Delaware Nursing Home Residents Quality Assurance Commission

Registered Nurse Supervision in Nursing Homes and Eagle's Law 25 Percent Minimum for Supervisory Functions

A Briefing Paper

April 23, 2002

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Linda M. Rhodes, Ed.D. and Harriet A. Fields, Ed.D., RN[1]

April 23, 2002

Overview

Four years ago, hearings were held throughout Delaware on a package of legislative initiatives directed at nursing home reform. One finding that emerged from the hearings was reports that registered nurses who are delegated a supervisory role are frequently asked to also provide direct care to residents. It was found that there were frequent incidents wherein the direct care role consumed nearly all of a registered nurse's time thus leaving Certified Nurse Assistants and Licensed Practical Nurses without necessary clinical supervision. In facilities where this practice was found to be widespread, resident outcomes were poor and residents were placed at risk.

To correct this reported imbalance between clinical supervisory functions and the provision of direct care, legislation was introduced to ensure that at least 25 percent of a registered nurse's time be solely dedicated to supervisory functions during his or her shift.

SB 135 as amended by Senate Amendment No.5, which amended Eagle's Law, has been in effect since July 2001. One component of the law called for a report *"evaluating the requirement that nurse supervisors spend a minimum of 25 percent of their time on supervisory functions. The purpose of this report is to determine if the required minimum amount of supervision time is appropriate and necessary, and whether it should be adjusted."*

This report is to be presented by the Commission to the Governor and General Assembly by May 1, 2002.

The purpose of this Briefing Paper is to assist Commission members in making an informed decision as to their recommendation to the Governor and General Assembly regarding the appropriateness and necessity of this mandate.

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I. Supervision in Long Term Care: Who supervises and what is required?

Introduction

The focus of the nurse supervision component of Eagle's Law (SB 135) is to assure that any registered nurse and/or licensed practical nurse who is charged with supervision has adequate time during her shift to solely perform those supervisory functions. At a minimum, a nurse supervisor must direct one-quarter of her shift to these functions.

1. Who supervises?

According to Eagle's Law (SB 135), nursing supervision can be offered by the following positions:

- Director of Nursing (RN)
- Assistant Director of Nursing (RN)
- Registered Nurse Assessment Coordinator
- Director of In-Service Education (RN)
- Quality Improvement Nurse (if an RN)
- Nursing Home Administrator (if an RN)

In addition to these positions, nursing homes also assign supervisory functions to:

- Medication/Treatment Nurse

The following is a brief overview of these various supervisory positions:

Director of Nursing (DON) - An Advanced Practice Nurse (APN) or a Registered Nurse (RN) with at least one year's work experience as a Registered Nurse who is responsible for directing, supervising, monitoring and evaluating nursing services provided to residents in a Long Term Care facility.

Assistant Director of Nursing (ADON) - An Advanced Practice Nurse (APN) or a Registered Nurse (RN) assigned as the assistant to the DON and serves as successor in the DON's absence.

Registered Nurse Assessment Coordinator (RNAC) - A Registered Nurse (RN) assigned to coordinate the periodic comprehensive assessment of each Long Term Care facility resident's functional capacity by use of a resident assessment instrument.

Director of In-Service Education - An Advanced Practice Nurse (APN) or a Registered Nurse (RN) assigned to establish a training program and provide, direct, supervise and evaluate training to Long Term Care facility Direct Care Staff.

Quality Improvement Nurse - An Advanced Practice Nurse (APN) or a Registered Nurse (RN) assigned to monitor and evaluate the nursing services being provided to residents in a Long Term Care facility in order to improve the

quality of care being provided in the facility.

Nursing Home Administrator - A person licensed in the State of Delaware by the Delaware Board of Nursing Home Administrators who is responsible for the overall operation of a Long Term Care Facility. The Nursing Home Administrator can provide nursing supervision under exigent circumstances if that person is a Registered Nurse.

Medication/Treatment Nurse - A Registered Nurse (RN) assigned to administer medications and provide treatments to residents in a Long Term Care facility.

2. Regulatory and statutory requirements regarding nursing supervision.

To understand how these regulatory and statutory requirements apply to various positions, it is first necessary to understand the different levels of nursing that may perform supervisory functions in a nursing home.

Registered Nurse (RN): individuals may receive this credential through three different means: they can receive a Bachelors of Science in Nursing (BSN) degree by attending a Nursing Board approved four-year college nursing program including a practicum. Or they can graduate from an approved three-year diploma school without the college degree. Or they can graduate with a two-year Associate degree in nursing. All three individuals will be RNs.

Licensed Practical Nurse (LPN): an individual receives this credential by graduating from a Board of Nursing approved training program usually offered by community colleges and vocational career technical schools. The average length of training is one year. An LPN is also sometimes referred to as a Licensed Vocational Nurse (LVN).

The Delaware State Board of Nursing defines a nurse as follows (Title 24, Chapter 19: Nursing, § 1902):

(a) The profession of nursing is an art and process based on a scientific body of knowledge. The practitioner of nursing assists patients in the maintenance of health, the management of illness, injury or infirmity or in the achieving of a dignified death.

(b) The practice of professional nursing as a **registered nurse** means the performance of professional nursing services by a person who holds a valid license pursuant to the terms of this chapter, and who bears primary responsibility and accountability for nursing practices based on specialized knowledge, judgment and skill derived from the principles of biological, physical and behavioral sciences.

(c) The practice of practical nursing as a **licensed practical nurse** means the performance for compensation of nursing services by a person who holds a valid license pursuant to the terms of this chapter, and who bears primary responsibility and accountability for nursing practices which require basic knowledge of physical and nursing sciences.

Governing Bodies

The *Delaware State Board of Nursing* governs the licensing of Registered Nurses and Licensed Practical Nurses. The Board also determines the standards of nursing practice that clearly define the legal and clinical parameters of what nurses can and cannot do. In addition, the Board examines, licenses and renews licenses of duly qualified applicants and when necessary invokes disciplinary actions.

The *Delaware Department of Health and Social Services (DHSS)* sets regulations as to how nurses may function in nursing homes and enforces the laws governing minimum thresholds of how many nursing hours must be made available to each resident per day and nursing ratios per resident per shift. In addition to state regulations, the federal government through the *Centers for Medicare & Medicaid Services (CMS*) also sets minimum standards related to nursing services in long term care facilities. The federal standards, however, are very vague requiring that a nursing home must provide … "sufficient nursing staff to attain or maintain the highest practicable…well being of each resident." There are also specific minimum requirements of 8 hours of registered nurse and 24 hours of licensed nurse coverage per day.[2]

And finally, Eagle's Law, unique to the state of Delaware and the only such law in the country, requires a set portion of time dedicated solely to supervisory functions in nursing homes (25 percent) of a nurse supervisor's shift.

Nursing Supervision Mandates

The following is a summary of all regulatory and statutory requirements that relate to ***nursing supervision*** in long term care facilities in the state of Delaware derived from the above cited regulatory bodies:

- A registered nurse must be on duty and on site for each shift and each day.
- In a *nursing facility*, only a registered nurse may supervise a LPN. A registered nurse or LPN may supervise a CNA.
- Under no circumstances may a LPN supervise a RN.
- A registered nurse must be designated as a *supervisor* on all shifts at all times.
- A registered nurse supervisor must spend at least 25% of his or her shift on supervisory functions**.**
- The Director of Nursing (DON) must work 8 hours a day during the day-time hours. DHSS is to be notified immediately whenever a DON terminates his or her employment.

[2] *Medicare & Medicaid Requirements for States and Long Term Care Facilities, Volume 42, Code of Federal Regulations, 483*

- Even though federal law does not set a predetermined amount of hours that should be performed for adequate *supervision* – it does require that facilities provide “sufficient nursing staff to attain or maintain the highest practicable…well being of each resident.”

Overall, most regulatory and legislative attention to nursing staff hours and ratios to residents during designated shifts is focused on direct care provided by registered nurses, licensed practical nurses and certified nursing assistants.

II. The nature and function of nursing supervision: professional standards in the literature and practice.

1. Professional standards of nurse supervision

The ***National Council of State Boards of Nursing***[3] defines delegation as transferring to a competent individual the authority to perform a selected nursing task in a selected situation. The nurse retains accountability for the delegation. The *National Council of State Boards of Nursing* published 5 rights of delegation for those who work in executive and management positions at all levels. The following principles delineate the accountability for nurses from the Nursing Services Administrator (NSA) and Staff Nurse. The following chart appears on the NCSB web site (www.ncsb.org) and provides an excellent framework for understanding the standards and nature of supervision of RN supervisors.

The Five Rights of Delegation

The Five Rights of Delegation, identified in *Delegation: Concepts and Decision-making Process* (National Council, 1995), can be used as a mental checklist to assist nurses from multiple roles to clarify the critical elements of the decision-making process. Nursing service administrators (all levels of executive/management nurses) and staff nurses each have accountability to assure that the delegation process is implemented safely and effectively to produce positive health outcomes. The following principles delineate accountability for nurses at all levels from NSA to staff nurses.

Right Task

Nursing Service Administrator	Staff Nurse
Appropriate activities for consideration in delegation decisions are identified in UAP job	Appropriate delegation activities are identified
Organizational policies, procedures and standards describe expectations of and limits to activities	Appropriate activities are identified for specific UAP.

Generally, appropriate activities for consideration in delegating decision-making include those that:

1. Frequently re-occur in the daily care of a client or group of clients;
2. Do not require the UAP to exercise nursing judgment;
3. Do not require complex and/or multi-dimensional application of nursing process.
4. Produce predictable results and the potential risk is minimal; and
5. Utilize a standard and unchanging procedure.

[3] The purpose of the National Council is to provide an organization through which boards of nursing act and counsel together on matters of common interest and concerns affecting the public health, safety and welfare, including the development of licensing examinations in nursing.

Right Circumstances

Nursing Service Administrator	Staff Nurse
Assess the health status of the client community, analyze the data and identify collective nursing care needs, priorities, and necessary resources.	Assess the health status of individual clients, analyze the data and identify client specific needs goals and nursing care needs.
Provide appropriate staffing and skill mix, identify clear lines of authority and reporting, and provide sufficient equipment and supplies to meet the collective nursing care needs.	Match the complexity of the activity with the UAP competency and with the level of supervision available.
Provide appropriate preparation in management techniques to deliver and delegate care.	Provide for appropriate monitoring and guiding for the combination of client, activity and personnel.

Right Person

Nursing Service Administrator	Staff Nurse
Establish organizational standards consistent with applicable law and rules which identify educational and training requirements and competency measurements of nurses and UAP.	Instruct and/or assess, verify and identify the Unlicensed Assistive Personnel (UAP) competency on an individual and client specific basis.
Incorporate competence standards into institutional policies; assess nurse and UAP performance; perform evaluations based upon standards; and take steps to remedy failure to meet standards, including reporting nurses who fail to meet standards to board of nursing.	Implement own professional development activities based on assessed needs; assess UAP performance; perform evaluations of UAP based upon standards; and take steps to remedy failure to meet standards.

Right Direction/Communication

Nursing Service Administrator	Staff Nurse
Communicate acceptable activities, UAP competencies and qualifications, and the supervision plan through a description of a nursing service delivery model, standards of care, role descriptions and policies/procedures.	Communicate delegation decision on a client specific and UAP-specific basis. The detail and method (oral and/or written) vary with the specific circumstances.
	Situation specific communication includes: ✓ specific data to be collected and method and timelines for reporting, ✓ specific activities to be performed and any client specific instruction and limitation, and ✓ the expected results or potential complications and time lines for communicating such information.

Right Supervision/Evaluation

Supervision may be provided by the delegating licensed nurse or by other licensed nurses designated by nursing service administrators or the delegating nurse. The supervising nurse must know the expected method of supervision (direct or indirect), the competencies and qualifications of UAP, the nature of the activities delegated, and the stability/predictability of client condition.

Nursing Service Administrator	Staff Nurse
Assure adequate human resources, including sufficient time, to provide for sufficient supervision to assure that nursing care is adequate and meets the needs of the client.	Supervise performance of specific nursing activities or assign supervision to other licensed nurses.
Identify the licensed nurses responsible to provide supervision by position, title, role delineation.	Provide directions and clear expectations of how the activity is to be performed: • monitor performance, • obtain and provide feedback, • intervene if necessary, and • ensure proper documentation.
Evaluate outcomes of client community and use information to develop quality assurance and to contribute to risk management plans.	Evaluate the entire delegation process: evaluate the client, and evaluate the performance of the activity.
	Source: National Council State Boards of Nursing 1997

The ***American Nurses Credentialing Center (ANCC),*** a subsidiary of the American Nurses Association, oversees the *Magnet Nursing Services Recognition Program: Prototype Model of Excellence in Nursing Services* program that recognizes excellence in nursing service. Several acute care facilities throughout the country have met their high standards and have received this recognition. There are no nursing facilities in this country outside the original pilot study that have attained this status.

Mary Moon Allison, M.S., R.N., Senior Magnet Recognition Program Specialist of the American Nurses Credentialing Center was asked on behalf of this project to identify the magnet standards that most directly relate to supervisory functions in long term care.

The following is her assessment of which *Magnet Nursing Standards* apply to nurse supervision:

1. *The Registered Nurse assists and supports staff in developing and maintaining competency*: there is evidence of continuous competence of the staff which is illustrated by continuing education programs that address competencies and evidence of how individuals maintain competency.

2. *Promotes an Organizational climate that supports staff*: there is evidence of participation in interdisciplinary care planning based on assessment and diagnosis, evidence of feedback given to nursing staff.

3. *Facilitates nurse participation in the monitoring and evaluation of nursing care in accordance with established professional, regulatory, and organization standards of practice:* there is evidence identifying nursing involvement in Quality Improvement activities and the relationship within the facility of quality improvement activities and established standards of practice.

4.*Contributes to the development and continuous improvement of organizational systems in which plans related to delivery of nursing care can be developed, modified, documented, and evaluated*: there is evidence identifying planning activities for the development, implementation, education and training, and evaluation of nursing services that are ongoing.

5. *Contributes to the development and continuous improvement of organizational systems that support* ***prioritization*** *of activities within plans related to the delivery of nursing services and resident care:* there is evidence that identifies a demonstration that nursing services, collectively and individually are involved in planning and improving the delivery of nursing services.

6. *Reviews and evaluates plans for appropriate utilization of staff at all levels of practice in accordance with the provision of the state's nurse practice act and the professional standards of practice:* there is evidence that identifies documentation of various levels of staff...preparation of professional nurses including delegation, supervision and scope of practice, and preparation of nursing personnel for new job functions prior to implementation of the new job.

7. *Develops, maintains, and evaluates organizational planning systems to facilitate the delivery of nursing care: there is e*vidence that identifies supporting data of the facility able to supply: Plan for monitoring and evaluating nursing care. The plan must demonstrate that the plan of care is an integral part of an interdisciplinary wide plan that is also part of a facility wide plan for performance measurement, assessment, and improvement. An Interdisciplinary Care Plan that identifies integral functions of all staff have integral involvement in the resident's care.

8. *Negotiates for appropriate role expansion and delineation (resource utilization):* there is evidence that identifies compliance with state laws and regulation, as well as evidence of education and training for new roles assumed by staff.

9. *Fosters and encourages interdisciplinary planning and collaboration that focuses on the individuals and populations served:* there is evidence that identifies documentation of interdisciplinary planning in the budgetary development process, facilities development and remodeling, and the formulation of clinical pathways. There should be clear evidence that nurses are involved in interdisciplinary and collaborative efforts and that nurses assume leadership roles in interdisciplinary efforts.

10. *Collaborates and implements in the design and improvement of systems and processes that assure interventions are implemented by the most appropriate personnel*: there is evidence that identifies job descriptions are congruent with state regulations regarding scope of practice, that there are systems in place to address the needs of personnel to develop the skills and competencies in supervision and delegation, and the policies are explicit about the delegation and supervision responsibilities and activities of nursing personnel.

11. *Facilitates the participation of staff in the systematic, interdisciplinary, and ongoing evaluation of programs, processes, and desired resident-centered outcomes*: there is evidence requiring nursing personnel who are responsible for the provision of direct resident care are responsible for and participate in resident care evaluation, and professional nurse accountability for the evaluation. Seeks constructive feedback regarding own practice.

12. *Shares knowledge and skills with colleagues and others, and acts as a role model/mentor:* there is evidence of:

- ✓ Organizational provisions for socialization of newly hired staff
- ✓ Mentoring activities by nurses serving in supervisory/leadership positions and nurses who provide direct care
- ✓ Systematic professional development of nursing staff and evidence of how nurses serving in supervisory/leadership positions provide on-going professional development for nurses who provide direct resident care.
- ✓ Internal communications or activities that provide for development of competencies and skills in resident care management of nurses who provide direct resident care.

13. *Delegates responsibilities appropriate to the licensure/registration, education, and experience of staff*: there is evidence of policies and procedures that define practice standards, require education for specific procedures and care guidelines, compliance with policies and procedures of educational programs for nurses and nurse assistive personnel. In addition, the policy and procedures must define the scope and responsibilities of a licensed/registered nurse when delegating to an unlicensed/unregistered assistive personnel.

14. *Monitors and Evaluates appropriate utilization of staff*: there is evidence of a demonstrated system for review of nursing staff utilization and assignment, assuring that there are mechanisms for nurses throughout the organization to communicate their resource utilization needs.

2. Qualities of Exemplary Nurse Supervisors

On April 10, 2002, the Division of Long Term Care Residents Protection hosted a day long Policy Discussion Group facilitated by Linda M. Rhodes, Ed.D. The Policy Discussion Group represented nurse supervisors, Directors of Nursing,

nurse educators, certified nursing assistants, nursing home administrators, provider associations, advocates, legislative staff, and DHSS surveyors.

The charge of this multi-disciplinary group was to discuss the policy and practice implications of the 25 percent supervision requirement of Eagle's Law based upon their professional and practical experience.

The agenda and process for facilitating the Policy Discussion Group and list of Policy Discussion Group participants is provided in Appendix A.

The Policy Group was asked to identify the qualities of what they would consider integral to exemplary nurse supervising. The chart on the following page offers a graphic summation of those qualities.

Qualities of Exemplary Nurse Supervisors

Policy Discussion Group

Quality	Description
Visionary	Ability to see and impart to staff the mission and vision of the facility and the nursing profession. Ability to see and help frame the future direction of organization.
Versatile	Ability to adjust to changing circumstances, wear "multiple hats," able to perform a wide range of functions. Flexible.
Leadership	Ability to lead and use authority fairly, effectively and judiciously. Inspires follow-ship. Taps potential of each staff person. Decision-maker.
Reliable	Respected as an individual that can be relied upon for support and leadership. Steadfast. Accepts accountability for decisions.
Motivational	Acts as a coach and mentor to all levels of staff. Thanks and rewards them for good work. Implements human resource polices that motivate staff. Fosters high morale.
Knowledgeable	Professionally and clinically prepared in the standards and scope of nursing practice. Provides care to complex cases, liaison with physicians.
Teacher	Effectively imparts knowledge and shares effective practice of nursing skills. Nurtures leadership skills in others. Continues education.
Broad Shoulders	Ability to juggle and execute a wide range of duties during long hours.
Rolls up their sleeves	Pitches in to assist nurses whom they supervise when short-staffed.
Common Sense	Ability to apply common sense to practice amidst demands of work, meeting regulatory standards and assuring safe, quality care.
Creative	Ability to creatively solve problems encountered in providing clinical care and meeting the needs of the organization. Thinks out of the box.
Communicator	Effectively communicates the roles, duties and expected practice of nursing to staff. Communicates needs of staff to management.
Empathetic	Ability to understand each individual's experience. Appreciates and acts upon each staff person's needs. Respects each staff person.
Goes the distance	Fosters and enacts an attitude of doing "whatever it takes" to meet the care needs of the residents.
Knows the staff	Extremely familiar with the abilities and needs of the nursing staff.
Knows the residents	Familiar with the clinical and psychosocial needs of residents.
Walking Around Manager	Visible by staff and residents by being accessible on the floor and at the bedside.
Effective & Efficient	Identifies effective strategies to make nursing staff's work more smooth and streamlined. Uses new technologies to increase efficiency. Skilled at time management and delegation.
Solid reputation	Based upon actions, enjoys a highly respected reputation among staff and management.
Listens	Listens to staff at all levels and creates the opportunity for staff to express their thoughts without fear of reprisal; approachable.
Tenured	Exhibits loyalty and satisfaction with the goals and mission of the organization by longevity of employment at the facility.
Valued member of administrative management team	Actively participates in management meetings with executive managers of the organization. Valued decision-maker on allocating human and capital resources to assure quality care.

3. Description of supervisory functions in long term care

The Delaware Department of Health and Social Services, Division of Long Term Care Residents Protection promulgates and enforces regulations based upon law as to the duties of Nurse Supervisors of nursing homes.[4] The following duties are identified in Section 57.804 (B).

"There shall be a registered professional nurse designated as the Supervisory Nurse (Director of Nurses) The Supervising Nurse shall:

- ✓ Be on duty a minimum of eight (8) hours daily, during the day-time hours.
- ✓ Designate adequate relief personnel, including a registered professional nurse in charge of each shift, when she is not in the facility so that a responsible person is available at all times in the event of an emergency.
- ✓ Develop and/or maintain nursing service objectives, standards of nursing practice and nursing procedure manuals.
- ✓ Assign and supervise all levels of nursing service personnel.
- ✓ Coordinate nursing services with physicians, physical therapy, dietary, pharmaceutical, recreational activities and other specialized services.
- ✓ Provide orientation programs for the new nursing services personnel and in-service education for all nursing personnel.
- ✓ Participate in the selection of prospective patients, in terms of nursing services that they need, and nursing competencies available."

State long term care facilities of the state of Delaware identify the following functions of Nursing Supervisors who perform under the direction of an Assistant Nursing Director or the Director of Nursing.[5] Their work includes providing adequate staff coverage to ensure the delivery of quality patient care, overseeing the daily operations of the units/shifts, and problem solving affecting care and personnel. A significant aspect of this work is the necessity for making independent decisions in critical situations.

Principal Accountabilities

- √ Supervises staff: plans, assigns trains, counsels, reviews and evaluates subordinates; disciplines when needed.
- √ Supervises daily operations by monitoring and overseeing patient care administered; ensuring quality assurance; develops, revises, implements

[4] Section 57.8 Services to Patients, 57.804 Nursing Services, *Nursing Home Regulations for Skilled Care.*
[5] Class Code 73624, Health Group, Professional & Therapy Series, Class Title: Nursing Supervisor, State of Delaware.

and evaluates nursing policy and procedures; interprets goals and objectives of nursing service program to staff.

- √ Assists with the provision of complex nursing care as needed; administers medications and performs treatments as required.
- √ Establishes and maintains effective working relationships with every department to ensure quality patient/client care.
- √ Prepares and submits reports, records, forms, evaluations and staff schedules.
- √ Attends meetings, conferences and seminars; actively participates on committees; assists with staff development activities as needed.
- √ Analyzes problems and makes sound decisions and recommendations.
- √ Ensures compliance of assigned units with accreditation, certification and licensure standards.
- √ May assume responsibility for the operational function of the entire facility in the absence of administrative personnel.
- √ Perform related work as required.

Evergreen Retirement Community in Wisconsin provides a long term care campus that besides offering independent and assisted living also operates a 108-bed licensed skilled nursing facility. They are part of the Wellspring model that is heralded by many professionals and advocates as a best practice model in the field of long term care. Evergreen's registered nurse turn over rate is 7 percent and they dedicate one full-time Charge Nurse (RN) to 100 percent clinical nursing supervision per shift every day of the week.[6]

A copy of Evergreen's Health Center Charge Nurse job description that incorporates many of the functions cited thus far in this report and more is presented in Appendix (B). Facilities of the Wellspring model were recommended to the consultants for this report by the *National Citizens Coalition for Nursing Home Reform* and Susan Misiorski of the *Paraprofessional Institute.*[7]

[6] Interview by Dr. Rhodes with Peggy Bellin, RN, BSN, Director of Nursing, Evergreen Retirement Community, April 17, 2002.

[7] Interview by Harriet A. Fields with Sarah Burger, Executive Director and Susan Misiorski, President, National Citizens' Coalition for Nursing Home Reform, Washington DC, March 2002.

The *Policy Discussion Group* also identified -- based upon their breadth of experience – core functions of nurse supervisors in long term care that are performed every day and on every shift. These core functions are:

Assess	*Determine what's in front of me & my team.*
Plan	*Determine how are we going to do it.*
Assign/Coordinate	*Determine who will do what.*
Implement	*Determine what's needed to act & deliver.*
Evaluate	*Determine how are we performing.*
	Identify what's needed to perform better.

The driving force behind each of these core functions is to assure quality patient care.

When supervisory and clinical care functions overwhelm

The impetus behind the 25/75 supervision threshold of Eagle's Law was to assure that nursing supervisors in long term care would have the ability to actually supervise at least one-quarter of the time during their shift.

Surveyors of the Division of Long Term Care Residents Protection report that Registered Nurse Supervisors from the 3 p.m. to 11 p.m. shift and the 11 p.m. to 7:00 a.m. shift and those who work on holidays and during weekends are usually given patient assignments in addition to their duties of nurse supervision. It should be noted that Nurse Supervisors during these shifts do not benefit from the additional re-enforcement of the Director of Nursing who works during the day-time hours.

Some of the direct care duties a Registered Nurse Supervisor may be assigned to perform -- in addition to being accountable for supervising -- are:

- √ Medications: oral, injections, nebulizer, IV, topical, via gastrostomy tube (RNs are the only nurses who can administer medication or flush subclavian lines).

- √ Treatments: wound, oxygen, foley catheter, nephrostomy, colostomy (any ostomy tubes), tracheotomies, tube feedings, IV (including peripheral as well as subclavian lines).

- √ Feeding or overseeing her assigned residents being fed and giving prescribed supplements and calculating percentage of consumed supplement.

- √ Complete charts on the residents, record incidents that are unusual, pain medication, description of wound or any observations or assessments completed on the resident as well as routine charting.

- √ Implement new physician orders and any emergencies or incidents with the resident requiring the completion of follow-up paperwork for these incidents.

- √ Provide direct care as needed, for example when the Certified Nursing Assistant (CNA) assigned to the resident needs assistance or when the CNA is not available to provide care.

- √ The nurse may need to cover another nurse on the same unit if that nurse takes her breaks including lunch.

- √ The nurse is responsible for delivery of daily medications.

- √ The nurse may be responsible for charge checks, ordering routine medications and other Quality Assurance tasks.

The surveyors report that it is very important that nurse supervisors have enough time to evaluate and oversee all levels of nursing staff to assure that quality care is being provided to each resident. In addition to their ongoing supervision, they need to assist charge nurses, if emergencies occur and assist them with care assessments. Furthermore, the nurse supervisor is responsible for initiating all investigation of incidents.

Thus, amidst these many functions, it becomes extremely difficult for nurse supervisors to fulfill their primary function of quality assurance when they are also designated as the *Medication/Treatment* nurse given assigned patients to treat, especially when they must fill in for a nurse or certified nurse assistant who did not report for duty.

The following is a Case Study[8] of how a resident in a nursing home was given better care by implementing the functions of nurse supervision at the bedside.

> *Case Summary: Ms. M.L.*
>
> *Ms. M.L., profiled in the November 30, 1995, Status Report, was among the proud, elegant, old women "warehoused" at D.C. Village who spent most every day all day in bed, not turned, incontinent, unable to walk due to contractures, and whose body and spirit were withering away. Ms. M.L. was a dancer in her youth. At her bedside was a photograph of her on stage at the Moulin Rouge in Paris in 1917. How profoundly sad for a dancer in her youth to be at the end of her life unable to move her legs, and it was so preventable. At an outplacement meeting, the Monitor learned from Ms. M.L.'s guardian that Ms. M.L. had*

[8] Harriet A. Fields, Ed.D., RN, the federally appointed Court Monitor for "DC Village Nursing Home," Washington, D.C.

a rare book collection and "loved to be read to." This was exactly the type of essential, individualized information, unique for each resident that helps prevent the trauma of transfer when moving to a new environment. (In fact, through the Monitor's insistence and through the Court Orders, such individualized, helpful information was included in each and every resident's outplacement discharge packet.) Before her death at 96 years of age, Ms. M.L. was out of bed, dressed, sitting up, being read to, and listening to music. Thus, with no extra expense save for a slight bit of compassion, this former dancer was finally given quality of life, quality of care, and a dignified death.

A definition of nurse supervision to be gleaned is the following:

Attention at the bedside, individual knowledge of the resident, assessment of the resident's individualized needs and characteristics, collaboratively developing a plan of care, with the direct caregivers and the interdisciplinary team as appropriate, communicating this plan of care to the care givers, who are the nurse aide, charge nurses, and interdisciplinary team and also informing administration, overseeing implementation of the plan of care and evaluation. These behaviors also encompass serving as an expert resource, identifying education needs of caregivers and the interdisciplinary team and ensuring the requisite knowledge, attitude, and skill needs are met before the direct care need arises and immediately as the care need becomes known. This is accomplished by a close working relationship with the inservice educators and often the services of inservice educators are more effectively given at the care site as opposed to the sterile confines of a closed classroom. This is essentially what all experts identify as vital for nurse supervision and is the professional Nursing Process. It is the most effective way for supervision in the unique long term care environment to be given: direct, at the care giving site, with respect and dignity for the frail, vulnerable residents and the caregivers in their charge. It is also a definition of Professional Behavior: the humane application of knowledge, attitude and skill, humane behavior in practice. [9]

4. Unique factors and challenges of supervision in long term care

Most health care settings treat patients on an acute and episodic care basis. In this setting, rarely do patients and their caregivers have enough time to develop an on-going relationship. The dependency and vulnerability of the patient is usually short-lived. To the contrary, nursing homes care for "residents" for the long term and many residents will be dependent upon these caregivers for the rest of their lives. Thus, both caregiver and care receiver will likely develop an on-going relationship in a sustained environment. The acuity levels of nursing home residents have

[9] *H. A. Fields, 1981, Doctoral Dissertation: A Study of Professional Behavior in Practice With an Emphasis on Professional Nursing Education and Practice, New York, Teachers College, Columbia University.*

been increasing dramatically over recent years requiring greater demands for skilled nursing care and expertise.

In 1997 nearly one in ten residents were bedfast, and had bedsores. One in four had contractures, half had bladder incontinence and four in ten had bowel incontinence while 15 percent were placed in restraints.[10] "Passing medications" is no longer a simple matter of just giving a patient a pill to swallow. Today, medications are given by injections, nebulizers[11], intravenously, topically, and/or by way of gastrostomy tubes and subclavian lines. Treatments involve wound care, oxygen therapy, respirators, foley catheters, nephrostomy, colostomy and/or other ostomy tubes, tracheotomies, nasogastric tube feedings, intravenous care including peripheral as well as subclavian lines. Further compounding matters, hospitals are discharging patients to nursing homes "quicker and sicker" due to changing reimbursement patterns from Medicare that encourage early discharge.

Amidst these higher care needs, nursing homes must provide nursing care 24 hours a day, seven days a week. Facilities in Delaware, like the rest of the country are faced with a shortage of registered nurses. Though this labor condition does not exempt facilities (nor should it) from providing the necessary and prerequisite level of care that only a registered nurse can provide, it does present tough challenges for facilities. Some find that they must resort to hiring temporary agency staff to fill RN, LPN and CNA positions, a solution that most facilities do not consider the best way of solving their staffing problems. However, only under extreme, emergency ("exigent") circumstances may a temporary agency nurse fill a nursing supervisor role.[12]

In many nursing homes, licensed practical nurses are given supervisory roles over certified nursing assistants. Even though the LPN is delegated the supervisory role under the direction of a registered nurse, it is not in the standards of practice for licensed practical nurses to include supervision.[13] Thus, most LPNs have not received training in supervisory skills.

Ongoing clinical education and supervision by a registered nurse is vitally needed given the increased acuity levels of residents in long term care. It is the registered nurse's license on the line when delegated supervision has failed, as only he or she is professionally prepared to supervise, provide and delegate licensed nursing care.

Given the medical and psychosocial demands of the growing numbers of geriatric residents in nursing facilities, the registered nurse shortage and disputes over

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[10] Harrington, C. et al. Nursing facilities, staffing, residents and facility deficiencies 1992-1998, Nursing Counts, September 2000, Vol. 100, No. 9.

[11] A nebulizer is a small plastic bowl with a screw-top lid with a source for compressed air that delivers medications into the airways. The air flow to the nebulizer changes the medication solution to a mist. When inhaled correctly, the medication has a better chance to reach the small airways increasing the medication's effectiveness.

[12] 16 Del.C. § 1161(f)

[13] Interview by Dr. Fields with Barbara Grumet, J.D., Executive Director, National League *for Nursing Accreditation Commission*, March 2002.

adequate reimbursement for care, creative and cooperative problem-solving strategies beyond responsible regulatory enforcement -- between providers and regulatory bodies -- are needed now, more than ever.

III. Best practices that foster effective nurse supervision

1. State Alliances and Regulatory Practices

Perhaps the state that has initiated the most comprehensive alliance of providers, advocates and policy makers to address the quality of nursing home issues with special attention to staffing is Massachusetts. Their work resulted in legislation known as the *Massachusetts Nursing Home Quality Initiative* that targeted millions of dollars to creating career ladders, scholarships, training grants and innovative use of Workforce Investment Act funds to train CNAs. In terms of nurse supervision initiatives the state mandates that the DON may not be counted towards any calculation of licensed nursing personnel, and the amount of nursing care time per patient shall be exclusive of non-nursing duties. This is similar to the Delaware statute. Other state and public-private partnerships have been instituted by the *Virginia Nursing Assistant Institute Initiative*, and the *California Caregiver Training Institute* both of which are described in the Commission's report on Phase II of Eagle's Law.[14]

Many states address the issue of regulating the nursing care needs of residents by one or a combination of the following methods[15]:

- Mandating minimum hours of nursing care per resident per day and/or by shift.
- Differentiating between licensed nursing care (RN/LPN) vs. Certified Nursing Assistants care within per resident per day requirements.
- Mandating nursing care hours per resident per day ratios by bed size.
- Mandating nursing care hours per resident per day by either skilled or intermediate care levels or by unit.
- Directors of Nursing may not function as a direct care nurse, or their hours are not to be counted towards direct care mandates.
- A Charge Nurse must be a registered nurse.

In terms of state regulations and law, Delaware is in the forefront of the nation specifically identifying a portion of time during a nurse supervisor's shift (25%) that must be dedicated to sole supervisory functions and not direct care. Iowa, however, similarly addresses the need to protect supervisory time by requiring that the health service supervisor may not

[14] Rhodes, Ibid.

[15] *Other States' Requirements for Minimum Nursing Staff in Nursing Homes*, California Department of Health Services and the National Citizens' Coalition for Nursing Home Reform Report, *Federal and State Minimum Staffing Requirements*, 2001.

serve as the charge nurse in a skilled nursing facility with 60-plus residents.[16] Washington state mandates that an RN must be on duty directly supervising resident care a minimum of 16 hours per day, 7 days a week.[17]

2. Strategies within the nursing home industry

Three best practice models

There are basically three well known and respected models of care and management that have evolved within the nursing home industry to address staffing needs and quality care issues. The following is a brief description of each:

The Wellspring Program is a collaboration of 11 providers and is based upon the theory that while management creates and fosters policies that assure *quality* of care, **how** those policies are implemented and practiced is best designed by the front line direct care workers. "Care Resource Teams" that receive specialized job training are empowered to coach and teach fellow workers, and develop, implement and evaluate facility level care and structural changes. CNAs play a prominent and integral role on these interdisciplinary teams. Clinical experts that include a geriatric nurse consultant regularly work with teams and frequently consult with a number of Wellspring facilities. Charge Nurses and other nurse supervisors are given adequate time to supervise, teach and mentor those under their purview.

For example, Wellspring model Evergreen Retirement Center's skilled nursing facility of 108 beds provides a Registered Nurse Charge Nurse on each shift, seven days a week. This Charge Nurse spends 100 percent of her time supervising and is not assigned any direct care duties or residents. She provides clinical supervision wherever needed throughout the facility to Staff Nurses who supervise their units on the floor. They report a mere 7 percent turnover rate of registered nurses and a 20 percent overall turnover rate of RN, LPN and CNAs – dramatically below national averages. The Director of Nurses attributes their high investment in nurse clinical supervision as a major contributing factor to high morale, quality care and low turn over rates. [18]

The Institute for the Future of Aging Services of the American Association for Homes and Services for the Aging (AAHSA), with funding from The Commonwealth Fund, is conducting an evaluation of the Wellspring Program. Preliminary reports, however, show

[16] Ibid.

[17] Ibid.

[18] Interview by Dr. Rhodes with Peggy Bellin, Director of Nursing (Creekview Manager), Evergreen Retirement Community, April 17, 2002.

dramatic results: the CNA turnover rate before the program began (1994) was 110 percent – today, it has plummeted to 23 percent (2001).[19]

The Eden Alternative was founded by physician William Thomas M.D., and it is based on the basic principle that nursing homes are living communities and should function as such, rather than be viewed as institutions of sickness and disease. Nursing facilities that graduate from formal, comprehensive Eden Alternative training undergo a "Nursing Home Culture Change" that incorporates a new vision and set of values for those who live and work at the nursing home. Principles and practices evolve from these values and promote: resident-centered decision making and care planning, team work involving CNAs in care planning, growth of residents and staff, restored control to residents over their daily lives, and creates a reason to live bringing meaning to daily life.

The physical environment of an Eden Alternative facility reflects the philosophy of "community." Children, live-in pets, plants and birds thrive within the nursing home habitat. Homes that have opted for this "culture change" frequently report significant drops in staff turnover rates, staff absenteeism and increased quality of care indicated by improved mental status of residents, decreased utilization of expensive psychotropic drugs and reduction in bed sores.[20]

Pioneer Culture Change Movement

The Pioneer Network is a group of individuals representing providers, nursing and medical staff, residents, advocates and policymakers throughout the country who are dedicating their talent and resources to improve long term care in nursing home facilities. The "Pioneer" literature portrays a common purpose -- referred to as Culture Change -- to provide a home-like environment and humane experience for residents, families, and staff alike. They promote a value of care based upon how each person would want their loved one cared for when they have become frail, infirm, and vulnerable.[21]

Management training of supervisors as well as the administrator, director of nurses, and department heads is identified as vital to providing high quality care to residents. A hallmark of the Pioneer Network and Culture Change movement is their "coaching and the

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[19] GAO-01-750T Report, Appendix II. Op.cit.

[20] Megan Hannan, *The Eden Alternative: More than just fuzzy props and potted plants*, www.edenmidwest.com, 2001.

[21] *Meeting of Pioneers in Nursing Home Culture Change, 1997, Rochester, NY. Final Report. Fagan, R.M.,* Williams, Carter Catlett, and Sarah Burger; and an interview by Dr. Fields with Susan Misiorski, R.N., Organizational Culture Change Specialist of the *Paraprofessional Institute* and Sarah G. Burger, *National Citizens' Coalition for Nursing Home Reform*, Past Interim Executive Director, Washington, DC of March 2002.

way the staff and residents work together .... and problem solve from top to bottom, everyone participates."[22] The actual mission of the Pioneer Network presented on their website is as follows:

THE PIONEER NETWORK ADVOCATES AND FACILITATES DEEP SYSTEM CHANGE AND TRANSFORMATION IN OUR CULTURE OF AGING. TO ACHIEVE THIS, WE:

- CREATE COMMUNICATION, NETWORKING AND LEARNING OPPORTUNITIES.
- BUILD AND SUPPORT RELATIONSHIPS AND COMMUNITY.
- IDENTIFY AND PROMOTE TRANSFORMATIONS IN PRACTICE, SERVICES, PUBLIC POLICY AND RESEARCH.
- DEVELOP AND PROVIDE ACCESS TO RESOURCES AND LEADERSHIP.[23]

The turnover rate in Pioneer facilities is 6-30 percent, significantly less than the national norm of approximately 100 percent.

3. Strategies among other stakeholders

Linkages with Schools of Nursing

Magnet facilities as well as successful programs among the Eden, Pioneer and Wellspring models create ongoing and direct relationships with local colleges, universities and Schools of Nursing. These relationships foster a community of excellence and service among experts with local nursing facilities. It enables the nursing leaders and nursing caregivers of these facilities to continuously improve their clinical practice. An example of the benefits of such a partnership is evidenced by the partnership forged by the Court Monitor of D.C. Village Nursing Home with faculty and students at Georgetown University School of Nursing and Howard University faculty in the Department of Nutritional Sciences. These schools provided direct and expert input in resident care and nutrition to nursing staff of DC Village. Residents' lives were improved and staff knowledge, attitude and skill increased. In turn, students and faculty developed an allegiance and stake in attaining and maintaining quality care within their particular area of expertise with the staff and residents of the home.[24]

National Association of Directors of Nursing Administration Long Term Care (NADONA/LTC)

NADONA/LTC has taken a leadership role in identifying mentoring and certification programs for Directors of Nursing in long term care facilities. They[25] firmly believe in the necessity for clinical nurse supervision to be

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[22] Interview by Dr. Fields with Susan Misiorski (Ibid).

[23] www.pioneernetwork.net

[24] Fields, Harriet A., 1997. Court Monitor, *Final Report to the Court, United States of America v. The District of Columbia*, et. al. Civ. No. 95-948, TFH, Re: D.C. Village Nursing Home.

[25] Interview by Dr. Fields with Joan Warden-Saunders, Founder and Executive Director, April 2002

present continuously throughout the nursing facility environment. NADONA/LTC further states that the Director of Nursing role does not afford the constant presence and direct clinical supervision needed in long term care. (Only one DON is required by federal law per facility and they are mandated to cover only the day-time hours.)

Other groups are also dedicating resources to improve the practice and capacity of nurse supervision in long term care. Among them are: The Paraprofessional Institute whose work is directed towards direct care unlicensed caregiver issues has cited the importance of competent and compassionate supervision as a necessity for improving care for residents in nursing facilities;[26] the *Career Nurse Assistant Program, Inc.* founded by Genevieve Gipson in Ohio, has long advocated for the proper delegation and compassionate registered nurse supervisory oversight of assistive personnel;[27] *Health Resource Services Administration*, U.S. Department of Health and Human Services is devoting a substantial amount of funding to increasing "Geriatric Nursing Knowledge and Experiences in Long Term Care Facilities," as reported by the Bureau of Health Professions Grants 2002 initiative; and the *American Association of Colleges of Nursing* is administering the John A. Hartford project to increase professional nursing knowledge of gerontological nursing in Colleges of Nursing.

