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| Health Services Task | Who? | LPN/RN Required? | Notes |
| Participating in individual service plan development meetings or other team meetings involving medical care and decision making  | SSA | No | These duties are covered in both the State Plan Home Health/PDN /Waiver Nursing rules |
| Consulting with an individual’s team on matters not specifically related to waiver nursing delegation for the person served | RN LPN | Assessment Consultation for Nursing Oversight | What is the consult about? Both Waiver Nursing Delegation and all Nursing services have payment for RN Assessment/ Consultation. Specific parameters listed in waiver nursing rule for supervision visits + Conditions of Participation OAC 5160-44-31for supervision guidelines. Plus OBN rules for RN oversight of LPN services |
| Assistance with scheduling appointments including pre and post appointment treatments |  | No | Provider would coordinate. These are not nursing tasks, but can be done if required/ requested. |
| Discussions with hospital staff when hospitalized including discharge planning |  | Not a formal process of Discharge Planners contacting SSAs or County Boards. | Would be beneficial for continuity. Hospital Discharge Orders sent to SSA and providers. Post-Hospital orders: ODM 07137 "Certificate of Medical Necessity for Home Health Services and Private Duty Nursing Services"  |
| Discussions with guardians about health issues |  | No | PCP, all should be informed, would be beneficial. Not a specific nursing task. Maintain HIPAA compliance |
| Discussions with other health care entities (dental, eye, PCP, specialists, dietitians, etc.) |  | No | Benefit for those with medical needs.  |
| Responding to changes in health-care status/diagnosis | RNLPN | No | MA cert training requirements. Assessments/interventions are part of the nursing process – does not need to be called out singularly as it is required through OBN. |
| Medication Management (MM): what's on the MAR versus what needs to be on the MAR? |  | No | MA cert requirements, employer oversight. We do not require specific forms, merely some form of documentation of the med/dosage/route/time/purpose |
| MM Issues with prior authorizations for some medications |  | No | Physician offices, pharmacy |
| MM Getting medications filled that aren't routine |  | No | Pharmacy, DDP |
| MM Review/disposition/return of medications |  | No | MA cert training requirements |
| MM Questions on packing medications for leave of absence (LOA) |  | No | Requirement in MA curriculum for packaging for med admin away from home |
| MM Collaboration with Pharmacy |  | No | Would be beneficial for continuity |
| MM Filling pill dispensers |  | Yes – RN or LPN at direction of | Or pharmacist |
| MM Control count oversight/spot checks and engagement when discrepancy occurs |  | No | Employer/provider oversight |
| MM Reviewing medication administration logs and documentation |  | No | Employer/provider oversight |
| MM Ensure medications are being used as prescribed/recommended |  | No | Employer/provider oversight |
| MM Review and implement new orders after hospitalizations |  | No | MA cert training requirements; Would be beneficial for continuity |
| MM Review and follow up with staff on medication errors |  | No | Could be nurse, employer |
| Completion of UI's for medication administration related errors/health-related matters |  | No | Normal staff onboarding requirement, not a nursing task.  |
| Lab orders from doctor |  | No | Would be sent to lab by PCP.  |
| Lab results to doctor |  | No | Would be sent from lab to PCP. Lab typically reports directly to the ordering physician before nurse is ever given a report. |
| Testing procedure preparation and follow up |  | No | Would be provided to DDP by PCP. Specific prep would be physician order to follow. |
| Arranging vaccinations and flu/COVID vaccines |  | No | PCP/administrative task |
| Overseeing home COVID tests and when to do them |  | Yes | Delegation or nurse completing. |
| Coordination with day program/workCoordinating end of life issues/hospice |  | No | Coordination day/work – provider, SSAHospice has own set of rulesoutlined in OAC 5160-56 |
| Coordinating rehab or nursing home stays |  | No | Hospital discharge planning. Not specific nursing duties. |
| Coordinating home health visits |  | No | Ordered by physician and coordinated through SSA service |
| Coordinating follow up appointments as needed/ordered |  | No | Provider responsibility. Not a nursing task.  |
| Educating individuals who are refusing medications or need general education regarding their own medical needs |  | No | PCP, provider, SSA, DDP. Included in the plan of care.  |
| Ongoing documentation, record review and follow-up |  | No | Employer oversight – Compliance?  |
| Training (TR) General health-related training for unlicensed personnel |  | No | Many training options |
| TR - DNRs and how staff must respond |  | No | Provider training ISP |
| TR - Specific health-related training for people served |  | No | Is this IST? Provider responsibility, nurse may be involved |
| TR - Training described in 5123-6 & staff observations to ensure continuation of skills for medication administration |  | RNT | RNT must provide initial training and may be involved in follow-ups, renewal. This is a specific DODD role.  |
| TR - Training based on agency specific med errors/health-related incidents, trends/patterns, how to identify med errors, prevention strategies, etc. |  | No |  |
| TR - Training management staff of expectations in relation to medication management |  | No | Agency/employer procedure for management of medications |
| Developing and updating medical or health related policies/procedures |  | No | Agency/employer responsibility, may have nursing involvement |
| Participation on UI/MUI review for health/med related incidents |  | No | Agency/employer responsibility, may have nursing involvement |
| Consulting on general health matter with direct care staff. |  | No | Agency/employer responsibility, may have nursing involvement; PCP |
| When appropriate, determining the appropriate level of medical care needed (tele-health vs minute clinic vs urgent care vs ER) |  | No | Personnel are instructed on this in med cert curriculum. Can call 911 if unsure of LOC needed. Clinical judgement by onsite nursing.  |
| Quality assurance review of medical care according to the individual’s needs, specifically making sure care frequencies are being met, appropriate follow up is occurring, etc. |  | No | Not required – nurse may complete, employer may have process |
| Participating in county nursing QA reviews |  | QARN | QARN completes reviews |
| Basic healthcare assessments (i.e., weight, BP, pulse, etc.) to aide in preventive care - Readmission assessment after hospitalization/rehab stay |  | No -VS | Med cert training on health-related activities; Readmission assessment by nurse.Physician’s orders per plan of care.  |