

## **Minnesota Board of Nursing**

### **Report from the Nursing Practice Committee February 7, 2013**

At the April 8, 2011 meeting, the Board charged the Nursing Practice Committee to “review the Nurse Practice Act in relation to the Institute of Medicine Report and identify statutory barriers to practice for advanced practice, licensed practical, and registered nurses and make recommendations for legislative change.” Over the past 20 months, the Committee has convened 21 times to address the charge (Attachment A). The Committee:

- Conducted a survey directed to RNs to determine if barriers to practice exist;
- Reviewed the NCSBN Model Act to identify opportunities to improve the Minnesota Nurse Practice Act (NPA);
- Drafted proposed statutory language to revise the Nurse Practice Act to address areas identified as lacking clarity and common understanding and seen as representing barriers to the evolution of nursing practice;
- Conducted 30 Listening Sessions across the state;
- Obtained feedback via written comment and email;
- Convened 2 Stakeholder Listening Sessions for organizations to obtain feedback from relevant nursing groups;
- Reviewed data from the Listening and Stakeholder Sessions; and
- Generated a revised draft of proposed statutory language based on the feedback received.

The Committee’s work was informed by previous efforts beginning in June 2000 to respond to concerns regarding LPN scope of practice (Attachment B). This substantial body of work identified concerns related to parameters surrounding assessment and delegation. These areas were identified again in the survey targeted to RNs conducted in April-May 2011 by the Committee. The NCSBN Model Act suggested language that was seen as potentially useful in revising the NPA, differentiating focused assessment by an LPN from comprehensive assessment by an RN. These terms, along with additional elements from the Model Act, were used to craft proposed statutory language to bring clarity to scope of practice concerns.

With this draft language as a base, 30 public Listening Sessions were conducted between May 2 and July 31, 2012. To facilitate participation across the state, sessions were conducted in each of the Economic Development Regions in the state (Attachment C). Notice of the public sessions was provided on the Board of Nursing website and via an email message sent to each nurse for whom the board had an email address. In addition to the public listening sessions, twenty-five organizations were invited to two stakeholder sessions; 18 of these sent a representative to at least one of the stakeholder sessions (Attachment D). Sessions were conducted at educational institutions or health care facilities that were accessible to the public. A set of prepared questions designed to elicit information regarding perceived barriers to practice, the degree to which the proposed language clarified scope of RN and LPN practice, and the usefulness of the language in allowing for the evolution of practice were posed. Two recorders (either committee members or board staff) documented the comments. Through these efforts, 775 persons were

engaged in the review of the draft language. Additionally, 31 written comments and 26 email comments were submitted, for a total of 832 individuals participating in the review of the language (Attachment E). Following each session, documentation of the comments was compared for consistency by both recorders to create a final record of each session. To sort and analyze the feedback, two board of nursing staff reviewed each comment and identified which area of the proposed language the comment addressed. Following this initial sorting of the data, comments that were similar were grouped and a summary statement or question the comments suggested was generated.

The Committee dedicated 4 meetings (October 5, 12, 30 and November 2, 2012) to reviewing the analysis of comments generated through the listening session process. Through this review, specific words or phrases that were identified as confusing, unclear, or not seen as resonant with practice by stakeholders were identified. The Committee used a consistent process for the review:

- Proposed NPA language was reviewed section by section.
- Questions/Comments posed by those completing the analysis were identified.
- Individual stakeholder comments were reviewed.
- Additional comments and/or questions were generated by the Committee.
- Issues raised were discussed by the Committee.
- Potential solutions were identified.
- Discussion was opened to stakeholders attending the meeting.

