

STUDY GUIDE

Supervision For LPNs

24 Contact Hours

Alene Burke & Associates is approved as a provider of Continuing Education by the Florida Board of Nursing, Provider # 50-2502

This course, in addition to 16 hours of clinical supervisory experience, meets the Florida State requirements relating to supervision by LPN. It also meets the requirements of other states.

Please check with your state to make sure that this will meet your needs.

Objectives:

At the conclusion of this course you will be able to:

- ❖ Differentiate among the scopes of practice for the registered nurse, licensed practical or vocational nurse, the nursing assistant, and other unlicensed personnel according to the practice acts of one's state.
- ❖ Differentiate among the roles and responsibilities of the registered nurse, licensed practical or vocational nurse, the nursing assistant, and other unlicensed personnel according to the established position description or job description established by one's organization.
- ❖ Discuss the laws of Florida as related to supervision, AIDS/HIV, and domestic violence.
- ❖ Detail the supervisor's role in the delegation and supervision unlicensed personnel.
- ❖ Detail the role of the nurse in leadership and supervision.
- ❖ Describe the skills and techniques used by leaders to promote teamwork and effective outcomes.
- ❖ Serve as an effective change agent.

- ❖ Serve as an effective leader of groups using group process, problem solving, conflict resolution, time management, and communication behaviors and skills.
- ❖ Incorporate human resource skills into the leadership role, as related to retention, competency assessment, and performance measurement.

Things you will need to take this course:

1. **"Quick Reference to Nursing Leadership"** textbook by Donna Costello-Nickitas PhD, RN

This book can be borrowed from us by sending a fully refundable \$50 money order provided the book is returned to us within 30 days and in good condition.

Please mail this money order to:
Alene Burke
19333 Garden Quilt Cr.
Lutz, Florida 33558

2. Access to a computer so that you can take the post test.
3. A notebook and a pen.
4. A self generated time management schedule to help you take this course and successfully pass the post test in one month.

Introduction

The *LPN Supervision* course has been designed to prepare licensed practical nurses, LPNs and LVNs, as permitted by law, to supervise other licensed practical nurses, nursing assistants, and other unlicensed personnel and technical healthcare workers in a nursing home, skilled nursing facility, nursing facility, assisted living facility, adult family-care home, board and care facility, or any other similar adult care center.

This course is designed to enable the learner to be an effective leader in today's healthcare environment. As you know, nurses are not born nurses. They have to go to school to get the education necessary to become a nurse. The same holds true for supervisors and teachers.

Nurses are not born supervisors or teachers. Often, nurses are assigned to these roles because of their clinical expertise and other characteristics without the preparatory education that they need in order to perform optimally.

This course will provide the learner with the knowledge, skills and abilities they need to perform in the leadership role. The scope of this course includes role transition, directing others, delegating, assignments, communication and other interpersonal skills, team building conflict resolution, accountability, competency assessment, employee evaluation, nurse practice acts, and other laws, such as those related to LPN supervision, minimum staffing, domestic violence, and AIDS/HIV, that regulate the roles of licensed and unlicensed personnel who provide nursing care.

Now, it is time for you to get started.

Below is the your guide to the course readings. Take notes in your notebook as you read. No NOT mark the textbook with a highlighter or a pen in a borrowed textbook.

The Nurse Practice Act in Your State

Read the Nurse Practice Act for your state. Florida's is below. As you are reading, pay particular attention to the different roles, responsibilities and tasks that registered nurses, licensed practical or vocational nurses, nursing assistants and other unlicensed personnel are permitted to do by law, as defined by the nurse practice acts of your state. When you delegate and supervise, it is critically important that you know what each job title is legally permitted to do.

If you are licensed in the State of Florida, read the Nurse Practice Act below. If you do not have a copy of your state's nurse practice act, find your state board of nursing at:
<http://www.allnursingschools.com/faqs/boards.php?src=goto320>

Then look for the nurse practice act on that website or send an e mail to a contact person on your state's board of nursing asking them for the links to their Nurse Practice Act.

Florida Nurse Practice Act

FLORIDA STATUTES CHAPTER 464

NURSING

PART I

NURSE PRACTICE ACT (ss. 464.001-464.027)

“(3)(a) "Practice of professional nursing" means the performance of those acts requiring substantial specialized knowledge, judgment, and nursing skill based upon applied principles of psychological, biological, physical, and social sciences which shall include, but not be limited to:

1. The observation, assessment, nursing diagnosis, planning, intervention, and evaluation of care; health teaching and counseling of the ill, injured, or infirm; and the promotion of wellness, maintenance of health, and prevention of illness of others.
2. The administration of medications and treatments as prescribed or authorized by a duly licensed practitioner authorized by the laws of this state to prescribe such medications and treatments.
3. The supervision and teaching of other personnel in the theory and performance of any of the above acts.

(b) "Practice of practical nursing" means the performance of selected acts, including the administration of treatments and medications, in the care of the ill, injured, or infirm and the promotion of wellness, maintenance of health, and prevention of illness of others under the direction of a registered nurse, a licensed physician, a licensed osteopathic physician, a licensed podiatric physician, or a licensed dentist.

The professional nurse and the practical nurse shall be responsible and accountable for making decisions that are based upon the individual's educational preparation and experience in nursing.

