Wound Care Program for Nursing Assistance - Art of Delegation and Competency

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Objectives

- Participants will describe RN delegation guidelines used for implementing nursing interventions.
- Agencies will describe the components of a comprehensive wound care program for Licensed Nursing Assistants (LNA).
- Participants will apply tools to ensure LNA training and competency for wound care.
History

- Cornerstone VNA was founded in 1913
- Average daily census low 300’s
- Homecare/Hospice/Palliative Care and Private Duty (Life Care)
- WOCN, WCC (RN and LPN), Certified IV nurse, Certified Psychiatric RN, Certified Diabetes Educator
- SN, PT, OT, ST, MSW
Wound Care Program for Licensed Nursing Assistants (LNA)

- Cornerstone VNA has had a wound care program in place for LNA’s for over ten years.
- Purpose of the program is to reduce SN visits and to reduce costs per episode.
- Changes in clinical practice, patient needs, and financial resources have prompted the implementation of different skill mixes in providing patient care, i.e. delegating wound care to LNA’s.
Savings

- On average, episode costs can be reduced by (1-4 SN visits per week)

- Savings:

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Savings:
$0  $500  $1,000  $1,500  $2,000  $2,500  $3,000  $3,500
1  2  3  4  
$817  $1,634  $2,451  $3,271
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Cost savings
Development of a Successful LNA Wound Care Program

- Nursing Delegation – in-depth review
- Developing agency processes for LNA wound care delegation
- Developing a comprehensive LNA wound care training program
- Ensuring competency of LNA wound care skills
Definitions of Delegation

- Little research on the subject of general delegation and even less research on teaching nurses how to delegate effectively.
- American Nurses Association (ANA) defines delegation as “the transfer of responsibility for the performance of an activity from one person to another while retaining accountability for the outcomes.”
Definitions of Delegation

- The Joint Commission on Accreditation of Hospitals Association (JCAHO) mandates that each organization have evidence that an individual’s knowledge, experience, and competence are appropriate for his or her assigned responsibilities.

- National Council of State Boards of Nursing further states that delegation is the “transferring to a competent individual the authority to perform a selected nursing task in a selected situation. The nurse retains accountability for the delegation.”
Delegating Nursing Tasks

- Prior to delegating, the RN assuming care of the patient is responsible for completing an assessment of the patient as well as reviewing the patient's individualized care.
- The RN must verify proper training and competency evaluation of the LNA before the task is delegated.
Delegation of Nursing Tasks

- RN must determine the following prior to delegating tasks:
  - Skill is considered safe and routine for specific patient populations
  - Skill poses little potential hazard for the patient
  - The skill can be performed with a predictable outcome
  - The skill involves limited degree of potential patient discomfort
  - The skill does not require a substantial amount of scientific knowledge and technical skill
  - The skill is performed on a stable patient
Activities Delegated to LNA’s

- RN’s must know each State’s delegation rules. **Skills must be board-approved**
- Each agency must know direct patient care activities that can be delegated
- Direct care activities include: Vitals signs, Intake and Output, Skin Care (check your state’s scope of practice), etc.
- For example: In the state of NH delegating stable wound care is within the LNA scope of practice.
Activities That Can’t Be Delegated

- Nursing activities that may not be delegated include:
  - Performing initial assessment and subsequent assessments or nursing interventions that require specialized nursing knowledge, judgement, and/or skill
  - Updating the patient’s care plan
  - Providing patient education
- RN must provide training on very specific functions of wound care and role of LNA to report specifics signs of deterioration in the wound to the RN. If wound is unstable RN resumes entire role of wound care
Deciding to Delegate

- A consideration of the likely effects and consequences is critical when deciding to delegate a nursing activity to an LNA.
- Potential for harm - the nurse must determine how much risk the activity carries for a patient.
- Complexity of the task: the more complex the activity, the less desirable it is to delegate.
- Amount of problem solving required: If an uncomplicated activity requires special attention, adaptation, or an innovative approach for a particular patient, it should not be delegated.
Deciding to Delegate

- Unpredictability of outcome: When a patient’s response to the activity is unknown or unpredictable— not advisable to delegate that activity
  - Wounds that are painful
  - Wounds with tunneling or undermining
  - Signs of infection
  - Difficult location that requires the skills of an RN
Effective Work Teams

- The delegation of direct wound care to the LNA must be reasonable, relevant, and practical.
- Nurses may be reluctant to delegate direct patient care activities such as wound care because they highly value providing patient care.
- RN’s can benefit from appropriate training and mentoring to develop the skill of delegation.
- Effective teams focus on integrative work processes while working toward a common goal.
5 “Rights” of Delegation

- The RN must consider the following prior to the delegation of wound care:
  - Right Task
  - Right Person
  - Right Direction
  - Right Feedback
  - Right Supervision
Recommendations to Ensure Successful Delegation

“Right Task” - Is the task being delegated appropriately?
- Within the LNA scope of practice
- In the LNA’s job description
- A task that is for a specific patient at a specific time with an expected outcome
How Cornerstone VNA incorporated the “5 Rights” into an LNA wound care training program

- Included is a sample job description
  
  13. LNA will:
  - Know how to apply/use certain equipment.
  - Identify educational needs re: equipment.
  - Participates in training/inservices as needed.
  14. Performs tasks as delegated by the RN to include but not limited to stable wound care.

- Simple dressings- wounds that RN’s would teach a lay person, neighbor, friend, etc
- Examples of simple wound care dressings
  - Bordered gauze
  - Xeroform to a foot
  - Hydrocolloid to a stage 1 or 2 pressure ulcer
  - Calcium alginate to a stable wound (leg ulcer that have had no changes in 1 month)
- Wounds must be stable, free from infection, and not require assessment skills during the dressing change however, wound care is on a patient by patient basis.
- Wound care that is not delegated
  - Complicated packing, tunneling, skin with acute changes such as denuded, or excoriated skin
Recommendations to Ensure Successful Delegation

“Right Person”- Does the LNA possess:
- the knowledge and skill to perform the wound care?
- the appropriate training?
- demonstrated competency?
How Cornerstone VNA incorporated the “5 Rights” into an LNA wound care training program

- LNA’s go through a comprehensive wound care training program provided by a WOCN
- Training focus is on 3 areas
  - Skin
  - Wounds
  - Products
- Demonstration and competency is done during training and co-visits are performed in the patient home to ensure competency
Recommendations to Ensure Successful Delegation

“Right Direction” - Has the LNA been provided with initial directions that meet the 4C’s criteria?

- Clear direction
- Concise description of the activity to be performed
- Complete information
- Correct limits and expectation
How Cornerstone VNA incorporated the “5 Rights” into an LNA wound care training program

- RN performs a home visit for any new or changed product/dressing that the LNA is not competent with
- RN assesses patient condition/environment and LNA skills during the dressing to ensure proper delegation of the task
Recommendations to Ensure Successful Delegation

“Right Feedback” - Is the LNA provided the opportunity to participate in:

- A mutual process of information flow?
- Providing input to the process?
- Determining an alternative solution to problems that may arise?
How Cornerstone VNA incorporated the “5 Rights” into an LNA wound care training program

- LNA’s must know their scope of practice and bring up any concerns in his or her comfort level in performing specific wound care tasks.
- LNA’s must ask for additional training if not confident in their ability to safely perform the task.
- LNA’s are encouraged to bring any issues/feedback to the Team Manager and primary nurse.
- LNA’s are key in the success of the program.
Recommendations to Ensure Successful Delegation

“Right Supervision” - Is supervision for the delegated activity provided by:

- Determining the appropriate intervention to be delegated?
- Monitoring of the delegated activity?
- Ensuring that a follow-up evaluation of the delegated activity takes place?
How Cornerstone VNA incorporated the “5 Rights” into an LNA wound care training program

- RN performs a minimum of weekly visits to ensure that the patient condition is stable and that the task is still safe for the LNA to perform.
- RN performs co-visits if any new or changed wound care orders that the LNA needs for competency.
Training of LNA’s

- The health care agency is ultimately responsible for the orientation and training of the LNA.
- Tasks that can be done by the LNA should be included in the written job description and assessed annually.
- Agency wants to ensure that LNA’s have competencies on tasks that are delegated.
Components of a Wound Care Training Program for LNA’s

- Cornerstone VNA provides a comprehensive wound care training program that includes:
  - Education on LNA scope of practice
  - Skin Care
  - Basic wound cleansing and care
  - Common wound types
  - General wound care products
  - Hands-on practice
National Council of State Boards of Nursing
Decision Tree for Delegation

Provided as a separate hand-out- 4 Steps:
• Assessment/Planning
• Communication
• Supervision
• Evaluation/Feedback
Training Program

More in-depth overview:

Types of wounds- Pressure ulcers, Venous wounds, Arterial, Neuropathic, Surgical, and Traumatic Wounds

Wound care products- Hydrogels, Gauze, Films, Hydrocolloids, Foams, Collagens, Alginites, Composites, Contact layers, Antimicrobials
## Orientation Competency

