegated and to whom?**
   There is not a state statute listing nursing tasks that are appropriate for delegation to an UAP. The decision to delegate the nursing task is based on the nurse's assessment of the complexity of the nursing task and care, predictability of the health status of the patient, and the educational preparation and demonstrated abilities of the UAP. In addition, specific facility regulations may limit what acts may be delegated or to whom acts can be delegated.

2. **What are some of the criteria that a nurse might use in determining if a nursing related task may be delegated?**
   The delegated nursing task must be within the responsibilities of the nursing license. The nurse must have the nursing education, training, and experience to delegate the nursing task. The nursing task that is delegated must be commensurate with the educational preparation and abilities of the employee accepting the delegation. The nurse must provide supervision, direction, and assistance to the employee and provide observation and monitoring of the delegated tasks (Wis. Admin. Code ch. N 6). The Wisconsin Nurse's Association (WNA) has provided an algorithm for decision-making regarding delegation. The National Council of State Boards of Nursing (NCSBN) has an available delegation decision-making tree.

3. **What is the difference between training and delegation?**
   Training is the process of providing general health information to others regarding a health skill, condition, injury, medication, or procedure. The process of delegation includes instruction regarding the plan of care; administration of medication and/or procedure; direction, assistance, and observation of those supervised; and, evaluation of the effectiveness of the delegated nursing act. (Wis. Admin. Code ch. N 6).

Resources for Registered Nurses, Licensed Practical Nurses, and Nursing UAPs

- Wis. Admin. Code ch. N 6: http://docs.legis.wisconsin.gov/code/admin_code/n/6.pdf
- WNA Guidelines for Registered Nurse Delegation to Unlicensed Assistive Personnel: http://www.wisconsinnurses.com/work_advoc/pdf_files/uaps.pdf
- NCSBN Delegation Concepts and Decision-Making Process Position Paper: https://www.ncsbn.org/Delegation_joint_statement_NCSBN-ANA.pdf

GUIDELINES FOR REGISTERED NURSES DELEGATING MEDICATION ADMINISTRATION TO UAP PROVIDER CHART

HOME HEALTH AGENCY (HHA)		
UAPs: Home Health Aide (HHA), Personal Care Worker (PCW)		
Applicable State and Federal Regulations	**General Requirements – Plain Language for Facility**	**Scope of Duty – Plain Language for UAP and RN**
DHS 133.02(4) "Home health aide" means an individual whose name is on the registry and who is eligible for employment in a home health agency, and who is employed by or under contract to a home health agency to provide home health aide services under supervision of a registered nurse. **DHS 133.02(5)** "Home health aide services" means personal care services which will facilitate the patient's self-care at home and are necessary to prevent or postpone institutionalization, but do not require performance by a registered nurse or licensed practical nurse. **DHS 133.06(4)(b) Employees.** Scope of duties. No employees may be assigned any duties for which they are not capable, as evidenced by training or possession of a license. **DHS 133.06(4)(e) Continuing Training.** A program of continuing training shall be provided to all employees as appropriate for the client population and the employee's duties. **DHS 133.08(2)(d) Policies.** To be fully informed of one's own health condition, unless medically contraindicated, and to be afforded the opportunity to participate in the planning of the home health services, including referral to health care institutions or other agencies, and to refuse to participate in experimental research. **DHS 133.17(2)(g) Duties.** Home health aide services may include, but are not limited to: (g) assisting patients with self-administration of medications. **DHS 133.17(3) Assignments.** Home health aides shall be assigned specific patients by a registered nurse. Written instructions for patient care shall be prepared and updated for the aides at least each 60 days by a registered nurse or appropriate therapist, consistent with the plan of treatment under s. DHS 133.20. These instructions shall be reviewed by the immediate	All licensed/certified home health agencies providing administration of a medication by an UAP (HHA, PCW, other) must meet the following conditions: 1. The agency has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the time of administration, and the identification of the person administering medication. [42 CFR 484.14(e)] 2. There is a written delegation of this nursing act (medication administration) by the registered nurse (nurse aide assignment sheet). [(DHS 133.17(3) and 42 CFR 484.36(c)] 3. There is documentation to support the educational preparation of the caregiver who administers medications. [DHS 133.06(4)(b) and 42 CFR 484.36(c)] 4. There is immediate and accessible supervisory support available to the caregiver administering medications. [DHS 133.17(1)] 5. Patients must be informed prior to delivery of service that unlicensed personnel will administer their medications. [DHS 133.08(2)(d) and 42 CFR 484.10(c)(1)] Supervision and delegation of the delegated nursing act meets the requirements of Wis. Admin. Code ch. N 6.	UAPs (HHA and PCWs) may administer oral, sublingual, topical, rectal suppositories, eye drops, eye ointments, ear drops, inhalers, nasal inhaler, nebulizers, injections and vaginal suppositories, to patients, regardless of patient age or functional capacity when all of the following conditions are met: 1. The medication and ordered dose is preselected by a nurse, pharmacist or designated family member; 2. The medication is one of the following: oral medication, sublingual medication, topical medication, rectal suppository, eye drop or ointment, ear drop, multi dose inhaler, nasal inhaler, nebulizer, injection, vaginal suppository; and 3. All General Requirements 1-6 are met (previous column). ***Home Health Aide (HHA) Medication Administration*** HHA can administer medications that are not preselected if the patient is self-directing adults or has a responsible adult physically present who understands the medication program and is able to direct the home health aide. Medications that are not preselected can be administered by the HHA to self-directing adults as delegated from the registered nurse if the following conditions are met: 1. When medication has not been preselected, there is documented evidence that the home health aide has been trained in the actions, uses, effects, adverse reactions and toxic effects of all the medications administered. Additionally, the home health aide must be trained in the appropriate responses to adverse reactions to any medication administered. The delegating registered nurse may require training to be verified by return demonstration with each home health aide who administers medication to a specific patient. [DHS 133.06(4)(b)] 2. The patient receiving the medication is a self-

