



Saskatchewan
Ministry of
Health



Specialized Procedures in Personal Care Homes

*A Guide for Nursing Professionals
and Personal Care Home Licensees*

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DEFINITION OF TERMS

Delegation:

Delegation is the transfer of responsibility for a specific nursing procedure from the nursing professional to a staff person who does not hold a licence to provide that care. Nursing tasks should only be delegated when the resident's health status is stable and predictable and the task is considered a routine activity of daily living. The delegating nursing professional is accountable for the appropriate delegation of nursing tasks and for the overall assessment, care planning, intervention and care evaluation.

Monitoring:

Monitoring refers to the overall assessment of the staff person's performance and the resident's general care and health status. Monitoring by the nursing professional can range from:

- minimum contact, such as: identification of signs and symptoms of stability, written instructions outlining criteria regarding when to seek medical care and phone follow-up; to
- more intensive monitoring, such as: scheduled home visits, and oversight by the resident's physician.

Nursing Professional:

Registered Nurse (RN), Registered Psychiatric Nurse (RPN), or Licensed Practical Nurse (LPN).

Regional Health Authority:

Regional health authorities (health regions) provide most of the health services in Saskatchewan. They were previously known as health districts.

Resident:

Any adult, other than a relative of a licensee, who lives in a personal care home for the purpose of receiving personal care.

Routine Activity of Daily Living:

Tasks are considered routine activities of daily living when the need, response and outcome of performing the procedure have been established over time and are predictable. These procedures are done frequently enough to enable the staff to maintain the knowledge and skill necessary to perform the task. For example the resident has a colostomy and requires assistance to change the appliance. (ARNNL 2003)

Specialized Care:

Health care services provided by health care professionals that are required by a resident, but do not include personal care.

Specialized Procedure:

A treatment or type of care that is usually done by health care professionals (e.g. dietitians, nurses, physiotherapists, pharmacists, etc.)

Specialized Procedure Sheet:

A form for recording the delegation of a specialized procedure. See page 24. The form is supplied by the Ministry of Health.

Stable and Predictable Resident Health Status:

The resident's health status is considered stable and predictable if it can be anticipated; the plan of care is readily established and is managed with interventions that have predictable outcomes. (ARNNL 2003)

Staff:

Staff who work in the personal care home but who are not nursing professionals. They are sometimes called "unregulated care providers".

Subcutaneous Injection:

A subcutaneous injection is a nursing procedure that is given just below the skin. Insulin injections are the most common kind of subcutaneous injections delegated to staff in a personal care home.

Supporter:

A person named by the resident to help the resident in their dealings with the licensee.

PERSONAL CARE HOMES

What are Personal Care Homes?

A personal care home is a place that provides adults with accommodation, meals, and guidance or assistance with personal care. It is the combination of providing both accommodation and personal care that makes a facility a personal care home.

Personal care homes can be "for profit" or "not-for-profit", but all are privately owned and operated. Residents in personal care homes typically pay the full cost of their own care.

Personal Care Home Staff

All personal care homes licensed to accommodate 31 or more residents must have a nursing professional or

physician employed in the home. There are some smaller personal care homes (i.e. 30 or less residents) that have nursing professionals employed. The majority of the smaller personal care homes do not have a health care professional employed in the home. Most of the direct care provided in a personal care home is provided by staff who are not health care professionals.

The term “staff” in this booklet refers to care providers in personal care homes who are not nursing professionals or physicians.

Many of the smaller personal care homes rely on the health region’s home care nursing professionals to provide nursing either directly or indirectly (i.e. delegation) to those residents with an assessed need for a specialized procedure.

Residents in personal care homes are assessed upon admission and at least every two years. This assessment is completed by an assessor/coordinator from the regional health authority to determine the resident’s needs and type of care required.

What is a Specialized Procedure?

A specialized procedure is a treatment or type of care that is usually provided by health care professionals. Some examples of more common specialized procedures that can be required by a resident in a personal care home are:

- insulin injections and/or other subcutaneous injections;
- oxygen use;
- physiotherapy exercises;

- care of skin ulcers; and
- catheter care.

For the purposes of this resource, the term “nursing professional” is defined as a Registered Nurse (RN), Registered Psychiatric Nurse (RPN) and Licensed Practical Nurse (LPN).

Other health care professionals such as occupational therapists, physiotherapists and respiratory therapists may also be involved in some specialized procedures specific to their professional background (e.g. oxygen therapy and physical therapy).

There are some specialized procedures that can only be done by a professional trained in that area. An example of this would be a mental health assessment and/or treatment that can only be done by a specific qualified person in the mental health field, such as a RPN, RN, etc.

Can a Specialized Procedure be provided in a Personal Care Home?

In order to care for a resident who requires a specialized procedure, a nursing professional either needs to:

- provide the care directly;
- teach the specialized procedure to the resident; or
- if appropriate, delegate the specialized procedure to the personal care home licensee and their staff.

What is the difference between the terms “Licensee” and “Operator”?

The “licensee” is the person or corporation who holds the licence for the personal care home.

The “operator” is the person responsible for the day-to-day operation of the personal care home.

The operator may be the same person as the licensee or may be a person hired by the licensee to manage the personal care home.

RESPONSIBILITIES OF THE PERSONAL CARE HOME

Before Admitting a New Resident

Before admitting a new resident to the personal care home the operator must determine if the resident’s care needs can be met in the home. If the resident requires a specialized procedure and the operator would like to admit him/her, they will need to ensure one of the following is in place on or before the date of the resident’s admission and that the required specialized procedure is provided on the first day the resident requires such care:

- The potential resident is taught by a hospital or home care nursing professional to manage their own specialized procedure.

- The regional health authority home care nursing professional assesses the resident and either:
 - provides the care directly to the resident; or
 - determines if delegation is appropriate, and if it is, then initiates the delegation process.
- The operator employs a nursing professional who provides the specialized procedure for the resident. The nursing professional who is an employee of the personal care home may determine if delegation of the resident specific specialized procedure to personal care home staff is appropriate and without risk to the resident.

Note: The potential resident can not move into the personal care home until one of the above three actions is completed.

Resident who Requires a Specialized Procedure

If a current resident develops a need for a specialized procedure, the operator must ask the resident’s physician to contact the health region assessment coordinator to arrange for the specialized procedure to be provided. Following the assessment of the resident the home care nursing professional will determine which of the following is appropriate:

- teaching the resident to provide their own specialized procedure;
- performing the specialized procedure directly; or
- delegating the specialized procedure to the personal care home staff.

Alternatively, the operator may hire a nursing professional to provide the specialized procedure directly. The nursing professional employed by the personal care home will assess the resident and may determine if delegating the specific specialized procedure to a specific staff member is appropriate.

Other Responsibilities

The licensee/operator must ensure that:

- the specialized procedure delegated is specific for the resident, specific for the staff member and documented in the personal care home resident record (see page 24 of this booklet for the specialized procedure form);
- they or any of their staff only provide the specialized procedure if it has been delegated by a nursing professional;
- the staff of the personal care home who will be doing the specialized procedure are present at the time the nursing professional has arranged to do the delegation;
- the staff of the personal care home performing the specialized procedure are accountable to perform the selected nursing task safely, accurately, and according to the standard procedure taught by the nursing professional;
- staff of the personal care home seek guidance and direction from the nursing professional and/or physician;
- when a procedure is delegated, that the resident and/or supporter is informed that a staff member who is not a health care professional will be providing the specialized procedure;

- the resident is assessed by the health region assessor/coordinator upon admission to the personal care home and then every two years thereafter; and
- they (i.e. licensee/operator) contact the health region assessor/coordinator and resident's physician if either the physical or mental health needs of the resident change.

If a potential resident has mental health needs, the licensee must ensure those needs can be met prior to admission.

If an existing resident develops mental health needs the operator must work with the health region assessor or physician to access the appropriate mental health professionals (e.g. RPN, psychiatrist, RN) for further assessment, support and possible treatment.

Note: If the specialized procedure can not be provided as noted above, appropriate notice will need to be given to the resident that they will need to find an alternate care and accommodation arrangement where the specialized procedure can be provided. During the notice period the personal care home will need to ensure a nursing professional is performing that specialized procedure directly or has delegated the personal care home staff to provide that specialized procedure.

