

ADVISORY
OPINION

OPINION: Team-Based Nursing Care Services
ADOPTED: 7/2018
REVISED: 8/2020, 1/2022
REAFFIRMED:

This Nebraska Board of Nursing advisory opinion is issued in accordance with the Nebraska Nurse Practice Act, Neb. Rev. Stat. 38-2216 (2). As such, this advisory opinion is for informational purposes only and is non-binding. The advisory opinions define acts, which in the opinion of the board, are or are not permitted in the practice of nursing.

Team-Based Nursing Care Services

Nursing care services can be effectively delivered by teams of licensed and unlicensed health care professionals. Compliance with nursing statutory and regulatory scope of practice provisions requires informed understanding and application to facilitate lawful practice relationships between nurses and other members of the health care team. Individual nurses are accountable for recognizing when a particular activity, intervention or role conflicts with their licensure authority or scope of practice. The Board of Nursing has endorsed a Decision-Making Framework (DHHS, 2017) to facilitate nursing scope of practice decisions.

This Advisory Opinion does not include the following:

Sedation and Analgesia. The Nebraska Board of Nursing (2021) offers a separate Advisory Opinion for the supervision of the Registered Nurse (RN) administering pharmacologic agents for sedation.

TITLE	UNLICENSED				NURSING			OTHER LICENSED		
	Employer/ Setting Specific e.g., Community Worker, Nursing Assistant	Medical Assistant (MA)	Nurse Aide	Dialysis Patient Care Technician (DPCT), Paid Dining Assistant; Medication Aide	Licensed Practical Nurse (LPN)	Registered Nurse (RN)	Advanced Practice Registered Nurse (APRN)	Physician Assistant (PA)	Physician, Osteopathic Physician	Other Licensed Health Care Professional e.g., Dentist, Optometrist, Pharmacist, Podiatrist, Emergency Medical Care Providers
State of Nebraska Credentials	No Credentials No Title Protection	No Credentials No Title Protection	No Credentials Registry No Title Protection	Limited Credentials Registry	Licensure	Licensure	RN and APRN Licensure	Licensure	Licensure	Licensure
Certification		Voluntary			Nursing Specialty	Nursing Specialty	Specific to Licensure and Practice	Specific to Practice	Specific to Practice	Specific to Practice
Scope of Practice	None	None	None	None	Nurse Practice Act	Nurse Practice Act	CNM; CNS CRNA; NP Practice Acts	Medicine and Surgery Practice Act	Medicine and Surgery Practice Act	Practice Act
Role	Specified by employer	Administrative Duties Clinical Support Tasks	Direct Care Activities of Daily Living	Defined in Statute and Regulation for each group	Directed practice by RN and Licensed Practitioner	Implements Nursing Process	According to Practice Act Role and Population Specific	According to Medicine and Surgery Practice Act	According to Medicine and Surgery Practice Act	According to Practice Act
Licensure Authority	None	None	None	None	Direction & Monitoring Direction Assignment Supervision	Direction & Monitoring Delegation Direction Assignment Supervision	Prescriptive authority Directs LPN practice Direction & Monitoring Delegation Direction Assignment Supervision	Prescriptive authority Directs LPN practice Direction & Monitoring	Prescriptive authority Directs LPN practice Direction & Monitoring *	According to Practice Act

DEFINITIONS

STATE OF NEBRASKA CREDENTIALS

Credential means having a license, registration or certificate that is required to practice by the state of Nebraska. A person with an active credential has the right to represent himself or herself as having the credential and the right to practice (Uniform Credentialing Act [UCA], 2021, Neb. Rev. Stat. §§ 38-113, 38-117, 38-121). Persons holding credentials may perform activities, interventions or roles that do not require a credential, e.g., direct care tasks, aromatherapy or supervision of ancillary support staff.

Nurses and other licensed health care professionals/employers do not have ~~the~~ authority to educate/train, validate the competency, or in any other way require another person to perform an activity, intervention or role that requires a credential that the person does not have, e.g., wound assessment ~~or~~ intravenous therapy (Nurse Practice Act, 2019 Neb. Rev. Stat. § 38-2210) or nursing administration (Nurse Practice Act, 2019, §§ 38-2212).