HOME HEALTH AGENCY (HHA)		
UAPs: Home Health Aide (HHA), Personal Care Worker (PCW)		
Applicable State and Federal Regulations	**General Requirements – Plain Language for Facility**	**Scope of Duty – Plain Language for UAP and RN**
supervisors with their aides. **DHS 133.17 Home health aide services.** (1) PROVISION OF SERVICES. When a home health agency provides or arranges for home health aide services, the services shall be given in accordance with the plan of care provided for under s. DHS 133.20, and shall be supervised by a registered nurse or, when appropriate, by a therapist. **DHS 133.20(2) Contents of Plan.** Each plan developed under subd. (1) shall include: (b) The methods for delivering needed care, and an indication of which professional disciplines are responsible for delivering the care. **42 CFR 484.10(c)(1)** The patient has the right to be informed, in advance, about the care to be furnished, and any changes in the care to be furnished. i) The home health agency must advise the patient in advance of the disciplines that will furnish care, and the frequency of visits proposed to be furnished. ii) The home health agency must advise the patient in advance of any change in the plan of care before the change is made. **42 CFR 484.14(e) Personnel policies.** Personnel practices and patient care are supported by appropriate, written personnel policies. Personnel records include qualifications and licensure that is kept current. **42 CFR 484.36(c) Standard: Assignment and duties of the home health aide.** (1) Assignment. The home health aide is assigned to a specific patient by the registered nurse. Written patient care instructions for the home health aide must be prepared by the registered nurse or other appropriate professional who is responsible for the supervision of the home health aide under paragraph (d) of this section.		directing adult (18 or older) or a responsible adult is physically present to direct the home health aide in the administration of the medication; 3. The medication is one of the following: oral medication, sublingual medication, topical medication, rectal suppository, eye drop or ointment, ear drop, nasal inhaler, multi dose inhaler, nebulizer, injection, vaginal suppository; and 4. All General Requirements 1-6 are met (previous column). **For patients who have Medicaid, some of these delegated tasks may not be reimbursed or require preauthorization for reimbursement.**