(c) "Advanced or specialized nursing practice" means, in addition to the practice of professional nursing, the performance of advanced-level nursing acts approved by the board which, by virtue of post basic specialized education, training, and experience, are proper to be performed by an advanced registered nurse practitioner. Within the context of advanced or specialized nursing practice, the advanced registered nurse practitioner may perform acts of nursing diagnosis and nursing treatment of alterations of the health status. The advanced registered nurse practitioner may also perform acts of medical diagnosis and treatment, prescription, and operation which are identified and approved by a joint committee composed of three members appointed by the Board of Nursing, two of whom shall be

advanced registered nurse practitioners; three members appointed by the Board of Medicine, two of whom shall have had work experience with advanced registered nurse practitioners; and the secretary of the department or the secretary's designee. Each committee member appointed by a board shall be appointed to a term of 4 years unless a shorter term is required to establish or maintain staggered terms. The Board of Nursing shall adopt rules authorizing the performance of any such acts approved by the joint committee. Unless otherwise specified by the joint committee, such acts shall be performed under the general supervision of a practitioner licensed under chapter 458, chapter 459, or chapter 466 within the framework of standing protocols which identify the medical acts to be performed and the conditions for their performance. The department may, by rule, require that a copy of the protocol be filed with the department along with the notice required by s. 458.348.

(d) "Nursing diagnosis" means the observation and evaluation of physical or mental conditions, behaviors, signs and symptoms of illness, and reactions to treatment and the determination as to whether such conditions, signs, symptoms, and reactions represent a deviation from normal.

(e) "Nursing treatment" means the establishment and implementation of a nursing regimen for the care and comfort of individuals, the prevention of illness, and the education, restoration, and maintenance of health.

(4) "Registered nurse" means any person licensed in this state to practice professional nursing.

(5) "Licensed practical nurse" means any person licensed in this state to practice practical nursing.

(6) "Advanced registered nurse practitioner" means any person licensed in this state to practice professional nursing and certified in advanced or specialized nursing practice.

(7) "Approved program" means a nursing program conducted in a school, college, or university which is approved by the board pursuant to s. 464.019 for the education of nurses."

Job Descriptions, Position Descriptions and Competency Checklists

Obtain and thoroughly review the job or position descriptions and competency checklists for all the job titles you supervise. These should be readily available from the nursing department or your human resources department.

When you delegate and supervise others, you must know not only what is legally permissible for each job title to do, but also what your facility has formally deemed as acceptable practice for each job title and, additionally, what each person has been deemed competent to do.

Healthcare facilities must define the specific roles and responsibilities of all job titles in the position, or job, description for each job title. Additionally, all supervisors must delegate only those things that a person is deemed competent in. It is, therefore, important that the nurse practice act, the position description and documented competency be used as the basis of all assignments.

Competency checklists are “living documents” that must be referred to as assignments are made. They do not serve this purpose when they are locked away in the file cabinet of the nurse manager when a weekend or off shift supervisor has to make decisions about care. They must be accessible to those who assign care. Care can be delegated only when a person is competent to perform the role.

Below is sample competency checklist relating to the role of the LPN in terms of supervision.

Competency Checklist: LPN Supervision

The licensed practical (vocational) nurse has consistently, accurately and appropriately:

1. _____ delegated tasks and patient care activities to licensed practical or vocational nurses, nursing assistants, and other unlicensed healthcare

providers, as based on the patient's or resident's current condition, the healthcare provider's scope of practice, the facility's policies and procedures and the documented competency of the healthcare provider

2. _____ developed assignments that are fair, equitable and sound
 3. _____ directed, led, supervised and managed the members of the patient care team
 4. _____ empowered the members of the patient care team
 5. _____ employed effective motivational and negotiation skills
 6. _____ utilized communication, team building, problem solving and conflict resolution techniques
 7. _____ served as a change agent
 8. _____ measured and accepted responsibility for the optimal performance of the group
 9. _____ evaluated the performance of those supervised
 10. _____ employed time management skills
-

The Supervision of Unlicensed Assistive Personnel

Read the following article on the *Supervision of Unlicensed Assistive Personnel*. At the conclusion of this article, you will be able to:

1. Apply the elements of the Nurse Practice Act to the role of the licensed professional nurse, the licensed practical (vocational) nurse, the nurse practitioner and unlicensed assistive personnel.
2. List what the nurse can and cannot legal delegate to others.
3. Describe five tasks that can be appropriately delegated to unlicensed assistive personnel.

The Supervision of Unlicensed Assistive Personnel

Introduction

All 50 states in the U.S. have a nurse practice act. Although minor details of the acts may differ slightly among states, the intent and

content of all the Nurse Practice Acts are highly similar and worth analyzing in order to understand fully what nurses can and cannot do according to the laws and statutes governing their practice. The Nurse Practice Acts and each state Nursing Board govern the practice of registered professional nurses and licensed practical or vocational nurses, even when the nurse is involved in an advanced practice such as midwifery or practicing as a clinical nurse specialist or as a nurse practitioner.

Definitions Contained in the Nurse Practice Acts

After a thorough review of the definitions contained in the Nurse Practice Acts of a number of states, I have selected the definitions contained in the New York State Nurse Practice Act to serve as a typical source of information for the 49 other states in the U.S. If the learner would like to see the specifics of their own state, they can contact their state Board of Nursing.

According to Sections 6901 and 6902 of the State of New York's Nurse Practice Act, the following definitions relating nursing practice are offered:

Diagnosing. "Diagnosing" is defined within the context of nursing practice as the "identification of and discrimination between physical and psychosocial signs and symptoms essential to effective execution and management of the nursing regimen. Such diagnostic privilege is distinct from a medical diagnosis." (1)

Treating. "Treating" is defined as the "selection and performance of those therapeutic measures essential to the effective execution and management of the nursing regimen, and execution of any prescribed medical regimen." (1)

Human responses. "Human Responses" are defined as "those signs, symptoms and processes which denote the individual's interaction with an actual or potential health problem." (1)

Practice of the profession of nursing. The "practice of the profession of nursing" states,

a registered professional nurse is defined as diagnosing and treating human responses to actual or potential health problems through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and well-being, and executing medical regimens prescribed by a licensed physician, dentist or other licensed health care provider legally authorized under this title and in accordance with the commissioner's regulations. A nursing regimen shall be consistent with and shall not vary any existing medical regimen. (2)

