NURSE EDUCATOR NURSING PLAN OF CARE (NPOC)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING SERVICES
SFN 577 (11-2023)

Clear Fields

The purpose of a nurse educator is to provide nursing assessment, care planning, training, and periodic review of client care needs. The licensed nurse is required to participate in the development of a plan of care for clients who require assistance with maintenance of routine medical or nursing tasks.

This service may include medical or nursing care to the extent permitted by state law that will maintain the health and well- being of the individual and will allow the individual to remain in the community. These are services that an individual without a functional disability would customarily and personally perform without the assistance of a licensed health care provider, such as catheter irrigation, administration of medications, or wound care, or other tasks as approved by the HCBS nurse administrator with Aging Services. Activities of daily living such as bathing dressing, routine skin care, toileting, transferring/positioning, mobility, and instrumental activities of daily living such as housework, laundry, or meal prep are not part of this service. Extended personal care service (EPCS) does not include tasks for monitoring healthy habits, encouraging healthy eating, monitoring falls, or tasks covered under the global endorsements or education for these tasks.

Nurse instruction is provided by a licensed nurse enrolled with the Department as a qualified service provider (QSP) to provide nurse education. Both Agency and individual nurse educator QSPs are required to identify a backup plan or provider in the event they are not able to provide services.

The nurse educator must complete a nursing plan of care (NPOC) and the NPOC must be completed every six months. Nurse educator activities must be delivered in accordance with this NPOC. The completed NPOC must be provided to the home and community based services (HCBS) case manager. The NPOC and the Individual Care Plan (ICP) completed by the HCBS case manager must be approved by the nurse administrator for extended personal care services prior to the implementation or continuation of services. The HCBS case manager provides the nurse educator with an Authorization to Provide Services. This document authorizes the provision of nurse educator services and authorizes units for the provision of that service.

Nursing education is provided to the EPCS provider (QSP) who is enrolled with the department to provide EPCS and must be provided in the presence of a client who is competent to make their own decisions, or their legal guardian.

Other requirements include following established protocol for reporting critical incidents to the Department.
A “critical incident” is any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or well-being of a client receiving HCBS services.

Reportable Incidents include:

1. **Abuse (physical, emotional, sexual), neglect, or exploitation**. Will need to also fill out a VAPS referral.
2. **Rights violations** through omission or commission, the failure to comply with the rights to which an individual is entitled as established by law, rule, regulation or policy.
3. **Serious Injury or medical emergency** which would not be routinely provided by a primary care provider.
4. **Wandering or elopement.**
5. **Restrain violations**.
6. **Death** of a client and cause (including death by suicide).
7. Report of all **medication errors** or omissions.
8. Any event that has the potential to jeopardize the client's health, safety or security if left uncorrected.
9. Changes in health or behavior that may jeopardize continued services.
10. Illnesses or injuries that resulted from unsafe or unsanitary conditions.

Complete a General Event Report (GER) within Therap. Or use the GER offline forms if the QSP does not have access to Therap. Submit the GER within 24 hours of the incident and notify the case manager.

Nursing education is provided to the EPCS provider (QSP) and must be provided in the presence of a client who is competent to make their own decisions, or their legal representative.

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The nurse educator is responsible for ongoing monitoring of medication or specific treatment regimens by reviewing if any changes occur or with the NPOC completed every six months.

The nurse educator will review and identify any potentially harmful practices (e.g., the concurrent use of contraindicated medications) and the method (s) for following up on potentially harmful practices. Any potentially harmful practices will be reported to ND Department of Health and Human Services HCBS. HCBS will be responsible for follow-up and oversight.

The nurse educator is required to maintain records related to:
(1) the instruction for the trained and delegated tasks
(2) monitoring and supervision of trained/delegated tasks
(3) instructions for the EPCS provider on how to contact the nurse educator for additional training prior to administering any new medication or treatment
(4) critical incidents according to the critical incident policy
(5) the results of the monitoring and reassessment contacts with the client

The nurse educator will send training documentation to the case manager and state nurse administrator. The training documentation must be signed by the nurse educator and the extended personal care providers who are providing the care/tasks.

The nurse educator must provide written documentation to the Department that shows he or she has provided instructions to the EPCS provider that outlines the types of situations that are considered reportable incidents. The incident plan must be updated annually and a copy sent to the clients HCBS case manager. EPCS providers must report incidents to the HCBS case manager and nurse educator immediately.

The nurse educator must notify the HCBS case manager if the client is not home at the scheduled time for service; there is an observed change in the clients physical, cognitive, emotional or environmental condition; there is a change in the amount or type of service that may be needed by the client, or if the client appears to be the victim of abuse or exploitation.

Documentation Requirements:

- NPOC must be approved initially and every 6 months by the Department.
- Incident Report Plan must be approved initially and annually by the Department.
- Copies of all other documentation must be provided by the HCBS Case Manager.

Sample documentation forms are provided in the QSP packet and may be used at your discretion.

The nurse educator will act in accordance with North Dakota Century Code Chapter 43.12.1, *Nurse Practices Act*, and associated administrative rules, Title 54 of North Dakota Administrative Code.

I have read and understand this information and agree to comply with all requirements.

Individual/Nurse Educator Signature (Person/Nurse's Name)	Date
Individual/Nurse License Number (Person/Nurse's Number)	Individual/Provider Number (Person's Number)

If Applicable:

Agency Name	Agency Provider Number