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New Jersey Nurse Delegation Pilot Evaluation Report

Jennifer Farnham, M.S.

Heather M. Young, Ph.D., R.N., F.A.A.N.

Susan Reinhard, Ph.D., R.N., F.A.A.N.

Nirvana Petlick, B.A.

Thomas F. Reinhard, M.B.A.

Vanessa Santillan, B.S.

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Author Affiliations

Rutgers Center for State Health Policy

Jennifer Farnham, M.S.
Nirvana Petlick, B.A.

AARP

Susan Reinhard, Ph.D., R.N., F.A.A.N.

Betty Irene Moore School of Nursing, UC Davis Health System

Heather M. Young, Ph.D., R.N., F.A.A.N.
Vanessa Santillan, B.S.

The Juncture Group, LLC

Thomas F. Reinhard, M.B.A.

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The authors are solely responsible for all information, analyses, and conclusions presented in this report.

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Executive Summary

- We found no evidence of adverse outcomes to consumer health during the pilot.
- All groups participating (nurses, aides, consumers and administrators/policymakers) expressed satisfaction with delegation as proposed and implemented.
- Consumers and aides tended to express higher levels of satisfaction with delegation than nurses and administrators/policymakers.
- The New Jersey Nurse Delegation Pilot Program has had significant positive effects for consumers enrolled in terms of health and quality of life improvements.
- In many cases delegated tasks were not being done at all, or not consistently, prior to the implementation of this program.
- In some cases it was reported that aides were already doing tasks prior to the implementation of delegation. This is consistent with earlier research which found that nurse delegation brought nursing supervision to "underground" practices.
- Because of the voluntary nature of the program, those who do not wish to participate do not have to—we found no evidence of coercion.
- Many nurses who wished to incorporate delegation into their practice have been able to do so and have gained satisfaction as a result of the program.
- Nurses who did not delegate thought that a lack of a backup plan for potential enrollees was the largest barrier to enrolling clients in the program (24 percent of these nurses named this as the largest barrier, as opposed to four percent of delegating nurses). We suspect that agencies differed with respect to backup requirements, as several cases among our interviews concerned consumers who did not have other supports.
- Nurses generally perceived an increase to their workload as a result of implementing delegation due to additional paperwork and supervision.
- Some aides desired higher compensation in exchange for taking on more responsibilities.
- Findings support modifying the nurse practice act to allow medication administration by aides under nurse delegation.

[1] See inside cover page for institutional affiliations of authors.

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Background

Rutgers Center for State Health Policy (CSHP), together with Susan Reinhard of AARP and Heather Young of the University of California-Davis, proposed to evaluate "No Place Like Home," the pilot program of nurse delegation run by the New Jersey's Department of Human Services, Division of Disability Services. Heather Young conducted an evaluation of a similar program in Washington State (Young, Sikma et al. 1998). Susan Reinhard and Heather Young have written extensively on nurse delegation topics. CSHP worked with the Department of Human Services to design the pilot and evaluation (Reinhard, Tiedemann, Farnham & Bemis 2006).

The pilot program involves nurse delegation of health maintenance tasks (including medication administration) to agency-employed, certified home health aides providing supportive care to older adults and persons with disabilities who are managing chronic conditions in their homes. The evaluation will inform potential regulatory changes and the education of nurses, aides and the agencies that employ them. The evaluation will help determine the feasibility of implementing nurse delegation in home and community-based services on a wider scale in the pilot state (New Jersey) and elucidate issues that require further attention from policy makers, providers, and consumers.

The results of this evaluation will be useful beyond New Jersey. Many states in the US face a shortage of nurses and a growing population of consumers with chronic care needs, most of whom prefer home and community settings to institutional settings. Leaders in long term care policy and practice are actively grappling with the issue of how nurses can better collaborate with consumers and frontline workers to offer affordable, high quality home-based options.

[2] See inside cover page for institutional affiliations of authors.

Many older adults and younger individuals with disabilities require assistance with routine health maintenance tasks, such as managing catheters, wound care, and medications. Advances in medical technologies enable these individuals to manage their conditions through home and community-based services. This consumer population will grow in coming decades and, combined with the shortage of nurses, will cause unprecedented demand for long-term care services in the home. Consumers consistently voice a preference for services in their environment of choice, usually their own homes (Eckert et al. 2004). If such assistance cannot be found, these consumers may enter an institution against their wishes, a costly consequence for both consumers and public policymakers.

Historical Context

Nurses have historically worked with others (consumers, informal caregivers, and paid attendants) to develop plans of care that meet individualized unique needs. Nurses support consumers' informed decision-making and personal responsibility as they balance their desire for both independence and personal safety (Reinhard & Young, 2006a). Family members are generally exempt from nurse licensing requirements, and often support consumers' health maintenance needs by performing nursing tasks. Nurses are generally used to working with family members providing health support needs, but may be less certain how to deal with other unlicensed people providing care. If a family caregiver becomes overburdened, the consumer is at risk of institutionalization because care from a nurse may be unavailable or unaffordable. A well-designed policy on delegation can allow consumers to receive affordable care with nursing oversight.

Delegation refers to a process for a registered nurse (RN) to "direct another individual to do something that that person would not normally be allowed to do" (ANA & NCBSN, 2006). State nurse practice acts determine the scope, settings, and other legal details for nurses delegating tasks to "unlicensed assistive personnel" (UAP), an umbrella term that refers to attendants, nurses' aides, or home health aides, among many different job titles. Delegation is a "professional right and responsibility" that requires "skill that must be taught and practiced for nurses to be proficient in using it"; nurses need both the authority and practice experience to implement delegation (ANA & NCBSN, 2006).

Advocates and researchers have noted that because consumers want to stay in the community and nurse delegation is not widely practiced, unlicensed personnel may be performing health care tasks without oversight from nurses (Reinhard, Young, Kane & Quinn, 2006; Wagner, Nadash & Sabatino, 1997). Many consumers are able to direct their own care,

as evidenced by the evaluation of the Cash and Counseling demonstration. However, other consumers choose not to direct their workers and turn instead to home care agencies that hire and supervise aides to provide care. If these aides cannot legally provide health-related tasks through the supervision of a nurse, they may either do so "off the record" or leave the consumer without that help. Consumers with unmet needs in the community may be forced to enter more costly institutions for relatively simple treatments that could have been delegated by nurses to these aides in home care settings.

Some resistance to delegation comes from nursing organizations who state fears of eroding the nursing profession by losing authority over management of health care while retaining responsibility for outcomes (Sikma & Young 2001). Given this concern about delegation in many different health care settings (e.g., acute care, long-term care and schools) two major organizations have examined the issues deliberately in recent years. The American Nurses Association (ANA) took a formal position on the use of UAP in 1992 with a statement that UAP are a part of the health care system, and that RNs will determine what activities are appropriate to delegate (ANA, 1997). The National Council of State Boards of Nursing (NCSBN), which represents state licensing agencies charged with assuring the public that the nurse will meet standards that protect the public from harm, has issued guidance regarding nurse delegation to UAP (see Anthony, Standing & Hertz, 2000; NCSBN, 1995, 1997, 1998, 2005a, 2005b; Standing, Anthony & Hertz, 2001). In 2006, the NCSBN joined with ANA to issue a joint declaration on delegation (ANA & NCSBN, 2006). This broad guidance opens the door to more thoughtful policymaking across the states.

This latest delegation guidance comes at an opportune time for states to amend their policies to help consumers who seek to live in their homes and communities, despite significant frailties and disabilities. These consumers often need assistance with health-related tasks. Nurse delegation of these kinds of tasks to UAPs could make it possible for these consumers to remain in their homes, but states' regulatory frameworks for this practice vary considerably. Some states, such as Oregon and Washington, have developed laws and regulations through their Boards of Nursing and state human services agencies to guide delegation and nurse education of lay caregivers and aides in home and community settings (Reinhard & Young, 2006b; Reinhard & Quinn, 2004). Other states have also promulgated regulations, but even when state laws permit nurse delegation, actual practice lags behind due to lack of knowledge among nurses and agencies (Kane, O'Connor, & Olsen, 1995; Reinhard, 2001).

Indeed, in Washington State, one of the most important implications of implementing nurse delegation was that it brought widespread unlicensed practice under nursing supervision (Young, Sikma et al. 1998). Nurse delegation offers an opportunity to provide this guidance to

ensure a high quality of care. However, nurses and UAP need education on how to implement delegation (Reinhard & Farnham 2006).

States are discussing ways to support flexible, safe delegation (or exemption) of health-related tasks to UAPs in community settings, but there is a dearth of evidence to guide regulatory decision-making. The most in-depth statewide research to date on the use of nurse delegation in community settings is an evaluation of the Washington state program conducted by the University of Washington (Sikma & Young, 2001). This study examined consumer outcomes (satisfaction, medication errors, incidence of harm, and access) as well as staff outcomes (satisfaction, readiness to implement, and perceptions regarding liability and coercion). The research found no evidence of coercion of aides to perform delegation, no adverse effects on consumers, improvement in quality of care, enhanced consumer choice, and better preparation of nursing aides. All parties had concerns prior to implementation that were predominately addressed during the education process, but also contributed to program modification (for example, addressing documentation logistics).

The dearth of research in this important area of long-term care practice and policy is compelling. Federal and state policymakers who are attempting to support the aims of the Americans with Disability Act and the Olmstead Decision are searching for realistic ways to alter policies at the ground level to offer reasonable alternatives to institutional care.

The New Jersey Context

Over the past several years, New Jersey's Board of Nursing (NJBON) has had an ongoing dialogue with the New Jersey Division of Disability Services of the New Jersey Department of Human Services (NJDHS) and the Division of Aging and Community Services of the New Jersey Department of Health and Senior Services (NJDHSS) regarding ways to promote consumer choice in home and community-based settings while assuring adequate quality of care. One goal of these discussions has been to envision how nurses could legally delegate care tasks, including health maintenance activities, to unlicensed assistive personnel for people who want to remain in the community. New Jersey has a long history of innovative reimbursement and regulatory programs to enhance community based care, starting with the Community Choice Counseling program initiated more than a decade ago to help people return to the community from nursing homes (Howell-White, 2003). New Jersey was one of the original Cash and Counseling pilot states, which successfully explored consumer direction of health maintenance tasks in community settings. Most recently, the state passed the Independence, Dignity and Choice in Long-Term Care Act, which seeks to "ensure that, in the case of Medicaid-funded

long-term care services, "the money follows the person" to allow maximum flexibility between nursing homes and home and community-based settings" (New Jersey Legislature 2006). The state was approved for the Money Follows the Person Demonstration Project, which the Centers for Medicare & Medicaid Services (CMS) began implementing in January 2007 (CMS, 2007).

The three aforementioned state regulatory bodies (NJBON, NJDHS and NJDHSS) have identified two major barriers to supporting safe, flexible care of persons with chronic care needs in their homes and communities.

- First, the current nurse practice act precludes the delegation of medication administration to certified home health aides (but is silent on delegation to other UAP) in home settings. Under NJDHSS regulations, the NJBON does permit nurses to delegate the administration of medications to certified medication aides in assisted living. The NJBON also issued an opinion that allows consumers to self-direct attendants to perform health-related tasks, including the administration of medications. However, the NJBON believes that changing regulations to permit more flexible, one-to-one delegation of medications in individuals' own homes requires more inquiry, and they intend to use their statutory authority to study a potential change in regulation through this proposal.
- Second, delegation of all other health maintenance tasks is legally permitted in New Jersey. Regulations leave delegation decisions up to the judgment of the registered professional nurse, with guidance to use the delegation algorithm. However, some nurses and their employing agencies are unwilling to delegate tasks to an aide or attendant because they are unfamiliar with the Nursing Practice Act's delegation scope and are fearful of liability outcomes. They are often unaware of the current legal discretion that RNs have to delegate health-related tasks according to the New Jersey Nurse Practice Act (NPA) and implementing regulations.

Preliminary discussions with home health agency staff and nurses prior to pilot implementation indicated that nurse delegation was rarely being used, if at all, for home-based nursing care beyond support for activities of daily living. This resulted in part from a lack of understanding of current state regulations: nurses feel that they are taking unwarranted risks in delegating care tasks to UAP; home heath agencies fear liability implications if consumers suffer negative outcomes from UAP care; and a lack of communication between participants (insurers, home health agencies, nurses, consumers) has resulted in misunderstandings about the practice of nurse delegation (Rutgers CSHP, 2005). Comments made to us during the evaluation suggest that another reason is the force of organizational culture in many agencies—aides are trained by a single trainer and are seen as having a specific scope of practice that

cannot be expanded; nurses often do not see themselves as interacting with the aides but rather assessing and reassessing clients, creating a care plan that includes items off the list of aide scope of practice and checking that the aide is carrying out the plan. For nurses with this mindset or in agencies with this kind of culture, the idea of personally training the aide for a task outside the standard scope of practice and monitoring that seems like a crushing responsibility and an explosive hazard in the nurse's workload. For nurses who already had a more collaborative relationship with aides, the program seemed more sensible.

To inform its regulatory decision-making and program development, the NJBON supported this pilot project of nurse delegation of health maintenance tasks, including medication administration, to certified home health aides employed by home care agencies selected for this pilot. Current New Jersey rules and practice provide that certified homemaker-home health aides in New Jersey must undergo training, a competency exam, and a criminal background check. They must be employed by a home care services agency and operate under the supervision of a registered nurse.

Design and Methods

We evaluated the New Jersey Nurse Delegation Pilot using a pre- and post-implementation design. As the primary research question, we evaluated the pilot project. The specific aims of the evaluation are:

1) Evaluate readiness (e.g., satisfaction with, willingness, preparation) of multiple stakeholders for implementing a program for home health aides to perform delegated health maintenance tasks prior to implementation and after.
2) Evaluate the feasibility of implementing a nurse delegation program in home health (cost of the education sessions, time, willingness, logistics).
3) Identify perceived concerns and benefits about the program from multiple perspectives prior to implementation and after.
4) Identify perceptions of effectiveness and outcomes of the nurse delegation pilot.
5) Identify regulatory and policy implications from the findings of this study.

We used multiple methods to evaluate the nurse delegation pilot, including surveys and in-depth semi-structured interviews. We also observed and participated in Advisory Council meetings, a form development committee, nurse roundtables, and a discussion of the pilot before the NJ Board of Nursing.

Sample

The target population included the consumers enrolled in the pilot, as well as their nurses, home health aides, agency administrators, and policy makers. All enrolled consumers were invited to participate in the baseline survey, as were the nurses and aides involved in their care at the beginning of the pilot and after a period of delegation (about one year). In addition, administrators from the home health agencies (e.g., directors, owners) and policy makers (e.g., BON members, state agency administrators from NJBON, NJDHS, NJDHSS, surveyors) involved in the implementation were invited. Efforts to contact nonrespondents continued until the conclusion of the evaluation. See Appendix 1, which contains the survey questions along with results for each surveyed group.

For nurses, initial surveys were distributed to nurses by the program manager at the beginning of orientation and mailed in postage paid envelopes to Rutgers. Follow up surveys were mailed to the address provided with the initial survey, or were done over the phone if the respondent preferred. An online version of the survey was also developed for respondents preferring that method.

For aides, consumers and home care agency administrators, Rutgers personnel spoke with the home care agency contact to determine the number of surveys needed and sent survey packets with postage paid envelopes to the contact person for distribution. This method was not very successful in garnering responses from aides and consumers. For consumers, the state had a listing of enrollees that Rutgers personnel used to contact those who had not filled out a survey by phone or mail. A Spanish interpreter was hired to translate survey materials and conduct telephone outreach. An online survey option was available for consumers who preferred that method. For aides, the program manager assisted Rutgers in conducting outreach to the agencies to identify aide contact information. Aides were contacted by phone and given the option of a phone, mail or online survey. Most agency administrators had completed the nurse survey; the remainder completed the administrator survey.

Rutgers personnel identified other administrators and policymakers through outreach to the Board of Nursing (all Board members as well as staff involved with the program were surveyed), the Pilot Advisory Council (all members except for the researchers were surveyed), and discussion with the program manager about potential stakeholders, including state staff who were oriented to the program so that they could refer potential consumers or authorize hours of care.

Following the baseline survey, we selected a subset of consumers, nurses, aides, and family caregivers for in-depth semi-structured interviews. We also interviewed the program manager. These interviews augmented the survey findings and provided a more detailed description of nurse delegation and its implementation. See Appendix 3 for a copy of our interview guides.

Measures

1. Demographic information

Demographic information was collected for all survey participants, including age, gender, education, race/ethnicity and income. For staff, additional questions included educational preparation in the field, employment tenure, previous experience, and current role. For consumers, additional questions included a screen for activities of daily living and information about their current living situation.

2. The Readiness to Implement Nurse Delegation Scale

This scale will be used to examine Specific aims #1 - 4. This is a well-established instrument, modified from previous work evaluating Nurse Delegation (Young, Sikma, et al., 1998). The Readiness to Implement Nurse Delegation Scale was developed to measure perceptions of readiness (including satisfaction with the proposed program, willingness to implement, perceived preparation and capability of the unlicensed staff to perform delegated tasks. This scale is answered using a Likert scale ranging from 1 (very positive) to 5 (very negative) with anchors worded to relate to the question (very willing, very prepared, etc.). Versions were developed to assess perspectives from multiple parties (RN, aide, consumer, and administrator).

3. Open ended survey items

In addition to the scale items, the survey included several open-ended questions to assess respondents' perceived concerns and benefits about delegation as well as their thoughts on the effects of the implementation of delegation and their reports of how tasks had been managed before.

Content analysis will be used to summarize the open-ended questions from the Survey (Krippendorff, 2004). Using this approach, responses are categorized and grouped into common

ideas, and the numbers of comments relating to each general idea are counted, providing both an overview of the themes and a numerical indication of frequency of issues. This approach is particularly useful in evaluating suggestions, concerns and benefits, because it provides a more quantitative weighting of the themes.

4. Semi-structured focused interviews

Semi-structured focused interviews were conducted with a sub-set of consumers and those involved in their care, as well as with the program manager, to provide a deeper description of the process of implementation, identify the detailed concerns and facilitating factors associated with the program, and to examine perspectives of outcomes. The participants were asked about their understanding of nurse delegation, their experience with it, their perceptions regarding quality of care and risk for consumers, and general satisfaction with nurse delegation. The interviewer used structured interview guides to ensure that the same set of questions was asked for each category of participant. The unit of analysis is the delegated task. By interviewing all involved in nurse delegation around a selected task, this approach allows multiple perspectives on the same task to be explored.

To select cases for delegation, we divided the consumer database into regions (North, Central, South and the rural Northwest) and selected a diverse set of cases from both for-profit and nonprofit agencies within those regions. Interviews were conducted in person or over the phone and were recorded and transcribed verbatim for analysis. Field notes were recorded after each interview to capture contextual factors (such as environmental attributes, the participant's willingness to talk, and disruptions).

The focused interviews were analyzed using Grounded Theory methodology. This method, based in the social sciences, is used for studying complex, interrelated research problems and is particularly useful for examining situations where many perspectives exist and for exploring issues about which little is known (Glaser, 1978; Lincoln & Guba, 1985; Strauss, 1987; Strauss & Corbin, 1990). Grounded theory has been used for organizational and policy related research. Critical features of grounded theory are theoretical sampling and constant comparative analysis with the development of a coding scheme to account for the data.