No Credentials

Persons with no credentials are unlicensed. They do not have a statutory scope of practice or title protection. Job titles and work descriptions may differ between employers. Education and training may vary from provided by the employer to requirements for the completion of a program granting a certificate or other award of completion. Unlicensed staff function in an assistant or subordinate role to the licensed nurse.

Limited Credentials

Persons with limited credentials are unlicensed. They do not have a statutory scope of practice, but they may have title protection. Registry staff have limited credentials and like other unlicensed staff, function in an assistant or subordinate role to the licensed nurse.

Registry

A Registry is a list of persons who offer a specialized service or activity (UCA Neb. Rev. Stat. §§ 38-120). Registry staff have met education and training requirements for specific nursing support roles and placement on the Registry. Practice settings for Registry staff are qualified in statute:

Nurse Aide—*Licensed health care facilities*

The Nurse Aide Registry differs from other Nebraska registries. Federal law requires placement on the Registry for persons employed as Nurse Aides by skilled nursing facilities, intermediate care facilities and nursing facilities. Not all nursing facilities,

e.g., hospitals and clinics that employ Nurse Aides are included in the definition of a nursing facility and therefore, are not required to comply with reporting requirements for Nurse Aides to maintain Registry status.
(Nursing Assistants and Paid Dining Assistants Act, 2019, Neb. Rev. Stat. §§71-6039)

Dialysis Patient Care Technician (DPCT)—*Facility providing hemodialysis services*
(Dialysis Patient Care Technician Registration Act, 2019, Neb. Rev. Stat. §§38-3703)

Paid Dining Assistant—*Nursing home*
(Nursing Assistants and Paid Dining Assistants Act, 2019, Neb. Rev. Stat. §§71-6039.01)

Medication Aide—*All settings in which meds are administered except home, unless provided through a licensed home health agency or licensed or certified home and community provider*
(Medication Aide Act, 2019, Neb. Rev. Stat. §§71-6720)

Licensure is the authority to engage in a profession to provide services which would otherwise be unlawful in the absence of such authorization (UCA, 2021, Neb. Rev. Stat. §§ 38-118).

Licensed nurses are Licensed Practical Nurses (LPNs) and Registered Nurses (RNs). It is unlawful for any person to use the title nurse in reference to himself or herself in any capacity, except individuals who are or have been licensed as a RN or a LPN (Nurse Practice Act, 2019, Neb. Rev. Stat. §§ 38-2228).

Title Protection

The Nebraska Uniform Credentialing Act [UCA], 2021 identifies “*Use of any letters, words, or terms, either as a prefix, affix, or suffix, on stationery, in advertisements, or otherwise, indicating that such person is entitled to practice a profession for which he or she is not credentialed*” as unprofessional conduct that may result in disciplinary action (Neb. Rev. Stat. §§ 38-179).

CERTIFICATION is formal recognition of achievement beyond initial education and training for a profession. Initial and ongoing certification requirements may include some combination of successful completion of a standardized examination, practice hours and continuing education. Many professions have voluntary certification, which may be required by employers or third-party payers for a person to provide specific health care services. Certification does not allow a person to perform a task that is not otherwise permitted by their credential, e.g., a person trained to operate a radiographic machine cannot perform radiographic procedures without licensure (Medical Radiography Practice Act, 2019).

Medical Assistant

Certification credentials are voluntary.

Certification in a Nursing Specialty is granted by a nationally recognized certifying organization to licensed nurses and APRNs (172 NAC 101-004.01). Certification is the formal recognition of specialized knowledge, skills and experience demonstrated by the achievement of standards identified by a nursing specialty to promote optimal health outcomes (American Board of Nursing Specialties, 2017).