HOSPICE		
UAPs: Hospice Aide (HA), Medication Aide / Hospice Aide (MA/HA)		
Applicable State and Federal Regulations	**General Requirements – Plain Language for Facility**	**Scope of Duty – Plain Language for UAP and RN**
DHS 131.13(12) "Nurse aide" means an individual employed by or under contract to a hospice to provide nurse aide services as specified ins. DHS 131.26 (2) (b) under the supervision of a registered nurse. **DHS 131.19 Patient rights.** (2) RIGHTS OF PATIENTS. In addition to rights to the information under sub. (1), each patient shall have all of the following rights: (b) To participate in planning care and in planning changes in care. (c) To select or refuse care or treatment. (L) To be informed prior to admission of the types of services available from the hospice, including contracted services and specialized services for unique patient groups such as children. (m) To be informed of those items and services that the hospice offers and for which the resident may be charged, and the amount of charges for those services. **DHS 131.31(4) DUTIES.** Hospice employees or contracted staff may be assigned only those duties for which they are capable, as evidenced by documented training or possession of a license or certificate. **DHS 131.31(5) CONTINUOUS TRAINING.** A program of continuing training directed at maintenance of appropriate skill levels shall be provided for all hospice employees providing services to patients and their families. **DHS 131.28 Governing body.** (2) The governing body shall do all of the following: (e) Ensure that nursing and physician services and drugs and biologicals are routinely available on a 24 hour basis 7 days a week. **DHS 131.32 Medical director.** (1) The hospice shall have a medical director who shall be a medical doctor or a doctor of osteopathy. (c) Ensure that medications are used within accepted standards of practice. **DHS 131.26 Non−core services.** (2) NURSE AIDE SERVICES. The hospice may provide nurse aide services as follows: (a) Assignment. Nurse aides are assigned to a specific patient by a registered nurse that is a member of the interdisciplinary group. Written patient care instructions for a nurse aide shall be prepared by a registered nurse who is responsible for the supervision of a nurse aide as	All hospices providing administration of a medication by an UAP (hospice aide) must meet the following conditions: 1. The UAP must have taken a state-approved medication administration course. 2. The hospice has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the time of administration, and the identification of the person administering medication. 3. There is a written delegation of this nursing act (medication administration) by the registered nurse. 4. There is documentation to support the educational preparation of the caregiver who administers medications. 5. There is immediate and accessible supervisory support available to the caregiver administering medications. 6. Patients must be informed, prior to delivery of service, that unlicensed personnel will administer their medications. 7. Supervision and delegation of the delegated nursing act meets the requirements of the Wis. Admin. Code. Ch. N 6.	A state-approved hospice medication administration course includes training on the following forms of medication administration: oral, sublingual, topical, rectal suppositories, eye drops, eye ointments, ear drops, vaginal suppositories, multi-dose oral inhalers, and nasal inhalers. All unlicensed personnel who administer medications in a hospice must take this course. If these individuals will administer other types of medications (e.g., nebulizers, injections, oxygen, medication via a G-tube, insulin), they must receive additional training, and that training must be documented.

HOSPICE		
UAPs: Hospice Aide (HA), Medication Aide / Hospice Aide (MA/HA)		
Applicable State and Federal Regulations	**General Requirements – Plain Language for Facility**	**Scope of Duty – Plain Language for UAP and RN**
specified under par. (c). (b) Plan of care. The nurse aide shall provide care in accordance with the patient's plan of care. Nurse aide services consist of, but are not be limited to all of the following: 5. Assisting patients with self−administration of medications. 6. Administering medications to patients if the aide has completed a state−approved medications administration course and has been delegated this responsibility in writing for the specific patient by a registered nurse. **42 CFR 418.106(d) Standard: Administration of drugs and biologicals.** (1) The interdisciplinary group, as part of the review of the plan of care, must determine the ability of the patient and/or family to safely self-administer drugs and biologicals to the patient in his or her home. (2) Patients receiving care in a hospice that provides inpatient care directly in its own facility may only be administered medications by the following individuals:(i) A licensed nurse, physician, or other health care professional in accordance with their scope of practice and State law;(ii) An employee who has completed a State-approved training program in medication administration; and (iii) The patient, upon approval by the interdisciplinary group.		