Theoretical sampling drives sampling decisions so that the full complement of relevant data sources (e.g., incidents, activities, informants) are accounted for in the data collection process. In this study, the aim of theoretical sampling is to sample incidents or events of nurse delegation, so sampling will be driven by type of delegated task, agency, and functional/health

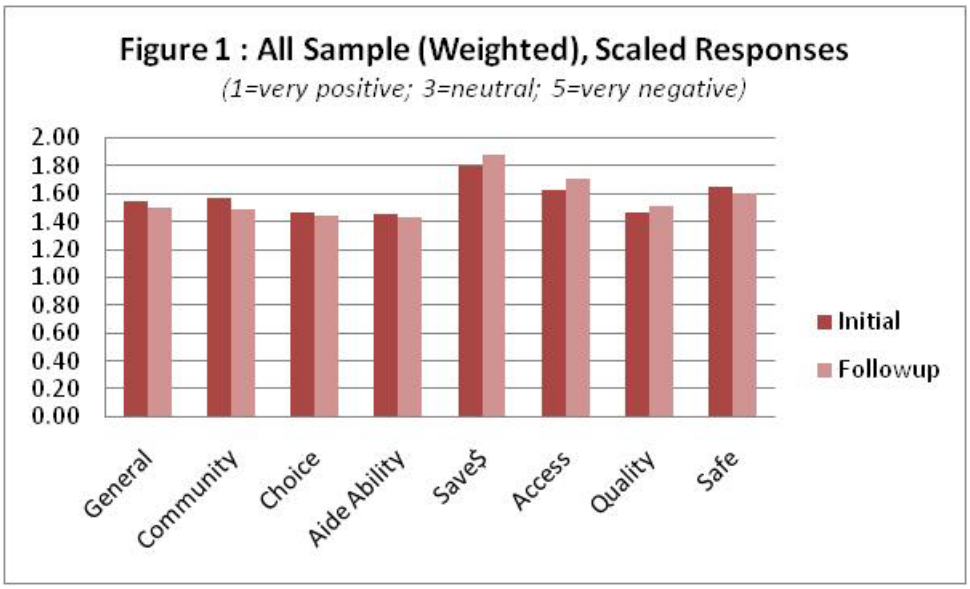
characteristics of the consumer. By selecting consumers based on these variables believed to have the greatest effect on the findings about Nurse Delegation, we will assure a range of responses reflective of diverse situations and considerations.

Constant comparative analysis incorporated multiple data sources (e.g., transcribed interviews and field notes) and systematic guidelines for coding the data at consecutively higher levels of abstraction, facilitating conceptual development. Data were transcribed and entered into a software program, NVivo (version 9.0), that facilitates processing and analyzing data in text form. Text was formatted, and then broken down into fragments representing a single idea. Over 400 codes were generated during analysis; major coding categories are summarized in Appendix 4. Ideas were categorized and organized to determine common themes and relationships among ideas. Contributing factors or results of a given idea category were identified. The results of the focused interviews were reported in the form of the major themes and relationships that were evident. Data analysis was conducted following established procedures for constant comparative analysis and Grounded Theory.

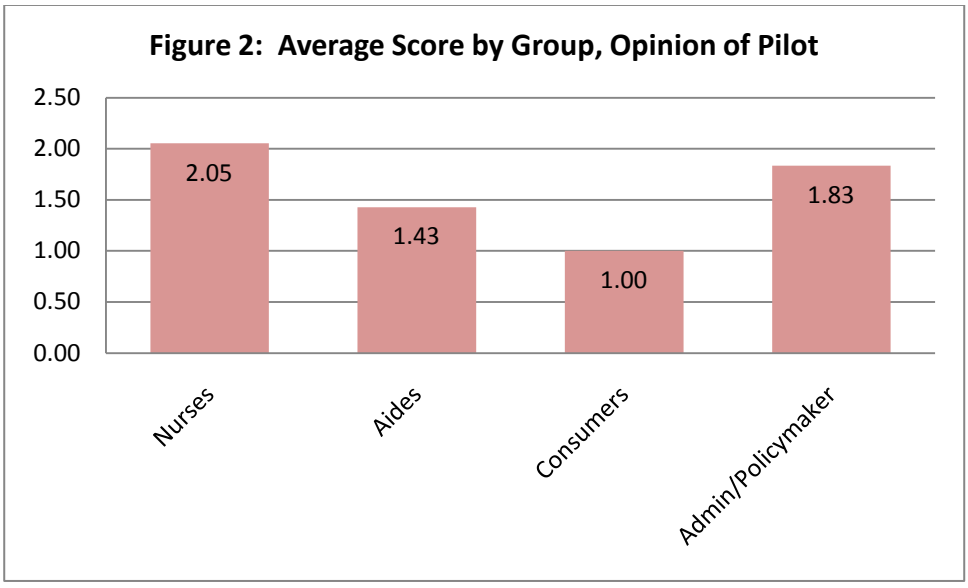
Results

Summary: Survey Results

We received surveys from 327 respondents—45 from consumers or their caregivers, 49 from aides, 54 from administrators/policymakers, and 179 from nurses. All groups were positive about delegation both in their initial survey and in the followup. Surveys and responses for each group can be found in Appendix 1. Table 2-1 in the Appendix shows the average scores for the scaled questions for each group and the total. Figure 1 below shows a graph of the average scores for the scaled questions in the original and the followup surveys. We weighted the responses so that aides and consumers counted as much as nurses—because we had a much better response from nurses due to the way surveys were distributed, they are overrepresented in our sample. Scores ranged from 1 to 5, with 1 being highest (1 was very positive, 2 was moderately positive, 3 was neutral, 4 was moderately negative and 5 was very negative). Scores averaged between one and two for all of the scaled questions in the initial and followup surveys, and there was not much change.



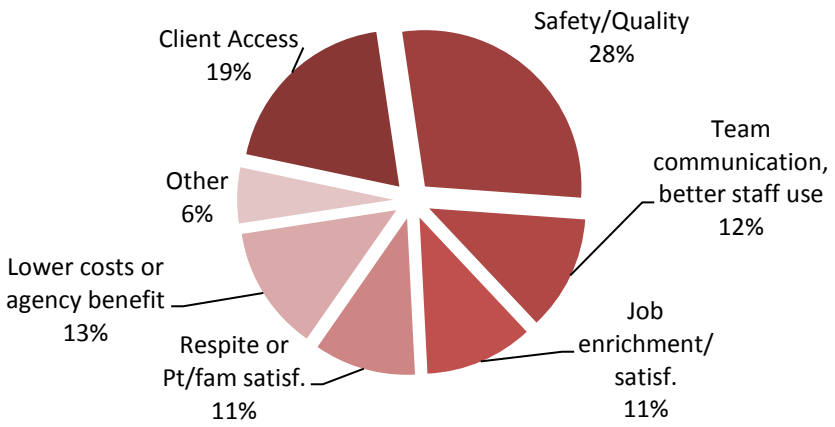
Though all were positive, there were some differences among groups. In general, consumers and aides were more positive about delegation than nurses and administrators/policymakers. Figure 2 below shows opinions of the pilot program from the followup survey by group. Consumers are uniformly very positive, aides are in the middle between very positive and moderately positive, and nurses and administrators/policymakers are closest to moderately positive.



All survey respondents were asked open-ended questions about their concerns and benefits regarding delegation. Tables 2-2, 2-3, 2-4 and 2-5 in the appendix detail these

responses. Most of the concerns in both the original and followup surveys pertained to safety or quality, with concerns about how the program worked in practice coming in a distant second. Mentions of safety and quality concerns dropped from 63 percent of concerns in the initial survey to 55 percent in the followup. This was the largest change we saw—changes in other categories did not exceed three percent in either direction. The kinds of benefits mentioned were similar in the original and followup surveys and are detailed in Figure 3 below. Nearly half the mentions were about potential safety/quality improvements or improved client access to services (particularly being served at home as opposed to an institutional setting). Almost 25 percent of responses concerned improved satisfaction for those involved in delegation or job enrichment for staff. Another 25 percent were about improved organizational operations (teamwork, communication, staff utilization) or lower costs or better revenues for agencies.

Figure 3: Benefits of Delegation
(All Groups, followup survey)



Nurses

Among the sample of nurses, about 70 percent of nurse respondents were white, 11 percent were African American, about eight percent were Asian, and 10 percent chose other race (most of these indicated Latino). About one quarter were Latino. Experience as a registered nurse varied from a few months to 52 years, with a median of 15 years. Over ninety percent of the respondents were female. Seventeen percent of the respondents completed some college, an associate degree or diploma, 38 percent completed a bachelor's degree and 10 percent completed a master's degree or higher. Fourteen percent were under 35, 29 percent were between 35 and 45, about one half were between 45 and 65, and 7 percent were over 65.

Pre and Post Orientation

We received 179 surveys from nurses who had attended orientation sessions. Nurses were positive about delegation both before and after orientation, although they felt more positive afterward—all scaled questions were much more positive after the orientation (the average increase ranged from 18 percent to 31 percent—see Figure 4 on page 14). The highest number of negative responses before and after orientation concerned the safety of delegation, with 13 percent believing delegation unsafe (two percent strongly) to begin with and five percent believing so afterward (all moderately). See detailed responses in Appendix 1. Safety/quality concerns were paramount in the open ended comments prior to orientation regarding concerns: 72 percent of comments indicated a safety concern. Liability was a distant second at 12 percent. After orientation, safety/quality was still primary, constituting 63 percent of the comments. Liability concerns dropped to eight percent, behind concerns about how the program would work in practice. Safety/quality also showed up as the main potential benefit mentioned, with about 30 percent of comments mentioning potential safety/quality improvements in terms of things like better care continuity and reduced acute care utilization both before and after training. The other most popular potential benefit was keeping clients home longer, which rose from 16 percent to 23 percent of comments before and after orientation. See details in Appendix 2, Tables 2-2, 2-3, 2-4 and 2-5.

Open ended comments indicated the variety of responses nurses had to the idea of delegation—below is a sampling:

Positive comments:

- *could be interesting experience RNs are so used to doing EVERYTHING that it might be a welcome addition to practice.*
- *Being able to delegate has opened me up to more time with other clients & care*
- *I always have had difficulty delegating tasks; maybe this is a good opportunity to start doing it.*
- *I feel that if we are able to delegate more it will save us more time for things that cannot be delegated ie. sterile wound care.*
- *prior to nurse delegation CHHA unable to administer medications [up arrow] danger to my clients and [up arrow] frequent hospitalizations*
- *will allow better care to client, possibly bring in more business, increase cost effectiveness.*

Mixed comment:

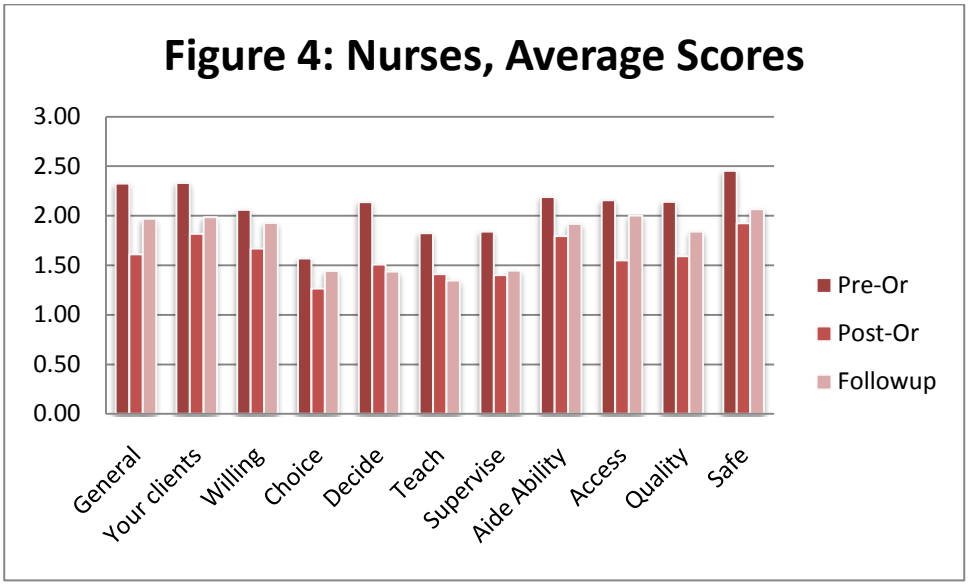
- *I am wary to delegate but with the right HHA and under certain circumstances I can see how it will benefit the patient.*

Negative comments:

- *Gives me more to have to be responsible for.*
- *Concept good on paper iffy in reality*

Followup

We received 95 followup surveys from nurses. On average, nurses in the followup survey felt somewhat less positive about delegation than immediately after their orientation, though more positively than before their orientation. Nurses felt positive about delegation on all indicators. On the indicators regarding their own preparation to delegate (deciding, teaching and supervising), there was little change from after orientation to the followup. See Figure 4 below.



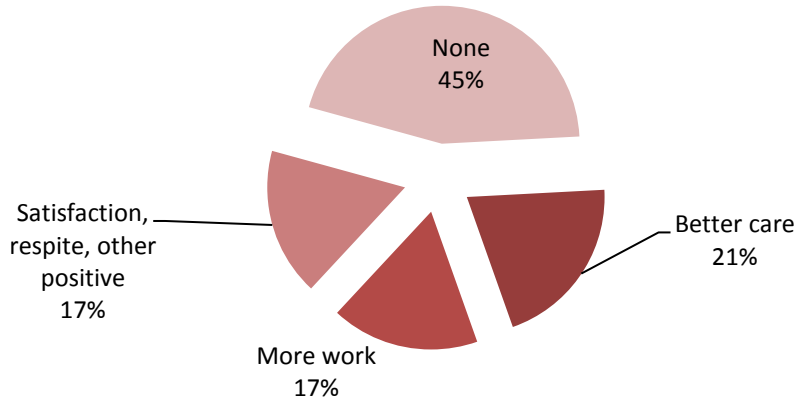
Fifty two nurses, or more than half, reported delegating tasks (five did not answer the question). There were no significant differences between delegating and nondelegating nurses in terms of reported caseloads, years of home care experience, education, or experience as a nursing assistant. Not surprisingly, those who delegated felt much more positive about delegation than those who did not. All the scaled questions were higher among nurses who had delegated—nearly 90% of nurses who delegated reported being either very (48 percent) or moderately (40 percent) satisfied with delegation. Among nurses who had not delegated, almost 20 percent felt very satisfied with delegation and about 40 percent felt moderately satisfied. When asked to name their concerns about delegation, 63 percent of nurses who had not delegated mentioned a safety or quality concern first, as opposed to 44 percent of nurses who had delegated. Liability concerns were roughly equal in the two groups. Nurses who had

not delegated were much more likely than those who had delegated to name as their first concern aide knowledge or competence (19 percent versus four percent), and to feel that finding an appropriate aide was the biggest barrier to enrolling clients (16 percent versus eight percent). Delegating nurses also faced this--three quarters of them reported that it was sometimes or frequently difficult to identify an aide to whom they felt comfortable delegating. Nurses who had not delegated thought that a lack of backup was the biggest barrier to enrolling clients—24 percent of them named this versus four percent of nurses who had delegated. One of these nurses noted the irony that the people who most needed the program were those who had no backup plan (i.e., no one else to help them) and thus were not appropriate candidates.

When asked to think about the number of aides to whom they were willing to delegate medications or other tasks, both delegating and nondelegating nurses generally identified some aides. Delegating nurses reported being willing to delegate medications and other tasks to about 40 percent of the aides with whom they worked, on average. Nurses who did not delegate reported being willing to delegate medications or other tasks to about 20 percent of the aides with whom they worked, on average.

A large number of delegating and nondelegating nurses reported that the pilot had no effect on their practice of nursing (66 percent of nurses who did not delegate versus 33 percent of those who did). Both groups saw positive effects in terms of better care (25 percent of delegating nurses versus 13 percent of those who did not), though only nurses who delegated mentioned other positive impacts like satisfaction among aides or clients/families (19 percent). Both groups also felt that delegation could create more work for nurses—18 percent of nurses who did not delegate and 17 percent of those who did mentioned this. Figure 5 below presents the breakdown of delegation's effects as reported by nurses in the followup survey.

Figure 5: Delegation Effects on Nurse Practice (all nurses, followup)



Below is a sampling of nurses comments on how delegation had affected their practice: positive, negative and mixed.

Positive Effects

- *I feel I can be the nurse I've always wanted to be; it enables me to provide help and relief to families in the community--strengthens my teaching skills; believing a CHHA can do the delegated task empowers them. Nice to see this change.*
- *It made my practice more rewarding, knowing that I can desseminate my knowledge to CHHA's and consequently improve quality of care at home*
- *I've actually had a situation because of delegation, the patient was able to remain at home and is now more active within the community, as a result.*
- *we have had very happy patients and it's truly significant.*
- *I only had one patient, whose Diabetic management improved with delegation*
- *Improved my assessment delegation skills, enforced my knowledge of medications. made me more well rounded as a licensed nurse*
- *Enjoyed working closely with CHHA's involved in the program, and working with another RN who is receptive to the concept. Also nice to see the positive response of the physicians and the BOSS case workers who are becoming aware of the benefit of the program and reaching out for their clients.*
- *It gave me the opportunity of getting to know more the HHA that work with me, it also allowed me to get my patients more involved in their care. I, also made me feel stronger about my professional performance.*
- *I believe that this program has given our CHHA a new sense of dignity in the stature of their work. Most of this people want to serve their clients as fully as they can, and have wondered why they could not even given the client the bottle of medicine. It gives them a greater sense of self-worth*
- *Has helped ease the burden of patient fearing nursing home placement as well the family's burden. Better quality of life for the patient. The ability to educate my staff as well as the patient and family.*
- *I have been getting more experience in delegating and better relations with the aides and with the patients.*
- *I have seen a chance in the patient well being once the patient's are more compliant to their medication. Such as by taking their blood pressure and diabetic medication, these patient blood pressure and blood sugar are controlled.*

Negative Effects

- *Frankly, it has just added to my already hectic schedule.*

- *Much more paperwork and more time teaching and reassuring CHHA, are qualified to do these tasks, other CHHA not chosen to participate feeling left out, and the ones that are participating want more $ to do job!*
- *I have only found one suitable patient--anymore then that I would be swamped. Our agency would need to hire a dedicated nurse for this--and that is not gonna happen.*
- *additional work*
- *Time consuming*
- *Hasn't had any cases, now not in field but teaches aides. Process is lengthy, comes up every time--nurses don't do it often enough to be proficient (hearing from others at agency). We asked to go out with delegating nurses to observe--resistance from managment because of pressures for productivity.*
- *Too much paperwork at times*
- *More supervisor time to the cases for training and supervision and more paperwork to audit. Revision in policies to cover these practices.*
- *It took up more time of the Nursing Supervisor*

Mixed Effects

- *It keeps me busy. It gives me more awareness of what the home health aides can do with the proper supervision.*
- *I was not able to incorporate this effectively into my practice due to being part time and the family expectation that they were getting an on call nurse to resolve all problems 24/7. While I believe very strongly in the concept that aides can be trained to perform, and be delegated specific tasks, the one on one approach has a potential to drain the individual practitioner very quickly. As this program moves forward, and I believe strongly that it should, I believe we need to develop teams that oversee these clients and aides to insure effective oversight of each client.*
- *I have one client in the nurse delegation pilot program. The initial training of the HHA's was challenging since the care is delivered 11p-7a. However the client's mother has been able to sleep which increases both client/caregiver's quality of life. The nurse delegation pilot program has increased my awareness of what HHA"s can do if taught/supervised properly, which has the potential for client's to receive services they would normally be denied.*
- *The paperwork is discouraging but Pts get the benefit*
- *Consumed more of my time. Don't know. Hard to find time. Another responsibility, hoping for benefit in the end. Made me consider role of home health aide--potential within (or doesn't. Identify and recognize potential*
- *Is positive to monitor clients and preventions of complications, some doctors are not familiar with the program, and very difficult to start program, pacients feels more safe .*

We reviewed closed and open-ended responses for any indication of concerns about coercion and did not find any evidence that nurses were pressured to delegate in a way they felt was unsafe. Of the few indications, it was often unclear whether the respondent was talking about a hypothetical concern or had experienced pressure personally.

While some nurses emphasized the risk of errors made by aides, others saw a potential benefit in reduced problems because clients or family members were noncompliant due to disability or time pressures. These benefits were real, as noted by two nurses commenting on how their clients' health problems were managed prior to the implementation of delegation:

- *They weren't [managed]. I had a wound care patient that was discharged from a local VNA because her wounds were chronic and didn't see an end in sight. With delegation, we have been able to heal a woman's wounds that she has had for years. With medication administration, because there was no one to oversee the task, patients would over medicate or under medicate themselves.*
- *[Managed by] caregivers, and one would be neglectful of the wound care resulting in repeated rehospitalizations.*

Two nurses commented on the effects of delegation from a business perspective:

- *Families are greatly appreciative, speak highly of our agency to family & friends which is best form of advertising (which is so expensive our small agency can't afford)*
- *this is a very good program for any business*

Consumers

We obtained 44 surveys from consumers or their caregivers. Thirty-seven responded to our initial survey and fourteen of these responded to our followup survey. Seven responded to a revised version of the survey containing both the original and the followup questions. We modified our original plan of having the agencies distribute surveys when it became clear that we were not getting many responses. Recruitment of consumers was hampered by an inability to reach them despite many attempts, lack of contact information, refusal to participate, language barriers, and a few other reasons detailed below in Table 1, which summarizes the outcome of the 227 cases in the DHS database as of March, 2011. A Spanish interpreter was hired to translate survey materials and conduct telephone outreach, but there were several other languages among potential respondents. An online survey option was available for consumers who preferred that method.