RESPONSIBILITIES OF THE NURSING PROFESSIONAL

Nursing Assessment

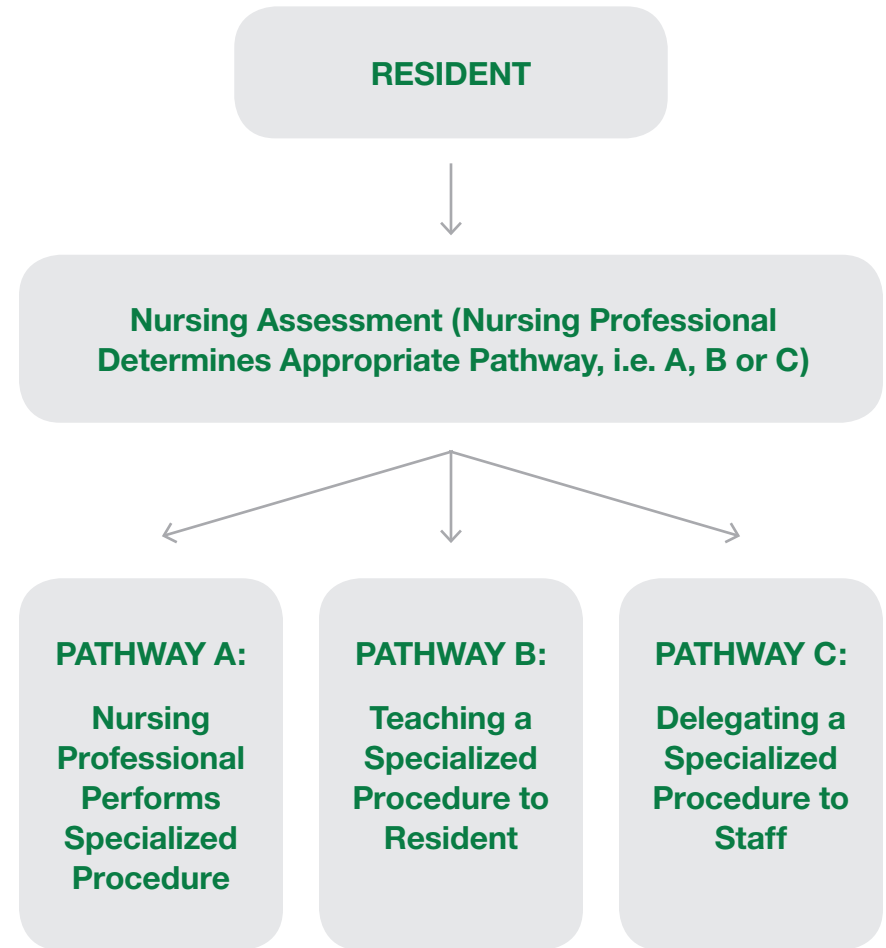
Following a nursing assessment of the resident, the nursing professional will decide if the particular specialized procedure required by the resident can be provided in the personal care home. If the nursing professional decides the specialized procedure is within their scope of practise and can be provided in the personal care home, the nursing professional determines if the procedure should be:

- performed directly by the nursing professional;
- taught to the resident; or
- delegated to the personal care home staff.

Each resident must be assessed to determine if the resident is:

- capable of self directed care, and can be taught how to perform the specialized procedure themselves;
- not capable of self directed care, and the specialized procedure must be carried out by a nursing professional; or
- not capable of self directed care, and the specialized procedure can safely be delegated to a specific personal care home staff member.

In regional health authority home care programs, it is typically the registered nurse that determines the appropriate nursing professional for the situation.



Nursing Professional Performs the Specialized Procedure Directly – Pathway A

If following the nursing assessment, the nursing professional determines that the specialized procedure must be done directly by a nursing professional, then Pathway A is followed.

Can all specialized procedures be delegated?

No. There are many procedures that a nursing professional will not teach or delegate to staff. Some examples of this are: intramuscular injections, diabetic management of a resident who has complex needs, or a nursing assessment.

Mental health assessments and treatments are other examples of care that can not be delegated as they involve very complex care which includes the involvement of professionals in the mental health field, such as psychiatrists and psychiatric health care professionals.

Nursing Professional Teaches the Specialized Procedure to the Resident – Pathway B

- Following the nursing assessment, if the nursing professional determines that the resident can do their own specialized procedure, then Pathway B is followed.
- Teaching is providing instruction to a person, determining that they are competent to perform the procedure, and evaluating their learning.
- The nursing professional evaluates the resident's ability to demonstrate competence and their understanding of the task.
- The nursing professional consults with the operator of the personal care home to determine who will provide the monitoring of the resident's care. Monitoring of the resident's care is usually done by the personal care home staff in consultation with the resident's physician.