4. Literature review of studies concerning nurse supervision and quality of care

The CMS Phase II Report: Section on Supervision & Management

One of the most comprehensive reports to date on nurse staffing ratios is the recently released Phase II report by the Center for Medicare and Medicaid Services (CMS) titled, *Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes.*[28] A nurse study team conducted visits to seventeen nursing facilities in three states investigating quality of care of residents. One of the areas that the investigators studied was the impact of nursing staff supervision and management on quality of care. The following points quoted from the study highlight the major findings in the nursing supervision section of the study wherein researchers observed nurse supervisors on the unit level and reviewed the facilities' management policies and directives:[29]

- ✓ Supervision on the unit level was most effective when a system was in place where staff was reminded to accomplish a task and where the supervisor could easily verify its completion. The systems can be more or less sophisticated but they always involved a situation where expectations

[26] Domestic Strategy Group, Aspen Institute, *Direct-care Health Workers*, January 2001.
[27] Interview by Dr. Fields with Genevieve Gipson, March 2002.
[28] *Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes, Report to Congress Phase II Final,* December 24, 2001.
[29] Ibid. Section 6.36 (pp 6-18 through 6-23)

were clear, standards of care were explicit, and practice guidelines were available.

- ✓ During interviews, nurses in different professional capacities expressed that they did not feel prepared to supervise or that they felt uncomfortable in that role. In general, the nurses expressed that they did not feel adequately trained. Training on issues of management appeared to be lacking from their professional educational background.

- ✓ Most nursing facilities did not provide additional training in the form of in-services on the subject. The topic might have been addressed in one-on-one training sessions that some facilities did offer their staff. In only one facility, where supervision was in general very good and resident care was equally above average, both the DON and a Unit Manager raised the subject of inadequate training.

- ✓ Inadequate supervision on the unit level often resulted in poor implementation of individual resident care plans, clinical guidelines and/or protocols, and unresponsiveness to residents' needs. When adequate supervision on the units was insufficient or lacking, the provision of high quality care rested solely with the individual *nursing assistants,* who were sometimes up to the task and sometimes not.

- ✓ Nurses who were assigned with the supervising tasks were often not in the position to provide the needed guidance. Floor nurses, and charge nurses who were mostly in the position of observing what was actually happening with resident care had their own assignments, which involved administering medication and/or providing treatments.

- ✓ Unit managers, who often did not provide direct resident care, had multiple responsibilities from case management to nursing staff management. Faced with their own tasks, the nursing staff on the units often ignored their supervising responsibilities. Nurse supervisors on the units differed considerably in their ability to lead their staff.

The presence or lack of good leadership on the management level had far reaching consequences, according to the nurse investigators. “Consistent and adequate supervision on the unit level was accomplished when there was strong involvement from the Director of Nursing (DON) who was in the position to identify and address problems concerning the factors influencing the quality of resident care, be they logistical, clinical or managerial.” [30]

Despite the study’s confirmed relationship between better quality of care and adequate, competent supervision -- no recommendations were made (mostly due to cost factors and cited registered nurse shortages) to mandate minimum federal nurse staffing ratios.

[30] Ibid.

Quality Outcomes: RN Care and Supervision

The following studies indirectly measure the function of supervision as related to quality care by assessing the levels of registered nurse and advanced practice nurses available to residents in both acute and long term care settings.

A U.S. Department of Health and Human Services study found that after studying five million patient discharges from 799 hospitals that medical outcomes of patients were related to the ratio of registered nurses to less skilled nurses (LPN and CNAs). Less registered nurses providing supervision and direct care to patients meant higher levels of urinary tract infections, pneumonia, length of stay, shock and upper gastrointestinal bleeding.[31] Even though the setting was hospital-based, the finding between higher ratios of registered nurses and better patient outcomes is also applicable to the long term care setting.

Anderson, Hsieh and Su studied staffing levels in nursing homes in Texas by reviewing cost reports, case mix and resident outcomes from the Client Assessment, Review and Evaluation Form (3652-A) and found that higher utilization of registered nurses providing clinical care and supervision had a direct and positive impact on favorable outcomes for residents.[32] Similar findings were also found by researchers reviewing Minnesota nursing homes. They found that functional ability and probability of being discharged to home were greatly improved if the facility had higher levels of registered nurses. Death rates were also significantly reduced with the benefit of RN care and supervision.[33]

Harrington found that increased RN hours are associated with fewer pressure ulcers, lower rates of catheterizations, urinary tract infections and the probability of a longer life. Beyond recommending increased hours of RN care per resident per day, the study also recommends increased availability of RNs to supervise LPNs and certified nursing assistants contending that significant increases in education and training levels are needed in nursing homes to produce better resident outcomes of quality care.[34]

In a comparative study between nursing supervisors of nursing homes that took advantage of the clinical consultation of a gerontological clinical nurse specialist (GCNS) and those who did not, Rantz found that just providing staff with performance feedback information (MDS Quality Indicators) wasn't enough to affect better quality care. Advanced practice nursing consultation with nursing supervisors and staff was needed to operationalize the information into better standards of practice.[35] In another study by Ryden, they further found that using

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[31] *Nurse Staffing and Patient Outcome in Hospitals,* Final report, US DHHS, HRSA, February 28, 2001.

[32] R.A. Anderson, P. Hsieh & H.F. Su, "Resource allocation and resident outcomes in nursing homes: comparisons between the best and worst." *Research in Nursing Health*, Vol. 21, 297-313, 1998.

[33] M. Bliesmer et al. "The relationship between nursing staffing levels and nursing home outcomes." *Journal on Aging and Health*. 10 (3), 351-371, 1998.

[34] Charlene Harrington et al. "Experts recommend minimum nurse staffing standards for nursing facilities in the United States." *Gerontologist* 40 (1): 5-16, 2000.

[35] M.J. Rantz et al. "Randomized Clinical Trial of a Quality Improvement Intervention in Nursing Homes." *Journal of Advanced Nursing*, Vol. 33 (4), February 2001.

an advanced practice nurse to assess patients and work with nurse supervisors on newly admitted nursing home residents greatly enhanced the staff's ability to apply scientifically based protocols for incontinence, pressure sores, depression and aggressive behavior with positive outcomes.[36]

In a 5-year study that investigated the social, cultural, clinical, and environmental factors that influenced nutritional care in nursing homes, the authors found that an inadequate number of staff and lack of supervision of CNAs by professional registered nurses were the major factors contributing to malnutrition, weight loss, and death. The researchers estimate that between 30 to 85 percent of nursing home residents are malnourished. Many residents who are physically and cognitively impaired also have swallowing disorders. Thus, residents are dependent upon staff for skillful assistance, and they must be fed slowly and carefully as it takes 30 minutes to one hour to assist or feed a resident. Kayser-Jones and her colleagues argue that "we have delegated nutritional care, a complex undertaking, to untrained, unsupervised, and often-overburdened CNAs.[37]

RN Supervision Concerns and Issues

A review of the literature also uncovers concerns by registered nurse supervisors as to their legal, ethical and professional liabilities when delegating nursing duties to certified nursing assistants also known as "unlicensed assistive personnel (UAPs). These concerns become heightened when nurse supervisors are not given enough time to adequately assess and evaluate the care delivered by UAPs.

Cohen in *"Pass it on?"* warns "when you're overloaded, it's not uncommon to delegate certain tasks to other members of the team. But this simple action can put you and your staff at risk."[38] Nurse supervisors must make sure that the right task is being delegated for the individual to perform ensuring that the right supervision is in place and that the staff knows the proper process to follow during a situation of an unsafe delegation. Once the task is delegated, the nurse supervisor must evaluate the patient's response to the task performed and show documentation that reflects her evaluation of the patient. Cohen also suggests that from a legal and risk management perspective, nurse supervisors are accountable for the organization's job descriptions and competency processes whether or not on the premises. She advises nurse supervisors to ensure that job descriptions are consistent with state practice acts, maintain a current copy of the state nursing practice act and be aware of the competency of unlicensed personnel who handle delegated tasks.

Fisher maintains that nurses have the responsibility to ensure that appropriate assessment, planning, implementation, supervision and evaluation are components of delegation. It isn't simply handing off an assignment. According to Fisher, "No matter how much an organization wants to assign nursing duties to

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[36] M. Ryden et al. *"The Use of Advanced Practice Nurses in Long-Term Care Facilities*," The Gerontologist, Vol. 41, 2001.

[37] Kayser-Jones, J. (1997). Inadequate staffing at mealtimes. *Journal of Gerontological Nursing* 23(8), 14-21

[38] Shelley Cohen, "Pass it on?" *Nursing Management*, Vol. 31, Issue 8, August 2000.