Table 1

Result	Number	Percent
Completed Survey	43[3]	18.9%
Declined or Did not respond	34	15.0%
Passed Away	15	6.6%
Language Barrier	30	13.2%
Bad contact information	47	20.7%
In database, no delegation	9	4.0%
Unable to reach	49	21.6%
Total	227	100.0%

The majority of consumers needed help with bathing and dressing, and slightly less than half with transferring and toileting. About one-third needed help with moving around. On average, our consumer respondents needed help with three activities of daily living and seven instrumental activities of daily living. Slightly more than half lived with family and about one-third lived alone. About half of the respondents were under 55 years old and about half were over 55. About three-quarters of the respondents were female and about a quarter were male. Forty-four percent were white, about 37 percent were African American, two percent were Asian, and 16 percent chose "other" race. Fourteen percent were Hispanic. Thirty percent of respondents completed some high school and 36 percent completed high school and 33 percent completed some college, an associate degree, bachelor's degree or diploma.

Responses to scaled survey questions were generally higher among consumers than for other surveyed groups in the initial and followup surveys. Consumers or their caregivers generally seemed to feel the same as or better about delegation in the followup survey.

In addition to the scaled questions regarding delegation, we asked consumers how the task had been managed before and what the effects were on their care. We also asked for their general concerns and benefits regarding delegation. Figure 6 below shows how consumers reported that the task was managed before the implementation of delegation. Thirty-six percent reported that either they or family members managed the task(s). Sixteen percent reported that either they or family members did the task(s), but added that they were not able to be compliant due to disability or scheduling issues. Eighteen percent reported that the task was not managed. Nine percent said that the aide was already doing the task(s), and nine percent said that a nurse had been doing the task(s). Finally, 12 percent left the question blank or gave an unclear response.

[3] There was one survey returned by mail from a caregiver where we were unable to determine the consumer's name, so this is why we have 44 surveys but only 43 show in this table.

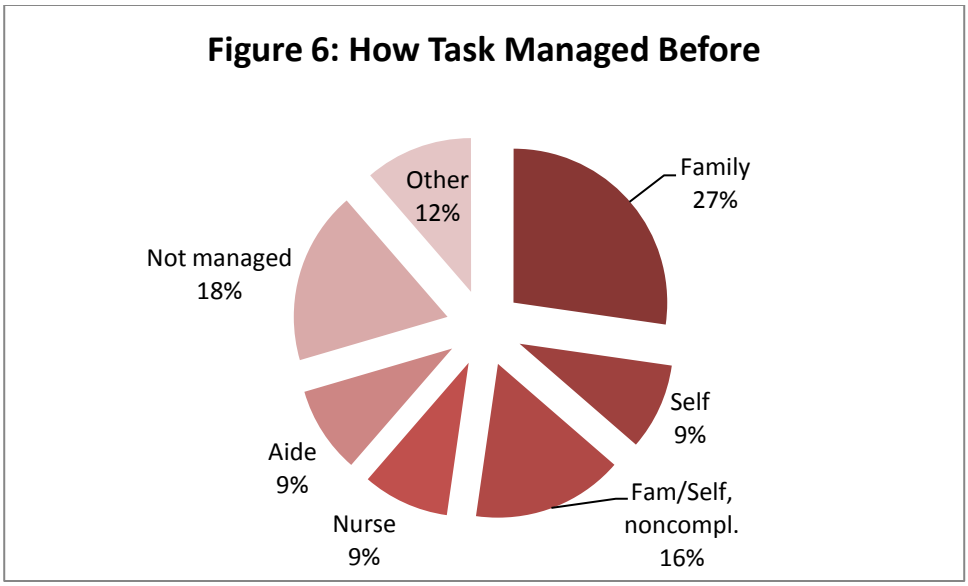
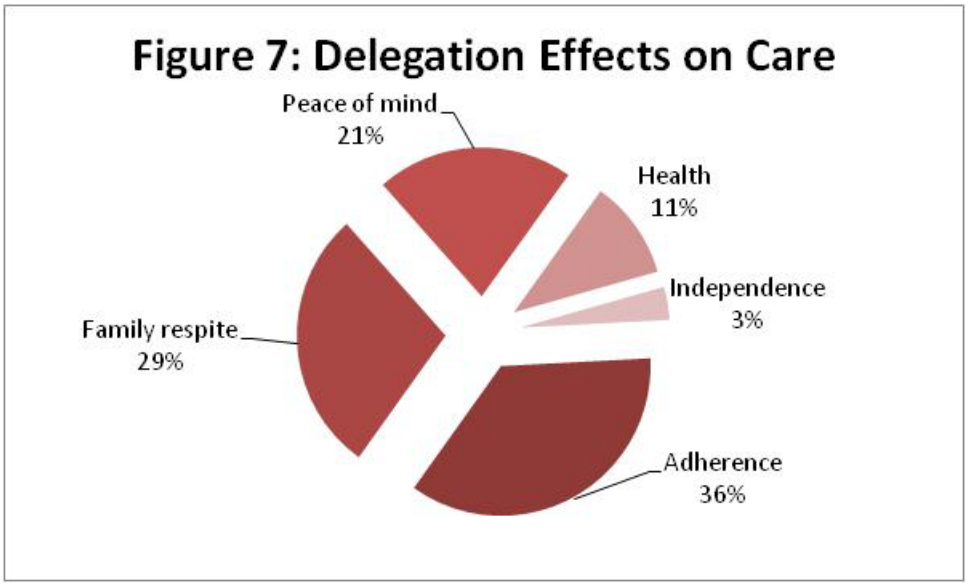


Figure 7 below shows the effects consumers reported delegation having on their care. Thirty-six percent of the comments concerned better adherence (medications consistently or on time, blood glucose monitoring, etc.), 29 percent were about family respite, 21 percent about general satisfaction/peace of mind, 11 percent about improved health and three percent about more independence.



A sampling of consumer/caregiver comments about the effects of delegation:

- *I am happier and experience pain reduction*

- *[Name's] blood sugar readings are much better. I cannot come home in the middle of the day to give a shot. As the brother, it is hard for me to assist with bathing as I'd like to give [name] privacy. [Aide] has been great - [name's] hygiene is greatly improved*
- *Remain independent*
- *Glad & pleased she can do my blood sugar because my hand tremors otherwise make it a problem for me*
- *I'm feeling better*
- *it cut down on number of people handling medication - less errors in medication*
- *It's been very helpful, my wound needed attention and they suggested that my aide do it. I needed wound care 7 days a week and now I have it and the wound is healing nicely. I needed to have it attended to daily. The nurse comes out once a week to check it. It's healing much faster.*
- *I am a full-time working parent, my husband is too and we work different shifts. I know my daughter is getting the medication at the same time each day consistently.*

Aides

We received forty-nine aide surveys in total. Twenty-one responded to our initial outreach through the agencies, and seven of these provided followup surveys. An additional 28 were gathered through our later outreach efforts to obtain aide phone numbers through the DHS program manager, nurses and agency contacts.

Half of the aide respondents were African American, 35 percent were white, four percent Asian and ten percent something else (or a combination). Twenty-two percent were Latino. Experience varied from a few months to 40 years, and the median was 9.5 years. Eighteen respondents were under 45 years of age, 17 were 45-55 and 14 were over 55. Over ninety percent of the respondents were female. Eight percent of respondents completed some high school, half completed high school, and nearly 40 percent completed at least some college.

On the scaled survey questions, aides were positive about delegation both in their initial and followup surveys, with a slight improvement in the follow-ups.

Like other respondents, aides were asked questions about their concerns and perceived benefits of delegation, and the effect it had on their job. While some aides saw the program as beneficial to themselves regardless of a pay increase in the short term, others felt that agencies and consumers were benefiting at their expense.

Delegation as Beneficial for Aides	*Delegation as Not Beneficial for Aides*
• *job training for aide and I don't have to pay any money to do it* • *it benefits me because doing the medication, I can go from there and be a certified medication aide. I get experience.* • *If you are planning to make a career in the nursing field, it gives you knowledge, something more than someone who has not had the opportunity to delegate those tasks.* • *Responsibility will eventually become more money.* • *There may be potential for select aides to earn more money for being diligent and responsible in tasks performed*	• *company is receiving benefit (savings) by me doing it, but I still get my same pay and hours* • *The only benefit is to the client. Clients really need someone to administer medication. Some clients cannot reach the area where medication is. No benefit to the aide at all.*

One vaguely worded comment seemed to combine both sentiments—we interpret this as saying that the aide believes s/he should be paid more, but recognizes delegation as an opportunity despite the lack of a pay increase: *"It's a good opportunity. I wish to get what we expect, but sometimes we don't get what we expect, For that reason, I accept it. I am improving myself and I am trying to learn more about nursing and training. I go through it, even though I know."*

In terms of other concerns and benefits, half of aide respondents said they did not have any concerns. When they did, many were hypothetical in terms of noting that not all aides were appropriate for the program or that they themselves might be uncomfortable with certain tasks (for example, one aide said *"there are things I would be hesitant in doing, depending on how much training. I heard them say changing catheters, I might want more training in that, I never had to change a catheter, doing pills, I think I would be good with that"*; another said *"Might be concerned to give all kinds of medication."*). Several aides wanted the program to be more widespread or wanted certainty that it would continue, saying when asked about their concerns:

- *Is that the pilot won't last and my client is back to being unsure of certain task getting done*
- *It needs to be advertised more so people will know about the program. It should have more services in the program.*
- *There isn't enough of it going on, only the VNA is doing it, not everybody is allowed to do it.*

There were some indications from aides that they were doing the task before it was delegated to them by a nurse in their answers to questions about how delegation had affected their work or how tasks were managed before. One aide said *"Before the program began, I didn't have to sign for it when I gave the client the meds, only difference."* Another noted *"The only change is that, I had to write the medication on record."*

In terms of the benefits, many noted improvements for consumers:

- *a lot of times it's necessary and we have all kind of clients who can't lift their arms. Works out for clients who really need it.*
- *Patient receives better care*
- *make sure the patients well-being with side effect of the medication*
- *I believe the delegation will make more patients independent.*
- *It helps the pt. to stay safe living in their home*
- *Patients will get services they need without having to wait for the nurse-since the HHA see them more often*
- *it's a very good program because some patients do not have family to help them and the nurse shows you everything that could happen. You know exactly what to do because they make sure they give you access to do it and you do it.*
- *it helps people because they don't have to wait for somebody. We always see them and can do it.*
- *Situations can be handled head on without having to wait for hours*

Administrators and Policymakers

We received 54 initial surveys from administrators and policymakers and 24 followup surveys. Of the initial surveys, nine were from home health agencies or associations, eight were Board of Nursing Members or staff, and 37 were other state staff. Of the follow-ups, five were from home health agencies or associations, six were Board of Nursing Members or staff, and 13 were other state staff. The biggest nonresponse was from staff involved in the assessment of nursing home clients. They were oriented to the program so that they would be a referral source but were not directly involved in delegation. Several did not provide contact for followup and of those that did, many were not reachable or did not recall the program. This is consistent with the program manager's finding that this method of outreach was not very successful.

Responses to the scaled questions were higher in the follow-ups than in the initial surveys, indicating that respondents felt better about delegation after the pilot had been in place for a year or more. Most indicators increased by about 20 percent. However,

respondents showed little change in their estimates of nurses' ability to delegate and aides' ability to perform tasks. Respondents in this group were particularly concerned about coercion—about 25 percent indicated initially that they did not believe nurses or aides would have a choice about participating in delegation. In the follow-up survey, however, only one respondent thought that aides did not have a choice in deciding whether to participate in delegation. This respondent's concern did not appear to be based on any knowledge of actual cases in the pilot but simply a concern about the idea of the pilot. Respondents in this group were also concerned about safety initially, with 13 percent thinking delegation unsafe on the quantitative question in the initial survey. By the followup survey, only one person moderately disagreed with the statement that delegation was a safe practice.

In addition to ranking items such as coercion and safety, respondents were also asked to give an open-ended response about concerns and potential benefits of the program. In these responses, safety and quality were the top concerns both in the initial and followup surveys. Fifty-nine percent of comments indicated a safety or quality concern in the initial survey while 48 percent of comments in the followup survey indicated safety or quality concerns. Mentions of coercion grew from about three percent of concerns mentioned to about nine percent in the followup survey (as noted above, however, this did not appear to be because respondents thought it was happening—just that it would be negative if it did happen). The most frequent benefit mentioned in this group was client access to services—this garnered about 35 percent of comments in both the initial and followup surveys. There was an increase from the initial survey to the followup survey in the proportion of comments mentioning safety or quality improvements as a potential benefit (from 14 percent to 22 percent of comments)—specifically, there were more mentions of potential improvements in care continuity for clients and potential reductions in underground care (where aides are providing the services without nursing oversight). About 15 percent of comments in both surveys mentioned lower costs (or more services for the same cost) as a potential benefit.

When asked about the most important barrier to enrolling clients, the most frequent response was that not enough people knew about the program. One state staff member commented that marketing the pilot was difficult when it is only in one program: *"Can't market pilot as real service--once nursing service, can market in waiver, Medicaid/Medicare--don't think DDS can do on own--collaborate with trade associations, home care companies, other state agencies, etc."* All but one respondent favored the continuation of the pilot (this person made no comments and generally seemed to feel positive about delegation, so this response was mysterious).

A state staff member in a position to speak with agencies and caregivers commented that she hears positive comments from agencies and caregivers about the program, and that it is a *"very very big relief for caregivers."* An agency administrator told us: *"The New Jersey Nurse Delegation Pilot Program has been a positive experience for both our clients and staff"* and that *"The pilot orientation program manager support, documentation and billing were essential tools needed in building the confidence of participating members. They have assisted in gaining the knowledge and familiarity to the program and its benefits."*

Summary: Interview Results

We conducted 22 semi-structured interviews with seven aides, nine nurses, two consumers, three family members/caregivers and the program manager. There were cases from seven agencies included in our interviews—two were nonprofit and five for-profit. We had at least one case from each region of the state—South, Central, North, and the rural northwest. Consumers in the cases discussed were mostly female, with an age range from the mid-twenties to nearly ninety. Most had multiple chronic health conditions including diabetes, chronic obstructive pulmonary disease, heart disease, seizure disorders, severe brain damage. Delegated tasks included medication administration through several routes (oral, suppository, topical, injectable and through a feeding tube) as well as glucometer readings, catheterization and wound care.

Results include four major areas of focus: preparation for the program, experience with the program, overall impressions, and implications for future program development and implementation.

Staff Preparation

The nurses, aides, and program manager who participated came to the program with backgrounds that contributed to their success. The program manager had more than thirty years of experience in home health care and in that time recruited, trained and supervised aides. Two of the nine nurses interviewed had previously worked as home health aides and one became a home health aide instructor. A third nurse had been providing home care for close to eighteen years and during the interview, shared her thoughts on nurse delegation by stating,

"I figure it's one of the greatest ideas they had since coffee."

Another nurse learned about delegation in the nursing licensure courses s/he recently completed. Among the aides, one had worked in home health, one as a certified nursing assistant in a nursing home and another as a certified medication aide. With their previous experience in the setting and their understanding of consumer needs, the program made sense to them as an approach to care delivery.

Nurses prepared for the program by completing the orientation on New Jersey delegation rules. The orientation included protocols, documentation and forms to help the nurse, agencies and research team. At this orientation, nurses were given instructional materials and reminded of the NJBON delegation algorithm to help them determine if a particular aide, client and family could participate in the program. Some nurses also received coaching from the program manager, who further explained the algorithm, the paperwork, and overall offered them guidance to facilitate the process of delegation. Nurses prepared aides for delegation by reiterating procedures they may have been familiar with and reviewing the medication instructions with them. The aides watched the nurse complete the delegated task and then carried out the task under their supervision (teach back procedure). Nurses evaluated the aides' work and initially some clients' family members also observed the aides work to ensure that the aide was competent.

Before nurses asked an aide or family member if they were interested in participating in the program, the nurse familiarized themselves with them. The nurses assessed the aides' ability to complete the needed task by assessing the aide's willingness to learn and take on additional responsibility. Nurses also spoke to family members about having an unlicensed individual perform the task, which prepared the family to have their aide do tasks they had not previously been allowed to do. Using the program model outlined by Rutgers as a base for this project, having the Board of Nursing provide permission to enable aides to perform delegated tasks, and being able to advertise this pilot program to nursing homes helped setup the program.

Experience with the Program

Tasks. Nurses had the latitude to decide what tasks they would choose to delegate to aides. In this sample, tasks completed by the aides were one or more than one of the following: medication administration, blood glucose testing, tube feedings, nebulizer treatments, insulin injection, wound care and straight catheterization. The majority were delegated the task of medication administration. Aides also helped their clients with tasks that did not require delegation, such as getting dressed, bathing, eating and completing household chores. The aides provided family support by supplementing the care provided by family members. Task delegation for one nurse in particular proved to be a rewarding experience for during their interview they said,

"I loved being able to stretch my brain and teach these aides how to do certain things and how to be careful."

In addition to the direct experience these nurses and aides had in this pilot, they suggested tasks that could have potentially been delegated such as: enemas, colostomies, and suppositories.

Consumers. The consumers cared for in this sample were between 40-69 years old, the majority were females, and dealing with multiple chronic illnesses. The prominent health conditions observed among consumers were chronic obstructive pulmonary disease, diabetes, seizures and wounds. One was previously a nursing home resident and three did not have an informal support system.

The ideal consumers for the program as suggested by participants would be individuals who need: diabetes care, wound care, tube feedings, and drainage bag changes. The participants particularly identified individuals with Alzheimer's Disease or a related dementia, multiple chronic illnesses, or those who are immobilized or disabled as potentially benefitting from this program. In addition to health conditions, participants identified situations amenable to benefit from nurse delegation, including individuals who have no support system, live alone, cannot afford private care or whose caregivers need respite. A range of home care recipients and eligible nursing home residents could potentially be enrolled in the program. A nurse suggested that it is helpful when the client has an emergency contact person nearby to share the responsibility of care with the aide involved in delegation.

Facilitating Factors

Several factors contributed to the successful implementation of nurse delegation. These included marketing the program, Board of Nursing waivers, protocols, communication, and adequate identification and training of aides.

Consumer enrollment was initially low because not as many individuals left the nursing facilities as initially anticipated. Scheduling a presentation of the pilot program for the care managers for the "global options program" that allowed people to leave nursing homes and return to home settings was challenging; however, once the program manager was able to directly speak with them, referrals from nursing facilities greatly increased.

The program depended on pilot-limited modifications in Board of Nursing policies that allowed aides to administer medications under nurse delegation (all other tasks were already permitted through nurse discretion).

Logistical support in the form of the BON delegation algorithm and pilot-specific forms enabled implementation. Of particular usefulness were the protocols to determine client eligibility, the forms provided on the compact discs that nurses received in the orientation, and the task record forms.

Fundamental to the function of the program was effective communication among family members, consumers, nurses, and aides. When issues were expressed and addressed, the program was able to proceed well. Examples include family members expressing their concerns in having an unlicensed aide caring for their loved one and aides voicing their concerns about having greater responsibilities. A consumer's family member during their interview expressed

how happy they were to have a home health aide and admitted that while they initially had reservations, they believed the aide was dependable and safe.

Task delegation worked well when nurses carefully selected the aides who would participate in the program. The nurses liked having aides who were confident in what they were doing, asked for feedback and maintained a positive attitude. Having competent aides, a readily available pool of nurses, nurses who were good teachers and nurses who offered solutions to situations was helpful to the program. One agency compensated the nurses and aides who participated, to recognize the additional responsibilities. The active identification of potential clients by a nursing supervisor made it easier to enroll consumers in the program.