After this review was completed, the Committee met 5 times (November 15, 16, December 7, 21 2012 and January 18, 2013) to re-fashion proposed statutory language. A process similar to that used for the review of comments was followed:

- Review was organized by section of the proposed NPA. As nursing assessment had been previously identified as an area of concern, this section was the first to be reviewed and revised. The RN and LPN scope of practice language was reviewed/revised next, followed by the definitions section.
- Proposed NPA language was compared to the NCSBN Model Act.
- Proposed NPA language was discussed in light of concerns or issues raised in the review of listening session comments.
- Identification of additional potential solutions and revision of draft language.
- Discussion was opened to stakeholders attending the meeting.

Stakeholders were active participants throughout the period of time the committee was addressing this charge (Attachment F). Representatives from the Minnesota Nurses Association attended all of the meetings at which the Listening Session analysis and work of revising the proposed statutory language occurred; the Minnesota Licensed Practical Nursing Association attended 8 of the 9 meetings. These representatives provided important formative feedback throughout the process.

The current NPA does not hold a definition of nursing. Feedback identified that the incorporation of a definition of nursing was a welcome addition to statutory language. The analysis of the Listening Sessions and feedback from stakeholders also identified aspects of scope that were missing from the proposed draft. These included the actions of case finding, referral and care coordination for the RN, and provision of safe and therapeutic environments and advocating for patients in the LPN scope.

As anticipated from the work of the Committee between 2000–2010, the actions of delegating, assigning, supervising, monitoring, directing and assessing were elements central to the Committee’s discussion. Clarification regarding the role of the LPN in development and modification of the care plan was also an important element. The need for the language to reflect the wide variety of settings in which RNs and LPNs work was of importance, as was the need to accommodate settings in which an LPN works under the direction of someone who is not a nurse, but who is a licensed health care provider. Additionally, the interdisciplinary nature of the plan of care, and the need to allow for nursing care to be delivered prior to the generation of a formal nursing care plan were deemed to be important to incorporate in the proposed language.

To assist the Committee in determining the impact of proposed changes on other areas of regulatory language, Board staff conducted a review of statutory language and provided this to the Committee.

At the January 18, 2013 meeting, the Committee concluded its work and generated its recommendation for legislative change as directed by the Board (Attachment G).

**Attachment A**  
**Minnesota Board of Nursing**  
**Nursing Practice Committee Meetings**  
**April 2011 – January 2013**

In response to the charge from the Board to “review the Nurse Practice Act in relation to the Institute of Medicine Report and identify statutory barriers to practice for advanced practice, licensed practical, and registered nurses and make recommendations for legislative change”, 21 meetings of the Nursing Practice Committee were convened between April 2011 and January 2013.

<b>2011</b>	April 8
	June 3
	August 12
	September 16
	October 14
	November 18
	December 16
<b>2012</b>	January 20
	February 3
	March 9
	April 6
	April 27
	October 5
	October 12
	October 30
	November 2
	November 15
	November 16
	December 7
	December 21
<b>2013</b>	January 18

