

The Board of Nursing and The Regulation of Nurse Aides in NC

Polly Johnson, RN, MSN

Prior to the late 1980s, North Carolina had no statewide standards for nurse aide training or recognition. Preparation was primarily through on-the-job training, although some nurse aide training programs were offered through community colleges. Subsequent to federal and state legislation, nurse aides working under the supervision of a licensed nurse had to meet training and competency evaluation requirements and be listed on a statewide registry. The Board of Nursing developed both a Nurse Aide I (NA I) and a Nurse Aide II (NA II) Registry for these unlicensed assistive personnel and began the listing process by late 1989 following the enactment of the Nurses Aides Registry Act by the NC General Assembly. The NA I training, competency, and listing requirements were consistent with the federal requirements set in the 1987 OBRA legislation. Since 1992, the NA I Registry has been maintained by the Division of Facility Services in the Department of Health and Human Services.

The Nurse Aide II Registry was created for those NA Is who completed additional training and competency evaluation to perform more invasive patient care activities. Activities such as changing sterile dressings, performing gastrostomy feedings, tracheostomy care, and urinary catheterizations could be performed by the NA II. This expanded role has provided valuable assistance to the nursing care team in hospitals and nursing homes as well as in home care and school settings. To date, North Carolina is the only state to offer this expanded role for nurse aides. The Board of Nursing approves NA II training programs, sets the listing requirements, and maintains the Nurse Aide II Registry.

The Board of Nursing has the responsibility of defining the types of nursing tasks and activities that may be appropriately delegated by the licensed nurse to nurse aides at both the NA I and II levels. The required training curriculum for NA

Is and IIs includes specific tasks related to activities of daily living as well as health impairments. Given the complexities of our healthcare systems, the Board recognizes that there will never be a complete task list or inclusive training program to cover all the activities that may be safely performed by a nurse aide. Therefore, the Board has developed a variety of resource materials and guidelines to assist nurse managers and staff nurses in making appropriate delegation decisions within healthcare settings.

Interface Between the Nurse Aide and the Licensed Nurse

In any setting in which nursing care is provided, the licensed nurse maintains accountability and responsibility for the delivery of safe and competent care by self and others to whom such care is delegated. Delegation is defined 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.”*

Thus, prior to deciding whether or not a nursing care activity can be safely delegated to the aide, the nurse must carefully evaluate not only the care needs of the patient or resident but also evaluate the competencies of the nurse aide. The decision to delegate must be based on a careful analysis of the patient’s needs and the competencies of the nurse aide as well as the resources available to support such delegation. Available resources include proximity of licensed nursing personnel and other health professionals, as well as technical resources. To assist the nurse in such decisions, the Board has set forth the following criteria that must be met by a task appropriate for a nurse aide to perform:

- ◆ Task is performed frequently in the daily care of a client or group of clients.
- ◆ Task is performed according to an established sequence of steps.
- ◆ Task may be performed with a predictable outcome.

The author is Executive Director of the NC Board of Nursing. She may be reached there at PO Box 2129, Raleigh, NC 27602. Telephone: 919/782-3211; email: polly@ncbon.com.

- ◆ Task does not involve on-going assessment, interpretation or decision-making that cannot be logically separated from the task itself.

Preparing for the Future

As we move into the 21st century, we must prepare for meeting the increased care needs of an ever-growing population of citizens with chronic health conditions. The Board of Nursing, along with other key stakeholders, must consider how to maximize the utilization of assistive nursing personnel within our workforce while meeting our mandate to provide safe, effective care to the citizens of our state. To this end, groups of providers and regulators are currently involved in discussions to establish training and performance standards for medication administration activities that may be safely delegated to and performed by nurse aides. In healthcare settings such as nursing homes, the processing of medication orders, storing of medications, and administration of medications to patients are currently the responsibility of the licensed nurse. It is also the licensed nurse's responsibility to understand the purpose of each medication, be familiar with side effects, and monitor the patient's response to the medications. Within a proposed new framework for meeting the medication needs of patients, there could be a technical role for the nurse aide who has gone through specialized training to prepare and give the medication. Within this proposed framework, the licensed nurse would maintain the responsibility for the overall implementation of the prescribed medi-

cation regimen and monitoring of the patient's response to the treatment regimen. It should be noted that framing the standards for this potential role for assistive personnel is in the early stages of development.

It is anticipated that other specialty roles for the nurse aide in long-term care will evolve as we continue to enhance the delivery of care to these patients in a cost-efficient and safe manner. For example, having aides with specialty training in caring for patients with dementia has been identified as another role-development area.

As new roles for nurse aides evolve, it is critically important that such evolution occur within a regulatory framework that establishes the standards for the delivery of safe and competent care. The public should expect nothing less!

Available Resources

Please visit the Board of Nursing's website at www.ncbon.org to learn more about nursing practice and nurse aide regulation. You may also contact a Practice Consultant at the Board office by calling 919/782-3211. The Board has a variety of resources available to assist health care personnel, other providers, and the public in better understanding the delegation decision-making process, the components of the NA II training program, and the NA II Registry listing requirements. You may also visit the Division of Facility Services website at www.ncnar.org for further information about the Nurse Aide I Registry.