Licensed practical nurse. The "practice of nursing as a licensed practical nurse" is defined as

performing tasks and responsibilities within the framework of casefinding, health teaching, health counseling, and provision of supportive and restorative care under the direction of a registered professional nurse or licensed physician, dentist or other licensed health care provider legally authorized under this title and in accordance with the commissioner's regulations. (2)

Nurse practitioner. The "practice of registered professional nursing by a nurse practitioner" is defined as,

practice that "may include the diagnosis of illness and physical conditions and the performance of therapeutic and corrective measures within a specialty area of practice, in collaboration with a licensed physician qualified to collaborate in the specialty involved, provided such services are performed in accordance with a written practice agreement and written practice protocols. The written

practice agreement shall include explicit provisions for the resolution of any disagreement between the collaborating physician and the nurse practitioner regarding a matter of diagnosis or treatment that is within the scope of practice of both. To the extent the practice agreement does not so provide, then the collaborating physician's diagnosis or treatment shall prevail. (2)

Prescribing drugs, immunizing agents and devices by a nurse practitioner is limited to prescribing "in accordance with the practice agreement and practice protocols. The nurse practitioner shall obtain a certificate from the department upon successfully completing a program including an appropriate pharmacology component, or its equivalent, as established by the commissioner's regulations, prior to prescribing under this subdivision. The certificate issued under section six thousand nine hundred ten (6910) of this article shall state whether the nurse practitioner has successfully completed such a program or equivalent and is authorized to prescribe under this subdivision. (2)

The practice protocols for the nurse practitioner must "reflect current accepted medical and nursing practice." These protocols also have to be filed with the state and updated on a periodic basis. Additional elements regarding the nurse practitioner state that a physician cannot have practice agreements and protocols with more than 4 nurse practitioners located at the same office.(2)

Article 6902 also states that a "registered professional nurse should be present on the premises or immediately available by telephone when professional services are rendered by a licensed practical nurse. The degree of supervision should be appropriate to the circumstances."

Implications of the Nurse Practice Act

Although the definitions and provisions of Nurse Practice Acts across the country are broad and non-specific in respect to the scope of

practice issues and tasks within and outside of nursing practice, they do offer guidance and direction about nursing practice. As you have probably noticed, certified nursing assistants and other assistive personnel, including non-licensed assistive personnel and "nurse extenders" are not included in the provisions of the Nurse Practice Acts across the country. There are guidelines, however, within the Practice Acts and also guidance from the states about the role of nurses regarding the supervision of nursing assistants and other unlicensed assistive personnel.

Supervision and Delegation

Article 6902 of the Nurse Practice Act of New York State, specifically states that a "registered professional nurse should be present on the premises or immediately available by telephone when professional services are rendered by licensed practical nurses. The degree of supervision should be appropriate to the circumstances." (2)

The implications of supervision and delegation are loaded with challenges and legal concerns, particularly with the emergence of new classifications of assistive personnel, credentialed within a particular health care facility, but not licensed and held to a universal standard by the state. Nurses not only work alongside unlicensed nursing assistants, but they are also asked to supervise other unlicensed assistive personnel with a wide variety of titles and roles. Some of the job titles seen today include: Patient Care Aide, Personal Care Assistant, Telemetry Aide, Care Technician, etc.

Some of these job titles include traditional functions usually assigned to others. These can include such functions as venipuncture, EKGs, patient transportation, rehabilitation or restorative care and/or monitoring of telemetry. All of these titles and roles require supervision and delegation by the nurse. As a result, it is the nurse who is accountable for all aspects of care delegated to other members of the health care team, including not only unlicensed assistive personnel, but also all others. This responsibility can lead to significantly disastrous results if supervision and delegation are not done according to provisions of the law.

Unlicensed personnel have appeared on the scene because the cost of health care has skyrocketed to such a degree that is no longer cost-effective to employ an all licensed or registered nursing staff. In order to deliver care to the public, healthcare companies have created new categories of unlicensed workers that make health care financially possible. These new workers cannot work independently - the positions were created to assist, NOT replace the nurse. Unlicensed

personnel do not perform nursing functions; they perform nursing related functions, as delegated, under the direct supervision of the nurse.

According to the nursing practice act in New York State, a nurse is guilty of unprofessional conduct if the nurse delegates inappropriate responsibilities to another person "when the licensee delegating such responsibilities knows or has reason to know that such person is not qualified, by training, by experience or by licensure, to perform them." (3) The licensed nurse must use judicious decision making when delegating tasks to others. The nurse is ultimately responsible for all delegated tasks and functions. (3)

In a Position Paper written by the New York State Nurses Association, the nurse "bears responsibility for nursing practice based on specialized knowledge, judgment and skill derived from principles of basic and applied sciences; remains accountable when delegating nursing activities and uses nursing judgment to decide what task can be delegated and to whom it is delegated; is accountable for the unlicensed person's performance of nursing related activities and the consequences of the delegated action; has the responsibility to verify the preparation and ability of unlicensed personnel; distinguishes between the nurse's responsibilities and those of unlicensed personnel; and is responsible for developing, implementing and evaluating the plan of nursing care." (3) These statements are highly similar to, if not identical to, those position statements of other states in reference to unlicensed personnel.