Barriers/Concerns

Several issues were identified as concerns or barriers to implementation, including availability of qualified aides, willingness to support the program, time involved, communication, and funding.

The biggest concern that nurses and some aides described was not having enough aides who were qualified to complete the delegated tasks. Nurses were not comfortable delegating to all aides, so the availability of qualified aides was of concern. Nurses also spoke about the lack of continuity and the need to have aides who would commit to the added responsibility, as well as managing the perhaps overly strict requirement of "one nurse-one aide-one client" delegation for each client when emergency coverage is needed by an aide (and another nurse is available to provide oversight). Finally, nurses were more reluctant to delegate higher risk medications that they perceived as not being suited for an unlicensed aide to administer.

A few nurses still assumed that they would have greater liability associated with having aides completing tasks, perceiving that they were "sharing their license." Nurses agreed they needed to be able to select which aides could perform delegated duties, consistent with the pilot protocol and the BON nurse delegation algorithm. Prior to beginning the program, some nurses admitted to not learning about delegation in their nursing education courses and some simply did not want to participate due to time constraints in their work schedule.

Participants identified several areas where time was a factor, including the required paperwork and the required orientation. Several of the time-consuming issues were related to the initial launch of the program, and would abate with ongoing implementation. Some aides required longer one-on- one teaching than others and because there was no cross-training, every aide needed to be re-taught with every client. Nursing home transition cases were difficult and time-consuming, not because of the nature of the delegated health maintenance tasks but because there were other logistics (getting housing, dealing with family, etc). In addition, it was difficult getting nursing homes to participate, not because they had concerns about delegation, but because they did not want to lose nursing home residents.

From a quality of delivery perspective, communication between aides and nurses about changes in medication was of concern in a few instances. Two situations were described, one where an aide did not inform her nurse that the client was switched to a different medication and another where the aide did not inform the nurse that the dosage was changed. There were no problems for clients, but lapses in communication need to be addressed.

Finally, several funding issues were discussed. A number of nurses and aides expressed concerns on having additional responsibilities with no additional compensation. About the same number of aides did not raise compensation concerns, but rather expressed increased job satisfaction and pride in their ability to deliver better care to their clients (see below). A few nurses voiced their concerns about coverage for the program, specifically funding for the program to continue for clients that may be accustomed to delegation. There was a concern about not being able to enroll any new clients in the program, and a recognition that the governor's decision on their budget would determine if Medicaid could continue paying for the nurses visits. Coverage and the slow process of client enrollment were of concern to many of the nurses interviewed.

Overall Impressions

Participants reflected on their overall impressions and satisfaction with the program. Several themes emerged, including thoughts on how care was delivered before this program was available, satisfaction with the program, perceived positive and negative outcomes, and costs.

How care was delivered before nurse delegation. Participants reflected that nurse delegation provided a solution for existing needs among their clients. Prior to the implementation of the pilot program, a number of approaches were in play, including family meeting the demand, clients having to wait for care, and in some cases, aides providing care outside of their scope.

In some households, family members provided all the care to clients with complex needs, and were experiencing significant challenges. Care frequently interrupted their daily routine or work, or they drove home during lunch breaks to administer medications or poured the medications hoping their family member would remember to take it. This sometimes led to inconsistencies in medication administration because the caregiver was not always there to ensure the medication was taken at the right dose and at the right time. Some families would delegate their responsibilities to the aide without nurse involvement. One aide talked about a situation that occurred multiple times, in which the client endured pain until their family caregiver arrived.

In some situations, aides were already completing tasks such as catheterization, medication administration or blood glucose tests. Participants acknowledged that aides were

already completing nurses' tasks in special situations. For example, one nurse described a situation where a blind client required blood glucose monitoring and the nurse allowed the aide to complete task and monitored the work.

Satisfaction with the program

Overall, participants were highly satisfied with the program. Nurses indicated that the aides and families they approached decided to participate in the program. Families opted out if they knew their usual aide would be changed. Some nurses observed how the aides they delegated to were very willing to take on the additional responsibility knowing there would be no additional compensation. Many nurses believed that the aide should be able to do what the family has been doing, sharing the responsibility of care with the family.

One nurse described that she had shared the duties of task delegation and aide supervision with another nurse. Initially, there was some hesitation by her nurse colleague who was skeptical of the program thinking it would facilitate dependence. However, this nurse along with others observed the positive impact of the program on clients and their families.

The nurses stated they were supportive of the program continuing and one nurse expressed why she felt this way by stating,

"The nurse delegation project prevents a lot of visits to the ER, a lot of hospitalizations, a lot of people having to end up in institutions where their needs aren't fully met. This allows them to stay home where they feel more comfortable, where they can still remain independent in their own homes….surrounded by the people and things they love."

Aides were eager to learn and comfortable doing the tasks they were delegated. Some liked having the additional responsibility and liked being able to better assist with their clients' well-being. An aide described her experience with the nurse stating,

"The nurse was great because she came here; she said I'll come every day as long as you need me to come. So they showed me everything one step at a time…she was right here every day probably like 9-10 days straight she came here to make sure I felt confident."

Two aides were discontented about not receiving any additional compensation for their increased duties. Overall, the aides were highly satisfied with the program and supportive of the program continuing.

Consumers were very satisfied with the care they received. A consumer in her interview stated,

"Through the nurse delegation program, I could get care daily. It worked to my advantage because it kept me out of the hospital. It prevented more infection from happening and it saved my foot."

The consumer went on to talk about her experiences in the hospital in comparison to home care and stated,

"When I came home, their care and compassion was just more helpful than I got from Community Hospital. It helped me mentally and physically. I don't know how to put it into words."

The family members of the clients also expressed high satisfaction with the program. The father of the client whose aide did tube feedings and medication administration stated,

"Having somebody like these aides, like her aide, it takes a weight off of you, the caregiver. I can do what I want to do for a few hours which I didn't have before because the aides would come to do all that but I had to be here to feed her."

Culture Change. Participants described initial reluctance to accept the program among their peers, and commented that this program represents a change in culture. A few nurses participated in the orientation program simply for the three continuing education credits they would receive and were initially not supportive of the idea of delegation. The trainers observed that the views of these nurses changed after completing the program on delegation, and these nurses were able to identify that some of their clients might benefit from the program. As with any new program, multiple stakeholders require information about the program, its potential benefits, and how issues would be addressed.

Benefits/positive aspects

Throughout the length of the program, there were no reports of medication errors and no issues with the completed tasks. Nurses and aides were diligent in implementing the program. In addition, participants identified a number of benefits for clients and their families.

Nurses were very conscious of their responsibilities as delegators, and checked to see that documentation was complete. They regularly checked in on aides and supervised their work, which was different prior to implementation of the program. Aides that may have been already completing nurses' tasks were now supervised.

Nurses and aides felt that delegation helped meet the clients' existing expectations of the aide, as they had always expected aides to be able to complete some of the nurses' tasks. Aides helped supplement family care and offered respite to those who needed help to be able to continue caring for their family member. Having an aide to help with the family care gave the family caregivers peace of mind knowing their family member would be well cared for. Aides overall helped offered the families emotional support. Being cared for at home made the client feel independent and comfortable. Delegation offered timely and consistent delivery of care. Several participants suggested that nurse delegation helped reduce the risk of future health

complications and medical visits, as well as provide a mechanism for clients to leave or avert nursing homes by having someone available to care for them. A nurse stated,

"I think that the promise of increasing people not to be in institutions is really really exciting. Because we see with the geriatric populations so many are put in institutions simply because they can't do their medications anymore, such a simple thing."

The participants concurred that nurse delegation was a good fit for home settings and offered cost effective home health care. They also commented that it expanded aide's skills and enhanced their ability to care for other clients, as well as to encourage aides to pursue advanced training.

Negative aspects

Most participants identified no concerns or negative aspects of the nurse delegation pilot. A few aides were dissatisfied that they had to take on additional duties without compensation. Some felt that because pay for nurses in comparison to aides is higher, their pay should be increased if they were to complete nursing tasks.

Costs. Participants identified both costs of the program and potential cost savings. Several mentioned the costs of initial teaching of aides, particularly when more time is needed to learn how to do the task. Some aides asked to be compensated to do the tasks and several nurses agreed that these aides should be compensated for the work they are doing. Regarding costs savings, nurses and aides suggested that delegation could offer cost effective home health care by not having the client pay for services of a nursing home or a nurse. Also, having a nurse teach an aide to provide care for specific clients may be cheaper than having an aide receive formal training to care for many different clients. Delegation may reduce long-term health care costs and save Medicaid or Medicare money by paying the aide rather than the nurse for the client's routine health maintenance care.

Participant Recommendations

Participants identified a number of suggestions for sustaining and/or improving the program, including leadership and policy, agency level improvements, and teaching.

Leadership and policy. Participants identified the key role of the program manager in implementing the program and assuring its quality. They suggested that this role be formalized in a governmental agency to assure that the program continues and quality is assured, with appropriate administrative support and the capacity to develop a database for the program. Continuation of the program hinges on changes to the Nurse Practice Act under the jurisdiction of the Board of Nursing. Continued additional payment codes for the time it takes for nurses to teach and supervise aides would be helpful. Full implementation will require increasing

awareness of the program. Communicating with nursing homes to assure that they determine which clients may be eligible for referral for discharge with nurse delegation would be helpful. Finally, issues of compensation for aides should be discussed.

Agency level improvements. For agencies to provide consistent program delivery, participants had a number of ideas. They suggested that it would be beneficial to have alternate aides and nurses available to assure ongoing coverage. Agencies could prescreen aides to identify the pool for potential delegation. Consistent teaching for aides or having a team of nurses specialized in delegation can ensure that aides are able to complete the delegated tasks. Reducing or condensing the paperwork would be useful for nurses delegating. If the program continues, participants recognized the importance of policy development within agencies. They suggested that orientations provided by the home care agency rather than the state would be favorable. Some suggested exploring new models of care that incorporate the team concept. That is, several nurses and aides could team up to care for groups of clients, with cross-teaching and supervision of delegated tasks. Finally, participants recognized the key role that supervisors play in actively identifying suitable cases and aides for delegation as a means to increase participation in the program.

Teaching. Participants recognized the benefits of teaching and teaching tools for the aides, and suggested a more comprehensive approach to teaching aides all of the delegated tasks for other clients, not just the ones the immediate client in the pilot needed. Cross-teaching and broader teaching of aides may address the concern of not having enough aides who are prepared to delegate, especially when back-up support is needed for the regularly assigned aide. . Ongoing nurse task delegation teaching, monitoring aides to ensure cooperation, and collaboration among aides, nurse, and family members all would improve the program.

Conclusions and Recommendations

We sought to evaluate the program along five dimensions; below are our conclusions and recommendations for each dimension.

1) Readiness (e.g., satisfaction with, willingness, preparation) of stakeholders for delegation

Our quantitative survey results suggest that respondents in all groups were positive about delegation both prior to implementation and after a year or more—there was not much of a change in views. Stakeholders were aware of the prohibition against aides administering medications and would not have been willing to proceed with the pilot without approval of the

New Jersey Board of Nursing. Some nurses are skeptical of the program and are not willing to delegate at this time—as they see how the program is working for other nurses, they may be more willing to delegate. We heard comments from nurses who were initially afraid to delegate because they felt it would be a huge responsibility, but once they delegated their fears were allayed.

The voluntary nature of the program is important, and the ability of nurses to come back and teach as necessary. Several family caregivers in our in-depth interviews described monitoring the aide carefully initially. An aide described to us how it was important for the nurse to monitor carefully at first, until the aide felt comfortable: *"The nurse was great because she came here; she said I'll come every day as long as you need me to come. So they showed me everything one step at a time…she was right here every day probably like 9-10 days straight she came here to make sure I felt confident."*

2) Feasibility of implementing a nurse delegation program in home health (cost of the education sessions, time, willingness, logistics).

Agencies were willing to allow time for the sessions. The granting of continuing education units (CEUs) for nurses attending the sessions was an important incentive. The face to face nature of the presentation, credibility of the presenters and the interaction with the presenters was also important. Our personal observation and the pre and post orientation surveys show that the sessions allayed doubts that nurses had about the program and convinced them of potential benefits. There is a substantial cost to this. Even in a small state like New Jersey, it is time consuming to travel all over the state to meet personally with agency staff. However, this was necessary in order to orient staff to the program, address questions that came up, and to provide oversight. Without this personal touch, the program would not have been successful. The credibility of the program manager with various stakeholders was also key—she had years of experience in a home care setting, but also had experience in state government and with program administration. These diverse experiences allowed her to understand and work through barriers as they arose—e.g., with the home care agencies in terms of identifying clients, with state employees in terms of referrals, service authorization or billing issues. Finding someone with these characteristics was very difficult and delayed implementation of the program and this will probably be the main barrier to its continuation. The nature of delegation is to allow flexibility and customization as opposed to standardization, which means that issues will continue to arise with the program; it cannot be put on autopilot.

3) Identify perceived concerns and benefits about the program from multiple perspectives prior to implementation and after.

Most concerns about the pilot among all groups were about safety. There was a reduction in the proportion of concerns regarding safety in the followup surveys, indicating that respondents felt comfortable with delegation as implemented.

We did not identify any adverse outcomes to clients, or of any cases in which participants were forced to participate in delegation. A couple of nurses made comments about feeling some pressure to delegate, though it did not appear to rise to the level of coercion. The voluntary nature of the program and the ability of nurses to assess and delegate as they see fit is important and should be reinforced.

Many nurses expressed that they had problems identifying aides to whom they were willing to delegate. Stakeholders on the advisory council also believed this to be a problem. There is a well-known shortage of direct care workers, which affects the ability of agencies to implement this type of program.

Several nurses also expressed some concern or frustration with the concept of training or delegating to one aide at a time, believing that this was inefficient and that delegation was easily disrupted if one aide was not able to report for work or the delegating nurse was not available. We do not believe the intent of the program was to dictate that only one aide could be delegated to for a client or that only one nurse could be involved (and not all nurses or agencies interpreted things this way). Rather, our understanding is that delegated tasks are not within the aide's normal scope of work and that additional personalized (to the aide and to the client) instruction, observation and monitoring by one or more nurses who are familiar with the case are needed for each case of delegation.

Respondents expected benefits to be mainly in the area of quality improvements and consumer access to services, and followup surveys indicated that this occurred.

4) Identify perceptions of effectiveness and outcomes of the nurse delegation pilot.

Participants felt very satisfied with delegation. Consumers reported better quality of life and positive effects on their health, and caregivers experienced increased peace of mind and respite. In nearly one out of five cases, the delegated task was not done at all prior to the implementation of delegation, with negative effects on the consumer's health—in other cases, consumers or their families were having trouble completing the tasks on a regular basis. A

nurse commented on the preventive aspects of the program: *"The nurse delegation project prevents a lot of visits to the ER, a lot of hospitalizations, a lot of people having to end up in institutions where their needs aren't fully met. This allows them to stay home where they feel more comfortable, where they can still remain independent in their own homes….surrounded by the people and things they love."* A consumer described how more regular care made possible by the program had very positive effects for her: *"Through the nurse delegation program, I could get care daily. It worked to my advantage because it kept me out of the hospital. It prevented more infection from happening and it saved my foot."*

Nurses who wished to delegate were able to do so and felt that it had a positive impact on their practice. One nurse told us: "*I feel I can be the nurse I've always wanted to be."* It did increase their workload in terms of paperwork, coordination and monitoring, however.

Aides were generally satisfied with the program and felt that it improved their job prospects in the long term, though many thought they should also be paid more in the short term for taking on additional responsibilities.

5) Identify regulatory and policy implications from the findings of this study.

The findings of this study support removing restrictions on medication administration by certified homemaker home health aides under nurse delegation. The New Jersey regulatory language on delegation is general, giving flexibility to nurses to assess and delegate according to their professional judgment. We did not note any call for changes.

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Appendix 1: Surveys and Responses

Nurse Survey Responses

Questions marked with * were asked only in the followup survey

1. In general, what do you think of nurse delegation?

	Very Satisfied	Moderately Satisfied	Neutral/ Don't Know	Moderately Dissatisfied	Very Dissatisfied	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Pre-Orientation	29 (16.5%)	72 (40.9%)	65 (36.9%)	9 (5.1%)	1 (0.6%)	176
Post-Orientation	81 (46.8%)	79 (45.7%)	12 (6.9%)	1 (0.6%)	0 (0%)	173
Follow-up	34 (35.8%)	38 (40.0%)	17 (17.9%)	4 (4.2%)	2 (2.1%)	95

***2. What is your opinion of the nurse delegation pilot program?**

	Very Satisfied	Moderately Satisfied	Neutral/ Don't Know	Moderately Dissatisfied	Very Dissatisfied	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Follow-up	29 (30.5%)	40 (42.1%)	20 (21.1%)	4 (4.2%)	2 (2.1%)	95

3. What do you think of nurse delegation for the clients with whom you work?

	Very Satisfied	Moderately Satisfied	Neutral/ Don't Know	Moderately Dissatisfied	Very Dissatisfied	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Pre-Orientation	28 (15.9%)	71 (40.3%)	69 (39.2%)	7 (4.0%)	1 (0.6%)	176
Post-Orientation	61 (35.7%)	86 (50.3%)	18 (10.5%)	6 (3.5%)	0 (0%)	171
Follow-up	37 (39.8%)	32 (34.4%)	15 (16.1%)	6 (6.5%)	3 (3.2%)	93

4. How willing are you to delegate tasks to aides?

	Very Willing	Moderately Willing	Neutral/ Don't Know	Moderately Unwilling	Very Unwilling	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Pre-Orientation	44 (25.0%)	96 (54.6%)	19 (10.8%)	15 (8.5%)	2 (1.1%)	176
Post-Orientation	78 (44.8%)	81 (46.6%)	9 (5.2%)	6 (3.4%)	0 (0%)	174
Follow-up	37 (38.9%)	39 (41.1%)	9 (9.5%)	9 (9.5%)	1 (1.1%)	95

5. Would you agree that you have choice in deciding when and how to delegate?

	Strongly Agree	Moderately Agree	Neutral/ Don't Know	Moderately Disagree	Strongly Disagree	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Pre-Orientation	100 (57.1%)	56 (32.0%)	13 (7.4%)	6 (3.4%)	0 (0%)	175
Post-Orientation	134 (77.0%)	35 (20.1%)	4 (2.3%)	1 (0.6%)	0 (0%)	174
Follow-up	65 (68.4%)	22 (23.2%)	5 (5.3%)	2 (2.1%)	1 (1.1%)	95

6. How prepared do you feel to <u>decide</u> about delegation?

	Very Prepared	Moderately Prepared	Neutral/ Don't Know	Moderately Unprepared	Very Unprepared	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Pre-Orientation	41 (23.3%)	85 (48.3%)	38 (21.6%)	9 (5.1%)	3 (1.7%)	176
Post-Orientation	98 (56.3%)	66 (37.9%)	8 (4.6%)	2 (1.1%)	0 (0%)	174
Follow-up	63 (66.3%)	24 (25.3%)	7 (7.4%)	0 (0%)	1 (1.1%)	95

7. How prepared do you feel to <u>teach</u> aides to perform the tasks safely?

	Very Prepared	Moderately Prepared	Neutral/ Don't Know	Moderately Unprepared	Very Unprepared	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Pre-Orientation	73 (41.5%)	74 (42.0%)	19 (10.8%)	7 (4.0%)	3 (1.7%)	176
Post-Orientation	109 (63.0%)	59 (34.1%)	3 (1.7%)	2 (1.2%)	0 (0%)	173
Follow-up	70 (74.5)	17 (18.1%)	6 (6.4%)	0 (0%)	1 (1.1%)	94

8. How prepared do you feel to <u>supervise</u> aides in performing the tasks safely?

	Very Prepared	Moderately Prepared	Neutral/ Don't Know	Moderately Unprepared	Very Unprepared	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Pre-Orientation	71 (40.6%)	74 (42.3%)	21 (12.0%)	5 (2.9%)	4 (2.3%)	175
Post-Orientation	114 (65.9%)	52 (30.1%)	5 (2.9%)	1 (0.6%)	1 (0.6%)	173
Follow-up	63 (67.7%)	23 (24.8%)	4 (4.3%)	1 (1.1%)	2 (2.2%)	93

9. How capable do you believe aides are of doing the delegated tasks after proper training?

	Very Capable	Moderately Capable	Neutral/ Don't Know	Moderately Incapable	Very Incapable	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Pre-Orientation	38 (21.6%)	80 (45.5%)	49 (27.8%)	5 (2.8%)	4 (2.3%)	176
Post-Orientation	67 (38.5%)	80 (46.0%)	22 (12.7%)	5 (2.9%)	0 (0%)	174
Follow-up	37 (38.9%)	36 (37.9%)	16 (16.8%)	5 (5.3%)	1 (1.1%)	95

Please indicate if you agree with the following statements

10. Nurse delegation saves money

	Strongly Agree	Moderately Agree	Neutral/ Don't Know	Moderately Disagree	Strongly Disagree	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Pre-Orientation	47 (26.7%)	51 (29.0%)	66 (37.5%)	10 (5.7%)	2 (1.1%)	176
Post-Orientation	93 (53.1%)	54 (30.9%)	20 (11.4%)	8 (4.6%)	0 (0%)	175
Follow-up	39 (41.1%)	18 (18.9%)	23 (24.2%)	11 (11.6%)	4 (4.2%)	95

11. Nurse delegation improves access for consumers

	Strongly Agree	Moderately Agree	Neutral/ Don't Know	Moderately Disagree	Strongly Disagree	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Pre-Orientation	40 (22.7%)	76 (43.2%)	52 (29.5%)	8 (4.5%)	0 (0%)	176
Post-Orientation	98 (56.0%)	60 (34.3%)	15 (8.6%)	2 (1.1%)	0 (0%)	175
Follow-up	39 (41.1%)	29 (30.5%)	17 (17.9%)	8 (8.4%)	2 (2.1%)	95

12. Nurse delegation promotes quality of care and services

	Strongly Agree	Moderately Agree	Neutral/ Don't Know	Moderately Disagree	Strongly Disagree	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Pre-Orientation	48 (27.1%)	73 (41.2%)	40 (22.6%)	15 (8.5%)	1 (0.6%)	177
Post-Orientation	95 (54.0%)	61 (34.7%)	17 (9.7%)	3 (1.7%)	0 (0%)	176
Follow-up	43 (45.7%)	33 (35.1%)	10 (10.6%)	6 (6.4%)	2 (2.1%)	94

13. Nurse delegation is a safe practice

	Strongly Agree	Moderately Agree	Neutral/ Don't Know	Moderately Disagree	Strongly Disagree	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Pre-Orientation	25 (14.3%)	72 (41.1%)	56 (32.0%)	18 (10.3%)	4 (2.3%)	175
Post-Orientation	60 (34.1%)	77 (43.8%)	31 (17.6%)	8 (4.5%)	0 (0%)	176
Follow-up	31 (33.3%)	39 (41.9%)	12 (12.9%)	8 (8.6%)	3 (3.2%)	93

14. Please summarize your three greatest concerns about nurse delegation:

[Results in Appendix 2]

15. Please summarize three potential benefits you see with nurse delegation:

[Results in Appendix 2]

16. Please briefly describe how nurse delegation has affected your practice

	Number	%
None mentioned	44	44.9%
Positive	10	10.2%
Family respite	2	2.0%
Improved care or services	20	20.4%
More work for nurse	17	17.3%
Aide satisfaction	2	2.0%
Client/fam satisfaction	3	3.1%
	98	100%

17. How were the delegated tasks being managed before this program began?

[Results in Appendix 2]

***18. Have you delegated any tasks?** ___Yes___No (If no, proceed to question 20. If yes, please continue).

Have you delegated any tasks?	**N (%)**
Yes	52 (57.8%)
No	38 (42.2%)

***19. Each of the following activities are steps in the delegation process. Please rate each of these steps in terms of how frequently you had difficulty proceeding through the step:**

	Frequently difficult *(more than 40% of cases)*	**Sometimes difficult *(10% to 40% of cases)***	**Rarely or never difficult *(less than 10%)***	**Total**
	N (%)	**N (%)**	**N (%)**	**N**
Identifying potential clients for delegation	15 (27.8%)	17 (31.5%)	22 (40.7%)	54
Getting the client to enroll in the program	8 (15.7%)	17 (33.3%)	26 (51.0%)	51
Identifying an aide to whom you feel comfortable delegating the task(s)	17 (32.7%)	22 (42.3%)	13 (25.0%)	52
Identifying an aide who is willing to participate	15 (28.3%)	17 (32.1%)	21 (39.6%)	53
Completing the Health Care Practitioner Order form	2 (4.1%)	13 (26.5%)	31 (69.4%)	49
Completing the delegation documentation forms	5 (10.0%)	13 (26.0%)	32 (64.0%)	50
Assessing the client's condition	2 (3.8%)	5 (9.6%)	45 (86.5%)	52
Communicating with the client's family or other nonagency caregivers	5 (9.6%)	12 (23.1%)	35 (67.3%)	52
Teaching the aide the delegated task	2 (3.8%)	19 (36.5%)	31 (59.6%)	52
Initially assessing the aide's task performance	1 (1.9%)	13 (25.0%)	38 (73.1%)	52
Monitoring the aide's task performance	3 (5.7%)	13 (24.5%)	37 (69.8%)	53
Monitoring the client's condition	3 (5.7%)	7 (13.2%)	43 (81.1%)	53

For any items that you rated frequently or sometimes difficult, do you have any thoughts about how the program could make them less difficult?

- *right matching should be done before the teaching*
- *more family involvement*
- *Some chha were reluctant to take the case and wants more money for the task*
- *The difficulty had nothing to do with how the program works. It was challenging due to the shift the HHA's were scheduled to work.*
- *we can trained the aides in class room for groups.*
- *A knowledge of the abilities and appropriatness of the CHHA only is possible through a close relationship with each CHHA.*
- *reduce # of forms*

***20. There are many factors to consider in the decision to delegate tasks. When you have decided <u>not</u> to delegate, please tell us how frequently each of the following have been part of your decision.**

	Frequently ***(more than 40% of cases)***	**Sometimes** ***(10% to 40% of cases)***	**Rarely or Never** ***(less than 10%)***	**Total**
	N (%)	**N (%)**	**N (%)**	**N**
The client does not have a need beyond the aide's normal scope of work.	34 (46.6%)	21 (28.8%)	18 (24.7%)	73
I am not clear about the delegation process.	2 (2.7%)	6 (8.1%)	66 (89.2%)	74
I don't have the time to complete all the steps for delegation.	10 (13.3%)	22 (29.3%)	43 (57.3%)	75
It is too inconvenient to coordinate delegation.	10 (13.5%)	20 (27.0%)	44 (59.5%)	74
The program has too much paperwork.	15 (20.8%)	21 (29.2%)	36 (50.0%)	72
The reimbursement allowed is inadequate.	9 (12.7%)	17 (23.9%)	45 (63.4%)	71
Language barriers prevent me from communicating adequately with the aide.	16 (21.9%)	21 (28.8%)	36 (49.3%)	73
The client or client's caregiver(s) is/are resistant (please explain).	9 (12.9%)	20 (28.6%)	41 (58.6%)	70
Delegation would be not be safe because the client's condition is not stable enough.	5 (6.8%)	34 (45.9%)	35 (47.3%)	74

	Frequently ***(more than 40% of cases)***	**Sometimes** ***(10% to 40% of cases)***	**Rarely or Never** ***(less than 10%)***	**Total**
Delegation would not be safe because the task is too complicated (please lists the task(s) that are too complicated)	7 (10.4%)	18 (26.9%)	42 (62.7%)	67
I do not have enough time to teach the aide.	12 (16.4%)	15 (20.5%)	46 (63.0%)	73
When I observed the aide performing the task, I did not believe he or she performed it safely.	4 (5.6%)	12 (16.9%)	55 (77.5%)	71
Health Care Providers delay in sending the form confirming orders.	9 (13.2%)	17 (25.0%)	42 (61.8%)	68
I am worried about my personal liability.	14 (19.2%)	23 (31.5%)	36 (49.3%)	73
My agency is worried about liability.	7 (10.0%)	10 (14.3%)	53 (75.7%)	70
The client has no backup plan.	18 (24.7%)	27 (37.0%)	28 (38.4%)	73
I do not believe the aides we currently have would be able to do the task safely.	10 (13.7%)	25 (34.2%)	38 (52.1%)	73

Comments on caregiver resistance:

- *For example, if a client already has nursing coming in, under Medicare program, they are sometimes hesitant to have an aide be responsible for the task because they know, bottom line, they can have a nurse. On the flip side, nursing with the certified agencies, don't have the capability to come out as often as the patient would like, so they even welcome delegation.*
- *Some of the clients, they were more comfortable having the nurse do the procedure. I really didn't have that many as candidates, the ones I approached felt they would be more comfortable if nurse did procedures. The aides didn't want to do it or there seemed to be a problem or supervisor felt there was no back up.*
- *people don't understand the whole program and it is time consuming to explain and takes away time from nursing services, it won't make as much of an impact and will help them minimally*
- *Reported by delegating nurses that the client or aide are worried that their time together will change.*
- *They do not want to change aide, but current aide is not be able to provide task safely. Caregiver has personal issue with aide.*

- *Language barriers make them insecure, nurses and chha wanted more money.*
- *they don't get paid enough.*
- *There is no resistance in my case*
- *they want to be sure aide is training for the task*
- *extra work and responsibility, liability concerns*
- *If the client or caregiver resisted being involved in the program, I would not persue it with them, or as in a recent case, the client was noncompliant with medications therefore I chose not to offer nurse delegation program due to risks to both the CHHA, the agency and the client.*
- *Concerned about aide reliability*
- *prefer family or nurse*
- *Family member, decides, beyond his/her scope, stepping on the nurse,*

Comments on tasks that are too complicated:

- *changing wafer on colostomy*
- *med administration times and frequency*
- *Some str. Caths and some wound care*
- *catheterization for most of my clients (older population vulnerable to skin trauma)*
- *wound care*
- *depends on the aide*
- *It appears that clients who need more advanced care, are not taken care of by CHHA.*
- *foley, sterile dressing*
- *Depends on the aide, there are some that are very competent, but with the basic things that we teach aides to do, the personal care, they very often do a good job. Wound Care Tube Feeding - measuring and understanding anatomy, anything that involves that, I feel it is too much for an aide and I worked with people where there was a language barrier. They don't have a license at stake. When you have a license, you do the best job. When you do a class for 1 weeks and then go out to take care of person, a lot of these people are just there for a paycheck and they need the money, this is what they do.*
- *anything that someone is not going to understand if they are not a health care practionor or have extensive training*
- *If the client is not stable. Or if the client is a child.*
- *Ventilator and tracheotomy care*
- *Mixed insulin adminstration for coverage*
- *Administrating insulin by using scale and based on BS level reading.*
- *g tube*
- *none*
- *insulin injections, peg tube feedings*
- *none*
- *Medications that require liquids being drawn up in a syringe and administered orally or via G-tube.*

- *None*
- *gt feeding, preparing meds*

For any items that you rated very or somewhat important, do you have any thoughts about how the program could ease the barrier? _____

- *Recruit people with more education and that speak English well. Maybe offer more salary to recruit better personnel.*
- *If I delegate a task and then the aide calls sick, vacation, the replacement aide may not have been taught the task. If RN is ill or on vacation and there is a problem, there is no one to fill in for this RN. This program needs a back up plan for each client.*
- *More required training for CHHA*
- *No.*
- *The tasks in order to be performed safely need a lot of time from the clinical Mgr. and constant re-evaluation.*
- *not really.*
- *Program is self limiting now because of the time necessary to teach one-on-one. Envisions aide in service to tell them they can do it (encountered at least one non English speaking aide who thought she couldn't) and give basic instruction so that nurses don't have to start from scratch. Still some interaction with client. Right now, could be full time person at agency for this--she has limited herself to one case of delegation*
- *Again--need more quality aides*
- *If enough nurses to monitor, will convince the nurse--see patients enough. If have 120 patients to supervise, hard to keep track. Ideal caseload would depend on patient acuity--chance to see how competent the aide is.*
- *Broaden to other programs in Medicaid (CCPED, etc.). PCA difficult to find clients. Take some tasks off table altogether (wound care too complicated, too much followup). Meds great, though can be crazy if change a lot. Asked about wounds--she said do ostomies already--wouldn't do trachs, maybe need to define.*
- *Agencies should hire a nurse just for this job alone*
- *Sometimes a client is quite knowledgable on their Pic, IV and/or wound care. They have taught in the hospital, and would rather do the care themselves. There are times when one gets a client who have a medication routine counter to the times when the CHHA is present.*
- *I work very part time at this moment due to personal issues but I am anxious to follow the program and become a more active participant in the future.*
- *Simplify process!*
- *No*
- *Less paperwork-more simple and concise for nurses to do. Aides sometimes aren't ready or feel they don't have the reward to do more work. No incentive.*

- *Reimbursement needs to be better. It's a lot of work with minimal reimbursement these cases should have a higher rate so that the CHHA can get more money*
- *Consider allowing agencies to utilize their own teaching tools or incorporate some of the info into what we already have*
- *Agency should hire a nurse just to do this program if it should become a permanent program*
- *Pay aids more for doing delegation.*
- *If there is no back up or aide does not speak English or aide refuses, delegation can only work with the right patient or the right home health aide.*
- *Teach everybody to speak English. The language barrier is difficult, but they don't speak the language. I was trying to learn Spanish, but it's difficult. The work ethic is another problem.*
- *Part of the issue is that I work mornings and the aides work evenings and I didn't have time to teach the aides. I didn't know how I would be compensated for my time. The billing was never explained to me. The agency would be compensated, but it was never explained how the nurse would be compensated for the time it took to train the aide.*
- *leary about delegating because aide may got on vacation and don't have confidence in aide that will come in*
- *no*
- *We could talk to the doctors*
- *By implementing a universal language communication system*
- *Supervision of aides in this program need to be shared in a team approach to get buy in. Few nurses want to be on call with out compensation for troubleshooting and when cases begin there are many interventions, med changes etc.*
- *Increase reimbursement for staff; nurses and aides for participating.*
- *none*
- *no comments*
- *no*
- *no*
- *na*
- *In order to give the RN's more of a comfort level, a written criteria perhaps for the CHHA to be safely involved in the skills needed would be helpful.*
- *Showing confirmation that aide was successfully trained by nurse*
- *Probably use standarized printed intructions for common procedures,and as we had for medication precautions,side effects, etc.*

***21. What do you think is the most important barrier to enrolling clients in this program?**

	Number	Percent
Appropriate aide	10	10.5
Appropriate client	10	10.5
Aide overwork	1	1.1
Aide resistance	2	2.1
Backup	11	11.6
Client/family resistance	10	10.5
Language barrier	4	4.2
Liability	2	2.1
Doctor's orders	3	3.2
No barrier	2	2.1
No need for delegation	3	3.2
No response	21	22.1
Nurse overwork	7	7.4
Nurse resistance	4	4.2
Other	5	5.3
Total	95	100

***22. How many aides do you work with or supervise in your agency? _____**

Minimum	0
Maximum	800
Median	50

***23. How many of those aides would you consider delegating medication administration?**

	N	**% of aides in *22**
Minimum	0	0%
Maximum	200	100%
Median	13	33.3%

Explanation: "Consider" means that you would consider delegating to these aides if you had clients that seemed appropriate for delegation

***24. Of the aides mentioned in #21, with how many would you consider delegating other tasks**?

	N	**% of aides in *22**
Minimum	0	0%
Maximum	200	100%
Median	12.5	31.1%

25. What is your role?

What is your role?	**N (%)**
Primary Care Provider/Staff Nurse	41 (23.3%)
Case Manager	24 (13.6%)
Manager/Supervisor	98 (55.7%)
Other	13 (7.4%)

26. Have you ever worked as a nursing assistant/home health aide?

Have you ever worked as a nursing assistant/home health aide?	**N (%)**
Yes	77 (44.5%)
No	96 (55.5%)

27. How many years of experience have you had as an RN? ____ Years

Minimum	0.33
Maximum	52
Median	15

28. How long have you worked at your current place of employment? ____ Years

Minimum	0
Maximum	31
Median	4

29. How many years have you supervised nursing assistants/aides? ____ Years

Minimum	0
Maximum	40
Median	9

30. What is your current case load? ____ (# clients)

Minimum	0
Maximum	350
Median	60

31. What is your age?

Age	**N (%)**	**Age**	**N (%)**
18 – 25	1 (0.6%)	55 – 65	45 (25.4%)
25 – 35	24 (13.6%)	65 – 75	10 (5.6%)
35 – 45	51 (28.8%)	75- 85	1 (0.6%)
45 – 55	43 (24.3%)	> 85 years	2 (1.1%)

32. What is your gender?

Gender	N (%)
Female	162 (92.6%)
Male	13 (7.4%)

33. What is your ethnicity?

Ethnicity	N (%)
Hispanic or Latino	41 (24.3%)
Not Hispanic or Latino	128 (75.7%)

34. What is your race? (Check all that apply):

Race	N (%)	Race	N (%)
American Indian or Alaska Native	0 (0%)	Asian	8 (4.7%)
Native Hawaiian or Other Pacific Islander	6 (3.5%)	Black or African American	19 (11.1%)
White or Caucasian	121 (70.8%)	Other	17 (10%)

35. What is your highest level of education?

Highest Level of Education	N (%)	Highest Level of Education	N (%)
Some high school	0 (0%)	Diploma	23 (13.1%)
High school	0 (0%)	Bachelor's Degree	66 (37.7%)
Some college	7 (4.0%)	Master's Degree or higher	18 (10.3%)
Associate Degree	61 (34.9%)		

36. Do you have a professional certification?

Do you have a professional certification?	N (%)
Yes	165 (96.5%)
No	6 (3.5%)

36a: If yes, please describe (check all that apply):

If yes, please describe (check all that apply):	N (%)
Certified homemaker home health aide (CHHHA)	1 (0.6%)
Registered Nurse (RN)	166 (97.6%)
Other (specify)	3 (1.8%)

37. Additional comments:

On original survey:

- *I will keep your delegation project in mind with all my PCA patients (now and in the future) for possibilities to participate.*
- *Kudos to you for initializing this long overdue program and presenting it in such a positive way to the Board of Nurses … and us!*
- *exciting prospect. Need to evaluate LPN participation in program. Train HHAs but LPNs cannot do (allowed to) do tasks??-- Which they are trained to do. Thank you for the opportunity to participate in pilot!*
- *I would like to see intermittent colaboration with other RN supervisors as time goes on and the program unfolds. Would be interesting to talk about what works and what does not, and to brainstorm improvements and greater possibilities with peers. Thanks for the program. I'm actually excited about it. ("Juiced"!)*
- *Has been very interesting topic will try to find the most appropriate CHHA for this task.*
- *I feel more confident about this program after todays training.*
- *I 'am excited even more!!!*
- *Concept good on paper iffy in reality*
- *I'm eager to get to know more clients, families, & CHHA's*

On followup survey:

- *If I did case manage and have nursing skills to delegate, I would have participated. I do feel delegation is important to meet patient needs in the future of homecare.*
- *My greatest concern is the CHHA ability to understand what they are doing and the consequences if they don't follow tasks as instructed. I am also concerned for their lack of education, they would need to be more educated re: med. administrations. As a clinical educator of CHHA, I don't believe most CHHA understand delegation well, they are limited and we cannot ask them to go beyond their scope of practice, unless we are sure they are really prepared for the role--in which case I would like for them to have more education and be able to have more liberty to do more things within their scope of practice.*
- *I bearly have time to fill out this paper let alone have more then one CHHA/pt in this program. I like to do a thourough--proper job--and do not want to rush through a delegation just to get someone in the program. This is my criteria: A) Client <ul> Must <ul> be centrally located geographically--In case someone other than myself must go out and supervise. B) PCG must be available by phone or email for communication. C) No week-end delegations--I am not on call nor is any other nurse going to go out and perform a task--we are NOT visiting nurses if the CHHA calls in sick and PCG can't be found. *I have No idea if the agency benefits from this program (financially) as I never see the stats.*
- *The program depends on the types of cases and also the HHA's. 2) Family backup is important also. 3) Coordination of HHA's also-when regular HHA is off. 4) This could also mean for the nurse working all different hours Mon-Sunday. 5) Taking a nursing home client out of a nursing home situation and using this program--I cannot see saving cost on long term nursing home. Most of the clients stay home as long as possible--they don't want to go to a nursing home--the reason they are in the nursing home because medicaid home care cannot keep clients at home any more*
- *My role has been to ID Ct's that might benefit from this program, which I have done and continue to do as I find the need during my visits*
- *On liability, was influenced by a discussion with a nurse at a continuing ed event (confirmed when I asked if at agency or in community at event) who was very concerned about it. Said it was in general and not about pilot. Asked if aide gets paid more (told her up to agency); wondered about program continuing - how would it be decided; wondered about research*
- *Likes idea, knows it will benefit patient. But only has one license, worried about. Would be time consuming to educate aide and take aide off client care. She would feel differently if the prohibition were removed. Her agency is unskilled--spoke to BON b/c of her concerns, they said it was voluntary. Consumer would lose independence because*

she would be watching like a hawk. Mentioned that her agency was pushing the program and that another nurse was doing delegation.

- *I have always been proud of New Jersey in it's willingness to upgrade if Home Health and Medical workers. I have come through it all; from aide, LPN, when it was first established and over 6 year of RN training. I have been an RN since 1964 and get pleasure in teaching something I know about nursing and the care of people. I do not think people are stupid because they do not have the education that i have. Everyone can be taught, and if you can convince a person that they can get better pay if they follow persuits, they will willingly try, and most time succeed in bettering them selves.*
- *As far as the Medicaid system goes, I have seen many abuses in awarding hours to clients. Many clients receive far more hours than they need but a truly needy client is denied care because a person at the Medicaid office arbitrarily decides who gets more hours and who doesn't. I realize they are overworked like all of us but I feel an overhaul of the entire system is needed. I feel that more concentration needs to be done at the nursing home/rehab facility level. If some advanced planning is done, the whole process could be in place before the client exits the skilled facility. A CHHA could be found for client, RN from the Home Care could visit at the skilled facility to set up a rapport with the client/family. Client/family would be more comfortable about being discharged with say, a gastrostomy tube if they knew someone would be available to assist them.*
- *I think that the nurse delegation program may help an agency whose professional staff (RNs) have fewer clients. The prof. nurse would then be more apt to delegate tasks to CHHAs because her regular visits would be less. I currently have over 180 clients that I must visit regularly (at least Q60 days and prn). That translates to between 5-8 sometimes 9 visits/day. Many of these visits are initial assessments with a case opening with an aide. These visits are >2 hrs. The paperwork involved is enough to make me hesitate to delegate. The added visits would make my day-to-day schedule unbearable. Going back to the same client 2-3 maybe 4x is impossible. I have delegated med admin to a client who already was taking his meds OK. He went to the hosp, different aide was assigned, (upon d/c) and his meds were down to 2 pills. I guess in a few certain, perfect situations it would work. However, custodial agencies (like mine) have RN's that go out to visit every other month. Delegation does not save me time. My agency was encouraging us to delegation (for instance) med admin when the pt's family were completely indep. In many cases, this visit by the family to fill med boxes, was the only visit the pt got and I would not want to change a system that is working. My main objection to nurse del. is the added workload and stress that it caused me. I have been a Reg. Prof Nurse for >25 yrs. I work well as a "team member" and have always been open to any changes in my professional that would improve my job satisfaction as well as the quality of my clients life. Delegation to CHHAs would truly benefit a skilled nsg agency*

because those visiting nurses make several visits/wk to monitor their clients. Delegating tasks in this type of agency would truly "free-up" the prof nurse to be better equipped to manage her case load. Skilled nurses have far less caseload (# of clients) than custodial so it would be easier for them to visit their clients to I/S del. tasks. Thank you for allowing me to be honest about this pilot. I will continue to eval/asses clients for this program and will happily delegate when appropriate.

- *Not a lot of Medicaid cases in agency, and agency is trying to discharge--hard to find appropriate people. Some pressure from supervisor to find cases. Knows aides in agency, makes it easy to select for delegation. Hard to find time--supervises multiple counties. Some aides have thanked her for choosing them--often feel unrecognized. Wishes could do waiver programs. Feels that aides are acting under her license. Attitude toward supervising aides--not policewomen, but supportive. Has narrow view of what aides can do--nothing invasive (finger sticks, wound care). She trains aides. Thought pilot was investigating many tasks and not just meds. Part of problem with HCPO form was her not knowing how to use fax machine.*
- *I believe the program provided excellent orientation. However, I am "lazy" about the task of delegating to HHA's--the amount of education, teaching AND supervision needed exceed the time I have to devote to the program. I participated in the orientation but am not delegating any tasks now. Thank you.*
- *Theoretically seems like a good program but has the risk of leaving the patient in the care of someone with zero professional training.*
- *-mentioned that she was per diem and had limited hours, conflicted with ability to train supervise aides. Told us she had left agency over the delegation issue-had not put any cases on herself but had inherited at least one case where delegation was in place. Had to train more than one aide because aides did not show up--not sure of task. Said that pt had had visiting nurse services in the delegated case and it was dropped. Not a sense that there was dangerous.*
- *Never did delegation.*
- *it is a good experience working with clients and CHHA on the Delegation prgram*
- *In general I have a good impression aboute this program*
- *It has been interesting and help the patients*

Consumer Survey Responses

Questions marked with * were asked only in the followup survey

1. In general, what do you think of nurses delegating tasks to aides?

	Very Satisfied	Moderately Satisfied	Neutral/ Don't Know	Moderately Dissatisfied	Very Dissatisfied	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Initial	34 (77.3%)	6 (13.6%)	3 (6.8%)	1 (2.3%)	0 (0%)	44
Follow-up	13 (92.9%)	1 (7.1%)	0 (0%)	0 (0%)	0 (0%)	14

***2. What is your opinion of the nurse delegation pilot program?**

	Very Satisfied	Moderately Satisfied	Neutral/ Don't Know	Moderately Dissatisfied	Very Dissatisfied	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Follow-up	19 (90.5%)	2 (9.5%)	0 (0%)	0 (0%)	0 (0%)	21

3. What do you think of nurses delegating tasks to aides for you?

	Very Satisfied	Moderately Satisfied	Neutral/ Don't Know	Moderately Dissatisfied	Very Dissatisfied	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Initial	35 (79.5%)	3 (6.8%)	3 (6.8%)	2 (4.5%)	1 (2.3%)	44
Follow-up	12 (85.7%)	2 (14.3%)	0 (0%)	0 (0%)	0 (0%)	14

4. How willing are you to allow aides to perform nursing tasks for you?

	Very Willing	Moderately Willing	Neutral/ Don't Know	Moderately Unwilling	Very Unwilling	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Initial	34 (77.3%)	7 (15.9%)	3 (6.8%)	0 (0%)	0 (0%)	44
Follow-up	12 (85.7%)	2 (14.3%)	0 (0%)	0 (0%)	0 (0%)	14

5. Would you agree that you have a choice in deciding when and how nurses delegate to aides?

	Strongly Agree	Moderately Agree	Neutral/ Don't Know	Moderately Disagree	Strongly Disagree	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Initial	30 (68.2%)	10 (22.7%)	3 (6.8%)	1 (2.3%)	0 (0%)	44
Follow-up	9 (64.3%)	3 (21.4%)	1 (7.1%)	1 (7.1%)	0 (0%)	14

6. How capable do you believe aides are of doing the delegated tasks after proper training?

	Very Capable	Moderately Capable	Neutral/ Don't Know	Moderately Incapable	Very Incapable	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Initial	38 (86.4%)	4 (9.1%)	2 (4.5%)	0 (0%)	0 (0%)	44
Follow-up	12 (85.7%)	2 (14.3%)	0 (0%)	0 (0%)	0 (0%)	14

Please indicate if you agree with the following statements

7. Nurse delegation saves money

	Strongly Agree	Moderately Agree	Neutral/ Don't Know	Moderately Disagree	Strongly Disagree	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Initial	23 (53.5%)	10 (23.3%)	9 (20.9%)	1 (2.3%)	0 (0%)	43
Follow-up	10 (71.4%)	1 (7.1%)	3 (21.4%)	0 (0%)	0 (0%)	14

8. Nurse delegation improves access for consumers

	Strongly Agree	Moderately Agree	Neutral/ Don't Know	Moderately Disagree	Strongly Disagree	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Initial	29 (67.4%)	11 (25.6%)	3 (7.0%)	0 (0%)	0 (0%)	43
Follow-up	11 (78.6%)	1 (7.1%)	2 (14.3%)	0 (0%)	0 (0%)	14

9. Nurse delegation promotes quality of care and services

	Strongly Agree	Moderately Agree	Neutral/ Don't Know	Moderately Disagree	Strongly Disagree	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Initial	32 (74.4%)	9 (20.9%)	2 (4.7%)	0 (0%)	0 (0%)	43
Follow-up	11 (78.6%)	1 (7.1%)	1 (7.1%)	0 (0%)	1 (7.1%)	14

10. Nurse delegation is a safe practice

	Strongly Agree	Moderately Agree	Neutral/ Don't Know	Moderately Disagree	Strongly Disagree	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Initial	30 (69.8%)	11 (25.6%)	2 (4.7%)	0 (0%)	0 (0%)	43
Follow-up	10 (71.4%)	2 (14.3%)	1 (7.1%)	0 (0%)	1 (7.1%)	14

11. Please summarize your three greatest concerns about nurse delegation:

[Results in Appendix 2]

12. Please summarize three potential benefits you see with nurse delegation:

[Results in Appendix 2]

13. Please briefly describe how nurse delegation has affected your care

[Results in text]

14. How were the delegated tasks being managed before this program began?

[Results in Appendix 2]

***15. Please rate the program's effect on the following aspects of your life (if we have missed any aspects please add them in the last five boxes):**

	Effect of program					
	Very Positive	Somewhat Positive	Neutral/ Unsure	Somewhat Negative	Very Negative	Total
	N (%)	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
My ability to live where I want to live	15 (71.4%)	2 (9.5%)	4 (19.0%)	0 (0%)	0 (0%)	21
My independence	14 (70.0%)	3 (15.0%)	2 (10.0%)	0 (0%)	1 (5.0%)	20
My privacy	13 (61.9%)	2 (9.5%)	5 (23.8%)	0 (0%)	1 (4.8%)	21
My health	17 (81.0%)	3 (14.3%)	1 (4.8%)	0 (0%)	0 (0%)	21

	Effect of program					
	Very Positive	Somewhat Positive	Neutral/ Unsure	Somewhat Negative	Very Negative	Total
	N (%)	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
My stress level	13 (61.9%)	4 (19.0%)	3 (14.3%)	0 (0%)	1 (4.8%)	21
My family's stress level	12 (60.0%)	2 (10.0%)	6 (30.0%)	0 (0%)	0 (0%)	20
My ability to manage my daily routine	13 (65.0%)	4 (20.0%)	3 (15.0%)	0 (0%)	0 (0%)	20
My ability to participate in activities outside my home	5 (25.0%)	5 (25.0%)	10 (50.0%)	0 (0%)	0 (0%)	20
My family's ability to work	8 (40.0%)	1 (5.0%)	11 (55.0%)	0 (0%)	0 (0%)	20
Relationship with my friends	11 (55%)	2 (10.0%)	7 (35.0%)	0 (0%)	0 (0%)	20
Relationship with the agency staff who help me	16 (76.2%)	2 (9.5%)	3 (14.3%)	0 (0%)	0 (0%)	21
Relationship with my primary health care provider (doctor, nurse practitioner, etc.)	12 (57.1%)	2 (9.5%)	7 (33.3%)	0 (0%)	0 (0%)	21
My hours of service from the agency	15 (71.4%)	2 (9.5%)	3 (14.3%)	0 (0%)	1 (4.8%)	21

If you'd like to expand upon any of your answers, please do so here: _____

- *like the program very much, it is a great benefit to the family. Know her home health aide is very capable. When she is on antibiotics and needs it different times of day, it is a big help.*
- *I think the way the program is being done now is beautiful and if they make any additional changes, I will be happy for myself and other people. I think it is a very good program and hope you have great success all the way through. I hope and pray that everyone stays healthy.*
- *Would like more hours of service from the agency.*

***16. Are you still enrolled in the pilot?**

Are you still enrolled in the pilot?	N (%)
Yes	17 (81.0%)
No	4 (19.0%)

***17. If you are no longer enrolled, please indicate whether any of the following were a factor in the decision to withdraw (check all that apply):**

Factor in the decision to withdraw	N
Able to do task myself	
Family preferred to do task	
Prefer not to have nurse involved	
I or my caregivers did not feel the aide was able to do the task(s) safely	
My aide was no longer available	2
Issues with my doctor or other health care provider	
My health deteriorated; no longer eligible	1
The agency decided to withdraw me	1
Other (*changed to CAU - aide is now hired directly by us and can give meds and work holidays & weekends when I have to work*)	1

Please elaborate: _____

- *She had to stop coming because she had no one to take care of her little child.*
- *Aide had a problem with one of her patients in court - granddaughter of a 95 year old women said aide stole money from her. I trusted her and never had any problem with her. She is going to court sometime this month. I wrote a statement to her lawyer that the girl is very good and had no problem.*
- *no longer eligible*

18. How long have you been receiving care/services from this agency? ____ Months

Minimum	6
Maximum	204
Median	72

19. What is your age?

Age	**N (%)**	**Age**	**N (%)**
18 – 25	3 (6.8%)	55 – 65	5 (11.4%)
25 – 35	5 (11.4%)	65 – 75	9 (20.5%)
35 – 45	7 (15.9%)	75- 85	6 (13.6%)
45 – 55	6 (13.6%)	> 85 years	3 (6.8%)

20. What is your gender?

Gender	**N (%)**
Female	34 (77.3%)
Male	10 (22.7%)

21. What is your ethnicity?

Ethnicity	**N (%)**
Hispanic or Latino	6 (14.3%)
Not-Hispanic or Latino	36 (85.7%)

22. What is your race? (Check all that apply):

Race	N (%)	Race	N (%)
American Indian or Alaska Native	0 (0%)	Asian	1 (2.3%)
Native Hawaiian or Other Pacific Islander	0 (0%)	Black or African American	16 (37.2%)
White or Caucasian	19 (44.2%)	Other	7 (16.3%)

23. What is your highest level of education?

Highest Level of Education	N (%)	Highest Level of Education	N (%)
Some high school	12 (30.8%)	Diploma	3 (7.7%)
High school	14 (35.9%)	Bachelor's Degree	3 (7.7%)
Some college	4 (10.3%)	Master's Degree or higher	0 (0%)
Associate Degree	3 (7.7%)		

24. Do you need help with any of the following activities (check all that apply):

Do you need help with any of the following activities	N (%)	Do you need help with any of the following activities	N (%)
Using the telephone	15 (34.1%)	Handling finances	26 (59.1%)
Shopping	39 (88.6%)	Eating	13 (29.5%)
Food preparation	40 (90.9%)	Bathing/Showering	39 (88.6%)
Housekeeping	42 (95.5%)	Getting dressed or undressed	37 (84.1%)
Laundry	43 (97.7%)	Getting in or out of bed or a chair	21 (47.7%)
Transportation	41 (93.2%)	Using the toilet	20 (45.5%)
Taking your medications	37 (84.1%)	Moving around your home	15 (34.1%)

25. What are your current living arrangements?

What are your current living arrangements?	N (%)
Live alone	16 (36.4%)
Live with spouse/partner	1 (2.3%)
Live with children	6 (13.6%)
Live with others (please specify ____**see next page**_____)	21 (47.7%)

Live with others	N (%)
Parent(s)	9 (42.86%)
Sibling	6 (28.57%)
12 people live in apartment complex	1(4.76%)
Cousin	1 (4.76%)
Friend	1 (4.76)
Group home	1 (4.76)
Son, mother	1 (4.76)
Did not specify	1 (4.76)

26. Which of the following best describes your current residence?

Which of the following best describes your current residence?	N (%)
Single family home	15 (34.1%)
Townhouse/condominium/co-op/apartment	26 (59.1%)
Boarding home	1 (2.3%)
Assisted living	2 (4.5%)
Nursing facility	0 (0%)

Aide Survey Responses

Questions marked with * were asked only in the followup survey

1. In general, what do you think of nurse delegation?

	Very Satisfied	Moderately Satisfied	Neutral/ Don't Know	Moderately Dissatisfied	Very Dissatisfied	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Initial	31 (63.3%)	12 (24.5%)	5 (10.2%)	0 (0%)	1 (2.0%)	49
Follow-up	5 (71.4%)	1 (14.3%)	1 (14.3%)	0 (0%)	0 (0%)	7

***2. What is your opinion of the nurse delegation pilot program?**

	Very Satisfied	Moderately Satisfied	Neutral/ Don't Know	Moderately Dissatisfied	Very Dissatisfied	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Follow-up	23 (65.7%)	10 (28.6%)	1 (2.9%)	0 (0%)	1 (2.9%)	35

3. What do you think of nurse delegation for the clients with whom you work?

	Very Satisfied	Moderately Satisfied	Neutral/ Don't Know	Moderately Dissatisfied	Very Dissatisfied	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Initial	39 (79.6%)	8 (16.3%)	1 (2.0%)	1 (2.0%)	0 (0%)	49
Follow-up	5 (71.4%)	2 (28.6%)	0 (0%)	0 (0%)	0 (0%)	7

4. How willing are you to perform delegated tasks?

	Very Willing	Moderately Willing	Neutral/ Don't Know	Moderately Unwilling	Very Unwilling	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Initial	41 (83.7%)	7 (14.3%)	1 (2.0%)	0 (0%)	0 (0%)	49
Follow-up	5 (71.4%)	2 (28.6%)	0 (0%)	0 (0%)	0 (0%)	7

5. Do you have a choice in deciding to perform delegated tasks?

	Strongly Agree	Moderately Agree	Neutral/ Don't Know	Moderately Disagree	Strongly Disagree	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Initial	31 (63.3%)	14 (28.6%)	3 (6.1%)	1 (2.0%)	0 (0%)	49
Follow-up	6 (85.7%)	1 (14.3%)	0 (0%)	0 (0%)	0 (0%)	7

6. How prepared do you feel to perform delegated tasks safely?

	Very Prepared	Moderately Prepared	Neutral/ Don't Know	Moderately Unprepared	Very Unprepared	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Initial	37 (75.5%)	9 (18.4%)	2 (4.1%)	1 (2.0%)	0 (0%)	49
Follow-up	6 (85.7%)	1 (14.3%)	0 (0%)	0 (0%)	0 (0%)	7

7. How capable do you believe you are of doing the delegated tasks?

	Very Capable	Moderately Capable	Neutral/ Don't Know	Moderately Incapable	Very Incapable	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Initial	40 (81.6%)	7 (14.3%)	2 (4.1%)	0 (0%)	0 (0%)	49
Follow-up	6 (85.7%)	1 (14.3%)	0 (0%)	0 (0%)	0 (0%)	7

Please indicate if you agree with the following statements

8. Nurse delegation saves money

	Strongly Agree	Moderately Agree	Neutral/ Don't Know	Moderately Disagree	Strongly Disagree	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Initial	24 (50.0%)	8 (16.7%)	15 (31.3%)	1 (2.1%)	0 (0%)	48
Follow-up	2 (28.6%)	3 (42.9%)	2 (28.6%)	0 (0%)	0 (0%	7

9. Nurse delegation improves access for consumers

	Strongly Agree	Moderately Agree	Neutral/ Don't Know	Moderately Disagree	Strongly Disagree	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Initial	23 (46.9%)	12 (24.5%)	13 (26.5%)	1 (2.0%)	0 (0%)	49
Follow-up	3 (42.9%)	2 (28.6%)	2 (28.6%)	0 (0%)	0 (0%)	7