HOSPITAL		
UAPs: Nurse Aide, Medication Technician, Diagnostic Medication Assistants, Nurse Technician, Various Other Titles that Hospitals Use for UAP		
Applicable State and Federal Regulations	**General Requirements – Plain Language for Facility**	**Scope of Duty – Plain Language for UAP and RN**
42 CFR 482.23(c) Standard: Preparation and administration of drugs. Drugs and biologicals must be prepared and administered in accordance with Federal and State laws, the orders of the practitioner or practitioners responsible for the patients care as specified under 482.12(c), and accepted standards of practice. All drugs and biologicals must be administered by, or under supervision of, nursing or other personnel in accordance with Federal and State laws and regulations, including applicable licensing requirements, and in accordance with the approved medical staff policies and procedures.	All hospitals providing administration of a medication by an UAP must meet the following conditions: 1. The hospital has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the time of administration and the identification of the person administering medication. [42 CFR 482.23(c)] 2. A registered nurse shall assign nursing care of each patient to other nursing personnel in accordance with the patient's needs and the preparation and competence of the available nursing staff. 3. There is immediate and accessible supervisory support to the UAP administering medications, when needed. 4. Patients must be informed, prior to delivery of service, that their medications will be administered by UAP. 5. Supervision and delegation of medications by nurses meets the requirements of Wis. Admin. Code ch. N 6.	The UAP administering medications in a hospital have their scope of duty determined by medical staff policies and procedures.

NURSING HOME		
UAPs: Medication Aide / Nurse Aide (MANA)		
Applicable State and Federal Regulations	**General Requirements – Plain Language for Facility**	**Scope of Duty – Plain Language for UAP and RN**
DHS 132.60(5)(d)1. Administration of medications. Personnel who may administer medications. In a nursing home, medication may be administered only by a nurse, a practitioner as defined in s. 450.07(1)(d), Stats., or a person who has completed training in a drug administration course approved by the department. **DHS 132.62(2)(a)3. Duties.** The director of nursing services shall be responsible for: a. Supervising the functions, activities, and training of the nursing personnel; b. Developing and maintaining standard nursing practice, nursing policy and procedure manual, and written job descriptions for each level of nursing personnel; c. Coordinating nursing services with other resident services; d. Designating the charge nurses provided for by this section; e. Being on call at all times, or designating other registered nurse to be on call, when no registered nurse is on duty in the facility; and f. Ensuring that the duties of nursing personnel shall be clearly defined and assigned to staff members consistent with the level of education, preparation, experience, and licensing of each. **42 CFR 483.45** The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under and agreement described in § 483.70(g) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.	All nursing homes providing administration of a medication by an UAP (Medication Aide/Nurse Aide) must meet the following conditions: 1. The nursing home has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the time of administration, and the identification of the person administering medication. [(DHS 132.62(2)(a)3] 2. There is a written delegation of this nursing act (medication administration) by the registered nurse. [(DHS 132.62(2)(a)3] 3. There is documentation to support the educational preparation of the caregiver that administers medications. [DHS 132.60(5)(d)1] 4. There is immediate and accessible supervisory support available to the caregiver administering medications. [42 CFR 483.45] 5. Residents must be informed, prior to delivery of service, that their medications will be administered by unlicensed personnel. [DHS 132.31(1)(n)] 6. Supervision and delegation of the delegated nursing act meets the requirements of Wis. Admin. Code ch. N 6.	A state-approved nursing home medication administration course covers medication administration technique including: oral, sublingual, topical, rectal suppositories, eye drops, eye ointments, ear drops, vaginal suppositories, multi dose oral inhalers, and nasal inhalers. All unlicensed personnel who administer medications in a nursing home must take this State of Wisconsin approved course or meet the course requirements. If these individuals will administer other types of medications (e.g., nebulizers, intravenous injections, oxygen, medication via a tube, insulin), they must receive additional training, and that training must be documented.

COMMUNITY-BASED RESIDENTIAL FACILITY (CBRF)		
UAP: Various		
Applicable State and Federal Regulations	**General Requirements – Plain Language for Facility**	**Scope of Duty – Plain Language for UAP and RN**
DHS 83.35 Assessment, individual service plan and evaluations. (c) Areas of assessment. The assessment, at a minimum, shall include all of the following areas applicable to the resident: 2. Medications the resident takes and the resident's ability to control and self−administer medications. **DHS 83.37 Medications**. (2) MEDICATION ADMINISTRATION. (b) Medication administration supervised by a registered nurse, practitioner, or pharmacist. When medication administration is supervised by a registered nurse, practitioner or pharmacist, the CBRF shall ensure all of the following: 1. The registered nurse, practitioner, or pharmacist coordinates, directs, and inspects the administration of medications and the medication administration system. 2. The registered nurse, practitioner, or pharmacist participates in the resident's assessment under s. DHS 83.35(1) and development and review of the individual service plan under s. DHS 83.35(3) regarding the resident's medical condition and the goals of the medication regimen. (c) Medication administration not supervised by a registered nurse, practitioner, or pharmacist. When medication administration is not supervised by a registered nurse, practitioner, or pharmacist, the CBRF shall arrange for a pharmacist to package and label a resident's prescription medications in unit dose. Medications available over-the-counter may be excluded from unit dose packaging requirements, unless the physician specifies unit dose. (e) Other administration. Injectables, nebulizers, stomal and enteral medications, and medications, treatments, or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license. Medication administration described under sub. (2)(e) may be delegated to non−licensed employees pursuant to s. N 6.03(3).	All CBRFs providing administration of a medication by an UAP (CBRF Staff who have taken the required medication training or equivalent) must meet the following conditions: 1. The CBRF has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the date and time of administration, any change in the resident's condition, and the identification of the person administering medication. 2. When nurse delegation is required, there is documentation indicating delegation of this nursing act (medication administration) by the registered nurse. 3. There is documentation to support the educational preparation of the caregiver who administers medications. 4. There is accessible supervisory support available to the caregiver administering medications. 5. Patients must be informed, prior to delivery of service, that unlicensed personnel will administer their medications. [DHS 83.32(2)(a)2] 6. If applicable, supervision and delegation of the delegated nursing act meets the requirements of Wis. Admin. Code ch. N 6.	If the CBRF is a nurse-supervised facility, the CBRF must assure the following: 1) CBRF staff must take approved CBRF medication training or equivalent before administering medications to residents. 2) Injections, nebulizers, stomal and enteral, vaginally or rectally administered medications are delegated by an RN (can be supervised by a LPN) to qualified CBRF staff.

ADULT FAMILY HOME (AFH)		
UAP: Various		
Applicable State and Federal Regulations	**General Requirements – Plain Language for Facility**	**Scope of Duty – Plain Language for UAP and RN**
DHS 88.06 (3)(c) The assessment shall identify the person's needs and abilities in at least the areas of activities of daily living, medications, health, level of supervision required in the home and community, vocational, recreational, social and transportation. **DHS 88.06(3)(d)** The individual service plan shall contain at least the following: 1. A description of the services the licensee will provide to meet assessed need. 2. Identification of the level of supervision required in the home and community. 3. Description of services provided by outside agencies. 4. Identification of who will monitor the plan. 5. A statement of agreement with the plan, dated and signed by all persons involved in developing the plan. (e). A copy of the individual service plan shall be provided to all persons involved in the development of it. **DHS 88.07(2)(c)** Services that are provided shall be services determined by the resident, licensee, service coordinator, if any, placing agency, if any, and guardian, if any, to be needed by the resident and within the capability of the licensee to provide. **DHS 88.07(3)(c)** If the licensee or service provider assists a resident with a prescription medication, the licensee or service provider shall help the resident securely store the medication, take the correct dosage at the correct time and communicate effectively with his or her physician. (d) Before a licensee or service provider dispenses or administers a prescription medication to a resident. The licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file. (e) 1.The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident,	All adult family homes providing administration of a medication by UAP must meet the following conditions: 1. The adult family home has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the time of administration, and the identification of the person administering medication. [DHS 88.07(3)(e)] 2. When contracted nursing services include **nurse responsibility** for medication administration and the nurse delegates tasks to the AFH staff, there is a written delegation of this nursing act (medication administration) by the registered nurse. [DHS 88.06(3)(d)] 3. There is documentation to support the educational preparation of the caregiver who administers medications. [DHS 88.07(2)(c)] 4. Patients must be informed, prior to delivery of service, that unlicensed personnel will administer their medications. [DHS 88.10(3)(j) and 88.07(2)(c)] 5. If applicable, supervision and delegation of the delegated nursing act meets the requirements of Wis. Admin. Code ch. N 6.	If licensee provides medication administration, staff can only administer medications for which they were trained, for which they have orders, and for which the resident or resident's guardian have provided consent. If licensee has a registered nurse administering medications, they may decide to delegate various tasks. This delegation can define the scope of AFH staff who administers medications.

