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Original Study

Certified Nurse Aide Scope of Practice: State-by-State Differences in Allowable Delegated Activities

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ABSTRACT

Objectives: To gain a better understanding of the state-by-state differences in allowable delegated activities for Certified Nurse Aides (CNAs) working in long-term care settings, this exploratory descriptive study assessed what are the allowable tasks for CNAs based on findings from each state board of nursing. Specifically, findings from each state determined whether the care tasks allowed were consistent with those delineated by the 42 CFR § 483.
Design: This descriptive study included data drawn from all 50 states' regulatory offices or health care services agencies. Data were obtained from the regulations listed on each state's board of nursing, department of health, department of aging, department of health professions, department of commerce, and office of long-term care, among like agencies.
Measures: The Code of Federal regulations (42 CFR § 483) listed 9 tasks that are allowable by each state. These tasks are identified as items 1 to 9: (1) personal care skills, (2) safety/emergency procedures, (3) basic nursing skills, (4) infection control, (5) communication and interpersonal skills, (6) care of cognitively impaired residents, (7) basic restorative care, (8) mental health and social service needs, and (9) residents' rights.
Results: Nine tasks delineated in the 42 CFR § 483 were identified as allowable in each state. On data analysis, it was found that 11 states noted that CNAs were able to perform workplace tasks that could be considered "expanded" care tasks, tasks beyond the basic care tasks listed in the 42 CFR § 483.
Conclusions: Findings from this exploratory study aid in limiting the confusion around the application of workplace duties across states, providing a useful description of the care tasks CNAs are allowed to perform in an attempt to find uniformity state-by-state. Overall, states reported considering expanding the scope of practice or authorized duties for CNAs to strengthen patient care and safety. States may choose to expand CNA authorized duties so as to equip CNAs with specific training so that the CNA is able to provide a certain level of care when or if he or she is needed to do so. Without uniformity of CNA authorized duties, it is difficult to interpret whether expanding the scope of the CNA can result in outcomes such as improved patient care. State regulations vary and there were state boards of nursing that were not sure about the true extent of CNA workplace responsibilities.

Increasing numbers of older adults in the United States has resulted in the growing use of long-term care services and supports.[1] Overall, an estimated 10 million people are expected to use some form of long-term care services.[1] The numbers of individuals who use long-term care services are projected to increase from 12 million to 27 million in 2050.[2] In 2012, there were an estimated 15,700 nursing homes, roughly 12,200 home health agencies, and 22,000 resident care communities among other care settings in the United States.[2]

Older or disabled adults who use long-term care services generally have a greater number of comorbidities and/or chronic care needs.[3,4] Approximately 82% of older adults have 1 chronic disease that

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requires them to receive some form of health care.[5] More than 50% of older adults have 3 or more chronic diseases.[3,6] The severity of complex conditions and the rising use of long-term care services will increase the need for providers who are able to administer adequate care supports, such as wound care, management of catheters, oxygen therapy, diabetic care, and nonpharmacological interventions that involve administration of topical compounds, among other treatments.[7] In addition, as acuity in health conditions increase, it is critical that care providers communicate the care needs of older patients to other health care providers and families. This type of communication may help with care efficiency and may facilitate the safety and quality of life of older adults by ensuring that interventions are appropriately implemented in a timely fashion (eg getting an antibiotic started, upgrading a weight-bearing status).

Certified Nurse Aides

Certified Nurse Aides (CNAs) serve as the frontline workforce in nursing facility settings. CNAs provide the greater part of the total paid caregiving offered to adults with complex conditions.[8–10] Most CNAs are women (92% of the total workforce) with a mean age of 39 years.[10] At the most basic level, CNAs working within the nursing facility setting aid in tasks such as bathing, dressing, transferring, and the measurement of vital signs.[11] Additional care tasks may be performed depending on the care setting and the state in which the care practice occurs. What the CNA is legally able to perform and how these tasks are achieved may influence the quality of care and the quality of life of the resident.[12,13]

CNA Scope of Practice

Scope of practice is a legal term given to licensed health professionals. CNAs are not licensed health professionals, rather are described as unlicensed assistive personnel. Thus, CNAs do not have a regulated scope of practice but do have professional standards and job responsibilities to which they must comply. CNAs are trained to provide a basic level of care to manage care needs and optimize quality of life for older or disabled adults.