10. Nurse delegation promotes quality of care and services

	Strongly Agree	Moderately Agree	Neutral/ Don't Know	Moderately Disagree	Strongly Disagree	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Initial	40 (81.6%)	7 (14.3%)	2 (4.1%)	0 (0%)	0 (0%)	49
Follow-up	6 (85.7%)	1 (14.3%)	0 (0%)	0 (0%)	0 (0%)	7

11. Nurse delegation is a safe practice

	Strongly Agree	Moderately Agree	Neutral/ Don't Know	Moderately Disagree	Strongly Disagree	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Initial	31 (63.3%)	13 (26.5%)	5 (10.2%)	0 (0%)	0 (0%)	49
Follow-up	6 (85.7%)	1 (14.3%)	0 (0%)	0 (0%)	0 (0%)	7

12. Please summarize your three greatest concerns about nurse delegation:

[Results in Appendix 2]

13. Please summarize three potential benefits you see with nurse delegation:

[Results in Appendix 2]

14. Please briefly describe how nurse delegation has affected your practice

15. How were the delegated tasks being managed before this program began?

[Results in Appendix 2]

16. What is your role?

What is your role?	N (%)
Home Health Aide	49 (100%)
Other: _____	0 (0%)

***17. Please list the tasks you have been delegated:_____**

- *Numerous tasks*
- *Giving oral med*
- *Give medication, Make doctor appointments, Call in prescriptions, See to it appointments are kept and keep check on medications.*
- *Medication, Check blood sugar.*
- *Enabling to give drugs.*
- *Administer medication*
- *Care and Support, basically everything. Remind them to take medicine, but do not administer. No authorization to adminster.*

***18. How many clients have you had tasks delegated for?** _____ # Clients

Minimum	1
Maximum	10
Median	1

***19. Please rate the effect on you personally of participating in the delegation pilot:**

	Effect of program					
	Very Positive	Somewhat Positive	Neutral/ Unsure	Somewhat Negative	Very Negative	Total
	N (%)	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
My job satisfaction	26 (76.5%)	5 (14.7%)	3 (8.8%)	0 (0%)	0 (0%)	34
How I feel about myself	29 (85.3%)	2 (5.9%)	3 (8.8%)	0 (0%)	0 (0%)	34
My stress level	18 (52.9%)	3 (8.8%)	8 (23.5%)	4 (11.8%)	1 (2.9%)	34
My level of knowledge about health-related matters	25 (73.5%)	4 (11.8%)	4 (11.8%)	1 (2.9%)	0 (0%)	34
My relationship with my client(s)	29 (85.3%)	2 (5.9%)	3 (8.8%)	0 (0%)	0 (0%)	34
My relationship with client's family or other caregivers	26 (76.5%)	4 (11.8%)	4 (11.8%)	0 (0%)	0 (0%)	34

	Effect of program					
	Very Positive	Somewhat Positive	Neutral/ Unsure	Somewhat Negative	Very Negative	Total
My relationship with other aides	19 (59.4%)	4 (12.5%)	9 (28.1%)	0 (0%)	0 (0%)	32
My relationship with nurses	29 (85.3%)	2 (5.9%)	3 (8.8%)	0 (0%)	0 (0%)	34
My relationship with agency management	22 (64.7%)	6 (17.6%)	5 (14.7%)	1 (2.9%)	0 (0%)	34
My status at work	29 (85.3%)	1 (2.9%)	3 (8.8%)	0 (0%)	1 (2.9%)	34
Recognition by agency	24 (70.6%)	3 (8.8%)	7 (20.6%)	0 (0%)	0 (0%)	34
Ability to provide quality service to client	33 (97.1%)	1 (2.9%)	0 (0%)	0 (0%)	0 (0%)	34
Adequacy of time to complete my work	24 (70.6%)	4 (11.8%)	4 (11.8%)	2 (5.9%)	0 (0%)	34
My earning potential	11 (35.5%)	2 (6.5%)	15 (48.4%)	2 (6.5%)	1 (3.2%)	31

If you'd like to expand upon any of your answers, please do so here:

- *on job sat, no longer worries about giving meds underground; on stress, finds caregiving stressful but not delegated task; on relationship, finds nurse visits disruptive at times; doesn't see other aides; little recognition before or after by agency*
- *I would like to earn more than I'm making now, that's for sure.*
- *Because of having more responsibilities, we should get paid more.*
- *I would like to further get into nursing by becoming a CNA, only if there was free classes I could take.*

***20. Has there been a change in the amount of time you spend with your client(s) as a result of this program?**

Has there been a change in the amount of time you spend with your client(s) as a result of this program?	N (%)
No, same amount	25 (75.8%)
Yes, more time	4 (12.1%)
Yes, less time	4 (12.1%)

21. How many years of experience have you had as an Aide? ____ Years

Minimum	0
Maximum	40
Median	9.5

22. How long have you worked at your current place of employment? ____ Years

Minimum	0
Maximum	23
Median	5

23. What is your age?

Age	N (%)	Age	N (%)
18 – 25	0 (0%)	55 – 65	10 (20.4%)
25 – 35	9 (18.4%)	65 – 75	3 (6.1%)
35 – 45	9 (18.4%)	75- 85	1 (2.0%)
45 – 55	17 (34.7%)	> 85 years	0 (0%)

24. What is your gender?

Gender	N (%)
Female	45 (91.8%)
Male	4 (8.2%)

25. What is your ethnicity?

Ethnicity	N (%)
Hispanic or Latino	10 (22.2%)
Not Hispanic or Latino	35 (77.8%)

26. What is your race? (Check all that apply):

Race	N (%)	Race	N (%)
American Indian or Alaska Native	0 (0%)	Asian	2 (4.3%)
Native Hawaiian or Other Pacific Islander	0 (0%)	Black or African American	23 (50.0%)
White or Caucasian	16 (34.8%)	Other	5 (10.9%)

27. What is your highest level of education?

Highest Level of Education	N (%)	Highest Level of Education	N (%)
Some high school	4 (8.2%)	Diploma	2 (4.1%)
High school	26 (53.1%)	Bachelor's Degree	2 (4.1%)
Some college	13 (26.5%)	Master's Degree or higher	0 (0%)
Associate Degree	2 (4.1%)		

28. Do you have a professional certification?

Do you have a professional certification?	N (%)
Yes	46 (93.9%)
No	3 (6.1%)

28a: If yes, please describe (check all that apply):

If yes, please describe (check all that apply):	N (%)
Certified homemaker home health aide (CHHHA)	46 (100%)
Registered Nurse (RN)	0 (0%)
Other (specify)	0 (0%)

29. Additional comments:

- *For doing this, there should be a kind of diploma to be given to me, so I can be known in anywhere they can use me again in the future.*
- *extra money for the aides*
- *I think everyone whom participate in this program and is successful should receive a certificate.*
- *I like it and I enjoy it. I want to have another license for doing the pilot program.*
- *If you had another program that I can involve myself, I would be proud to participate.*
- *It's necessary for most clients. It is beneficial for clients that are bed bound and can't reach. I have one problem with this job, we don't get paid and are not acknowledged in the help we render, other than that I am so full with my job. Those who I really help, I am good when I go home. I would give a decent salary because we are saving lives. Outside of training the aides better than they are now.*
- *I think it's a really good program if the right person is in that position and the place they work for is as good as the place I work for.*
- *it's a good program*
- *When I have some questions, the nurse answers the questions.*
- *nothing bad to say about the program*

- *No longer doing nurse delegation - the client is no longer in the program (sounds like she switched to a different program/funding source). A great asset to any company that would do it for the patient's well being.*
- *I hope this program can continue and I wish it was talked about more.*

Administrator/Policymaker Survey Responses

Questions marked with * were asked only in the followup survey

1. In general, what do you think of nurse delegation?

	Very Satisfied	Moderately Satisfied	Neutral/ Don't Know	Moderately Dissatisfied	Very Dissatisfied	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Initial	12 (22.2%)	29 (53.7%)	8 (14.8%)	5 (9.3%)	0 (0%)	54
Follow-up	11 (45.8 %)	10 (41.7%)	3 (12.5%)	0 (0%)	0 (0%)	24

***2. What is your opinion of the nurse delegation pilot program?**

	Very Satisfied	Moderately Satisfied	Neutral/ Don't Know	Moderately Dissatisfied	Very Dissatisfied	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Follow-up	10 (41.7%)	9 (37.5%)	4 (16.7%)	1 (4.2%)	0 (0%)	24

Please elaborate:

- *Clients we serve will have the opportunity to receive better quality of care and services in the home. The Certified Home Health Aides will gain a wealth of knowledge and skills; promoting and encouraging continued education in the nursing field.*
- *I've not had opp. To use it yet. But think it is a good idea.*
- *Was never able to refer nursing facility clients only had client's being discharged to community that needed PCA for ADL care only*
- *I had only once client referred for the program - he indicated he was satisfied w/ the service he received from the program - client is currently in a NF after a recent hospitalization*
- *Have not seen any in the home setting*
- *Haven't seen any that are nurse delegation*
- *Allows indv's w/ physical disabilities to receive > services in their homes*

- *I think the program is very good - And served a need. Concerned with the response from provider community. It is taking a lot of effort of Project Manager - will this be sustainable once project ends.*
- *Make it for everyone--now, w/ nursing issues. Beyond pilot--permanent for PCA population*
- *Really good--don't know too much about results--for seniors--aging in own homes, med administration--big help. Good idea.*
- *I haven't had experience w/ someone on the program*
- *At beginning a lot of uncertainty in our dept, improved with training of our staff*

3. What do you think of nurse delegation in community settings?

	Very Satisfied	Moderately Satisfied	Neutral/ Don't Know	Moderately Dissatisfied	Very Dissatisfied	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Initial	11 (20.4%)	27 (50.0%)	9 (16.7%)	6 (11.1%)	1 (1.9%)	54
Follow-up	11 (45.8%)	9 (37.5%)	3 (12.5%)	1 (4.2%)	0 (0%)	24

4. Do you think RNs and Aides have a choice in deciding whether to perform delegated tasks?

	Strongly Agree	Moderately Agree	Neutral/ Don't Know	Moderately Disagree	Strongly Disagree	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Initial	22 (42.3%)	12 (23.1%)	5 (9.6%)	10 (19.2%)	3 (5.8%)	52

***5. Do you think RNs have a choice in deciding whether to perform delegated tasks?**

	Strongly Agree	Moderately Agree	Neutral/ Don't Know	Moderately Disagree	Strongly Disagree	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Follow-up	12 (50%)	9 (37.5%)	3 (12.5%)	0 (0%)	0 (0%)	24

***6. Do you think aides have a choice in deciding whether to perform delegated tasks?**

	Strongly Agree	Moderately Agree	Neutral/ Don't Know	Moderately Disagree	Strongly Disagree	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Follow-up	8 (33.3%)	10 (41.7%)	5 (20.8%)	0 (0%)	1 (4.2%)	24

7. How prepared do you feel RNs are to <u>decide</u> about delegation?

	Very Prepared	Moderately Prepared	Neutral/ Don't Know	Moderately Unprepared	Very Unprepared	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Initial	15 (28.3%)	26 (49.1%)	6 (11.3%)	5 (9.4%)	1 (1.9%)	53
Follow-up	10 (41.7%)	8 (33.3%)	3 (12.5%)	2 (8.3%)	1 (4.2%)	24

8. How capable do you believe aides are of doing the delegated tasks after proper training?

	Very Capable	Moderately Capable	Neutral/ Don't Know	Moderately Incapable	Very Incapable	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Initial	20 (37.7%)	19 (35.8%)	11 (20.8%)	2 (3.8%)	1 (1.9%)	53
Follow-up	13 (54.2%)	3 (12.5%)	7 (29.2%)	0 (0%)	1 (4.2%)	24

Please indicate if you agree with the following statements

9. Nurse delegation saves money

	Strongly Agree	Moderately Agree	Neutral/ Don't Know	Moderately Disagree	Strongly Disagree	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Initial	16 (29.6%)	19 (35.2%)	16 (29.6%)	2 (3.7%)	1 (1.9%)	54
Follow-up	15 (62.5%)	4 (16.7%)	4 (16.7%)	1 (4.2%)	0 (0%)	24

10. Nurse delegation improves access for consumers

	Strongly Agree	Moderately Agree	Neutral/ Don't Know	Moderately Disagree	Strongly Disagree	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Initial	17 (32.1%)	24 (45.3%)	11 (20.8%)	1 (1.9%)	0 (0%)	53
Follow-up	19 (79.2%)	3 (12.5%)	2 (8.3%)	0 (0%)	0 (0%)	24

11. Nurse delegation promotes quality of care and services

	Strongly Agree	Moderately Agree	Neutral/ Don't Know	Moderately Disagree	Strongly Disagree	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Initial	10 (18.5%)	25 (46.3%)	13 (24.1%)	5 (9.3%)	1 (1.9%)	54
Follow-up	14 (58.3%)	6 (25.0%)	1 (4.2%)	3 (12.5%)	0 (0%)	24

12. Nurse delegation is a safe practice

	Strongly Agree	Moderately Agree	Neutral/ Don't Know	Moderately Disagree	Strongly Disagree	Total
Survey	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Initial	10 (18.9%)	24 (45.3%)	12 (22.6%)	5 (9.4%)	2 (3.8%)	53
Follow-up	12 (50.0%)	7 (29.2%)	4 (16.7%)	1 (4.2%)	0 (0%)	24

13. Please summarize your three greatest concerns about nurse delegation:

[Results in Appendix 2]

14. Please summarize three potential benefits you see with nurse delegation:

[Results in Appendix 2]

***15. Please rate each of the following in terms of how much information you have obtained from each source about the pilot.**

Source of Information	Amount of Information Received from Source				
	A lot	Some	A little	None	Total
	N (%)	**N (%)**	**N (%)**	**N (%)**	**N**
Division of Disability Services—Director or Program Manager	13 (68.4%)	3 (15.8%)	1 (5.3%)	2 (10.5%)	19
Division of Disability Services, other	8 (47.1%)	3 (17.6%)	0 (0%)	6 (35.3%)	17
Personal experience	3 (15.8%)	5 (26.3%)	3 (15.8%)	8 (42.1%)	19
Other people in your organization	6 (30.0%)	5 (25.0%)	3 (15.0%)	6 (30.0%)	20
Other people outside your organization	4 (20.0%)	9 (45.0%)	2 (10.0%)	5 (25.0%)	20
Trade associations	1 (5.6%)	2 (11.1%)	3 (16.7%)	12 (66.7%)	18
Professional associations	2 (10.0%)	7 (35.0%)	2 (10.0%)	9 (45.0%)	20
Current clients	6 (31.6%)	1 (5.3%)	1 (5.3%)	11 (57.9%)	19
Potential clients	1 (5.6%)	3 (16.7%)	2 (11.1%)	12 (66.7%)	18

Source of Information	Amount of Information Received from Source				
	A lot	Some	A little	None	Total
	N (%)	**N (%)**	**N (%)**	**N (%)**	**N**
Nurses or aides involved with a delegated task	4 (22.2%)	5 (27.8%)	2 (11.1%)	7 (38.9%)	18
The Board of Nursing	6 (28.6%)	4 (19.0%)	2 (9.5%)	9 (42.9%)	21
Pilot Advisory Council	7 (35.0%)	5 (25.0%)	0 (0%)	8 (40.0%)	20

***16. Please give your opinion about each of the following pilot elements:**

Element	Opinion					
	Very Satisfied	Somewhat Satisfied	Neutral/ Unsure	Somewhat Unsatisfied	Very Unsatisfied	Total
	N (%)	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Pilot orientation	12 (52.2%)	6 (26.1%)	5 (21.7%)	0 (0%)	0 (0%)	23
Support from Division of Disability Services, Director and Program Manager	15 (68.2%)	2 (9%)	5 (22.7%)	0 (0%)	0 (0%)	22
Support from Division of Disability Services, other staff	11 (52.4%)	3 (14.3%)	7 (33.3%)	0 (0%)	0 (0%)	21
Documentation required	6 (28.6%)	5 (23.8%)	9 (42.9%)	1 (4.8%)	0 (0%)	21
Billing	3 (14.3%)	2 (9.5%)	16 (76.2%)	0 (0%)	0 (0%)	21

***17. Please give your opinion about the pilot's effects on each of the following:**

	Pilot effect					
	Very Positive	Somewhat Positive	Neutral/ Unsure	Somewhat Negative	Very Negative	Total
	N (%)	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N**
Agencies' marketability	9 (39.1%)	7 (30.4%)	7 (30.4%)	0 (0%)	0 (0%)	23
Agencies' profitability	5 (20.8%)	7 (29.2%)	11 (45.8%)	1 (4.2%)	0 (0%)	24
Agencies' ability to fully utilize staff competencies	7 (29.2%)	6 (25.0%)	11 (45.8%)	0 (0%)	0 (0%)	24
Quality of care	6 (25.0%)	9 (37.5%)	7 (29.2%)	2 (8.3%)	0 (0%)	24
Continuity of care	7 (29.2%)	9 (37.5%)	8 (33.3%)	0 (0%)	0 (0%)	24
Adequacy of clinical hours	6 (25.0%)	6 (25.0%)	11 (45.8%)	1 (4.2%)	0 (0%)	24
Nurse job satisfaction	11 (45.8%)	4 (16.7%)	9 (37.5%)	0 (0%)	0 (0%)	24
Aide job satisfaction	10 (41.7%)	5 (20.8%)	9 (37.5%)	0 (0%)	0 (0%)	24
Teamwork among agency staff	8 (33.3%)	8 (33.3%)	8 (33.3%)	0 (0%)	0 (0%)	24
Client satisfaction with services	9 (39.1%)	8 (34.8%)	6 (26.1%)	0 (0%)	0 (0%)	23
Caregiver relief	9 (39.1%)	7 (30.4%)	7 (30.4%)	0 (0%)	0 (0%)	23

Additional comments:

- *Said she is sure it is very good for profitability ; very big relief for caregivers. Big help, good program--hears from agencies and caregivers.*
- *Agency can better utilize staff they have--if aides able to do stuff only nurses were able to do, should increase teamwork, use staff efficiently and increase profitability, should make more marketable.*

***18. What do you think is the most important barrier to enrolling clients in this program?**

- *I do not think there is one but maybe we need more agencies involved & more nurses who understand process*
- *Availability of Agency - in Cape May County*
- *Not enough agencies available in South Jersey*
- *Reliability of provider*
- *Getting information around*
- *Conflicts w/ HMOs*
- *Communication*
- *Referrals from NF's*
- *Awareness of program*
- *People don't know about the program--once know about it, they are happy with. Have to have good aides and teaching and people have to understand.*
- *Outreach--not knowing who--not having enough staff to look for clients--no time or staff. 28,000 people on PCA. So, identifying potential clients.*
- *Not enough info out there to public, so average person isn't aware of--needs more marketing*
- *Not enough people know about it. I've been part of advisory council--talking to others. More info/education to health care professionals--not just nurses and home care industry but doctors, nurses in acute care, rehab, nursing home, physical therapists, etc.*

***19. Do you favor the continuation/expansion of the pilot?**

Do you favor the continuation/expansion of the pilot?	**N (%)**
Yes	20 (95.2%)
No	1 (4.8%)

Why or why not?

- *Allowing nurse delegation will enhance homecare services.*
- *Don't have any First hand experience with pilot Agency or personnel to make an informed opinion*
- *This is a viable alternative or option for consumers to remain in their homes.*
- *Great program which has been so positive on home care provision*
- *Unsure*
- *offers another avenue for care in the community which is much less than NF rate*
- *Helps clients, gives aides who are doing tasks unofficially official training, nurses' piece of mind*
- *Good program--positive--allows clients to stay in home instead of institution.*

- *So clients can have continued care*
- *Been successful with cases served, will make health system more efficient--trained staff doing [generic?] function. Hopefully make system more effective--help people stay out of institutions*

20. What is your practice setting? (please check one)

Practice Setting	**N (%)**
Home Health Agency or Association	9 (16.7%)
Regulator (e.g., Board of Nursing)	8 (14.8%)
Other State Agency	37 (68.5%)
Other (please explain)	0 (0%)

21. What is your role?

Role	**N (%)**
Director	9 (17.0%)
Manager/Supervisor	4 (7.3%)
Surveyor	2 (3.6%)
Other	38 (71.7%)

22. Have you ever worked as a nursing assistant?

Have you ever worked as a nursing assistant?	**N (%)**
Yes	20 (37%)
No	34 (63.0%)

23. How many years of experience have you had as a case manager? ____ Years

Minimum	0
Maximum	35
Median	5

24. What is your age?

Age	**N (%)**	**Age**	**N (%)**
18 – 25	0 (0%)	55 – 65	20 (40.0%)
25 – 35	0 (0%)	65 – 75	0 (0%)
35 – 45	12 (24.0%)	75- 85	1 (2.0%)
45 – 55	17 (34.0%)	> 85 years	0 (0%)

25. What is your gender?

Gender	**N (%)**
Female	46 (90.2%)
Male	5 (9.8%)

26. What is your ethnicity?

Ethnicity	**N (%)**
Hispanic or Latino	3 (6.0%)
Not-Hispanic or Latino	47 (94.0%)

27. What is your race? (Check all that apply):

Race	N (%)	Race	N (%)
American Indian or Alaska Native	0 (0%)	Asian	4 (7.8%)
Native Hawaiian or Other Pacific Islander	0 (0%)	Black or African American	6 (11.8%)
White or Caucasian	41 (80.4%)	Other	0 (0%)

28. What is your highest level of education?

Highest Level of Education	N (%)	Highest Level of Education	N (%)
Some high school	0 (0%)	Diploma	2 (3.9%)
High school	0 (0%)	Bachelor's Degree	19 (37.3%)
Some college	4 (7.8%)	Master's Degree or higher	15 (29.4%)
Associate Degree	11 (21.6%)		

29. Do you have a professional certification?

Professional Certification	N (%)
Yes	44 (86.3%)
No	7 (13.7%)

29a: If yes, please describe (check all that apply):

If yes, please describe	N (%)
Certified homemaker home health aide (CHHHA)	1 (2.2%)
Registered Nurse (RN)	31 (68.9%)
Other (specify)	13 (28.9%)

30. Additional comments:

- *The New Jersey Nurse Delegation Pilot Program has been a positive experience for both our clients and staff.*
- *Seems like everyone involved is happy with program; hasn't heard any complaints.*
- *Good program--wish I had more opportunity to be involved--great program--sure there are more people who need--finding clients is difficult with one person running.*
- *Can't market pilot as real service--once nursing service, can market in waiver, Medicaid/Medicare--don't think DDS can do on own--collaborate with trade associations, home care companies, other state agencies, etc.*

Appendix 2: Comparative Tables

Table 2-1: Scale Averages for Delegation Questions

	All-Unweighted		All-Weighted		Nurses			Aides		Consumers		Admin/Policymaker	
	Initial	Followup	Initial	Followup	Pre-Or	Post-Or	Followup	Initial	Followup	Initial	Followup	Initial	Followup
General delegation	1.64	1.80	1.55	1.50	2.32	1.61	1.97	1.53	1.43	1.33	1.07	2.11	1.67
Delegation for your clients/community settings	1.75	1.82	1.57	1.49	2.33	1.82	1.98	1.27	1.29	1.42	1.14	2.24	1.75
Willing to participate in delegation	1.52	1.79	1.38	1.45	2.06	1.67	1.93	1.18	1.29	1.29	1.14	n.a	n.a
Feel choice to participate	1.48	1.55	1.47	1.45	1.57	1.26	1.44	1.47	1.14	1.44	1.57	2.23	1.81
Prepared to decide about delegation (nurses only)	1.58	1.53	1.50	1.37	2.14	1.51	1.44	1.33	1.14	n.a	n.a	2.08	2.00
Prepared to teach aides (nurses only)	1.41	1.35	1.41	1.35	1.82	1.41	1.35	n.a	n.a	n.a	n.a	n.a	n.a
Prepared to supervise aides (nurses only)	1.40	1.45	1.40	1.45	1.84	1.40	1.45	n.a	n.a	n.a	n.a	n.a	n.a
Opinion about aide ability (after training)	1.65	1.79	1.46	1.44	2.19	1.79	1.92	1.22	1.14	1.20	1.14	1.96	1.85
Delegation saves money	1.79	2.01	1.79	1.88	2.26	1.67	2.19	1.85	2.00	1.75	1.50	2.13	1.63
Delegation improves access for consumers	1.63	1.81	1.62	1.70	2.16	1.55	2.00	1.84	1.86	1.39	1.36	1.92	1.29
Delegation improves quality of care/services	1.62	1.75	1.46	1.51	2.14	1.59	1.84	1.22	1.14	1.32	1.50	2.30	1.71
Delegation is safe	1.84	1.91	1.65	1.60	2.45	1.92	2.06	1.47	1.14	1.34	1.57	2.34	1.75
Opinion about pilot (followup only)		1.88		1.52			2.05		1.43		1.00		1.83

Notes:

1) 1 is very positive, 2 moderately positive, 3 neutral, 4 moderately negative and 5 very negative. The average for most groups fell between very and moderately positive, with a few averages falling between moderately positive and neutral.
2) Weighting was done to give aides, nurses and consumers equal weight--because we had a much better response rate from nurses, they were overrepresented in our sample.
3) When nurses were combined with other groups in the "All" category, their Post-Orientation scores were used as the initial score.

Table 2-2: Open-ended Responses on Concerns, Detailed Categories (Response Count)

	Nurses			Aides		Consumers		Admin/Policymakers		Total	
CONCERNS	**PreOr**	**PostOr**	**Followup**	**Initial**	**Followup**	**Initial**	**Followup**	**Initial**	**Followup**	**Initial**	**Followup**
Aide knowledge	33	13	10	1	0	2	1	5	0	21	11
Aide/patient compliance	44	34	24	1	0	2	0	8	5	45	29
Aide competence	63	30	7	8	0	7	5	11	1	56	13
Aide integrity	5	1	3	0	0	3	0	1	0	5	3
RN time to teach, availability to monitor	35	16	18	2	1	1	0	16	3	35	22
Language barrier RN, aide	20	8	8	1	0	1	0	0	0	10	8
Backup if nurse/aide out	12	18	11	0	0	0	0	0	3	18	14
Nurse competence to delegate/teach	7	8	2	0	0	0	0	8	7	16	9
Client dependency	3	2	2	0	0	0	0	0	0	2	2
Med error	17	6	3	2	0	0	0	0	0	8	3
Communication prob (not lang barrier)	9	20	5	0	0	2	0	0	0	22	5
General safety	56	45	14	4	0	1	1	13	3	63	18
RN Liability	47	20	8	0	0	0	0	4	1	24	9
Agency or other	4	5	1	0	0	0	0	2	0	7	1
Coercion, Nurses	1	1	5	0	0	0	0	2	3	3	8
Coercion, Aides	0	0	0	0	0	0	0	0	1	0	1
Coercion, Consumers	0	0	0	0	0	0	0	1	0	1	0
RN Workload, Paperwork	2	9	7	0	0	0	0	1	0	10	7
RN Workload, Caseload	2	2	2	0	0	0	0	0	0	2	2
RN Workload, Other	3	5	4	0	0	0	0	0	0	5	4
Increased cost	2	2	0	0	0	0	0	2	0	4	0
No aide pay increase	1	4	3	2	0	1	1	0	0	7	4
RN Job Loss	5	2	3	0	0	0	0	0	1	2	4
Aide willingness	8	8	3	0	0	1	0	1	0	10	3
MD Coop	1	2	0	0	0	0	0	0	0	2	0
Client resistance	7	8	3	2	0	0	0	1	0	11	3
Family resistance	3	3	1	0	0	0	0	0	1	3	2
Nurse reluctance to delegate	1	1	4	0	0	0	0	6	2	7	6
Fear pilot won't last	0	0	0	1	1	1	0	0	5	2	6
Aide turnover	5	7	5	0	0	2	0	2	0	11	5
Other program problem	14	25	18	5	0	0	3	11	8	41	29
Other	13	12	14	2	0	3	4	10	2	27	20
Total	423	317	188	31	2	27	15	105	46	480	251

Table 2-3: Open-ended Responses on Concerns, Summary Categories

A) Response Counts

	Nurses			Aides		Consumers		Admin/Policymakers		Total	
Categories - Concerns	**PreOr**	**PostOr**	**Followup**	**Initial**	**Followup**	**Initial**	**Followup**	**Initial**	**Followup**	**Initial**	**Followup**
Safety/Quality	304	201	107	19	1	19	7	62	22	301	137
Liability	51	25	9	0	0	0	0	6	1	31	10
Coercion	1	1	5	0	0	0	0	3	4	4	9
Nurse Workload (non safety)	7	16	13	0	0	0	0	1	0	17	13
Nurse Job Loss	5	2	3	0	0	0	0	0	1	2	4
Increased Costs	2	2	0	0	0	0	0	2	0	4	0
No Aide Pay Increase	1	4	3	2	0	1	1	0	0	7	4
Program Operational Problems	39	54	34	8	1	4	3	21	16	87	54
Other	13	12	14	2	0	3	4	10	2	27	20
Total	423	317	188	31	2	27	15	105	46	480	251

B) Response Percentages

	Nurses			Aides		Consumers		Admin/Policymakers		Total	
Categories - Concerns	**PreOr**	**PostOr**	**Followup**	**Initial**	**Followup**	**Initial**	**Followup**	**Initial**	**Followup**	**Initial**	**Followup**
Safety/Quality	71.9%	63.4%	56.9%	61.3%	50.0%	70.4%	46.7%	59.0%	47.8%	62.7%	54.6%
Liability	12.1%	7.9%	4.8%	0.0%	0.0%	0.0%	0.0%	5.7%	2.2%	6.5%	4.0%
Coercion	0.2%	0.3%	2.7%	0.0%	0.0%	0.0%	0.0%	2.9%	8.7%	0.8%	3.6%
Nurse Workload (non safety)	1.7%	5.0%	6.9%	0.0%	0.0%	0.0%	0.0%	1.0%	0.0%	3.5%	5.2%
Nurse Job Loss	1.2%	0.6%	1.6%	0.0%	0.0%	0.0%	0.0%	0.0%	2.2%	0.4%	1.6%
Increased Costs	0.5%	0.6%	0.0%	0.0%	0.0%	0.0%	0.0%	1.9%	0.0%	0.8%	0.0%
No Aide Pay Increase	0.2%	1.3%	1.6%	6.5%	0.0%	3.7%	6.7%	0.0%	0.0%	1.5%	1.6%
Program Operational Problems	9.2%	17.0%	18.1%	25.8%	50.0%	14.8%	20.0%	20.0%	34.8%	18.1%	21.5%
Other	3.1%	3.8%	7.4%	6.5%	0.0%	11.1%	26.7%	9.5%	4.3%	5.6%	8.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 2-4: Open-ended Benefits Detailed Categories (Response Count)

	Nurses			Aides		Consumers		Admin/Policymakers		Total	
BENEFITS	**PreOr**	**PostOr**	**Followup**	**Initial**	**Followup**	**Initial**	**Followup**	**Initial**	**Followup**	**Initial**	**Followup**
Better teamwork, communication, supervision	17	11	13	0	0	4	0	0	2	15	15
Keep clients home or improve service access	62	76	33	7	0	7	3	34	21	124	57
Family respite	22	24	12	2	2	6	1	6	1	38	16
Improve staff utilization, Nurse	21	7	11	2	0	2	1	9	3	20	15
Improve staff utilization, Aide	6	1	1	0	0	0	0	3	0	4	1
Imp time, other	11	11	1	0	0	1	2	1	1	13	4
Job enrichment , Nurse	3	3	0	0	0	0	0	1	0	4	0
Job enrichment, Aide	30	25	21	8	2	5	2	4	3	42	28
Job satisfaction, Nurse	1	0	0	0	0	0	0	0	0	0	0
Job satisfaction, Aide	17	9	5	0	0	0	0	1	0	10	5
Care continuity	25	21	15	7	0	2	0	2	4	32	19
Less acute care utilization	11	18	9	1	1	1	0	1	1	21	11
Reduce underground care	2	4	0	0	0	0	0	1	3	5	3
Improve communication	4	1	0	0	0	0	0	0	0	1	0
Better med management	22	19	12	11	1	5	0	3	0	38	13
Other, safety	47	43	32	10	0	6	1	7	5	66	38
Lower costs	36	33	23	5	1	3	4	15	9	56	37
Increased agency revenue or benefit	2	3	1	0	0	0	0	0	0	3	1
Patient/family satisfaction, empowerment	28	19	6	10	1	6	5	6	3	41	15
Other	10	7	10	11	2	9	3	4	2	31	17
Total	377	335	205	74	10	57	22	98	58	564	295

Table 2-5: Open-ended Responses on Benefits, Summary Categories

A) Response Counts

	Nurses			Aides		Consumers		Admin/Policymakers		Total	
Categories - Benefits	**PreOr**	**PostOr**	**Followup**	**Initial**	**Followup**	**Initial**	**Followup**	**Initial**	**Followup**	**Initial**	**Followup**
Client Access	62	76	33	7	0	7	3	34	21	124	57
Safety/Quality	111	106	68	29	2	14	1	14	13	163	84
Better Teamwork, Communication	17	11	13	0	0	4	0	0	2	15	15
Better Staff Utilization	38	19	13	2	0	3	3	13	4	37	20
Job enrichment/satisfaction	51	37	26	8	2	5	2	6	3	56	33
Family Respite	22	24	12	2	2	6	1	6	1	38	16
Patient/Family Satisfaction	28	19	6	10	1	6	5	6	3	41	15
Lower costs	36	33	23	5	1	3	4	15	9	56	37
Agency benefit (revenue, etc.)	2	3	1	0	0	0	0	0	0	3	1
Other	10	7	10	11	2	9	3	4	2	31	17
Total	377	335	205	74	10	57	22	98	58	564	295

B) Response Percentages

	Nurses			Aides		Consumers		Admin/Policymakers		Total	
Categories - Benefits	**PreOr**	**PostOr**	**Followup**	**Initial**	**Followup**	**Initial**	**Followup**	**Initial**	**Followup**	**Initial**	**Followup**
Client Access	16.4%	22.7%	16.1%	9.5%	0.0%	12.3%	13.6%	34.7%	36.2%	22.0%	19.3%
Safety/Quality	29.4%	31.6%	33.2%	39.2%	20.0%	24.6%	4.5%	14.3%	22.4%	28.9%	28.5%
Better Teamwork, Communication	4.5%	3.3%	6.3%	0.0%	0.0%	7.0%	0.0%	0.0%	3.4%	2.7%	5.1%
Better Staff Utilization	10.1%	5.7%	6.3%	2.7%	0.0%	5.3%	13.6%	13.3%	6.9%	6.6%	6.8%
Job enrichment/satisfaction	13.5%	11.0%	12.7%	10.8%	20.0%	8.8%	9.1%	6.1%	5.2%	9.9%	11.2%
Family Respite	5.8%	7.2%	5.9%	2.7%	20.0%	10.5%	4.5%	6.1%	1.7%	6.7%	5.4%
Patient/Family Satisfaction	7.4%	5.7%	2.9%	13.5%	10.0%	10.5%	22.7%	6.1%	5.2%	7.3%	5.1%
Lower costs	9.5%	9.9%	11.2%	6.8%	10.0%	5.3%	18.2%	15.3%	15.5%	9.9%	12.5%
Agency benefit (revenue, etc.)	0.5%	0.9%	0.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%	0.3%
Other	2.7%	2.1%	4.9%	14.9%	20.0%	15.8%	13.6%	4.1%	3.4%	5.5%	5.8%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 2-6: Open-ended Responses on How Delegation Managed Before

A) Response Counts

	Nurses	Aides	Consumers
	Followup	Initial	Initial
Family	23	8	12
Family, non compliant	3	1	2
Aide	3	5	4
Nurse	5	2	4
Self	6	2	4
Self, non compliant	3	4	5
Not managed	6	6	8
Institution	0	0	1
No response, unclear	19	21	4
Total	68	49	44

B) Response Percentages

	Nurses	Aides	Consumers
	% followup	% init	% init
Family	33.8%	16.3%	27.3%
Family, non compliant	4.4%	2.0%	4.5%
Aide	4.4%	10.2%	9.1%
Nurse	7.4%	4.1%	9.1%
Self	8.8%	4.1%	9.1%
Self, non compliant	4.4%	8.2%	11.4%
Not managed	8.8%	12.2%	18.2%
Institution	0.0%	0.0%	2.3%
No response, unclear	27.9%	42.9%	9.1%
Total	100.0%	100.0%	100.0%

Appendix 3: Focused Interview Guides

Guide 1: Staff and policy makers

1) Please tell me about your experience with nurse delegation
    a. How did you get involved
    b. How were you prepared for the new program
    c. What is your role and involvement in nurse delegation now?
    d. What specific experience have you had with the program?
    e. How is delegation working at your agency?
        i. What types of tasks are you aware of that have been delegated?
        ii. How were these tasks managed before nurse delegation?
2) What do you think about this program?
    a. What is your perspective on how it has been implemented?
    b. What has been your experience with challenges in implementing the program?
    c. What factors have facilitated implementing the program?
    d. Do you have any concerns about the program?
        i. Do you feel comfortable with delegation?
    e. What benefits do you see with nurse delegation?
    f. Please discuss any thoughts you have about which consumers might benefit most from such a program.
3) How do you think nurse delegation has affected consumers in general?
    a. What are the implications for quality of care
    b. How satisfied are you with the program?
    c. Please describe any effects you see on access?
    d. Please describe any effects you see on cost?
4) What suggestions do you have to improve the program?
5) Is there anything else you would like to share about your thoughts on the program?

Guide 2: Consumers/Family

1) Please tell me about your experience with nurse delegation
    a. Please describe the kinds of care and services you are getting from staff on a regular basis.
    b. Could you please tell me about what you know about nurse delegation?
    c. How did you hear about the program?
    d. How were you prepared for the new program
    e. What specific experience have you had with the program? What tasks are being delegated for you now?
    f. How were these issues managed before nurse delegation?
2) How has nurse delegation affected administration of medications?
    a. Working medication administration into care routine?
    b. Receiving medications on time?
    c. The aide's ability to recognize side effects?
    d. Receiving medications safely?
    e. Under what circumstances would you call the nurse?
3) What do you think about nurse delegation?
    a. What is your perspective on how it has been implemented – what has changed for you, if anything?
    b. Do you have any concerns about the program? (Can you identify any risks?)
    c. What benefits do you see with nurse delegation?
    d. Are you confident in the ability of the aide to perform the delegated tasks?
4) How has nurse delegation affected you?
    a. Please talk about how you view the quality of the care and services you are receiving.
    b. How satisfied are you with the program?
    c. Please share your thoughts on the access you have to the care and services you think you need. (also flexibility, convenience, control)
    d. Please share your thoughts on costs of care.
5) How has nurse delegation affected your ability to live where you want to live?
    a. Has it affected who you live with?

b. Where you live? (nursing home vs. home)

6) How has nurse delegation affected your family?
    a. Your family's stress level
    b. Your family's ability to take a break (relieved/respite)
    c. Your family's ability to work

7) What suggestions do you have for us to improve the program?

8) Is there anything else you would like to share about your thoughts on nurse delegation? Do you have any advice to others?

Appendix 4: Major Coding Categories

A. How it started
    1. Involvement
        a. Nurses
        b. Aides
        c. Consumers
        d. Program manager
    2. Input
B. Staff preparation to delegate
    1. Background
    2. Prepare
C. Tasks delegated
    1. Tasks Completed
    2. Potential Tasks
D. Consumers best served
    1. Ideal Consumers
    2. Consumers enrolled
E. Facilitating factors
F. Barriers/concerns
G. Overall impressions
    1. Experience
    2. How before
    3. Culture change
    4. Benefits/Positive aspects
    5. Negative aspects
    6. Costs
H. Recommendations
    1. Improvement

RUTGERS

Center for State Health Policy

Center for State Health Policy
Rutgers, The State University of New Jersey
112 Paterson Street, 5th Floor
New Brunswick, NJ 08901

p. 848-932-3105 f. 732-932-0069
cshp_info@ifh.rutgers.edu
www.cshp.rutgers.edu