<table>
<thead>
<tr>
<th>SKILL</th>
<th>METHODOLOGY</th>
<th>PERSON RESPONSIBLE</th>
<th>FREQUENCY</th>
<th>COMPLETION DATE/INITIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbalize LNA scope of practice for wound care</td>
<td>Inservice, Test</td>
<td>CWOCN/WCC</td>
<td>Orientation, Annual update</td>
<td></td>
</tr>
<tr>
<td>Discuss agency policy on notification of nurse or supervisor</td>
<td>Inservice, Test</td>
<td>CWOCN/WCC</td>
<td>Orientation, Annual update</td>
<td></td>
</tr>
<tr>
<td>Identify LNA interventions to prevent wounds</td>
<td>Inservice, Test</td>
<td>CWOCN/WCC</td>
<td>Orientation, Annual update</td>
<td></td>
</tr>
<tr>
<td>Discuss general skin care for different skin presentations (dry, moist, incontinence)</td>
<td>Inservice, Demonstration</td>
<td>CWOCN/WCC</td>
<td>Orientation, Annual update</td>
<td></td>
</tr>
<tr>
<td>Identify pressure points</td>
<td>Inservice, Activity</td>
<td>CWOCN/WCC</td>
<td>Orientation, Annual update</td>
<td></td>
</tr>
<tr>
<td>Demonstrate methods to offload pressure points</td>
<td>Inservice, Demonstration</td>
<td>CWOCN/WCC</td>
<td>Orientation, Annual update</td>
<td></td>
</tr>
<tr>
<td>Demonstrate appropriate application of routine compression garments</td>
<td>Inservice, Demonstration, Return demo</td>
<td>CWOCN/WCC</td>
<td>Orientation, Annual update</td>
<td></td>
</tr>
<tr>
<td>Demonstrate application of less common compression (CircAid, Aerowraps, etc.)</td>
<td>Inservice, In-home demonstration, Return demo</td>
<td>CWOCN/WCC Orienting RN</td>
<td>Orientation, Annual review, patient-specific co-visit</td>
<td></td>
</tr>
</tbody>
</table>
Wound Care training for LNA’s

- RN develops the plan of care (creates it in the EMR)
- RN’s perform co-visits with LNA’s to teach/train on wound care dressing, signs to report to RN
- RN’s carry competency forms with them and complete competency forms for the specific wound care
- Competency forms get passed into Staff Education who updates a shared LNA competency excel check list
- Competency check list can be accessed by Team Managers/supervisors, schedulers and clinicians
Oversight/Management

Team Manager/Supervisor must first:

- Must approve wound care prior to delegating to LNA to ensure that it is a simple procedure
- Determine that wound care can be delegated to LNA and that care plan is complete with full wound care orders including personal care to be provided
- Checks to make sure LNA is competent in the wound care i.e. Xeroform
- Coordinates with the scheduler if a co-visit is needed
- Updates the LNA care plan if any changes in wound care and if a co-visit is needed
Oversight/Management

- RN must ensure that wound care orders are current and up to date on the LNA plan of care.
- Any changes in the patients wound care must be communicated to the LNA. RN determines if additional co-visits are needed and completes new competency if needed.
- If a wound becomes unstable at anytime then the RN resumes all wound care responsibilities.
- Annual wound care skills day for all LNA’s.
## LNA Competency Form

### EMPLOYEE INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position:</td>
<td>Clinician:</td>
</tr>
</tbody>
</table>

### LNA demonstrates competency during Co-Visit (specify competency below)

- [ ] Competency Met
- [ ] Competency Not Met

**Plan of Action:**

**Wound Care**
- Cleanser: [ ]
- Primary dressing: [ ]
- Secondary Dressing: [ ]
- Compression: [ ]

**Other Skills/Task**
- Other Skill/Task: [ ]

### LNA verbalizes possible complications for each procedure and when to call and speak with a nurse

- [ ] Met
- [ ] Not Met

**Plan of Action:**

**Instructors Signature:**
Role of the RN

- **RN role:**
  - Performs co-visits any time a competency visit is needed
  - Coordinates with scheduler if a second co-visit is needed
  - Assesses complexity/status of patient during visits (minimum of 1x/wk) to makes sure that wound care is still appropriate to be delegated to the LNA
Role of the LNA

LNA role:

- Must communicate to a supervisor if there are any changes in the wound (“complications to report” needs to be on LNA care plan)
- Responsible to communicate to Supervisor any time they need a co-visit, refresher, etc.
Challenges

- Agencies need to consider
  - Oversight of care plans and LNA’s—put the right person in charge
  - Processes for tracking and scheduling
  - Comfort level of nurses and patients
  - New LNA’s and/or staff turnover
  - RN champion
LNA Training Program Next Steps:

- Today’s webinar was for Managers/RN’s
- The next 3 webinars will include our LNA training program, which offers basic wound care training
- Within 24 hours, participating agencies will receive a link to all webinars
- Videos and demonstration are incorporated into all the LNA training webinars
- We recommend that a RN view the webinars with your LNAs in case they have questions
- LNA wound competency forms are included in today’s webinar
A successful LNA wound care program is a cost effective strategy to reduce episode costs while still maintaining high quality standards for delivering safe and competent nursing care.

Cornerstone VNA has been able to reduce nursing visits while also maintaining high quality outcomes.
Summary

Ways to monitor success:
- Financial performance
- Star ratings
- Adverse events
- Patient and staff satisfaction
Resources


Questions

- Webinar Q & A
- Contact: jgullison@cornerstonevna.org