**Attachment B**  
**Minnesota Board of Nursing**  
**Nursing Practice Committee History**  
**2000 – 2013**

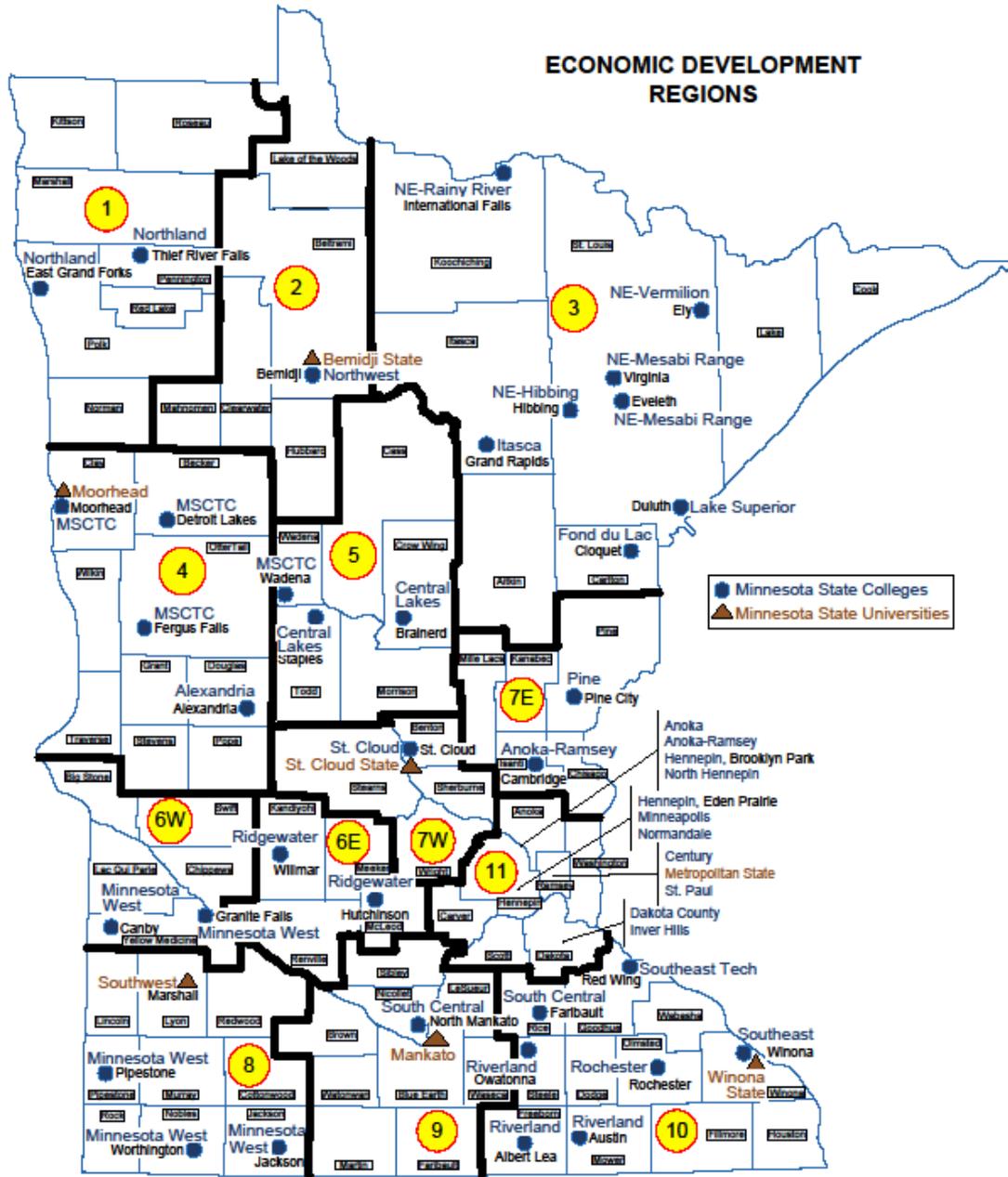
June 2000	MN Practical Nurse Educators and the MN Licensed Practical Nurse Association request Minnesota Colleagues in Caring (“MNCIC”) and the Board of Nursing to examine LPN scope of practice.
January 2002	The MNCIC LPN Practice Committee is formed. Members include a range of stakeholder groups including MNCIC staff, Board of Nursing members and staff, LPN educators, practicing LPNs and RNs, RN and LPN professional associations and unions and the Minnesota Health and Housing Alliance. The committee completed a comprehensive analysis of source documents, a survey of LPN practice and a literature review.
January 2005	The MNCIC Committee completed its work and concluded there is confusion regarding activities of observation and assessment, delegation and supervision and differences in the role of the LPN and RN are not clearly communicated. The committee recommended the Board clarify and differentiate the role of the LPN and the RN in observation and assessment, in delegation and supervision, and provide education regarding the differentiation of roles.
April 2005	Following the report from the MNCIC Practice committee, the Board directed the Nursing Practice Committee to analyze the recommendations of the MNCIC Practice Committee and determine a plan to implement the recommendations.
September 2005	The Board’s Nursing Practice Committee critiqued the research of the MNCIC committee and concluded it had used scholarly rigor in developing and instituting a unique, well-designed non-experimental research project and determined its conclusions were valid and reliable.
November 2005	Practice Committee reviewed data regarding practice-related complaints against LPNs and concluded there is minimal evidence of LPNs practicing outside of their scope of practice and therefore placing patients at risk.
January 2006 – August 2008	Practice Committee considered models of nursing competence development and sought to develop a regulatory model of competence development. Committee recognized role of clinical judgment in decision-making for all healthcare practitioners.
June 2006	Practice Committee reviewed literature related to the concept of assessment. The available literature indicated assessment is a function of the clinical reasoning process utilized for clinical decision-making.
August 2006	Practice Committee completed review of models of competence development and differentiated practice from other state boards of nursing.
Sept. 2006 – Nov. 2007	Practice Committee developed statement of assumptions and beliefs about competent practice.
April 2007 – October 2009	Practice Committee developed graphic depictions of roles of LPN, RN, APRN and UAP in the assessment and delegation processes. The Committee also developed explanatory narratives to accompany the graphics.
October 2008	Practice Committee submitted a report to the Board and presented its work-to-