ADULT FAMILY HOME (AFH)		
UAP: Various		
Applicable State and Federal Regulations	**General Requirements – Plain Language for Facility**	**Scope of Duty – Plain Language for UAP and RN**
name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. 2. The record shall also contain information describing potential side effects and adverse reactions caused by each prescription medication. **DHS 88.10(3)(j) Treatment choice.** To receive all treatments prescribed by the resident's physician and to refuse any form of treatment unless the treatment has been ordered by a court. The written informed consent of the resident or resident's guardian is required for any treatment administered by the adult family home.		

RESIDENTIAL CARE APARTMENT COMPLEX (RCAC)		
UAP: Various		
Applicable State and Federal Regulations	**General Requirements – Plain Language for Facility**	**Scope of Duty – Plain Language for UAP and RN**
DHS 89.13(21) "Medication administration" means giving or assisting tenants in taking prescription and nonprescription medications in the correct dosage, at the proper time and in the specified manner. **DHS 89.13(22)** "Medication management" means oversight by a nurse, pharmacist or other healthcare professional to minimize risks associated with use of medications. Medication management includes proper storage of medications; preparation of a medication organization or reminder system; assessment of the effectiveness of medications; monitoring for side effects, negative reactions and drug interactions; and delegation and supervision of medication administration. **DHS 89.13(24)** "Nursing services" means nursing procedures, excluding personal services, which, according to the provisions of ch. 441, Stat., the nurse practice act, must be performed by a registered nurse or as a delegated act under the supervision of a registered nurse. **DHS 89.23(4)(a) Service providers.** 2. Nursing services and supervision of delegated nursing services shall be provided consistent with the standards contained in the Wisconsin nurse practice act. Medication administration and medication management shall be performed by or as a delegated task, under the supervision of a nurse or pharmacist. **DHS 89.28 Risk Agreement**. (2) Content (a) 3. What the facility will and will not do to meet the tenant's needs and comply with the tenant's preference relative to the identified in the course of action. 4. Alternatives offered to reduce the risk or mitigate the consequences relating to the situation or condition. 5. The agreed-upon course of action, including responsibilities of both the tenant and the facility. 6. The tenant's understanding and acceptance of responsibilities for the outcome from the agreed-upon course of action.	All RCACs providing administration of a medication by an UAP must meet the following conditions: 1. The RCAC has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. [(DHS 89.13(22)] 2. There is evidence of delegation of this nursing act (medication administration) by the registered nurse. [DHS 89.23(4)(a)] 3. There is evidence to support the educational preparation of the caregiver who administers medications. [DHS 89.23(4)(a)] 4. There is accessible supervisory support available to the caregiver administering medications. [DHS 89.23(4)(a)] 5. Residents must be informed, prior to delivery of service, that unlicensed personnel will administer their medications. [DHS 89.28] 6. Supervision and delegation of the delegated nursing act meets the requirements of Wis. Admin. Code ch. N 6.	Service agreements shall outline any medication administration and medication management tasks, including who is performing those tasks. Resident and/or family should be informed of the qualifications of these individuals.

