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FINAL NARRATIVE REPORT

There's No Place Like Home: New Jersey Nurse Delegation Pilot Project

Grant ID # 61213

November 1, 2007 through October 30, 2010 (November 1 ,2010 - April 30,2011)

Grant Amount: $300,000.00

Goal: Conduct a pilot program and evaluation to improve the methods for providing skilled nursing care to individuals with chronic illness or disabilities so they can leave institutions or remain in their homes.

Submitted by Susan Brennan McDermott, Project Director, through Maribeth Robenolt, Administrator
Office of Home and Community Based Services

Division of Disability Services

May 23, 2011

1. What measurable goals did you set for this project and what indicators did you use to measure your performance? To what extent has your project achieved these goals and levels of performance?

The Nurse Delegation project proposal was designed and written by the previous Project Director; William A.B. Ditto (now retired). His genius in writing the grant and his ability to gather stakeholders from diverse arenas in health care was instrumental in the success of our endeavor. Our project goal was to improve the home care services to clients receiving the Personal Care Assistant Services (PCA) program through the New Jersey Medicaid Program, to assist in meeting our Olmstead obligation by creating expanded service for individuals currently in long term care settings who need additional services at home, and to assist the New Jersey Board of Nursing (BoN) in providing research to support a change in their regulations that will allow nurses to delegate medication administration to certified home health aides. The BoN granted permission through their authority to permit registered nurses to delegate medication administration for the purpose of studying the practice and concept. The targeted goal of consumers to be enrolled was 200-300 individuals in the community, with 100 of those being discharged from nursing facilities. Our total population of individuals who received nurse delegation was 226. We encountered difficulty in meeting our goal of 100 discharged individuals from nursing facilities due to problems in directly reaching discharge planners at nursing facilities to inform them of the project. Theresa Edelstein, a member of our Advisory Council, assisted with this effort and we saw a large increase in referrals. Unfortunately, this occurred toward the end of the project (March-May 2010). I believe if we used this intervention earlier we would have been more successful.

The project was delayed in implementation due to difficulty in finding a program manager with the experience in home care and state service as well as skills that included previous work in research projects, clinical competence, and teaching and mentoring competence necessary to work with many stakeholders. State staff, who had reservations about the safety of clients and the competency of agency staff to delegate skilled nursing tasks, needed extra attention to convince them of the benefit of the Pilot. Once they understood the program design, they were supportive in expediting approval of services to participants enrolled. Infrastructure was designed and implemented with Medicaid for billing procedures. Codes for additional nursing time for educating certified home health aides in the clients' homes, creating ad hoc committees for documentation creation and curriculum development, and outline of process and reporting requirements for the agencies selected to participate was coordinated by the program manager.

The success of the developed infrastructure can be attributed to the tremendous support and cooperation between all stakeholders involved in this effort, from State staff in the Office of Community Based Services, the Advisory Council, researchers and nurses, aides, and agency staff.

The Division contracted with Rutgers Center for State Health Policy to evaluate the Nurse Delegation Pilot Project. Their final report, submitted May 11, 2011, is included in the bibliography. The report supports modifying the regulations to allow RNs to delegate medication administration to certified home health aides. Rutgers findings also report that no adverse outcomes to consumer health were found. In addition, Nurse Delegation has had significant positive effects for consumers in terms of health and quality of life improvements. All groups (nurses, aides, consumes, administrators of agencies) expressed satisfaction with delegation as proposed and implemented.

In addition to the Rutgers report, The United States Department of Human Services, Assistant Secretary for Planning and Evaluation, funded a separate study conducted by Mathematica Policy Research (MPR) and supervised by Pamela Doty PhD. The MPR Report (see bibliography) studied the cost of Nurse Delegation. The findings were that the cost of nurse delegation per beneficiary per year is slightly less than the cost of four days in a nursing facility. Additionally, one subgroup studied had 42 percent and 65 percent less hospital stays and days, respectively in the treatment group (consumers receiving nurse delegation) than in the control group. While this finding is not statistically significant due to the small size of the sample, it does warrant further study in another research model.

Both reports encourage further study of nurse delegation not only for empowering policy change in New Jersey but for other States. In addition, Susan Reinhard of AARP and the Center for Medicare and Medicaid Services (CMS) are interested in using this model to enhance “Money Follows the Person” and are initiating conversations toward that end.