	date. The Board reviewed and commented upon the models and explanatory materials.
December 2008	Practice Committee developed a plan to utilize structured stakeholder focus groups to obtain feedback regarding the models and their relevance to the charge to the committee. The Committee determined the first focus group would consist of members or representatives of the groups that comprised the MNCIC LPN Practice Committee and others would be conducted regionally.
February - May 2009	Nine focus groups held in Minneapolis, Willmar, Bloomington, Duluth, Moorhead and Bemidji. The focus group materials were also posted on the Board website and written feedback was requested.
June – July 2009	Staff completed a qualitative analysis of the focus group data and written comments. The Practice Committee concluded the processes used for data collection and analysis had sufficient rigor and, thus, the data were valid and reliable. The committee also concluded the literature review substantiated the assumption and belief statements and determined to proceed with refinement of the models based on the analysis of the data.
August 2009	Practice Committee considered the analysis of feedback and revised the models based on consideration of the feedback.
June 2010	Practice Committee finalized the assessment and delegation models and prepared a report to the Board.
August 2010	Board of Nursing reviewed and accepted report of the Practice Committee.
October 2010	Institute of Medicine issued a report on the future of nursing.
April 2011	Board directs Practice Committee to review the Nurse Practice Act in relation to the Institute of Medicine Report and identify statutory barriers to practice for advanced practice, licensed practical and registered nurses and make recommendations for legislative change.
April 2011 – May 2011	Nursing Practice Committee conducted survey of all RNs in state to determine if barriers to their practice were present. The survey was sent via email to 81,799 RNs.
June 2011	12,651 responses were received to the survey (15.5% of all RNs). Of those who responded, 94% identified that there is nothing in the Nurse Practice Act that is a barrier to their practice. It was also identified by these responders that the Nurse Practice Act is vague, and that confusion exists regarding delegation and assessment. Responders also identified a lack of independence to make care decisions which represented nursing care decisions.
Aug. 2011 – April 2012	Ten meetings of Nurse Practice Committee held. The existing Nurse Practice Act was reviewed in light of NCSBN Model Act and proposed language drafted to clarify scope of practice for professional and practical nurses. Key stakeholder groups were identified, and a plan developed to gather extensive feedback from nurses and other interested persons.
May – July 2012	30 Listening Sessions were planned and implemented. Notice of meetings was provided on the website, via mailing to the stakeholder list as developed

	by this committee, and via 178,768 emails directed to nurses whose email addresses were held by the board. Sessions were conducted in each of the Economic Development Regions of the state, and were attended by 775 persons. Two stakeholder sessions held; attended by 31 representatives from 18 organizations. 57 written/email comments also received.
August – Oct. 2012	Data from Listening Sessions was analyzed. Comments were clustered first by section of the Practice Act and then into major themes, and questions suggested by the analysis were identified.
Oct. 2012 – Jan. 2013	Nine Nursing Practice Committee meetings held to revise the draft language of Nursing Practice Act based on analysis of listening sessions and additional feedback received from stakeholders.
February, 2013	Proposed revision of Nursing Practice Act presented to Board of Nursing.