With no regulated scope of practice, many states recognize the Code of Federal Regulations (42 CFR § 483) (see Table 1) as the unofficial CNA scope of practice. The 42 CFR § 483 directs care-based decisions for residents in nursing facilities. Institutions follow the 42 CFR § 483 to ensure that they will be eligible for Medicare and Medicaid reimbursement.[14] Finally, the 42 CFR § 483 is used to guide CNA training and to delineate workplace duties.[15] Specifically, the 42 CFR § 483 suggests that that CNAs must be trained in how to provide basic nursing care/skills (evaluation of vital signs and abnormal changes in body functioning), personal care skills (bathing, dressing, toileting), address mental health and social service needs, provide care to cognitively impaired residents, provide basic restorative services, and address residents' rights (providing privacy, safety).[16] Although all states include this basic level of care as authorized

Table 1
Care Tasks Delineated in the 42 CFR § 483 and Those Expanded Beyond the 42 CFR § 483 (GPO, 2012, p.1, 483.152, Subpart D)

Care Tasks Delineated in 42 CFR § 483
Personal care skills: Bathing; grooming including mouth care; dressing; toileting; assisting with eating and hydration; proper feeding techniques; skin care; transfers, positioning, and turning.
Safety/Emergency procedures: The Heimlich maneuver; preparation and knowledge on how to act in resident or facility-related emergencies; disaster preparedness; knowledge of emergency plans, evacuation, and communication.
Basic nursing skills:
Taking and recording vital signs; measuring and recording height and weight; caring for the residents' environment; recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor; caring for residents when death is imminent.
Infection control:
Evaluating and maintaining safe environment; reporting of signs and symptoms to licensed professionals; surveillance and monitoring.
Communication and interpersonal skills: The exchange of information. The ability to communicate or to demonstrate emphatic care. The ability to demonstrate competency in delicate situations.
Care of cognitively impaired residents:
Techniques for addressing the unique needs and behaviors of individual with dementia (Alzheimer disease and others); communicating with cognitively impaired residents; understanding the behavior of cognitively impaired residents; appropriate responses to the behavior of cognitively impaired residents; methods of reducing the effects of cognitive impairments.
Basic restorative care:
Training the resident in self-care according to the resident's abilities; use of assistive devices in transferring, ambulation, eating, and dressing; maintenance of range of motion; proper turning and positioning in bed and chair; bowel and bladder training; care and use of prosthetic and orthotic devices.
Mental health and social service needs:
Modifying aide's behavior in response to residents' behavior; awareness of developmental tasks associated with the aging process; how to respond to resident behavior; allowing the resident to make personal choices, providing and reinforcing other behavior consistent with the resident's dignity; using the resident's family as a source of emotional support.
Residents rights:
Providing privacy and maintenance of confidentiality; promoting the residents' right to make personal choices to accommodate their needs; giving assistance in resolving grievances and disputes; providing needed assistance in getting to and participating in resident and family groups and other activities; maintaining care and security of residents' personal possessions; promoting the resident's right to be free from abuse, mistreatment, and neglect and the need to report any instances of such treatment to appropriate facility staff; avoiding the need for restraints in accordance with current professional standards.
Care Tasks Expanded Beyond the 42 CFR § 483
Medication tasks:
The administration of medications; reminding a resident to take medications; assisting with opening/lifting of caps to medication bottles.
Wound care:
Applying ointments and dressings to wounds.
Catheter/Tube care and treatments:
Performing enemas, instillation of any fluids through any tubing except intravenous; administering vaginal or rectal suppositories or ointments; changing Foley bags from continuous drainage to a leg bag.
Managing medical information:
Identification of health care problems; collection of data so as to provide registered nurse, licensed practical nurse patient assessment; recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor.