



ADMINISTRATIVE DIRECTIVE

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To:	Developmental Disabilities State Operations Offices (DDSOO) Directors Voluntary Agency Executive Directors
Issuing OPWDD Office:	Division of Service Delivery, State Operations & Statewide Services
Date:	Issued September 18, 2020: Revised December 7, 2021
Subject:	Performing Nursing Services and Duties Remotely in OPWDD Certified Programs and Settings
Suggested Distribution:	Directors of Nursing/Clinical Services Directors of Quality Assurance
Contact:	OPWDD Director of Nursing and Health Services
Attachments:	None

Related ADMs/INFs	Releases Cancelled	Regulatory Authority	MHL & Other Statutory Authority	Records Retention
ADM 2003-01		14 NYCRR 633.10; 633.11. 633.17	MHL §§ 13.07; 33.03	18 NYCRR 504.3(a)

Purpose:

Individuals with Intellectual and Developmental Disabilities living in Certified Residential Settings receive nursing services. To assure that all individuals have access to necessary nursing services, while managing staffing shortages and increasing immediate clinical response needs, nursing services may be provided remotely when clinically appropriate. This ADM offers the option of delivering nursing services remotely, when appropriate, and sets the guidelines for delivery.

This ADM was originally issued on September 18, 2020. It was revised on December 7, 2021 to provide updates on nursing services that may be performed remotely through the use of technology and clarifies the circumstances in which the requirements for the minimum frequency of RN visits to certified sites may be accomplished remotely. This ADM also includes additional examples appropriate to the use of remote nursing services. The additional revisions are in **bold** and underlined.

Background:

Remote Nursing Services Model

Remote nursing care is when a Registered Nurse (RN) is physically located at one OPWDD certified program or authorized site, while providing virtual medical support to other nearby certified programs. The immediate physical location should be rotated to assure physical availability to all covered programs and individuals, while reducing the need for transportation between programs.

RNs must continue to be available to respond to immediate or urgent medical changes and needs. Their availability to individuals is critical in maintaining their health and safety. Remote service delivery only enhances the RN's ability to provide care to more individuals and with more efficiency.

Discussion:

Considerations for the Use of Remote Work

RNs have a lead role in the oversight of care within OPWDD certified residential programs. **Their presence and/or availability is both a required and critical support to the team 24 hours a day, 7 days a week. There may be times when an RN may need to oversee and/or provide certain nursing tasks remotely. Therefore, the requirements for the minimum frequency of RN visits to certified sites may be accomplished remotely.** These tasks must be carefully delivered by alternate means or delegated according to discipline-specific and license-based guidelines.

For certified residences, RNs must maintain an on-site presence in all sites. The

frequency of these in-person, on-site visits must be based on the needs/acuity of the individuals in any given home. **For example, a home with new or complex delegated nursing tasks, or that supports individuals with complex medical needs, may need to continue to maintain an on-site nursing presence. The need for additional or continued on-site presence will be at the discretion of the Nursing Program Coordinator, Director of Nursing, or his/her designee.**

It is expected that for those homes where the weekly visits are being completed remotely, a minimum of one visit per month will be completed in person, on site.

Routine Duties that Registered RNs (RNs) May Perform Remotely Using Technology

The following tasks may be completed remotely, if the RN has determined it is safe to do so based on the individuals' needs:

- Completion of Medication regimen reviews.
- Review of the Medication Administration Records (MAR) for individuals to:
 - ensure that new orders are correctly transcribed, that the MAR corresponds to the medication order(s), and to ensure that the individual-specific medication sheet is complete.
 - ensure that bowel interventions correspond to the bowel monitoring forms and the MAR.
 - confirm that all medications are signed for and address any missing information.
 - review and respond to any instances where an individual refuses their medication(s).
 - review documentation on the use of PRN medication; and to
 - review the controlled drug sheets and counts.
- Review of laboratory, imaging, and diagnostic results, and arrange for any necessary follow-up regarding any abnormal results.
- Review of reports from other providers.
- Review of consultation sheets/reports and follow up regarding clinical/medical appointments.
- Review of communication books, shift change logs and incident logs.
- Scheduling of appointments, rescheduling any cancelled or missed appointments, and determining why the appointment(s) were cancelled/missed.
- Review of staff notes.
- Review of diet orders.
- Review of the following charting records regularly maintained by staff for each individual:
 - Bowel Movement (BM) Chart
 - Weight Chart
 - Vital signs
 - Food Intake and Output
 - Menses
 - Seizures
 - Blood Sugar Monitoring Sheets