FACILITY FOR THE DEVELOPMENTALLY DISABLED (FDD) OR INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES (ICF/IID)		
UAP: Medication Aide / Nurse Aide (MANA)		
Applicable State and Federal Regulations	**General Requirements – Plain Language for Facility**	**Scope of Duty – Plain Language for UAP and RN**
DHS 134.60(4)(a)1. Orders. Medications, treatments, and habilitative or rehabilitative therapies shall be administered as ordered by a physician or dentist subject to the resident's right to refuse them. **DHS 134.60(4)(d) Administration of medications.** 1. Medications may be administered only by a nurse, a practitioner or a person who has completed training in a drug administration course approved by the department. Facility staff shall immediately record the administration of medications in a resident's record. 2. Facilities shall develop policies and procedures designed to provide safe and accurate administration of medications and these policies and procedures shall be followed by personnel assigned to prepare and administer medications and to record their administration. **42 CFR 483.45 Pharmacy services.** The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in § 483.70(g) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.	All ICF/IIDs or FDDs providing administration of a medication by a UAP (medication aide/nurse aide) must meet the following conditions: 1. The ICF/IID or FDD has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the time of administration and the identification of the person administering medication. [DHS 134.60(4)(d)] 2. There is a written delegation of this nursing act (medication administration) by the registered nurse. [DHS 134.60(4)(d)] 3. There is documentation to support the educational preparation of the caregiver who administers medications. [DHS134.60(4)(d)] 4. There is immediate and accessible supervisory support available to the caregiver administering medications. [42 CFR 483.460 (d)(5)] 5. Patients must be informed, prior to delivery of service, that unlicensed personnel will administer their medications. 6. Supervision and delegation of the delegated nursing act meets the requirements of Wis. Admin. Code ch. N 6.	A state-approved ICF/IID and FDD medication administration course covers medication administration technique including: oral, sublingual, topical, rectal suppositories, eye drops, eye ointments, ear drops, vaginal suppositories, multi dose oral inhalers, and nasal inhalers. All unlicensed personnel who administer medications in an ICF/IID or FDD must take this State of Wisconsin approved course or meet the course requirements. If these individuals will administer other types of medications (e.g., nebulizers, intravenous injections, oxygen, medication via a tube, insulin), they must receive additional training, and that training must be documented.

END-STAGE RENAL DIALYSIS UNIT (ESRD)		
UAP: Various		
Applicable State and Federal Regulations	**General Requirements – Plain Language for Facility**	**Scope of Duty – Plain Language for UAP and RN**
42 CFR 405.2136(f) Standard: Patient care policies. These policies are developed by the physician responsible for supervising and directing the provision of ESRD services, or the facility's organized medical staff (if there is one), with the advice of (and with the provision for review of such policies from time to time, but at least annually, by) a group of professional personnel associated with the facility, including, but not limited to, one or more physicians and one or more registered nurses experienced in rendering ESRD care. **42 CFR 405.2136(f)(1)(vi)** The patient care policies cover the following: (v) Pharmaceutical services.	All ESRDs providing administration of a medication by an UAP must meet the following conditions: 1. The ESRD has written policies and procedures designed to provide safe and accurate administration of medication. [42 CFR 4052136(f)] 2. Supervision and delegation of the delegated nursing act meets the requirements of Wis. Admin. Code ch. N 6.	The UAP administering medications in an ESRD have their scope of duty determined by medical staff policies and procedures. If a registered nurse is delegating medication administration to nurse UAPs, follow delegation requirements which can limit the scope of duties for unlicensed assistive personnel.

AMBULATORY SURGICAL CENTER (ASC)		
UAP: Various		
Applicable State and Federal Regulations	**General Requirements – Plain Language for Facility**	**Scope of Duty – Plain Language for UAP and RN**
42 CFR 416.48 Condition for Coverage – Pharmaceutical services. (a) Standard: Administration of Drugs. Drugs must be administered according to established policies and acceptable standards of practice.	All ASCs providing administration of a medication by UAPs must meet the following conditions: 1. The ASC has written policies and procedures designed to provide safe and accurate administration of medication. [42 CFR 416.48] 2. Supervision and delegation of the delegated nursing act meets the requirements of Wis. Admin. Code ch. N 6.	The UAP administering medications in an ASC have their scope of duty determined by medical staff policies and procedures. If a registered nurse is delegating medication administration to nurse UAPs, follow delegation requirements which can limit the scope of duties for unlicensed assistive personnel.