# Attachment C

## Minnesota Board of Nursing Nursing Practice Committee



February 15, 2011

**Attachment D**  
**Minnesota Board of Nursing**  
**Nursing Practice Committee**

**Stakeholder Organizations**

AARP Minnesota

AFSCME- Association of Federal, State and County Municipal Employees

Aging Services of Minnesota

Amherst H. Wilder Foundation

Association of Associate Degree/Practical Nursing Program Directors

CareProviders of Minnesota

MACN – Minnesota Association of Colleges of Nursing

MAOHN - Minnesota Association of Occupational Health Nurses

Mature Voices Minnesota

MCHA – Catholic Health Association of Minnesota

MDH – Minnesota Department of Health

MHA – The Minnesota Hospital Association

MHCA - Minnesota Home Care Association

Minnesota Center for Nursing

MLPNA - Minnesota Licensed Practical Nurses Association

MNA – Minnesota Nurses Association

MN Action Coalition Steering Committee

MN APRN Coalition – Minnesota Advanced Practice Nursing Coalition

MN-DONA - Minnesota Director of Nursing Administration (LTC)

MN Holistic Nurses Association

MOLN - Minnesota Organization of Leaders in Nursing

MPHA – Minnesota Public Health Association

SEIU - Healthcare Minnesota - Service Employees International Union

SNOM – School Nurse Organization of Minnesota

Stratis Health

**Attachment E**  
**Minnesota Board of Nursing**  
**Nursing Practice Committee**  
**Stakeholder Involvement - Listening Sessions**  
**May 2012 - July 2012**

<b>Listening/Stakeholder Session</b>	<b>Number of Stakeholders</b>	<b>Organizations Represented</b>
May 2, 2012	48	
May 3, 2012	22	
May 9, 2012	21	
May 17, 2012	111	
May 24, 2013	61	
May 29, 2012	42	
May 31, 2012	38	
June 6, 2012	6	Minnesota Action Coalition Steering Committee, Minnesota Association of Colleges of Nursing, Minnesota Association of Practical Nursing Directors, Minnesota Association of Occupational Health Nurses, Minnesota Public Health Association
June 14, 2012	25	AFSCME Council 5, Aging Services of MN, Amherst Wilder Foundation, Minnesota Association of Associate Degree Professional Nursing Program Directors, Minnesota Center for Nursing, Minnesota Department of Health, Minnesota Holistic Nurses Association, Minnesota Hospital Association, Minnesota Licensed Practical Nursing Association, Minnesota Nurses Association, Minnesota Organization of Leaders in Nursing, School Nurses of Minnesota, SEIU
June 21, 2012	25	
June 28, 2012	34	
July 12, 2012	50	
July 18, 2012	34	
July 19, 2012	44	
July 26, 2012	98	
July 31, 2012	116	

Total Listening Sessions	775
Written comments	31
Email comments	26
Total Participation	832