Delegation of Tasks to Unlicensed Assistive Personnel

Nurses and unlicensed personnel cannot and should not perform the same tasks and roles. It is the responsibility of the nurse to assess the patient and to identify those tasks which can be appropriately delegated to nursing aides, nursing assistants and other unlicensed personnel. Among the tasks that these personnel can perform are (3):

Assisting the nurse with the collection of data relating to the measurement and reporting of:

- Temperature, pulse, respiration, blood pressure
- Height, weight, intake and output
- Urine testing for sugar and acetone

The objective observation and reporting of:

- Changes in patient's condition
- Conditions within the patient's environment, particularly those which make the environment unsafe and/or uncomfortable
- Interactions of the patient with the family, significant others, other members of the health care team and other contacts
- Reactions of the patient to care

Certain treatments within the plan of care, as delegated, such as:

- Activities of daily living
- The provision of comfort measures
- Transfers from the bed to chair, wheelchair or car with and without mechanical lifting devices
- Ambulation without and with planned for assistive devices
- Provision of passive range of motion exercises
- The assistance with self-administration of medication by self directed patients within the home
- Skin care for intact skin
- Environmental safety
- Assistance with feeding patients
- Making beds
- Toileting patients
- Cleaning the environment
- Laundering, shopping and meal preparation

Legally Supervising and Delegating to Unlicensed Assistive Personnel

Unlicensed assistive personnel can increase legal risks for nurses. Nurses can be charged with malpractice and negligence on their own license for failing to delegate tasks, assign, supervise and train unlicensed assistive personnel. With the knowledge and skill necessary

to work with these job titles, a nurse or other health care provider such as a physical or occupational therapist, can safely provide care without legal risk. Here are some basic rules to protect you.

1. Assign and delegate only those tasks that are permissible according to state and federal regulations and your facility's policies regarding what things unlicensed assistive personnel can and cannot do.
2. Closely supervise and follow up on delegated tasks because the person delegating is still ultimately responsible and accountable. It is the license of the delegating person that is on the line if something is done incorrectly or a patient is harmed.
3. Assign the right person to the right job. Assess patients to ensure that you are delegating the appropriate tasks based on the patient's condition. Base the assignment on the patient's condition and the competency or skill of the unlicensed staff member.
4. Monitor the patient for responses to care and document the care given in a timely, complete and appropriate manner.
5. Regularly follow up and monitor the performance of all those you supervise. If someone is not performing according to established standards, have them stop rendering care and notify the supervisor immediately. (4)

Conclusion

In order for nurses to provide safe, competent and legally acceptable care, without the risks of negligence and/or malpractice, they must be knowledgeable about Nurse Practice Acts, supervision and delegation. The presence of unlicensed assistive nursing personnel is not going to go away. Nurses and other health care providers must be able to appropriately delegate, supervise, follow up and train unlicensed assistive personnel appropriately.

Copyright © Alene Burke 2002.

REFERENCES

1. New York State Board of Professional Licensure. New York State Nurse Practice Act: Section 6901.1999. [cited 2000 May 6], Available from: URL:
<http://www.ncsbn.org/search/documents/actsandregs/ny/ny6901.html>
2. New York State Board of Professional Licensure. New York State Nurse Practice Act: Section 6902.1999. [cited 2000 May 6], Available from: URL:
<http://www.ncsbn.org/search/documents/actsandregs/ny/ny6902.html>
3. New York State Nurses Association Board of Directors. Position Paper. 1986. [cited 2000 May 6], Available from: URL:
<http://www.nysna.org/pgs/nps/position/position26.htm>
4. Springnet Professional Services: Legal Connection. "Unlicensed Assistive Personnel". 1995. [cited 2000 May 6], Available from: URL:
<http://www.springnet.com/legal/uap.htm>

Florida Laws Regarding LPN Supervision

The Educational Preparation of LPN Supervisors

Chapter 464 of the Florida Statutes defines what educational content is required in order for licensed practical nurses to supervise others.

It is required that the following education be provided to LPNs:

- ❖ supervisory role transition,
- ❖ strategies for directing the practice of others,
- ❖ principles of delegation,
- ❖ effective communication,
- ❖ team building and conflict resolution,
- ❖ work performance accountability,
- ❖ employee evaluation,
- ❖ interpersonal relationship skills,
- ❖ assignment development, and
- ❖ recognition and resolution of inappropriate delegation.

It is also required that the LPN be supervised and coached by a registered nurse for a minimum of 16 hours as they practice and refine their supervisory role.

Minimum Staffing Requirements

Chapter 400 of the Florida Law states that:

“The agency shall adopt rules providing for the minimum staffing requirements for nursing homes. These requirements shall include, for each nursing home facility, a minimum certified nursing assistant staffing of 2.3 hours of direct care per resident per day beginning January 1, 2002, increasing to 2.6 hours of direct care per resident per day beginning January 1, 2003, and increasing to 2.9 hours of direct care per resident per day beginning January 1, 2004. Beginning January 1, 2002, no facility shall staff below one certified nursing assistant per 20 residents, and a minimum licensed nursing staffing of 1.0 hour of direct resident care per resident per day but never below one licensed nurse per 40 residents.”

“Each nursing home must document compliance with staffing standards as required under this paragraph and post daily the names of staff on duty for the benefit of facility residents and the public. The agency shall recognize the use of licensed nurses for compliance with minimum staffing requirements for certified nursing assistants, provided that the facility otherwise meets the minimum staffing requirements for licensed nurses and that the licensed nurses so recognized are performing the duties of a certified nursing assistant. Unless otherwise approved by the agency, licensed nurses counted towards the minimum staffing requirements for certified nursing assistants must exclusively perform the duties of a certified nursing assistant for the entire shift and shall not also be counted towards the minimum staffing requirements for licensed nurses. If the agency approved a facility's request to use a licensed nurse to perform both licensed nursing and certified nursing assistant duties, the facility must allocate the amount of staff time specifically spent on certified nursing assistant duties for the purpose of documenting compliance with minimum staffing requirements for certified and licensed nursing staff. In no event may the hours of a licensed nurse with dual job responsibilities be counted twice.”

“The agency shall adopt rules to allow properly trained staff of a nursing facility, in addition to certified nursing assistants and licensed nurses, to assist residents with eating. The rules shall specify the minimum training requirements and shall specify the physiological conditions or disorders of residents which would necessitate that the eating assistance be provided by nursing personnel of the facility. Nonnursing staff providing eating assistance to residents under the provisions of this subsection shall not count towards compliance with minimum staffing standards.”