UAPs, it doesn't have the legal authority to do so. It also can't mandate that nurses delegate when they know that doing so would be inappropriate or unsafe. Lots of nurses experience job pressure to overstep legal boundaries…you must respond with…I will delegate only within the confines of the nurse practice act."[39] Pressures to delegate are found when Charge Nurses simply don't have enough time to supervise as well as attend to their own clinical care assignments.

The CMS Phase II report concluded that good management and supervision includes clear guidelines and procedures, along with clear expectations regarding roles in nursing facilities. In addition, better training on assessment skills and how to manage cognitively impaired residents appear to require emphasis in nursing facility staff training. Standards of care, use of tools and materials to guide practice, and consistent enforcement of standards are found to be essential in providing high quality care. "Strong leadership among Directors of Nursing (DONs) as well as unit supervisors is critical, but frequently absent, in part because no training is provided for supervisory skills."[40]

In concert with CMS findings, Kane et al after undertaking a university-wide effort to address Minnesota's long term care system recommended that, "a rewarding and satisfying workplace requires effective leadership and supervision. DONs hold key leadership positions, but are often inadequately prepared for their demanding jobs. Schools of nursing and the LTC sector need to promote the professional development and education of DONs."[41]

The literature offers conclusive evidence that competent registered nurse supervising is a critical component to assure residents in long term care facilities that the care they will receive is of the utmost quality. But having a nurse supervisor on duty is not enough. She must have the *time* to supervise. If not, her skills and knowledge are, all too often, compromised and her capacity to teach and mentor for naught.

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[39] M. Fisher, "Do your nurses delegate effectively? *Nursing Management*, Vol. 30, Issue 5, May 1999.

[40] CMS Phase II Report, op cit.

[41] Robert L. Kane, *"Peopling Long Term Care: Assuring an adequate LTC Workforce in Minnesota,"* Faculty Work Group, University of Minnesota, September 2001.

IV. Where do we go from here?

1. Summary results from *Policy Discussion Group*

The members of the Policy Discussion Group (Appendix A) identified and presented a number of observations regarding nursing supervision in Delaware's long term care facilities. Though the group did not "vote" on reaching consensus points, the facilitator did ask for feedback from the group on interpreting a number of points that they as a group made. The following is a list of the facilitator's observations of major consensus points made by the group[42]:

- Good supervision by a registered nurse is absolutely integral to providing good patient care.
- Supervisory functions are highly related and integrated with direct clinical care.
- Registered nurses must have adequate, carved-out time per shift to perform supervisory functions.
- There must be a reasonable and safe balance between expecting a registered nurse to provide direct clinical care (especially with complex cases) while at the same time being held accountable for supervising those under his/her charge.
- Supervising is a multi-faceted task: Some of these tasks may qualify under definitions of *both* supervisory and direct clinical care.
- Though the group did not address proposing different thresholds for supervision other than the current 25% mandate – it was generally accepted that the 25% threshold is the *minimum* that a facility should follow. No one argued that this minimum is too high. And no one argued that this represents a safe ceiling, either.
- Assuring quality patient care should be the driving factor in determining how much time a registered nurse dedicates to clinical supervision. In many cases, it requires more than 25 % of his or her time.
- *Effective* supervision yields better quality outcomes for residents. And in general, the more supervision the better the outcome for residents.
- The most reliable measurement of adequate performance of nurse supervision is based upon resident outcome data, surveyor interpretation of that data, surveyor onsite observations and interviews of residents, family and staff.

[42] The facilitator for the Policy Discussion Group was Dr. Linda M. Rhodes.

- The most reliable measurement to objectively determine whether or not a nurse supervisor has spent 25% of his or her time on supervisory functions is a review of:

    - ✓ Assignment Sheets
    - ✓ Schedule
    - ✓ Time Sheets
    - ✓ Payroll Records

- Devising a measurement methodology to validate whether or not a nurse supervisor has met the 25% threshold should not require more paperwork or require nurse supervisors to maintain a daily record that identifies and differentiates supervisory tasks from clinical and/or hands-on care. Any such form would be considered burdensome, non-verifiable and would create arbitrary distinctions between clinical and supervisory functions that do not reflect the realities of practice.

- Most nurse supervisors would benefit from continuous management training on how to supervise, motivate and lead their staff, especially those nurse supervisors without Baccalaureate degrees.

- Even though federal law does not set a predetermined amount of hours that should be performed for adequate supervision – it does require that facilities provide for appropriate and adequate staffing to meet the care demands of its residents.

- There is a perception that there is an unintended financial incentive due to DE Medicaid guidelines to encourage providers to limit the time that registered nurses spend on performing supervisory functions. Reimbursement can be higher for clinical/direct care than for supervisory functions. However, this is dependent upon many other reimbursement and facility operational factors and is not always true.

- The group felt, however, that supervision should not be categorized as an "administrative cost." It is integrally related to clinical care and should be counted as such.

- The overall group interpretation of the intent of Eagle's law requiring the 25 percent supervisory threshold is to prevent facilities from forcing registered nurse supervisors to perform direct care functions requiring 100 percent job performance *while at the same time* being held responsible and accountable for performing clinical care supervisory functions of all nursing staff under his or her charge per shift. Not allowing for adequate and carved-out, clinical care supervision has led to poor quality of care leaving residents at extreme risk and creating an environment where no one person is held accountable to assure that appropriate and effective direct nursing care is being provided to residents. It was also recognized that the 25/75 formula was devised as a legislative compromise and was not based upon researched, objective criteria.

2. Enhancing Compliance

Beyond the Division of Long Term Care Residents Protection's steadfast enforcement of current legislation and regulations governing nursing homes, there are a number of efforts the Commission, the Division, providers and other policymakers can pursue to foster more, and the continuous improvement of, clinical nursing supervision in nursing homes. Among these strategies are:

- Create a "Gold Seal" certification program awarded by the state under the advisement of a multi-disciplinary group of professionals and practitioners that would identify excellent standards of practice for nursing homes to meet. If such facilities met these standards, they would be awarded a Gold Seal certificate that would inform the public of their high standard of care. Benchmarks already exist through the body of knowledge currently being generated by the Wellspring, Pioneer, Eden and Magnet Accredited Nursing models.

- Develop "Teaching Nursing Homes" through partnerships between local nursing home facilities and the state's BSN and MSN schools of nursing (University of Delaware, Wilmington College, Delaware State University and Wesley College) which would provide advanced practice nurse consultants and students to work with Directors of Nursing to foster enhanced levels of care.

- Delaware Schools of Nursing should seek funding for establishing and sustaining careers in geriatric advanced practice nursing (APN) from the Geriatric Nursing Education Project funded by the John A. Hartford Foundation and administered by the American Association of Colleges of Nursing. Scholarships are made available to schools of nursing to expand enrollments of students and nurture leadership abilities of scholarship awardees.

- Create alliances to compete for national public and private funding to enhance the practice of nursing throughout the state especially in the field of gerontological nursing (e.g. the Health Resources Services Administration, Robert Wood Johnson Foundation's Colleagues in Caring grants, federal Nurse Reinvestment Act funds and Nursing Education Loan Repayment program).

- Form provider partnerships to jointly hire and share the expertise of a consulting Advanced Practice Nurse in gerontological nursing to provide clinical supervisory expertise to Directors of Nursing and other supervisory nurses.

- Form a public private partnership to fund supervisory and management training programs for RNs and LPNs in long term care facilities. Perhaps offer these programs onsite and/or use telehealth conferencing to reach as many nurses as possible.

- Develop an ongoing working relationship with the Delaware Health Care Commission by assisting them in implementing their twelve recommendations to recruit, retain and educate nurses as a means to address the registered nurse shortage in Delaware. These strategies offer targeted recruitment, scholarships, loan repayment, higher compensation, mentoring, continuing education, faculty development and increased access to professional nursing.

The goal of all of these efforts is to promote management and human resource policies that create a positive, professionally and personally rewarding environment that attracts and sustains highly qualified registered nurses. Excellent standards of supervisory clinical care provided by registered nurses with compassionate values are one of the best ways we can protect our residents in long term care.