Advanced Practice Registered Nurses must have national certification to be licensed in Nebraska. Certification is granted by an approved certifying body through a process which requires completion of a formal program of study and successful completion of an examination (Advanced Registered Nurse Practice Act, 2019, Neb. Rev. Stat. §§ 38-208). National certification by itself does not authorize an individual to practice as an APRN. Advanced Practice Registered Nurses may hold more than one national certification and in some instances, may qualify for licensure in more than one APRN group.

SCOPE OF PRACTICE is the rules, regulations, and boundaries within which a fully qualified practitioner with substantial and appropriate training, knowledge, and experience may practice. The scope of practice of a healthcare profession is the assurance of the safety of the services it provides (Pew Health Profession Commission, 1995; Pohl, Hanson, Newland & Cronenwett, 2010).

Practice Acts define the scope of practice for health care professionals in Nebraska.

Nurse Practice Act defines LPN and RN scope of practice.

Licensed Practical Nurse (LPN)

1. Practice in accordance with knowledge and skills acquired through a practical nursing program;
2. Functions at the direction of a RN or licensed practitioner; and
3. Must utilize procedures leading to predictable outcomes;
 - (a) Contributing to the assessment of the health status of individuals and groups;
 - (b) Participating in the development and modification of a plan of care;
 - (c) Implementing the appropriate aspects of the plan of care;
 - (d) Maintaining safe and effective nursing care rendered directly or indirectly;
 - (e) Participating in the evaluation of response to interventions

- (f) Providing intravenous therapy; and
- (g) Assigning and directing nursing interventions that may be performed by others
(Nurse Practice Act, 2019, Neb. Rev. Stat. §§ 38-2211).

Stable or Predictable means a situation with the individual's clinical or behavioral status and nursing care needs are determined by a registered nurse or licensed practitioner to be non-fluctuating and consistent, or where the fluctuations are expected and the interventions are planned, including those individuals whose deteriorating condition is expected (172 NAC 99.002.17).

Registered Nurse (RN)

1. The practice of nursing by a registered nurse means assuming responsibility and accountability for nursing actions.
2. Nursing actions include, but are not limited to
 - (a) Assessing human responses to actual or potential health conditions;
 - (b) Establishing nursing diagnoses;
 - (c) Establishing goals and outcomes to meet identified health care needs;
 - (d) Establishing and maintaining a plan of care;
 - (e) Prescribing nursing interventions to implement the plan of care;
 - (f) Implementing the plan of care;
 - (g) Teaching health care practices;
 - (h) Delegating, directing, or assigning nursing interventions that may be performed by others and that do not conflict with the Nurse Practice Act;
 - (i) Maintaining safe and effective nursing care rendered directly or indirectly;
 - (j) Evaluating responses to interventions;
 - (k) Teaching theory and practice of nursing;
 - (l) Conducting, evaluating, and utilizing nursing research;
 - (m) Administering, managing, and supervising the practice of nursing; and
 - (n) Collaborating with other health professionals in the management of health care
(Nurse Practice Act, 2019, Neb. Rev. Stat. §§ 38-2212).

ROLE is the function of a health care professional. A **hybrid role** means that a health care professional has acquired additional competencies and/or credentials for practice beyond a primary, or more traditional skill set in the workplace. For example, the hybridization of a role for an unlicensed person might include phlebotomy training; medical billing and coding certification;

Medication Aide registration; or, Radiography licensure. Health care teams utilizing unlicensed persons in hybridized nursing and medical staff support roles (172 NAC 99-002; Medicine and Surgery Practice Act, Neb. Rev. Stat. §§ 38-2025) are encouraged to identify responsibilities for education/training and clinical oversight amongst nursing and medical licensees for compliance with statutory and regulatory provisions for each profession.

Medical Assistant

Administrative Duties

1. Use computer applications;
2. Answer telephone;
3. Greet and room patients;
4. Maintain and file patient medical records;
5. Provide patients with general instructions regarding date, time and location for services; and
6. Arrange for hospital admissions and other health care services (AAMA, 2016).

Clinical Support Tasks vary according to individual state laws. The following list has been adapted from the AAMA (2016) and is in compliance with Nebraska state and federal laws for unlicensed persons:

1. Gather patient intake data and enter into the medical record, including vital signs, height, weight and chief complaint;
2. Transcribe information provided by patients into the medical record including medical history, medications and other provider names;
3. Transcribe exact written prescriber instructions for electronic order entry for medications, laboratory and radiology procedures;
4. Provide patients and caregivers with preprinted health-related instructions from the provider;
5. Prepare patients for examination and/or clinic procedures, including positioning and application of drapes;
6. Set up, remove and clean instruments for clinic procedures;
7. Phlebotomy;
8. Collect and prepare laboratory specimens;
9. Perform Clinical Laboratory Improvement Amendments (CLIA) waived and moderate complexity laboratory tests if CLIA requirements are met (Centers for Medicare & Medicaid Services, 2017);
10. Transmit written prescription orders and medication refills by telephonic or electronic means; and
11. Perform EKGs.

Nurse Aide

Direct Care activities include personal care e.g., bathing, hair care, nail care, shaving, dressing and oral care; and Activities of Daily Living (ADLs) e.g., transfer/ambulation, exercising, toileting and feeding.

Dialysis Patient Care Technician

Hemodialysis is administered under the authority of a licensed RN who may delegate noncomplex nursing interventions based on nursing judgment of the technician's education, knowledge, training, and skill (Dialysis Patient Care Technician Act, 2019, Neb. Stat. §§ 38-3704)

Paid Dining Assistants

Feed Residents who have no complicated feeding problems as selected by the nursing home based on the resident's latest assessment and plan of care and a determination by the charge nurse that the resident's condition at the time of such feeding meets that plan of care (Nursing Assistants and Paid Dining Assistants, 2019, Neb. Rev. Stat. §§ 71-6039.01).

Medication Aide

Provision of Medication means the component of the administration of medication that includes giving or applying a dose of a medication to an individual and includes helping an individual in giving or applying such medication to himself or herself. Medication Aides providing medications must be directed and monitored by a competent individual, caretaker, or healthcare professional (Medication Aide Act, 2019, Neb. Rev. Stat. §§ 71-6721-6722).

Directed Practice is responsibility and accountability for accepting appropriately directed activities or interventions i.e., those that the individual has been educated and is competent to perform and are within licensed scope of practice. Licensed Practical Nurses are directed in practice by RNs and licensed practitioners (Nurse Practice Act, 2019, Neb. Rev. Stat. §§ 38-2211). A RN also has authority to direct emergency care providers in a practice setting other than an emergency medical service (Emergency Medical Services Practice Act, 2020, Neb. Rev. Stat. §§38-1224).

Licensed Practitioner means a person lawfully authorized to prescribe medications or treatments (Nurse Practice Act, 2019, Neb. Rev. Stat. §38-2209).

Nursing Process is a scientific method used by nurses to ensure the quality of consumer care:

1. Assessing human responses to actual or potential health conditions;
2. Establishing nursing diagnoses;
3. Establishing a plan of care for the client/patient, including goals, outcomes, and prescriptions for nursing interventions;

4. Implementing the plan of care through the direct and indirect provision of nursing interventions; and
5. Evaluating client/patient responses to the plan of care and nursing interventions, and making adjustments to the plan of care based upon such evaluation (172 NAC 99-002.15).

APRN Role and Population are defined according to education, national certification and licensed statutory scope of practice. An APRN provides a scope of services to at least one population focus as defined by a nationally recognized role and population-focused core competencies (Consensus Model for APRN Regulation, 2008).

LICENSURE AUTHORITY

The orientation of relationships between health care team members is conferred by licensure authority for the purpose of order and control necessary to provide services and accomplish patient care goals.

Direction and Monitoring is the acceptance of responsibility for observing and taking appropriate action regarding any desired effects, side effects, interactions, and contraindications associated with a medication. A medication aide may *provide* medications when directed and monitored by a competent individual, caretaker, or health care professional in compliance with the Medication Aide Act and rules and regulations adopted and promulgated under the act. Medication *provision* is a component of medication *administration*. (Medication Aide Act, Neb. Rev. Stat. §§ 71-6721-6722). ‡The scope of practice for health care professionals providing direction and monitoring must include medication administration.