“Licensed practical nurses licensed under chapter 464 who are providing nursing services in nursing home facilities under this part may supervise the activities of other licensed practical nurses, certified nursing assistants, and other unlicensed personnel providing services in such facilities in accordance with rules adopted by the Board of Nursing.”

Florida Laws Regarding Domestic Violence

Read the below portions of Chapter 456 of the Florida Statutes relating to the education and training on domestic violence needed by all nurses. If you live in another state, you should check with your State Board of Nursing to get their law(s) relating to their domestic violence education and reporting, if indeed they have such a requirement.

“The appropriate board shall require each person licensed or certified under chapter 458, chapter 459, part I of chapter 464, chapter 466, chapter 467, chapter 490, or chapter 491 to complete a 1-hour continuing education course, approved by the board, on domestic violence, as defined in s. 741.28, as part of biennial relicensure or recertification. The course shall consist of information on the number of patients in that professional's practice who are likely to be victims of domestic violence and the number who are likely to be perpetrators of domestic violence, screening procedures for determining whether a patient has any history of being either a victim or a perpetrator of domestic violence, and instruction on how to provide such patients with information on, or how to refer such patients to, resources in the local community, such as domestic violence centers and other advocacy groups, that provide legal aid, shelter, victim counseling, batterer counseling, or child protection services.”

“Each such licensee or certificateholder shall submit confirmation of having completed such course, on a form provided by the board, when submitting fees for each biennial renewal.”

“Failure to comply with the requirements of this subsection shall constitute grounds for disciplinary action under each respective practice act and under s. 456.072(1)(k). In addition to discipline by the board, the licensee shall be required to complete such course.”

“In lieu of completing a course as required in subsection (1), a licensee or certificateholder may complete a course in end-of-life care and palliative health care, if the licensee or certificateholder has completed an approved domestic violence course in the immediately preceding biennium.”

Florida Laws Regarding HIV and AIDS

Read the below portions of Chapter 456 of the Florida Statutes relating HIV/AIDS education. If you live in another state, you should check with your State Board of Nursing to get their law(s) relating to their AIDS/HIV education requirement, if indeed they have one.

“The appropriate board shall require each person licensed or certified under chapter 457; chapter 458; chapter 459; chapter 460; chapter 461; chapter 463; part I of chapter 464; chapter 465; chapter 466; part II, part III, part V, or part X of chapter 468; or chapter 486 to complete a continuing educational course, approved by the board, on human immunodeficiency virus and acquired immune deficiency syndrome as part of biennial relicensure or recertification.”

“The course shall consist of education on the modes of transmission, infection control procedures, clinical management, and prevention of human immunodeficiency virus and acquired immune deficiency syndrome. Such course shall include information on current Florida law on acquired immune deficiency syndrome and its impact on testing, confidentiality of test results, treatment of patients, and any protocols and procedures applicable to human immunodeficiency virus counseling and testing, reporting, the offering of HIV testing to pregnant women, and partner notification issues...”

“Each such licensee or certificateholder shall submit confirmation of having completed said course, on a form as provided by the board, when submitting fees for each biennial renewal.”

“Failure to comply with the above requirements shall constitute grounds for disciplinary action under each respective licensing chapter and s. 456.072(1)(e). In addition to discipline by the board, the licensee shall be required to complete the course.”

“ In lieu of completing a course as required in subsection (1), the licensee may complete a course in end-of-life care and palliative health care, so long as the licensee completed an approved AIDS/HIV course in the immediately preceding biennium.”

Residents’ and Patients’ Rights

Read the Florida Nursing Home Resident’s Rights below. If you are interested in your own state’s Residents’ Rights, call your state for a copy of your state’s resident bill of rights.

Florida Residents Bill of Rights

400.022 Residents' rights.--

(1) "All licensees of nursing home facilities shall adopt and make public a statement of the rights and responsibilities of the residents of such facilities and shall treat such residents in accordance with the provisions of that statement. The statement shall assure each resident the following:

(a) The right to civil and religious liberties, including knowledge of available choices and the right to independent personal decision, which will not be infringed upon, and the right to encouragement and assistance from the staff of the facility in the fullest possible exercise of these rights.

(b) The right to private and uncensored communication, including, but not limited to, receiving and sending unopened correspondence, access to a telephone, visiting with any person of the resident's choice during visiting hours, and overnight visitation outside the facility with family and friends in accordance with facility policies, physician orders, and Title XVIII (Medicare) and Title XIX (Medicaid) of the Social Security Act regulations, without the resident's losing his or her bed. Facility visiting hours shall be flexible, taking into consideration special circumstances such as, but not limited to, out-of-town visitors and working relatives or friends. Unless otherwise indicated in the resident care plan, the licensee shall, with the consent of the resident and in accordance with policies approved by the agency, permit recognized volunteer groups, representatives of community-based legal, social, mental health, and leisure programs, and members of the clergy access to the facility during visiting hours for the purpose of visiting with and providing services to any resident.

(c) Any entity or individual that provides health, social, legal, or other services to a resident has the right to have reasonable access to the resident. The resident has the right to deny or withdraw consent to access at any time by any entity or individual. Notwithstanding the visiting policy of the facility, the following individuals must be permitted immediate access to the resident:

1. Any representative of the federal or state government, including, but not limited to, representatives of the Department of Children and Family Services, the Department of Health, the Agency for Health Care Administration, the Office of the Attorney General, and the Department of Elderly Affairs; any law enforcement officer; members of the state or local ombudsman council; and the resident's individual physician.

2. Subject to the resident's right to deny or withdraw consent, immediate family or other relatives of the resident.

The facility must allow representatives of the State Long-Term Care Ombudsman Council to examine a resident's clinical records with the permission of the resident or the resident's legal representative and consistent with state law.

(d) The right to present grievances on behalf of himself or herself or others to the staff or administrator of the facility, to governmental officials, or to any other person; to recommend changes in policies and services to facility personnel; and to join with other residents or individuals within or outside the facility to work for improvements in resident care, free from restraint, interference, coercion, discrimination, or reprisal. This right includes access to ombudsmen and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. The right also includes the right to prompt efforts by the facility to resolve resident grievances, including grievances with respect to the behavior of other residents.

(e) The right to organize and participate in resident groups in the facility and the right to have the resident's family meet in the facility with the families of other residents.

(f) The right to participate in social, religious, and community activities that do not interfere with the rights of other residents.

(g) The right to examine, upon reasonable request, the results of the most recent inspection of the facility conducted by a federal or state agency and any plan of correction in effect with respect to the facility.

(h) The right to manage his or her own financial affairs or to delegate such responsibility to the licensee, but only to the extent of the funds held in trust by the licensee for the resident. A quarterly accounting of any transactions made on behalf of the resident shall be furnished to the resident or the person responsible for the resident. The facility may not require a resident to deposit personal funds with the facility. However, upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility as follows:

1. The facility must establish and maintain a system that ensures a full, complete, and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.

2. The accounting system established and maintained by the facility must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.

3. A quarterly accounting of any transaction made on behalf of the resident shall be furnished to the resident or the person responsible for the resident.

4. Upon the death of a resident with personal funds deposited with the facility, the facility must convey within 30 days the resident's funds, including interest, and a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate, or, if a personal representative has not been appointed within 30 days, to the resident's spouse or adult next of kin named in the beneficiary designation form provided for in s. 400.162(6).

5. The facility may not impose a charge against the personal funds of a resident for any item or service for which payment is made under Title XVIII or Title XIX of the Social Security Act.

(i) The right to be fully informed, in writing and orally, prior to or at the time of admission and during his or her stay, of services available in the facility and of related charges for such services, including any charges for services not covered under Title XVIII or Title XIX of the Social Security Act or not covered by the basic per diem rates and of bed reservation and refund policies of the facility.

(j) The right to be adequately informed of his or her medical condition and proposed treatment, unless the resident is determined to be unable to provide informed consent under Florida law, or the right to be fully informed in advance of any nonemergency changes in care or treatment that may affect the resident's well-being; and, except with respect to a resident adjudged incompetent, the right to participate in the planning of all medical treatment, including the right to refuse medication and treatment, unless otherwise indicated by the resident's physician; and to know the consequences of such actions.

(k) The right to refuse medication or treatment and to be informed of the consequences of such decisions, unless determined unable to provide informed consent under state law. When the resident refuses medication or treatment, the nursing home facility must notify the resident or the resident's legal representative of the consequences of such decision and must document the resident's decision in his or her medical record. The nursing home facility must continue to provide other services the resident agrees to in accordance with the resident's care plan.

(l) The right to receive adequate and appropriate health care and protective and support services, including social services; mental health services, if available; planned recreational activities; and therapeutic and rehabilitative services consistent with the resident care plan, with established and recognized practice standards within the community, and with rules as adopted by the agency.

(m) The right to have privacy in treatment and in caring for personal needs; to close room doors and to have facility personnel knock before entering the room, except in the case of an emergency or unless medically contraindicated; and to security in storing and using personal possessions. Privacy of the resident's body shall be maintained during, but not limited to, toileting, bathing, and other activities of personal hygiene, except as needed for resident safety or assistance. Residents' personal and medical records shall be confidential and exempt from the provisions of s. 119.07(1).

(n) The right to be treated courteously, fairly, and with the fullest measure of dignity and to receive a written statement and an oral explanation of the services provided by the licensee, including those required to be offered on an as-needed basis.

(o) The right to be free from mental and physical abuse, corporal punishment, extended involuntary seclusion, and from physical and chemical restraints, except those restraints authorized in writing by a physician for a specified and limited period of time or as are necessitated by an emergency. In case of an emergency, restraint may be applied only by a qualified licensed nurse who shall set forth in writing the circumstances requiring the use of restraint, and, in the case of use of a chemical restraint, a physician shall be consulted immediately thereafter. Restraints may not be used in lieu of staff supervision or merely for staff convenience, for punishment, or for reasons other than resident protection or safety.

(p) The right to be transferred or discharged only for medical reasons or for the welfare of other residents, and the right to be given reasonable advance notice of no less than 30 days of any involuntary transfer or discharge, except in the case of an emergency as determined by a licensed professional on the staff of the nursing home, or in the case of conflicting rules and regulations which govern Title XVIII or Title XIX of the Social Security Act. For nonpayment of a bill for care received, the resident shall be given 30 days' advance notice. A licensee certified to provide services under Title XIX of the Social Security Act may not transfer or discharge a resident solely because the source of payment for care changes. Admission to a

nursing home facility operated by a licensee certified to provide services under Title XIX of the Social Security Act may not be conditioned upon a waiver of such right, and any document or provision in a document which purports to waive or preclude such right is void and unenforceable. Any licensee certified to provide services under Title XIX of the Social Security Act that obtains or attempts to obtain such a waiver from a resident or potential resident shall be construed to have violated the resident's rights as established herein and is subject to disciplinary action as provided in subsection (3). The resident and the family or representative of the resident shall be consulted in choosing another facility.

(q) The right to freedom of choice in selecting a personal physician; to obtain pharmaceutical supplies and services from a pharmacy of the resident's choice, at the resident's own expense or through Title XIX of the Social Security Act; and to obtain information about, and to participate in, community-based activities programs, unless medically contraindicated as documented by a physician in the resident's medical record. If a resident chooses to use a community pharmacy and the facility in which the resident resides uses a unit-dose system, the pharmacy selected by the resident shall be one that provides a compatible unit-dose system, provides service delivery, and stocks the drugs normally used by long-term care residents. If a resident chooses to use a community pharmacy and the facility in which the resident resides does not use a unit-dose system, the pharmacy selected by the resident shall be one that provides service delivery and stocks the drugs normally used by long-term care residents.

(r) The right to retain and use personal clothing and possessions as space permits, unless to do so would infringe upon the rights of other residents or unless medically contraindicated as documented in the resident's medical record by a physician. If clothing is provided to the resident by the licensee, it shall be of reasonable fit.

(s) The right to have copies of the rules and regulations of the facility and an explanation of the responsibility of the resident to obey all reasonable rules and regulations of the facility and to respect the personal rights and private property of the other residents.

(t) The right to receive notice before the room of the resident in the facility is changed.

(u) The right to be informed of the bed reservation policy for a hospitalization. The nursing home shall inform a private-pay resident and his or her responsible party that his or her bed will be reserved for any single hospitalization for a period up to 30 days provided the

nursing home receives reimbursement. Any resident who is a recipient of assistance under Title XIX of the Social Security Act, or the resident's designee or legal representative, shall be informed by the licensee that his or her bed will be reserved for any single hospitalization for the length of time for which Title XIX reimbursement is available, up to 15 days; but that the bed will not be reserved if it is medically determined by the agency that the resident will not need it or will not be able to return to the nursing home, or if the agency determines that the nursing home's occupancy rate ensures the availability of a bed for the resident. Notice shall be provided within 24 hours of the hospitalization.

(v) For residents of Medicaid or Medicare certified facilities, the right to challenge a decision by the facility to discharge or transfer the resident, as required under Title 42 C.F.R. part 483.13.

(2) The licensee for each nursing home shall orally inform the resident of the resident's rights and provide a copy of the statement required by subsection (1) to each resident or the resident's legal representative at or before the resident's admission to a facility. The licensee shall provide a copy of the resident's rights to each staff member of the facility. Each such licensee shall prepare a written plan and provide appropriate staff training to implement the provisions of this section. The written statement of rights must include a statement that a resident may file a complaint with the agency or local ombudsman council. The statement must be in boldfaced type and shall include the name, address, and telephone numbers of the local ombudsman council and central abuse hotline where complaints may be lodged.

(3) Any violation of the resident's rights set forth in this section shall constitute grounds for action by the agency under the provisions of s. 400.102. In order to determine whether the licensee is adequately protecting residents' rights, the annual inspection of the facility shall include private informal conversations with a sample of residents to discuss residents' experiences within the facility with respect to rights specified in this section and general compliance with standards, and consultation with the ombudsman council in the local planning and service area of the Department of Elderly Affairs in which the nursing home is located.

(4) Any person who submits or reports a complaint concerning a suspected violation of the resident's rights or concerning services or conditions in a facility or who testifies in any administrative or judicial proceeding arising from such complaint shall have immunity from any

criminal or civil liability therefore, unless that person has acted in bad faith, with malicious purpose, or if the court finds that there was a complete absence of a justifiable issue of either law or fact raised by the losing party."

Florida Residents Bill of Rights

FLORIDA STATE'S PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES (381.026)

"(1) SHORT TITLE.--This section may be cited as the "Florida Patient's Bill of Rights and Responsibilities."

(2) DEFINITIONS.--As used in this section and s. 381.0261, the term:

(a) "Department" means the Department of Health.

(b) "Health care facility" means a facility licensed under chapter 395.

(c) "Health care provider" means a physician licensed under chapter 458, an osteopathic physician licensed under chapter 459, or a podiatric physician licensed under chapter 461.

(d) "Responsible provider" means a health care provider who is primarily responsible for patient care in a health care facility or provider's office.

(3) PURPOSE.--It is the purpose of this section to promote the interests and well-being of the patients of health care providers and health care facilities and to promote better communication between the patient and the health care provider. It is the intent of the Legislature that health care providers understand their responsibility to give their patients a general understanding of the procedures to be performed on them and to provide information pertaining to their health care so that they may make decisions in an informed manner after considering the information relating to their condition, the available treatment alternatives, and substantial risks and hazards inherent in the treatments. It is the intent of the Legislature that patients have a general understanding of their responsibilities toward health care providers and health care facilities. It is the intent of the Legislature that the provision of such information to a patient eliminate potential misunderstandings between patients and health care providers. It is a public policy of the state that the interests of patients be recognized in a patient's bill of rights and responsibilities and that a health care facility or health care provider may not require a patient to waive his or her rights as a condition of treatment. This section shall not be used for any purpose in any civil or administrative action and

neither expands nor limits any rights or remedies provided under any other law.

(4) RIGHTS OF PATIENTS.--Each health care facility or provider shall observe the following standards:

(a) *Individual dignity.*--

1. The individual dignity of a patient must be respected at all times and upon all occasions.

2. Every patient who is provided health care services retains certain rights to privacy, which must be respected without regard to the patient's economic status or source of payment for his or her care. The patient's rights to privacy must be respected to the extent consistent with providing adequate medical care to the patient and with the efficient administration of the health care facility or provider's office. However, this subparagraph does not preclude necessary and discreet discussion of a patient's case or examination by appropriate medical personnel.

3. A patient has the right to a prompt and reasonable response to a question or request. A health care facility shall respond in a reasonable manner to the request of a patient's health care provider for medical services to the patient. The health care facility shall also respond in a reasonable manner to the patient's request for other services customarily rendered by the health care facility to the extent such services do not require the approval of the patient's health care provider or are not inconsistent with the patient's treatment.

4. A patient in a health care facility has the right to retain and use personal clothing or possessions as space permits, unless for him or her to do so would infringe upon the right of another patient or is medically or programmatically contraindicated for documented medical, safety, or programmatic reasons.

(b) *Information.*--

1. A patient has the right to know the name, function, and qualifications of each health care provider who is providing medical services to the patient. A patient may request such information from his or her responsible provider or the health care facility in which he or she is receiving medical services.

2. A patient in a health care facility has the right to know what patient support services are available in the facility.