A copy of our final Statistical Data Report generated from our Access database follows:

Division of Disability Services

New Jersey Nurse Delegation Pilot Project Report

Statistical Data:

Number of Agencies Participating: 19

Number of Participating Agency Sites: 42

Total Number of Home Care Nurses Completing Orientation: 186
Number of Nurses Completing Orientation This Reporting Period 29

* Delegated Task Breakdown:	Total	Current
Medication Administration:	173	111
Oral	159	82
Ophthalmic	11	9
Topical	13	6
Injectable:	15	9
Suppository	3	1
Inhalant	13	11
Hot Pack TX:	1	0
Cough Assist:	1	1
Gastrostomy Tube Feedings:	13	10
Blood Glucose Monitoring:	62	32
Wound Care:	13	6
Straight Catheter:	2	2
Insulin Prefill:	1	0
Bladder Training:	1	0
Enema:	1	0
Colostomy Care:	1	1
Bowel Program:	1	1
Breathing Exercise:	6	2
Other:		
CPAP	1	1
Application & Removal of Prosthesis	1	0
Elderly Patients	147	74
Disabled Patients	79	48

Total Number of Delegation Participants: 226
Total Number of Discharged Participants: 104

Total Current Active Participants 122

Total Nurses Who Worked in Program 70
Total Current Active Nurses 55
Total Current CHHAs 86

*Consumers may have more than one task delegated

REASONS PATIENTS DISCHARGED

Expired	11
Refused Services	8
Discharged to Hospital	7
Discharged to Nursing Facility	7
Moved	6
Not Satisfied with CHHA	5
Family Member Taking Over Care Responsibility	4
Discharged to Hospital and Expired	4
Patient too unstable	2
Problem with family member & CHHA	2
Discharged to Rehab	2
Enrolled in Global Options	2
MD Did Not Approve	2
Medicaid Ineligible	2
No CHHA's available	2
No longer appropriate for services	2
Too Many CHHA's and No Back Up	2
Went on Vacation	2
Family Member Does Not Want Patient to Participate	1
Abusive to Aides	1
Enrolled in Personal Preference Program	1
Other	12

PRIMARY
DIAGNOSES
226 Participants

HTN	84	HIV	2
NIDDM	62	Legally Blind	2
IDDM	28	MD	2
CP	25	Neurogenic Bladder	2
Arthritis	21	Acute Lymphoma	1
Stroke	19	AFB	1
CAD	18	ALS-End Stage	1
CHF	18	Alzheimer's Neuropathy	1
Dementia	18	Amputee	1
Seizure Disorder	14	Anxiety	1
Alzheimer's	13	Anxiety/Depression	1
OA	12	Aortic Valve Disease	1
Blind	10	Aphasia	1
Parkinson's	10	Arothopathy	1
Depression	9	Athetoid Quad	1
COPD	8	Autism	1
Asthma	7	Bilat BKA	1
Osteoporosis	7	Bilat Hand Amputee	1
CRF	6	Bipolar	1
Glaucoma	6	BKA	1
RA	5	Bladder Cancer	1
Spinal Stenosis	3	Brain Damage	1
Spastic Quad	3	Brain Disorder	1
Angina	3	Bronchospasm	1
Developmental Delay	3	CA Breast	1
Epilepsy	3	CA Larynx w Chemo & Radiation	1
Mental Retardation	3	CA w/ Brain Mets	1
Morbid Obesity	3	Cellulitis BLE	1
MS	3	Cellulitis	1
Vertigo	2	Cerebral Degeneration	1
Spina Bifida	2	Cervical Tumor	1
Senile Dementia	2	Chromosomalsoma	1
Rhett Syndrome	2	Chronic Bronchitis	1
PVD	2	Chronic Inflammatory Polyneuritis	1
Quadriplegia	2	Chronic Wounds	1
Peripheral Neuropathy	2	Congenital Abnormalities	1
Arrhythmia	2	Congenital MD	1
Hypotension	2	CVD	1
BPH	2	Degenerative Disc Disease	1
DJD	2	Dialysis	1
DM	2	Donor Syndrome	1
Schizophrenia	2	Dry Eyes	1
Down's Syndrome	2	DVA	1
ESRD	2	DVD	1
Gastric CA	2	Dysrthmia Edema	1