Delegation is the transference of authority, responsibility, and accountability by the RN to an unlicensed person to perform noncomplex nursing interventions (172 NAC 99-002.09). *Only the RN can delegate nursing interventions to an unlicensed person.*

Nursing Interventions are the initiation and completion of consumer focused actions necessary to accomplish the goals defined in the nursing plan of care (172 NAC 99-002.14). Nursing interventions are may also be planned by the nurse in response to a medical diagnosis and to implement a prescribed medical plan of care (American Nurses Association [ANA], 2015).

Complex interventions are nursing interventions that require nursing judgment to safely alter standard procedures in accordance with the needs of the individual; require nursing judgment to determine how to proceed from one step to the next; or, require multidimensional application of the nursing process (172 NAC 99-002.14A).

Non-complex interventions are nursing interventions ~~actions~~ which can safely be performed according to exact directions; do not require alteration of the standard procedure; and, for which the results and client/patient responses are predictable (172 NAC 990002.14B). Non-complex interventions may become complex and necessarily require the RN to intervene and make adjustments in the plan of care.

Interventions which cannot be delegated, include, but are not limited to:

1. Activities including assessment, problem identification, planning and outcome evaluation that require independent nursing judgement;
2. Teaching except for that related to promoting independence in personal care and activities of daily living;
3. Counseling (172 NAC 99.002.08) except that unlicensed persons may be instructed to recognize and report basic deviations from healthy behavior and communication patterns, and may provide listening, empathy, and support.
4. Coordination and management of care including collaborating, consulting, and referring;
5. Triage and/or the giving of advice; and
6. Treatments which are complex interventions (172 NAC 99-002.14A).

Direction is the provision of guidance and supervision by a *licensed nurse or licensed practitioner* who is responsible to manage the provisions of nursing interventions by another person (172 NAC 99-002.10). The method and degree of direction may vary based upon consumer condition, the interventions to be applied, and the qualification and competency of the person providing the interventions (172 NAC 99.005). Directed activities are those that the person being directed has education and training, certification and/or credentials to provide.

Registered nurses provide direction to the following:

1. LPNs;
2. Care teams which may include other licensed health care professionals; and
3. Unlicensed persons (172 NAC 99-005.01).

Licensed practical nurses provide direction to unlicensed persons providing auxiliary patient care services (172 NAC 99-005.02)

Assignment is the authority to appoint or designate to another person the responsibility for the performance of nursing interventions. Assignment IS NOT the transfer of authority; assignments are made to individuals who already have authority to provide nursing interventions as a licensed nurse or as an unlicensed person through delegation from the RN (172 NAC 99-002.03).

Supervision is the provision of oversight which includes maintaining accountability to determine whether or not nursing care is adequate and delivered appropriately (172 NAC 99.2.18). Registered nurses, LPNs and licensed practitioners all provide some degree of supervision in the provision and management of nursing care (172 NAC 99-007). Supervision includes the assessment and evaluation of client/patient condition and responses to the nursing plan of care, and evaluation of the competence of persons providing nursing care.

Direct vs. indirect supervision. The method and degree of supervision may vary based upon consumer condition, the interventions to be applied, and the qualification and competency of the person providing the interventions (172 NAC 99.007.02).

Direct supervision. The responsible licensed nurse or licensed practitioner is physically present in the clinical area, and is available to assess, evaluate and respond immediately (172 NAC 99.002.18A). Direct supervision DOES NOT mean that the responsible licensed nurse or licensed practitioner must be in the same room, or "looking-over-the-shoulder" of the persons providing nursing care. Appropriate circumstances for direct supervision are when consumer conditions and responses to interventions are not stable or predictable, and when the consumer is not competent to make informed decisions or provide necessary information thereby requiring frequent assessment by a registered nurse or licensed practitioner (172 NAC 99-02A). Licensed practical nurses must provide direction to unlicensed persons on through direct (172 NAC 99-007.02Ai).