PATHWAY A Nursing Professional Performs Specialized Procedure



Nursing professional assesses resident and determines that the procedure must be done by a nursing professional.



Assigned nursing professional carries out the specialized procedure for the resident.



Nursing professional identifies and documents on resident's care plan that the procedure is carried out, expected outcomes, indicators for seeking assistance and parameters for reporting.



All care instructions (verbal and demonstrated) left for staff regarding the specialized procedure must be permanently written in the resident record located in the personal care home and be accessible to all persons caring for the resident.



Nursing professional continues to monitor resident's condition and records outcomes as needed.

PATHWAY B

Teaching a Specialized Procedure to a Resident

Nursing professional assesses resident to determine if the resident can be taught to safely and competently perform their own specialized procedure.

Resident performs the procedure as taught by the nursing professional.

The nursing professional communicates with the licensee/operator, the resident, and the physician to determine who will provide the ongoing monitoring.

Nursing professional identifies and documents on resident's care plan that the procedure has been taught, expected outcomes, indicators for seeking assistance and parameters for reporting.

Nursing Professional Delegates the Specialized Procedure – Pathway C

Delegation is the transfer of responsibility of a specific nursing task to a specific staff for a specific resident when the task is outside of the job description of the staff. Nursing tasks should only be delegated when the resident's health status is stable and predictable and the task is considered a routine activity of daily living. The nursing professional is responsible for the appropriate delegation of the task, including the:

- overall assessment of the resident;
- decision that delegation of the task is appropriate;
- determination that the task delegated is within their scope of practice, and that they are competent to perform the task;
- informed consent obtained from the resident/supporter prior to the delegation of the nursing task;
- care planning;
- evaluation of the care provided;
- type and frequency of monitoring required;
- assessment of when and if delegation of the task is no longer appropriate. In this case the specialized procedure would be performed directly by a nursing professional; and
- determination that specific personal care home staff have been trained, and have the necessary ability and knowledge to perform the task safely and competently. The task will be performed often enough for the staff person to maintain competence.

PATHWAY C Delegating a Specialized Procedure to Staff



Nursing professional determines that the specific staff can safely perform the procedure without risk to the resident through a delegation process.



Specific staff receives education (theory/practical) from the nursing professional.



Competency of the specific staff is determined by the nursing professional.



Nursing professional identifies on the resident's nursing care plan expected outcomes, indicators for seeking assistance and parameters for reporting.



Nursing professional monitors resident's condition, outcomes of the delegated task, and competence of the specific staff as necessary.



After consultation between the health care professional, physician and the licensee, they may decide that ongoing monitoring will be done by the physician.

Accountability of the Nursing Professional when Delegating a Specialized Procedure

Nursing services may be provided to residents in personal care homes by the regional health authority home care program, a nursing professional who is a licensee, an employee of the personal care home who is a nursing professional, or by a nursing professional who is contracted privately by the personal care home.

When the nursing professional delegates a specialized procedure in a personal care home, they will:

1. Conduct a resident nursing assessment – The nursing professional completes the resident assessment to determine that the resident's condition is stable and predictable and that the procedure is a routine activity of daily living. The nursing professional may decide that it is appropriate to delegate the procedure to a staff person. The procedure cannot be sub-delegated (i.e. the staff person who has been delegated the procedure cannot delegate the procedure to another staff person). In conducting a resident assessment, the health status of the resident needs to be considered, including:

- Does the resident have well defined care needs, support systems and coping mechanisms?
- What are the risks and potential effects involved in performing the specific procedure?

2. Arrange a visit to the personal care home – A visit time is established with the personal care home for the delegation of the specialized procedure. The licensee of

the personal care home arranges for the appropriate staff to be in attendance for the visit.