Board of Nursing
Rule Projects (Updated 07/31/2023)

Clearinghouse Rule Number	Scope #	Scope Expiration	Date Scope Requested by Board	Rules Affected	Relating Clause	Synopsis	Stage of Rule Process	Next step
	044-22	11/23/2024	N/A	Med 26	Military Medical Personnel (permanent rule)	The Medical Board rule project would create provisions in order to implement 2021 WI Act 158.	Public Hearing scheduled on August 16, 2023	Final Rule Draft and Legislative Report submission to Legislature
	049-22	12/20/2024	N/A	SPS 11	Military Medical Personnel (permanent rule)	Rule project would create provisions in SPS code relating to the operation and administration of the military medical personnel program.	Public Hearing scheduled on August 21, 2023	Final Rule Draft and Legislative Report submission to Legislature

Emergency Rules

EMR Number	Scope #	Scope Expiration	Date Scope Requested by Board	Rules Affected	Relating Clause	Synopsis	Stage of Rule Process	Next step
EmR 2215	084-22	4/24/2025	8/11/2022	N 2	Modification of Board review process to take the NCLEX	The Board would like to revise the requirement that the Board needs to make applicants for licensure eligible to take the NCLEX in order to speed up the application process.	Extended until August 27, 2023	N/A

Board of Nursing
Permanent Rules

Clearinghouse Rule Number	Scope #	Scope Expiration	Date Scope Requested by Board	Rules Affected	Relating Clause	Synopsis	Stage of Rule Process	Next step
	084-22	4/24/2025	8/11/2022	N 2	Modification of Board review process to take the NCLEX	The Board would like to revise the requirement that the Board needs to make applicants for licensure eligible to take the NCLEX in order to speed up the application process.	Final rule draft and legislative report submitted to Legislature.	If there are no objections, board can draft adoption order and submit it for publication after approval.

Scope Statements

Clearinghouse Rule Number	Scope #	Scope Expiration	Date Scope Requested by Board	Rules Affected	Relating Clause	Synopsis	Stage of Rule Process	Next step
	030-23	11/15/2025	2/9/2023	N 6	Delegated Acts	Review and update chapter N 6 to clarify and further define delegated acts.	Drafting rule	EIA comment period
			10/8/2020	N 8	APNP prescribing limitations	Review of limitations in N8 regarding APNPs prescribing certain drugs.	Scope submitted to Governor's Office, 11/24/20.	
			7/30/2020	N 8	Collaboration with other health care providers	Review of the collaboration requirements in N8 and other changes throughout the chapter.	Scope submitted to Governor's Office, 10/15/20.	

			6/11/2020	N 2	Temporary permits	Requirements for temporary permits to respond to a future emergency and may promulgate a permanent rule to allow the Board to grant a waiver of or variance to the requirements in emergency situations.	Scope submitted to Governor's Office on 10/15/20	

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Brenda Taylor, Board services supervisor	2) Date when request submitted: 6/26/2023 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting

3) Name of Board, Committee, Council, Sections:
Board of Nursing

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
8/10/2023	☐ Yes ☒ No	Newsletter Matters

7) Place Item in:	8) Is an appearance before the Board being scheduled?	9) Name of Case Advisor(s), if applicable:
☒ Open Session ☐ Closed Session	☐ Yes ☒ No	N/A

10) Describe the issue and action that should be addressed:

Newsletter Future Planning:

Based on the typical schedule of the Board, the next newsletter will be due out in September 2023 with a deadline for article submission on August 25, 2023. A newsletter deadline reminder will be sent to article authors on August 14, 2023 [also a meeting date]. The Board should discuss topics for the next newsletter and consider the topic list as outlined below.

Articles/Ideas:

- Chair's Corner – Robert Weinman
- Rotating Articles on Professional Nursing Roles
- Rotating Articles on Nurse Administrative Code
- Possibilities in the Nursing Field/Reasons to Become a Nurse – Robert Weinman
- New Member Introduction Articles/Photos *(As needed for new appointments, subject to new member appointments and oath receipts)*
- Reminder to Update Contact Information – DSPS Staff
- Board Orders since May 3, 2023 or last published date

11) Authorization

Brenda Taylor 7/21/2023

Signature of person making this request — Date

Supervisor (Only required for post agenda deadline items) — Date

Executive Director signature (Indicates approval for post agenda deadline items) — Date

Directions for including supporting documents:
1. This form should be saved with any other documents submitted to the Agenda Items folders.
2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director.
3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.