**Attachment F**  
**Minnesota Board of Nursing**  
**Nursing Practice Committee**

**Stakeholder Involvement - Committee Meetings**  
**April 2011 - January 2013**

<b>Committee Meeting</b>	<b>Number of Stakeholders</b>	<b>Individuals and Organizations</b>
April 8, 2011	5	General Public, Minnesota Licensed Practical Nursing Association, Minnesota Nurses Association
June 3, 2011	3	AFSCME, Minnesota Licensed Practical Nursing Association
August 12, 2011	4	Minnesota Licensed Practical Nursing Association, Minnesota Nurses Association
September 16, 2011	5	Minnesota Licensed Practical Nursing Association, Minnesota Nurses Association, SIEU
October 14, 2011	5	Mayo Clinic, Minnesota Licensed Practical Nursing Association, Minnesota Nurses Association
November 18, 2011	7	General Public, Mayo Clinic, Minnesota Licensed Practical Nursing Association, Minnesota Nurses Association
December 16, 2011	4	Mayo Clinic, Minnesota Nurses Association, SEIU
January 20, 2012	3	Minnesota Nurses Association, SEIU
February 3, 2012	8	Mayo Clinic, Minnesota Licensed Practical Nursing Association, Minnesota Nurses Association, SIEU
March 9, 2012	0	
April 6, 2012	7	General Public, Mayo Clinic, Minnesota Licensed Practical Nursing Association, Minnesota Nurses Association, SIEU
April 27, 2012	4	Mayo Clinic, Minnesota Licensed Practical Nursing Association, Minnesota Nurses Association
October 5, 2012	13	General Public, Fairview Health System, Mayo Clinic, Minnesota Licensed Practical Nursing Association/MLPN Alliance, Minnesota Nurses Association, School Nurses of Minnesota , SEIU
October 12, 2012	13	General Public, Fairview Health Services, Minnesota Association of Practical Nursing Directors, Minnesota Licensed Practical Nursing Association, Minnesota Nurses Association, SEIU
October 30, 2012	8	General Public, Mayo Clinic, Minnesota Nurses Association, School Nurses of Minnesota
November 2, 2012	6	Minnesota Association of Practical Nursing Directors, Minnesota Nurses Association, School Nurses of Minnesota
November 15, 2012	7	Minnesota Nurses Association, Minnesota Licensed Practical Nursing Association, School Nurses of Minnesota

November 16, 2012	9	General Public, Mayo Clinic, Minnesota Department of Health, Minnesota Nurses Association, School Nurses of Minnesota
December 7, 2012	14	General Public, Minnesota Department of Health, Minnesota Licensed Practical Nursing Association, Minnesota Nurses Association, School Nurses of Minnesota, SEIU
December 21, 2012	11	General Public, Mayo Clinic, Minnesota Association of Practical Nursing Directors, Minnesota Department of Health, Minnesota Licensed Practical Nursing Association, Minnesota Nurses Association, School Nurses of Minnesota, SEIU
January 13, 2013	5	Minnesota Department of Health, Minnesota Licensed Practical Nursing Association, Minnesota Nurses Association, SEIU

Total Number: 141

**Attachment G**

**Minnesota Board of Nursing  
Nursing Practice Committee**

**Comparison Current and Proposed Statutory Language  
Minnesota Nurse Practice Act**

<b>Minnesota Statute section 148.171</b>	<b>Proposed Language</b>
<p><b>Subd. 15. Practice of professional nursing.</b></p> <p>The "practice of professional nursing" means the performance for compensation or personal profit of the professional interpersonal service of:</p> <p>(1) providing a nursing assessment of the actual or potential health needs of individuals, families, or communities;</p> <p>(2) providing nursing care supportive to or restorative of life by functions such as skilled ministrations of nursing care, supervising and teaching nursing personnel, health teaching and counseling, case finding, and referral to other health resources; and</p> <p>(3) evaluating these actions.</p> <p>The practice of professional nursing includes both independent nursing</p>	<p><u><b>Subd. 2. Practice of professional nursing</b></u></p> <p>Practice as a professional nurse means the scope of nursing practice, with or without compensation or personal profit, that incorporates caring for all patients in all settings through nursing standards recognized by the board and includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>a. Providing comprehensive assessment of the health status of patients through the collection, analysis and synthesis of data used to establish a health status baseline, plan care, and address changes in a patient's condition.</li> <li>b. Collaborating with the health care team to develop and coordinate an integrated plan of care.</li> <li>c. Developing nursing interventions to be integrated with the plan of care.</li> <li>d. Implementing nursing care through the execution of independent nursing interventions and the provision of regimens requested, ordered or prescribed by authorized health care providers.</li> <li>e. Delegating or assigning nursing activities to implement the plan of care.</li> <li>f. Providing for the maintenance of safe and effective nursing care.</li> <li>g. Promoting a safe and therapeutic environment.</li> <li>h. Advocating for the best interest of patients.</li> </ul>