Appendices

(A) Policy Discussion Group Process and Participants

(B) Evergreen (Wellspring Model) RN Charge Nurse Job Description

Long Term Care Nursing Supervision

Policy Discussion Group

April 10, 2002

Process and Agenda

Linda M. Rhodes, Ed.D., Facilitator

Opening	**9:30 am – 10:00 am**

- Introductions
- Goal of Proceedings
- Ground Rules

Just what is supervision, anyway?	**10:00 am – 10:40 am**

- Functional analysis

How can you tell when there's good supervision?	**10:40 am – 11:10 am**

- Outcome measures

Break	**11:10 am – 11:25 am**

How would you measure supervisory functions?	**11:25 am – 12:00 pm**

- Relate to functional analysis
- Distinguish between direct clinical care

Lunch	**12:00 pm – 1:00 pm**

- *"Review of literature and practice" presentation*

What gets in the way of effective nursing supervision?	**1 :00 pm – 1:40 pm**

- Challenges and obstacles in long term care

How feasible is valid measurement of supervisory time?	**1:40 pm – 2:10 pm**

- Scale rating of functional analysis

Enhancing supervision	**2:10 pm – 2:40 pm**

- Eradicating obstacles
- Creating incentives

Wrap-Up	**2:40 pm – 3:00 pm**

Policy Discussion Group - April 10, 2002
Ramada Inn, New Castle, Delaware

Janet West, RN, Director of Nursing
Del Castle High School/New Castle County Vocational-Technical School District
& Vice President, Delaware Board of Nursing

Jean Raymond, MS, RN, Instructor
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Dianne Roberts, RN, Compliance Nurse
Division of Long Term Care Residents Protection

Steve Tanzer, Legislative Aide
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Marcus Goldsmith, CNA
Emily P. Bissell Hospital

Donna Pomeroy, RN, Director of Health Services
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Joseph Letnaunchyn, President and CEO
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Deborah Davidson, RN, Nursing Supervisor
Genesis Eldercare, Seaford Center

Phyllis Peavy, Member
Delaware Nursing Home Residents Quality Assurance Commission

Patricia Engelhardt, Member
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Jerrold Spilecki, NHA, Executive Director
Mary Campbell Center

Mary Yarrington, RN, Compliance Nurse
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Yrene Waldron, Executive Director
Delaware Health Care Facilities Association

Georgia Sutton, RN, Director of Nursing
Ingleside Care Center

Registered Nurse – Health Center
Job Description

Job Title
Registered Nurse – Health Center

Department
Nursing Services

Supervision
Supervised by Unit Manager
Supervises unit staff while on duty

Pay Classification
Hourly; Hull-time, Part-time, Casual Call
Overtime as authorized by Manager

Work Hours
Designated by schedule, including weekends and holidays.

Job Summary
Access and evaluate physical and psychosocial care of Health Center residents and ensure appropriate intervention. Coordinate nursing activities on assigned unit/shift, including tasks to be accomplished based upon resident population and staff qualifications. Document all care provided in accordance with policies and procedures and residents' individualized plan of care. Provide leadership and guidance to nursing staff regarding daily operations and facilitate communication with Unit Manager, Resident Assistants, and other nurses. Function as Charge Nurse as scheduled.

Job Dimensions
1. ERC Mission, Values, & Vision; Strategy & Strategic Programs
2. ERC Employee Handbook
3. ERC Safety Plan & Procedures
4. ERC Resident Rights & Responsibilities
5. ERC Operational Policies & Procedures
6. ERC Annual Operating Budget
7. ERC CQI Model
8. Federal, State, & Local regulations
9. United Methodist Association EAGLE Accreditation Principles

Key Result Areas
1. Planning
2. Resources
3. Customer Satisfaction
4. Regulatory Compliance
5. Reporting/Documentation
6. Departmental Operation
7. Community Image

Essential Job Functions
1. **Planning**
    A. Prioritize and schedule workload to ensure timely completion. **
    B. Plan time off from work in advance, ensuring that essential responsibilities are covered. **

C. Accept assignment per schedule, read report book, and communicate resident/unit information to unit staff.

2. **Resources**
   A. Use and maintain equipment and supplies appropriately. **
   B. Utilize resources from seminars/inservices to enhance service provided to residents, families, and/or staff.**
   C. Work as a team member to meet customer needs. **
   D. Work within scheduled work hours. **
   E. Adjust meal/breaktimes (if applicable) around workload. **
   F. Report to work according to schedule. **
   G. Provide guidance, instruction and assistance to co-workers as needed.
   H. Assist with orientation of new staff as needed.
   I. Assure Resident Assistants meet resident needs in a timely manner (i.e., call lights, ADLs, scheduling breaks around workload, etc.)

3. **Customer Satisfaction**
   A. Respond promptly to communications and follow through on commitments made to residents, families, visitors, and employees in a timely manner without additional requests. **
   B. Show courtesy and respect to all customers in both word and action. **
   C. Listen openly to the ideas of others. **
   D. Take prompt corrective action when areas for improvement are identified by supervisor. **
   E. Respond calmly and tactfully to problem situations. **
   F. Discuss concerns in a constructive manner with persons who need to be involved. **
   G. Actively identify improvement opportunities and offer solutions.**
   H. Encourage all residents to be as independent as able in all activities of daily living.
   I. Encourage team work on unit and assist as needed (transfers, call lights, etc.)
   J. Respond promptly and appropriately to resident needs in Terrace, Sharehaven, and independent areas.

4. **Regulatory Compliance**
   A. Understand Emergency Preparedness Plan and respond appropriately to drills and disasters. **
   B. Attend mandatory inservices or complete make-up sessions on time. **
   C. Comply with all federal, state, and local regulations. **
   D. Use proper infection control/standard precaution procedures. **

5. **Reporting/Documentation**
   A. Complete PPR checklist for annual performance evaluation with supervisor in a timely manner. **
   B. Report resident and/or personal injuries per policy. **
   C. Report to supervisor any abuse, neglect, or misappropriation of property per facility policy.**

D. Report any reasonably suspected or known violation of a legal requirement, ERC standard of conduct or policy/procedure, or violation of privacy and confidentiality of the medical record.**
E. Share pertinent information with oncoming shift (verbally or via 24-hour report book).
F. Chart pertinent information in resident medical record as directed by facility policies and procedures, maintaining confidentiality, and objectivity at all times, including but not limited to: assessments, Minimum Data Set (MDS), physician rounds, flow sheets, input/output, medications, incidents, etc.
G. Inform Unit Manager of unit activities and changes in resident condition as needed.
H. Clarify any questions related to resident care cards or care plans to other nursing staff.

6. **Operations**
   A. Attend 75% of all department/unit meetings. **
   B. Share written and oral information about residents and staff only with persons who need to be involved, maintaining confidentiality. **
   C. Participate as a team member on a project team, standing team, and/or Wellspring module.**
   D. Use telephone systems in a professional and appropriate manner.**
   E. Meet PPR performance objectives.**
   F. Meet PPR education objectives.**
   G. Follow ERC policies, procedures, and protocols.**
   H. Perform skilled nursing tasks such as assessments, weekly summaries, medications/treatments, blood draws, Ivs, internal feedings, skin/wound care, physician rounds, etc.
   I. Assure proper techniques and/or procedures are followed, including but not limited to: resident rounds, restraint usage, monitoring resident location, bathing, transfers, use of care cards, etc.
   J. Supervise unit staff during assigned shift and follow through on issues and concerns, including corrective action if needed, and keep Unit Manager informed.
   K. Use appropriate safety procedures and universal precautions in completing work assignments.
   L. Complete Minimum Data Set (MDS) for assigned residents.
   M. Assist with resident movement processes (admission, transfer, discharge, death) and communicate with appropriate parties.
   N. When scheduled as Charge Nurse, handle staff call-ins and obtain replacements; provide technical guidance in daily operations; function as primary campus contact for emergencies, crisis situations, or other circumstances outside of normal business hours, etc.
   O. Assist with employee health activities such as annual flu shots, TB skin tests, hepatitis vaccinations, employee incident assessments, and interventions,
   P. Perform assignments per duty calendar.
   Q. Other duties as needed for facility operations. **

7. **Community Image**
    A. Follow ERC dress code/personal hygiene policy. **
    B. Keep work areas neat, clean, and orderly. **
    C. Maintain professionalism in dealing with all customers. **
    D. Positively promote Evergreen and its mission in the community. **

** designates a standard item that should be included in all job descriptions.

Marginal Job Functions
Other duties as assigned within scope of training.

Working Conditions
Moderate physical activity. Work involves occasional lifting over 50 pounds and frequent lifting up to 25 pounds. On feet most of time, often combined with bending, twisting, stooping, squatting, or irregular surfaces. Exposures to health hazards, odors, and uncomfortable temperatures.

Job Standards
1. Current Wisconsin licensed Registered Nurse, or a graduate nurse with a temporary permit to practice.
2. CPR certification preferred.
3. Prior experience in long-term care preferred.
4. Ability to interact in a positive manner with all types of people.

Potential Reasonable Accommodations
Flexible work schedules could be considered as a reasonable accommodation. Other reasonable accommodations will be considered on a case-by-case basis.

I have received and understand the above job description and will perform the essential job functions.

_____ _____ _____ _____

Employee Signature Date Supervisor Signature Date