Indirect supervision. The responsible licensed nurse or licensed practitioner is available through periodic inspection and evaluation and/or tele-communication for direction, consultation and collaboration (172 NAC 99-002.18B) If protocols are used to provide direction to a LPN, indirect supervision by a RN or licensed practitioner is required (172 NAC 99-007.02B).

Prescriptive authority is licensure-authority to prescribe medications, devices, health care services, equipment and supplies.

References

- 172 NAC 90. (2013). Licensure of Physician Assistants and Certification to Supervise Physician Assistants.
https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-090.pdf
- 172 NAC 95. (2008) Administration of Medications by Medication Aides and Medication Staff.
https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-095.pdf
- 172 NAC 99. (2020). Regulations Governing the Provision of Nursing Care. (2004).
https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-099.pdf
- 172 NAC 101. (2020). Regulations Governing the Practice of Nursing.
https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-101.pdf
- Advanced Practice Registered Nurse Practice Act. (2019).
<https://dhhs.ne.gov/licensure/Documents/Nursing-Advanced%20Practice%20Registered%20Nurse%20Practice%20Act.pdf>
- American Association of Medical Assistants. (2020). <https://www.aama-ntl.org/membership/benefits>.
- American Board of Nursing Specialties. (2016). Retrieved from <http://www.nursingcertification.org/about>.
- American Nurses Association [ANA]. (2015). *Nursing: Scope & standards of practice* (3rd ed.). Washington, DC: American Nurses Association.
- Centers for Medicare & Medicaid. (2017). Clinical Laboratory Improvement Amendments (CLIA).
<https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/index.html?redirect=/clia/>
- Consensus model for APRN regulation: Licensure, accreditation, certification & education. (2008). APRN Consensus Workgroup and National Council State Boards of Nursing. https://ncsbn.org/Consensus_Model_for_APRN_Regulation

July2008.pdf

DHHS. (2017). *Scope of practice decision-making framework*. <https://dhhs.ne.gov/licensure/Documents/ScopeOfPracticeFlowchart.pdf>

Dialysis Patient Care Technician Act. (2019). <https://dhhs.ne.gov/licensure/Documents/DialysisPtCareTechRegistrationAct.pdf>

Emergency Medical Services Practice Act. (2020). <https://dhhs.ne.gov/licensure/Documents/EmergencyMedicalServicesAct.pdf>

Medical Radiography Practice Act. (2019). <https://dhhs.ne.gov/licensure/Documents/Medical%20Radiography%20Practice%20Act.pdf>

Medication Aide Act. (2019). <https://dhhs.ne.gov/licensure/Documents/MedicationAideAct.pdf>

Medicine and Surgery Practice Act. (2020). <https://dhhs.ne.gov/licensure/Documents/MedSurgPerfusionGenCouns.pdf>

Nebraska Board of Nursing. (2021). *Sedation and analgesia*. Advisory Opinion.
<https://dhhs.ne.gov/licensure/Documents/ProceduralSedationAndAnalgesia.pdf>

Nurse Practice Act (2019). <https://dhhs.ne.gov/licensure/Documents/Nursing-NursePracticeAct.pdf>

Nursing Assistants and Paid Dining Assistants. (2019).
<https://dhhs.ne.gov/licensure/Documents/NurseAssistantsAndPaidDiningAssistants.pdf>

Pew Health Professions Commission (1995). *Reforming Healthcare Workforce Regulation: Policy Considerations for the 21st Century*.
Report of the Pew Health Professions Commission's Taskforce on Healthcare Workforce Regulation.

Pohl, J.M., Hanson, C., Newland, J.A., & Cronenwett, L. (2010). Unleashing nurse practitioners' potential to deliver primary care and lead teams. *Health Affairs* (29)5, 900-905.

Uniform Credentialing Act [UCA]. (2021). <https://dhhs.ne.gov/licensure/Documents/UniformCredentialingAct.pdf>