3. A patient has the right to be given by his or her health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis, unless it is medically inadvisable or impossible to give this information to the patient, in which case the information must be given to the patient's guardian or a person designated as the patient's representative. A patient has the right to refuse this information.

4. A patient has the right to refuse any treatment based on information required by this paragraph, except as otherwise provided by law. The responsible provider shall document any such refusal.

5. A patient in a health care facility has the right to know what facility rules and regulations apply to patient conduct.

6. A patient has the right to express grievances to a health care provider, a health care facility, or the appropriate state licensing agency regarding alleged violations of patients' rights. A patient has the right to know the health care provider's or health care facility's procedures for expressing a grievance.

7. A patient in a health care facility who does not speak English has the right to be provided an interpreter when receiving medical services if the facility has a person readily available who can interpret on behalf of the patient.

(c) Financial information and disclosure.--

1. A patient has the right to be given, upon request, by the responsible provider, his or her designee, or a representative of the health care facility full information and necessary counseling on the availability of known financial resources for the patient's health care.

2. A health care provider or a health care facility shall, upon request, disclose to each patient who is eligible for Medicare, in advance of treatment, whether the health care provider or the health care facility in which the patient is receiving medical services accepts assignment under Medicare reimbursement as payment in full for medical services and treatment rendered in the health care provider's office or health care facility.

3. A health care provider or a health care facility shall, upon request, furnish a patient, prior to provision of medical services, a reasonable estimate of charges for such services. Such reasonable estimate shall not preclude the health care provider or health care facility from

exceeding the estimate or making additional charges based on changes in the patient's condition or treatment needs.

4. A patient has the right to receive a copy of an itemized bill upon request. A patient has a right to be given an explanation of charges upon request.

(d) *Access to health care.*--

1. A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment.

2. A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide such treatment.

3. A patient has the right to access any mode of treatment that is, in his or her own judgment and the judgment of his or her health care practitioner, in the best interests of the patient, including complementary or alternative health care treatments, in accordance with the provisions of s. 456.41.

(e) *Experimental research.*--In addition to the provisions of s. 766.103, a patient has the right to know if medical treatment is for purposes of experimental research and to consent prior to participation in such experimental research. For any patient, regardless of ability to pay or source of payment for his or her care, participation must be a voluntary matter; and a patient has the right to refuse to participate. The patient's consent or refusal must be documented in the patient's care record.

(f) *Patient's knowledge of rights and responsibilities.*--In receiving health care, patients have the right to know what their rights and responsibilities are.

(5) RESPONSIBILITIES OF PATIENTS.--Each patient of a health care provider or health care facility shall respect the health care provider's and health care facility's right to expect behavior on the part of patients which, considering the nature of their illness, is reasonable and responsible. Each patient shall observe the responsibilities described in the following summary.

(6) SUMMARY OF RIGHTS AND RESPONSIBILITIES.--Any health care provider who treats a patient in an office or any health care facility licensed under chapter 395 that provides emergency services and care or outpatient services and care to a patient, or admits and treats a patient, shall adopt and make available to the patient, in writing, a

statement of the rights and responsibilities of patients, including the following:

SUMMARY OF THE FLORIDA PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

Florida law requires that your health care provider or health care facility recognize your rights while you are receiving medical care and that you respect the health care provider's or health care facility's right to expect certain behavior on the part of patients. You may request a copy of the full text of this law from your health care provider or health care facility. A summary of your rights and responsibilities follows:

A patient has the right to be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy.

A patient has the right to a prompt and reasonable response to questions and requests.

A patient has the right to know who is providing medical services and who is responsible for his or her care.

A patient has the right to know what patient support services are available, including whether an interpreter is available if he or she does not speak English.

A patient has the right to know what rules and regulations apply to his or her conduct.

A patient has the right to be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.

A patient has the right to refuse any treatment, except as otherwise provided by law.

A patient has the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.

A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.

A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.

A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.

A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment.

A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide treatment.

A patient has the right to know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.

A patient has the right to express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served him or her and to the appropriate state licensing agency.

A patient is responsible for providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.

A patient is responsible for reporting unexpected changes in his or her condition to the health care provider.

A patient is responsible for reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.

A patient is responsible for following the treatment plan recommended by the health care provider.

A patient is responsible for keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.

A patient is responsible for his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.

A patient is responsible for assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.

A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.”

The Spanish version of the Florida State Patient’s Bill of Rights and Responsibilities (381.026) can and should be accessed at

<http://www.doh.state.fl.us/mqa/Profiling/billofrights.htm>

Quick Reference to Nursing Leadership

After you have read and studied the material above, read and study the following chapters in the “*Quick Reference to Nursing Leadership*” textbook.

The Role of the Leader and Role Transition

Read Chapters 1, 2 and 3 in the “***Quick Reference to Nursing Leadership***” textbook.

Empowerment and Decision Making

Read Chapter 4 in the “***Quick Reference to Nursing Leadership***” textbook.

Teambuilding

Read Chapter 5 in the “***Quick Reference to Nursing Leadership***” textbook.

Interpersonal Skills, Communication and Change

Read Chapter 6 in the “***Quick Reference to Nursing Leadership***” textbook.

Group Process and Conflict Resolution

Read Chapter 7 in the “***Quick Reference to Nursing Leadership***” textbook.

Motivation, Mentoring and Networking

Read Chapter 8 Pages 107 to 115 in the "***Quick Reference to Nursing Leadership***" textbook.

Fostering a Caring Workplace

Read Chapter 9 in the "***Quick Reference to Nursing Leadership***" textbook.

Time Management

Read Chapter 10 in the "***Quick Reference to Nursing Leadership***" textbook.

Accountability, Competency and Measuring Performance

Read Chapter 11 in the "***Quick Reference to Nursing Leadership***" textbook.

Copyright © Alene Burke 2002.

References

Costello-Nickitas, Donna. (1997) Quick Reference to Nursing Leadership. Delmar Publishers: Albany et al.