- Development of individual-specific Plans of Nursing Services (PONS). Such plans could be directly entered into an Electronic Health or Medical Record or arrangements should be made so that the PONS are placed into the individual's record and made available to staff.
 - Review of Staff Training and In-service training delivered, including reviewing the sign-in sheets; and
 - **Provision of necessary training and instruction to staff that is not considered complex. An example of a task that may be delegated using remote technology may include the use of a topical cream or ointment or obtaining a urinalysis. However, providing any education on a more complex delegated nursing task that requires a return demonstration, such as insulin injections, the use of a glucometer, colostomy care, or tube feeding, must be trained in person.**
- **Nursing Assessments That RNs May Perform Remotely Using Technology. But Which Require Additional Consideration to Determine Appropriateness**

Some nursing assessments may be delivered remotely when the RN determines that delivering such service remotely is appropriate and that performing the duty remotely does not negatively impact the health and/or safety of the individual(s). Consideration must be given to the staffing patterns and medication supplies on-site. When determining whether an assessment may be done remotely, the RN must consider:

- the staffing patterns at the site when the RN would be dependent on others, such as Direct Support Professionals (DSPs), to carry out the duty (including what staff are physically available on-site, and the skill level of those staff).
- whether there is an adequate supply of medications on site (RNs may, per their discretion work remotely with the on-site house staff to monitor the medication supply and to address any inadequacies).
- the kind of health-issue; and
- the technology available.

Examples of a nursing assessment that **may** be done remotely using technology:

An assessment of pain, new swelling, bruising, treatment of minor injuries such as burns, post-surgical assessment, pressure injuries, review of vital signs or blood glucose or other non-emergent concerns may be completed using simultaneous audio and visual technology, when the individual can report or show symptoms using simultaneous audio and visual technology and/or when on-site staff can provide data necessary for completing the assessment, such as providing measurements over time or identifying changes in appearance of color.

Routine Duties That RNs May Not Perform Remotely

Some RN routine duties may be performed in-person and cannot be done remotely. These include, but are not limited to:

- New or annual training on Delegated Nursing Tasks, to ensure that staff

demonstrate the procedures accurately and can correctly and safely carry out the task as prescribed. This may include new or annual delegated nursing tasks that require a return demonstration.

- Assessment and monitoring of significant wounds and injuries.
- Observation of, and/or education regarding, complex care and procedures carried out by staff (i.e., Delegated Nursing Tasks). Such complex procedures require that staff are sufficiently trained to carry out the delegated nursing task correctly in order to ensure the health and safety of the individual. Examples of complex care and procedures include, but are not limited to:
 - CPAP (Continuous Positive Airway Pressure).
 - BiPaP (Bi-level Positive Airway Pressure); and
 - management of surgical drains.
- **Verification of medication cart discrepancies**

Use of Technology to Perform Nursing Duties Remotely:

Various tools may be used to carry out nursing duties remotely including, but not limited to:

- The use of an Electronic Health/Medical Record (EHR/EMR).
- The review of scanned forms, made available to the RN using secure e-mail or a similar electronic file sharing system; or
- The delivery of services using telephone or audiovisual synchronous (i.e., live) communication platforms, which must be compliant with applicable rules, laws, and regulations (e.g., HIPAA).

Service Documentation:

The duties outlined above may be carried out remotely by RNs working within the OPWDD system, to ensure the ongoing health, safety, and continuity of care of individuals. Upon completion of these activities, RNs must sign and/or initial and date any documentation as they would if the activity were completed on-site. Such documentation serves as evidence of the RN who completed the task and the date the task was completed. **An example of this would be to initial a Bowel Movement Chart to identify that the RN had reviewed it.**

Additionally, RNs must arrange any necessary follow-up or after care and complete any necessary corresponding documentation.

RNs must also clearly document and provide training on any necessary instruction(s) for staff pertaining to the provision of care and services to an individual.

The individual's record should indicate when services are provided using remote technology, and whether said delivery method was successful or not. If remotely delivered service is unsuccessful, and the service is necessary, then in-person service must be provided. The service must meet HIPAA requirements

and be compliant with regulatory standards for the specific service provided.

Records Retention:

New York State regulations require Medicaid providers to prepare records demonstrating its right to receive Medicaid payment for a service. These records must be contemporaneous and kept for six years from the date the service was provided or when the service was billed, whichever is later (18 NYCRR 504.3(a)).