Research Protocol for Registered Nurse Scope of Practice Laws

Prepared by the LawAtlas Legal Team

August 2015
REGISTERED NURSE SCOPE OF PRACTICE
August 2015

Research Protocol

I. Date of Protocol: August 6, 2015

II. Scope: Compile state statutes and regulations authorizing and regulating registered nurse scope of practice, specifically medical activities registered nurses may conduct. This cross-sectional dataset includes coding questions about the medical activities registered nurses may perform and the delegation authority of RNs to other health care professionals.

III. Primary Data Collection

a) Project Dates: Legal research was conducted between May 18, 2015 and August 1, 2015

b) Dates Covered in the Dataset: The research identified laws in force as of August 1, 2015.

c) Data Collection Methods: The LawAtlas Legal Team (hereafter, “Team”) building this dataset consisted of two legal Researchers (“Researcher #1” and “Researcher #2” or “Researchers”) and one Supervisor. The Team researched scope of practice laws for nurses, focusing on Registered Nurses (“RN”).

- Researchers identified all statutes and regulations related to RN scope of practice, using the databases and search terms described under “Databases Used” and “Search Terms”. Researchers created a master sheet for each state summarizing relevant statutes and regulations, including the most recent statutory history for each statute and regulation as well as the effective date for the most current version of the law (as of August 1, 2015).
- After coding questions were drafted as described under “Development of Coding Scheme”, Researchers redundantly researched 100% of the first ten jurisdictions, and 20% of the remaining 41 jurisdictions.
- Supervisor compared the master sheets for jurisdictions that were redundantly researched, and discussed any variation with the Researchers in order to determine which laws were significantly related to the scope of the dataset; those significantly related to the scope were retained for the coding process.

d) Databases Used: Searches were conducted using WestlawNext and state-specific legislature websites. Full text versions of the laws were collected and pulled from state legislature websites.
e) **Search Terms:** The following searches were used in the current (Multistate Legislative Service - (LEGIS-ALL)) bill libraries of Westlaw:

- adv: "registered nurses!"
- adv: "professional nurses!"
- adv: "registered nurses!" /p scope
- adv: nurse! /p scope
- adv.: nurse! /p delegat!
- adv: "licensed registered nurses!"
- adv: "licensed registered nurses!" /p scope
- adv: "licensed nurses!"

The Researchers supplemented key word searches by reviewing the table of contents chapters on nurse practice acts. All chapters were examined in their entirety for relevant law. Discrepancies were reviewed by the Supervisor and resolved by further research.

f) **Initial Returns and Additional Inclusion or Exclusion Criteria:** Included laws pertaining to the general scope of RN practice in the state, specific medical activities that RN’s could perform and the delegation authority of RN’s to other professionals. Excluded areas of law, include:

- Any laws related to RN scope of practice within specific treatment settings, including delegation authority, such as nursing homes and long-term care facilities. The Team decided to scope these laws out because the provisions for RN’s scope of practice in specific treatment settings varied significantly from standard laws on RN’s ability to practice in general treatment settings. The Team selected laws as applying to “general treatment settings” only where the language did not delineate if the provisions applied to any specific settings and/or the law indicated it applied to doctor offices, non-specialized clinics and acute care settings, such as hospitals.
- Any laws explicitly authorizing delegation from one RN to another RN. The Team wanted to focus the dataset on RN delegation to different health care professionals and for this reason focused on gathering laws permitting RN’s to delegate to non-RNs.
- Laws explicitly authorizing RN’s to broadly delegate tasks requiring “specialized nursing” expertise or judgment. The team decided to scope these laws out because the provisions for these laws were often vague, ambiguous or inconsistent across jurisdictions. Instead, the team scoped in specific nursing activities that could be delegated such as nursing assessments, diagnosis and care plans.
- Scope of practice of Advanced Practice Registered Nurses (APRNs), this includes Nurse Practitioners, Clinical Nurse
Specialists, Nurse Midwives and Nurse Anesthetists. For more information on Nurse Practitioner Scope of Practice, please see the Nurse Practitioner Scope of Practice dataset on LawAtlas.org.

- The delegation of assistance with daily living activities or the collection of patient data, except assistance with personal hygiene, which was included.
- Scope of practice for Licensed Practical Nurses (LPNs), Vocational Nurses, Nursing Students or any other nurses other than RN’s. LPN’s are only referenced to in the dataset when selected as a professionals RN’s can delegate to or work under the supervision of.
- Any laws related to the distribution of controlled substances. The Team decided to scope these law out because the provisions for controlled substance regulation varied significantly from standard laws on the ability of RN’s to administer general prescription legend drugs. A separate dataset would be needed to adequately capture the variation in these laws.
- Laws related to the pronouncement of death were scoped out because of inconsistencies and vagueness in the law.

IV. Coding

a) Development of Coding Scheme: The Team worked in collaboration with Center for Disease Control to determine the focus of the research and the key questions to be coded. The Researchers conceptualized coding questions, then circulated them for review by the Supervisor. When the questions were finalized, the Researchers entered the questions into the LawAtlas Workbench.

b) Coding Methods: The Team frequently met as a group to narrow the scope of the dataset to direct indicators of RN scope of practice within non-specific settings. Below are specific rules used when coding certain questions and responses in the dataset:

**Question:** “What medical activities are included in a registered nurse’s scope of practice?”

Responses were only selected where the state explicitly indicated an RN could conduct the activity. The responses were conceptualized and/or consolidated as follows:

- “Perform assessments” includes “evaluate” and “assess” a patient condition or treatment.
- “Formulate nursing care plan” includes “develop” “formulate” “create” and “establish” a nursing care strategy, treatment plan or regimen.
• “Provide treatment” includes “manage”, “administer,” “provide”, “coordinate” and “deliver” treatment as well as any other language showing the direct ability to provide medical treatment or a therapeutic regiment to a patient.

• “Perform nursing diagnosis” includes the explicit use of “perform”, “conduct” and “provide” a “nursing diagnosis”. This does not include and is distinct from performing a medical diagnosis, which only a physician or other high level professional may perform.

• “Make referrals to specialists” indicates the ability to refer patients to other “health care professionals”. Also coded where the law explicitly stated RN’s may conduct “referrals” broadly. This response was not selected when the law only indicated RN’s could refer patients to general health or community resources.

• “Delegate medical acts to other health care professionals” includes “supervise” and/or “manage” other health care professionals.

**Question:** “To which health care professionals can registered nurses explicitly delegate medical activities?

• Although no statutes or regulations explicitly authorized RNs to delegate to health care professionals in Pennsylvania and Missouri, it is possible that delegation is authorized through other sources of law and policy.

• Researchers removed home health aides from the professionals RN’s could delegate too because they were only referenced within laws applying to specific treatment settings.

• For the delegation questions above, certain professionals were consolidated into the following response categories:

  o “Medical Technicians”: Includes any type of “technicians” whether a prior certification is needed or not.
    a. Includes any type of technician other than “medicine technician”, coded as “medication aide.”
    b. Researchers found that some states required health care professionals to be “certified” before they could be delegated to, such as a “Certified Nurse Aide”. The Supervisor excluded certification requirements because of variation and inconsistencies across states. Researchers coded the identification of any “certified” professional into the most closely related.
existing category ("Certified Nurse Aide" = "Nurse Aide").

- "Nurse Aide": Includes "Nurse’s assistant" "Certified Nurse’s Assistant" Certified "Nurse’s Aide"
- "Medication Aide": Includes "Medication assistants" "Certified Medication Aide" "Certified Medication assistants" "Medication Technician"
- "Any qualified individuals": Coded wherever law explicitly stated an RN or NP could delegate to any "qualified", "capable", and/or other individual possessing the skills, knowledge and qualifications needed to conduct the delegated medical activity. Also includes "Unlicensed assistive personnel" and "Unlicensed personnel."