PRIMARY DIAGNOSES CONTINUED

Failed Left Hip Repair	1	Prolapsed Bladder	1
GERD	1	Prostate Hyperplasia	1
Gout	1	Psoriasis	1
Head Injury	1	Reflex Sympathetic Dystrophy	1
Hip Replacement	1	Renal Failure	1
Hydrocephaly	1	Restrictive Lung Disease	1
Hypercholesterolemia	1	Retardation	1
Hypothyroidism	1	Rheumatic Aortic Stenosis	1
Ileostomy	1	Rotator Cuff Repair	1
Incomplete Quadriplegia	1	S/P Bilat BKA	1
Kidney Stone	1	S/P CA BAG	1
L Paralysis	1	S/P Cervical Spine Surgery	1
Little's Disease	1	Sacral Pressure Ulcer	1
Lung Cancer	1	Scoliosis	1
Memory Loss	1	Severe Brain Damage	1
MVS – FX Leg	1	Severe Hip Problem	1
Neuropathy	1	Severe Scoliosis	1
OP	1	Static Encephalitis	1
Pacemaker	1	Stem Cell Transplant	1
Pacemaker/Defribrillator	1	Subarachanoid Hemorrhage	1
Pancreatic CA	1	TBI	1
Paraplegia	1	TNA	1
PEG	1	Uncontrolled Seizure Disorder	1
Polyarthritis	1	Unsteady Gait	1
Pre-senile Dementia	1	Urinary Incontinence	1
		Urostomy	1
		UTI	1
Pressure Sores	1	Vascular Dementia	1
		Vulvar CA	1

2. Did the project encounter internal or external challenges? How were they addressed? Was there something RWJF could have done to assist you?

Several challenges appeared during the implementation phase of the project. The first was previously described regarding finding the appropriate program manager with all of the necessary qualifications who was willing to take on the challenge.

As a result, the first client was finally enrolled in December 2008.

Another major challenge was in the enrollment/ marketing design. We expected sister State agency staff to identify nursing home residents and refer them to us when they assessed the residents who qualified for Nurse Delegation. Despite time spent providing orientation to their field staff in all three regions of the State, referrals were almost non-existent. The staff was involved in their Global Option Program referrals and enrollment. Taking on our program presented a conflict because in some instances, individuals were eligible for both programs. We presented our issue to the Advisory Council and Theresa Edelstein set up a schedule of presentations by the Program Manager for discharge planners at nursing facilities throughout the state. This effort resulted in increased referrals, but many were not Medicaid eligible and could not be served under the program.

Another issue that resulted in our later implementation was securing a document from the Board of Nursing that stated nurses and certified homemaker home health aides would not be disciplined for delegation of medication administration while working under the Nurse Delegation Pilot Project. The letter arrived October 30, and orientation for nurses began the next day.

3. Has your organization received funding from other foundations, corporations or government bodies for the project RWJF has been funding?

Medicaid matching funds were secured for the Pilot Program. The United States Department of Health and Senior Services, Assistant Secretary for Planning and Evaluation funded the MPR study independently to perform a cost evaluation in addition to the Rutgers study that was funded through the RWJF Pilot . Both final reports were favorable to Nurse Delegation and are included in the Final Bibliography.

4. When considering the design and implementation of this project, what lessons did you learn that might help other grantees implement similar work in this field?

It is absolutely imperative to gain the cooperation and support of the State Board of Nursing in efforts to promote nursing delegation. We were fortunate to have the support of the Members of the Board and the Executive Director in all of our efforts. Our challenge was in explaining to attorneys our plans and intentions within the Department of Law and Public Safety, which houses the NJ Board of Nursing.

Provider Agency Associations, Hospital Associations, and State Government Administrators should all be included in an Advisory Council, and this body should be consulted for problem solving during the program. Our Advisory Council was instrumental in assisting us and providing invaluable insight from other perspectives. Members included the Executive Director of the BoN, representatives of the home care industry, the State Nurses Association, representatives from Department of Health and Senior Services, and the researchers, and experts in nursing delegation from around the country. Six council meetings were held and some members participated via conference call if not able to physically attend meetings.

If a research design is used to add to the research already completed, it is recommended that the project be conducted for a longer time frame so that more participants are enrolled and the findings will be statistically significant. Another model that might be considered would be the concept of "team nursing," where a small cohort of nurses within an organization chooses certain certified home health aides to work with them in a delegatory model. The nurses should also have the opportunity to select appropriate clients to receive the service. This group could be compared to a "traditionally" managed home care agency.