3. Teach – Each specific staff person will receive standardized and evidenced based learning material for the specific specialized procedure. The nursing professional reviews the learning resource with the specific staff and teaches the procedure (which includes a demonstration by the nursing professional). Each specific staff person will complete a quiz as well as a return demonstration for the nursing professional in order that the nursing professional can evaluate the learning of the staff. Teaching is resident specific; however, some parts of the teaching may be done in a group setting. Resident specific instructions will also be given. The nursing professional will return to the personal care home as many times as required until all of the designated staff persons have demonstrated the procedure. The nursing professional verifies the competency of each of the specific staff for each individual resident (i.e. resident specific).

4. Document – The nursing professional documents that the specific specialized procedure has been delegated. The nursing professional also documents the name(s) of each of the staff who they have deemed competent to perform the skill, as well as the dates the education and evaluations were completed. This documentation will be included on the resident's record in the personal care home and with the nursing professional, as required by their employer.

5. Prepare the written procedure and follow-up – The nursing professional will place a copy of the written procedure on the personal care home resident record including any resident specific instructions such as: expected results or potential complications or adverse

outcomes that may occur. This record will be accessible to all staff who have received a delegation of the specialized procedure. The nursing professional will include written directions for the personal care home licensee and staff as to when to contact the:

- nursing professional delegating the procedure;
- resident's physician; and/or
- ambulance to go to the hospital.

Contact numbers to reach the nursing professional will be provided on the personal care home resident record.

6. Monitor the resident – The nursing professional is responsible for determining the frequency of monitoring that is required; which is based on variables such as the stability of the resident, the complexity of the specialized procedure, and the capabilities of the staff. Monitoring includes evaluation and supervision as necessary. The plan for follow up is documented on the resident's record. Monitoring refers to the overall assessment of the staff person's performance and the resident's general care and health status. Monitoring by the nursing professional can range from:

- minimum contact, such as: identification of signs and symptoms of stability, written instructions outlining criteria regarding when to seek medical care and phone follow-up; to
- more intensive monitoring, such as: scheduled home visits, and oversight by the resident's physician.

7. The nursing professional may decide at any point that the delegation is no longer appropriate. In this case, the procedure will be performed directly by a nursing

professional. In some cases, the resident may have to be discharged from the personal care home.

8. After consultation between the nursing professional, physician and the licensee, they may decide that ongoing monitoring will be done by the physician.

Note: The assessment, decision to delegate, and the delegation process rests with the nursing professional; however, the interpretation of the outcomes of resident care resulting from the delegation of the specialized procedure is the responsibility of the entire resident care team. The team includes the nursing professional, family physician, licensee of the personal care home and the staff providing the care.

Nursing Professional Delegation Example

A resident who recently had a colostomy was admitted to a personal care home. The resident is a frail elderly gentleman who is unable to manage his colostomy independently. He has had problems with skin breakdown around the colostomy site. The involved home care nursing professional assesses the resident and determines that the caregivers in the personal care home can be delegated the task of changing the colostomy bag. The nursing professional provides the necessary teaching to the staff person (s) and assesses their competence. The nursing professional provides assessment and evaluation and determines that she/he needs to return at least weekly to assess the skin condition of the resident and provide further support and teaching to the personal care home staff. The licensee and staff of the personal care home have been advised to contact the health care professional if skin breakdown occurs or if any other problems related to the colostomy develop, such as blockage, diarrhea or blood in the stool.

REFERENCES

Association of Registered Nurses of Newfoundland and Labrador.

Performance of Nursing Tasks by Support Workers in Community Settings (2003)

Saskatchewan Registered Nurses' Association.

Practice of Nursing: RN Assignment & Delegation (2004)

Saskatchewan Association of Licensed Practical Health Care Professionals.

Delegating Tasks to Unregulated Care Providers (2009)

Government of Saskatchewan.

The Personal Care Homes Regulations, (1996) being Chapter P-6.01 (effective May, 1996) as amended by Saskatchewan Regulations 69/2002 and 89/2003.

Personal Care Homes, Saskatchewan Ministry of Health.

The Licensees' Handbook March (2004)

Resident Name: _____

Specialized Care	Trainer (RN, RPN, LPN)		Name of Care Provider Trained	Date Trained	RN, RPN, LPN Informs Resident/Supporter that procedure is delegated to a non-nurse • Signature of RN, RPN, LPN who received verbal consent and date
	Name:	Registration # (does not apply to home care nursing)			
Trainer Comments: (please date and sign)					





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This document and additional information about personal care homes can be found online:

www.health.gov.sk.ca/personal-care-homes

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