**Question:** “What medical activities can registered nurses delegate to other health care professionals?”

Responses were only selected where the law explicitly indicated an RN could delegate the activity to a health care professional or the activity was listed as an act a professional could conduct under the supervision of an RN.

Responses were selected based on an RN’s ability to generally delegate the activity and not only certain forms or exceptions of the activity. For example, if the law indicated an RN could only delegate certain types of medication administration, the Researchers still coded “Administer medication” as an activity an RN could delegate.

Responses selected broadly capture a collection of the activities RN’s can delegate to each professional identified in the law. For this reason, the responses do not differentiate between which activities may be delegated to each professional individually. For more information on this, please consult the legal text for each jurisdiction.

Many of the responses also directly parallel those for the question “What medical activities are included in a registered nurse’s scope of practice?” Differing responses were conceptualized and/or consolidated as follows:

- “Any activity a registered nurse believes the professional is qualified to perform”: Includes any language providing RN’s the broad discretion to delegate medical to activities to professionals based on their skills, qualifications and training.

**Question:** “What medical activities are registered nurses prohibited from delegating to other health care professionals?”

Responses were selected only where the law broadly prohibited an RN from delegating an activity to a health care professional and not only
specific forms of the activity. For example, if the law indicated an RN could only delegate certain types of medication administration to all health care professionals, the Researchers did not code “Administer medication” as prohibited.

Responses selected also broadly capture a collection of the activities RN’s are prohibited from delegating. For example, if a state only prohibits the delegation of conducting medical tests to nurses’ aides (but not other health care professionals) a CN would be added stating “The conducting of medical tests may not be delegated to nurses’ aides.”

Many of the responses directly parallel those for the questions “What medical activities are included in a registered nurse’s scope of practice?” and “What medical activities can registered nurses delegate to other health care professionals?” Researchers defined these activities the same for all questions.

**Question:** “What supervisory activities must registered nurses perform when delegating to other health care professionals?”

Responses were only selected where the law explicitly indicated a supervisory activity an RN must conduct when delegating tasks.

Responses selected broadly capture a collection of the supervisory activities RN’s must conduct. For this reason, the responses do not differentiate between the levels of supervision an RN may have to provide a specific type of professional individually. For more information on this, please consult the legal text for each jurisdiction.

Responses were conceptualized and/or consolidated as follows:

- “The registered nurse be available in person”: Includes 1) the requirement a registered nurse be available in person or within close physical proximity; and/or 2) The explicit use of “regular” “periodic” “monthly” “weekly” “annually” or another specific time interval in which an RN must directly inspect or meet in person with a professional they are supervising.
- “Non-specific general supervision”: Selected whenever the law indicated an RN must provide supervision and no specific supervision requirements are listed in the law.
- “No supervision is required”: Selected where the law only indicates an RN may delegate tasks but does not specify whether supervision is required. The selection of this response does not indicate that supervision is affirmatively not required, but just an absence of the word supervision in the statutory language.
- “The registered nurse must provide continuous supervision”: Includes the explicit use of “continuous” “periodic” “regular” “continual” “constant” or other
language describing supervision that occurs consistently over time.

V. Quality Control

Quality control consisted of the Supervisor exporting the data into a Microsoft Excel document each day the Researchers coded to examine the data for any missing entries, citations and caution notes. The Supervisor assigned 100% redundant coding of the first 10 jurisdictions. The rate of divergence was 20.5%. The supervisor assigned the next 10 jurisdictions for redundant coding and the rate of divergence fell to 11.6% on July 20, 2015. The Supervisor assigned the next 10 jurisdictions for redundant coding and the rate of divergence was 11.9%. The Team discussed all divergences throughout the process and re-coded as necessary.

A naïve coder was brought on to code 20% of the total number of records. The rate of divergence was at 13.8%. The supervisor conducted a coding review on August 3, 2015. Re-coding was completed and the final rate of divergence was 0%.

Prior to publication, the Supervisor downloaded all coding data into Microsoft Excel to do a final review of coding answers, statutory and regulatory citations, and caution notes. All unnecessary caution notes were deleted, and all necessary caution notes were edited for publication.