An Operations Manager or Director must report to a person in government or within an agency who is at the highest level so that authority to effect change in the culture of the practices at the organization can occur. Failure to have that type of access to assist in removing barriers could result in failure of the program.

Best practice is to have all participants be voluntary. Ideal would be to offer incentive of a higher pay scale to employees at agency level, but as research findings support, this is not a requirement to succeed.

If a goal of a future program is to assist in discharge from nursing facilities, then there should be a marketing expert who reports to the program manager/director and who knows both the home care agency environment and the nursing home facility discharge planning culture. This person could devote their time to identifying nursing home residents appropriate for discharge to nurse delegation and facilitate meetings with

home care nurses to expedite discharge plans and increase the number of individuals who return to the community.

It is recommended that recruitment of participating agencies be well over the number necessary to allow for agency drop off. Several small home care agencies voluntarily left the Pilot Program due to lack of nursing personnel to staff the project through resignations of nurses and the inability to replace them.

Based on our findings that additional nursing time is necessary to train certified home health aides for delegated tasks, it is recommended that models should include quality benchmarks, such as, a minimum amount of nursing visits and requirement of certain documentation of proper training of certified home health aides/unlicensed personnel.

Nurses who participate in a delegation program need to have an orientation regarding how to delegate that is specific to their state requirements. The orientation should include case studies and an overview of how to document their teaching efforts. That orientation must also be compliant with the ANA &NCSBN Joint Statement on Delegation (2006, September) and the American Nurses Association Position Paper on Registered Nurse Utilization of Unlicensed Assistive Personnel (ANA-1997) to assure proper standard of practice. Offering 3 continuing education units (CEU's) was very useful to entice nurses attend the orientation program and usually resulted in the nurses participation. This was facilitated through the NJ Home Care Association, a provider listed with the State Nurse Association.

What impact do you think the project has had to date? Who can be contacted a few years from now to follow up on the project?

Clearly, our program has improved quality of life for the participants as described in the Rutgers report. The Mathematica Report indicates that more research needs to be completed to prove the theory proposed, that Nurse Delegation Programs could potentially be a major cost saving to both the Medicare and Medicaid program if replicated with a larger population. Finally, it is apparent both in the research and in everyday practice that the culture of nursing in home care agencies has changed and participants are receiving better care as a result.

An article was recently published in the magazine Generations (see bibliography) and there is interest at the National level in initiating delegation in other States. In addition, the Center for Medicaid/Medicare Services is also interested in exploring Nurse Delegation as an option in their "Money Follows the Person" initiative.

Susan Reinhard and Heather Young, who are both experts in nurse delegation, will have access to information regarding impact of our project on further research. Mr. Ditto and Mrs. McDermott have both agreed to assist however they can in future initiatives.

6. What are the post-grant plans for the project if it does not conclude with the grant?

The New Jersey Nurse Delegation Pilot Program will not continue as designed except to serve the current participants until delegation is no longer necessary to assist them. Permission to continue has been granted by the NJ Board of Nursing for these individuals.

Effective July 1, 2011, Medicaid clients who receive Personal Care Assistance Services will have those services managed through the Medicaid Managed Care Program. Until approval from the federal government is received, the only exceptions to the mandated enrollment in the managed care programs are individuals who are dually eligible for Medicaid and Medicare, and those individuals who are eligible for Medicaid under a Federal Waiver Program. It is expected that the federal government will approve the managed care initiative for individuals on Waiver Programs in the fall of this year. The managed care companies will eventually manage all assessment and determination of hours of care necessary for individuals who need the care. The managed care companies will receive orientation regarding the Nurse Delegation Pilot Project and final plans for whether to continue will be determined with State authorities.

7. With a perspective on the entire project, what have been its key publications and national/regional communications activities? Did the project meet its communications goals?

The curriculum design and the forms that were created as well as the CD's that were created with information regarding drugs and instructions to assist nurses in training home health aides, which were submitted in previous bibliographies were critical in the success of our program.

A webinar hosted by the New Jersey Hospital Association was also instrumental in reaching the discharge planners at nursing facilities(see bibliography).

A presentation at the National Home and Community Based Waiver Services Conference in Atlanta, Georgia in September also was well attended and gave the New Jersey Pilot Program attention from national leaders in local agencies and well as States and the Federal Government (see bibliography).

5/22/11