<p>functions and delegated medical functions, which may be performed in collaboration with other health team members, or may be delegated by the professional nurse to other nursing personnel.</p> <p>Independent nursing function may also be performed autonomously.</p> <p>The practice of professional nursing requires that level of special education, knowledge, and skill ordinarily expected of an individual who has completed an approved professional nursing education program as described in section 148.211, subdivision 1.</p>	<ul style="list-style-type: none"> <li>i. Evaluating responses to interventions and the effectiveness of the plan of care.</li> <li>j. Collaborating and coordinating with other health care professionals in the management and implementation of care within and across care settings and communities.</li> <li>k. Providing health promotion, disease prevention, care coordination, and case finding.</li> <li>l. Designing, implementing, and evaluating the teaching plans based on patient needs.</li> <li>m. Participating in the development of health care policies, procedures and systems.</li> <li>n. Managing, supervising, and evaluating the practice of nursing.</li> <li>o. Teaching the theory and practice of nursing.</li> <li>p. Accountability for the quality of care delivered; recognizing limits of knowledge and experience; addressing situations beyond the nurse's competency; and evidencing that level of education, knowledge, and skill ordinarily expected of an individual who has completed an approved professional nursing education program as described in 148.211, subdivision 1.</li> </ul>
<p><b>Subd. 14. Practice of practical nursing.</b></p> <p>The "practice of practical nursing" means the performance for compensation or personal profit of any of those services in observing and caring for the ill, injured, or infirm, in applying counsel and procedure to safeguard life and health, in administering medication and treatment prescribed by a licensed health professional, which are commonly performed by licensed practical nurses and which require specialized knowledge and skill such as are taught or acquired in an approved school of practical nursing, but which do not require the specialized</p>	<p><b><u>Subd. 3. Practice of practical nursing.</u></b></p> <p>Practice as a practical nurse means the scope of nursing practice, with or without compensation or personal profit, that incorporates caring for patients in all settings at the direction of a registered nurse, advanced practice registered nurse, licensed physician or other licensed health care provider authorized by the state through nursing standards recognized by the board and includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>a. Conducting focused nursing assessment of the health status of individuals through the collection and comparison of data to normal findings and the individual's current health status and reporting changes and responses to interventions in an ongoing manner.</li> <li>b. Participating with other health care providers in the development and modification of a plan of care.</li> <li>c. Determining and implementing appropriate interventions within a plan of care, or from regimens requested, ordered or prescribed by authorized health care providers.</li> <li>d. Assigning nursing activities to other LPNs.</li> </ul>

<p>education, knowledge, and skill of a registered nurse.</p>	<ul style="list-style-type: none"><li>e. Assigning and monitoring nursing activities performed by unlicensed assistive personnel.</li><li>f. Providing for the maintenance of safe and effective nursing care delivered.</li><li>g. Promoting a safe and therapeutic environment.</li><li>h. Advocating for the best interest of individuals.</li><li>i. Assisting in the evaluation of responses to interventions.</li><li>j. Collaborating and communicating with other health care providers.</li><li>k. Providing health care information to individuals.</li><li>l. Providing input into the development of policies and procedures.</li><li>m. Accountability for the quality of care delivered; recognizing limits of knowledge and experience; addressing situations beyond the nurse's competency; and evidencing that level of education, knowledge, and skill ordinarily expected of an individual who has completed an approved practical nursing education program described in 148.211, subd. 1.</li></ul>
---	--

**Minnesota Board of Nursing  
Nursing Practice Committee**

**Proposed Professional and Practical Nursing Scope of Practice**

**148.XXX Nursing Practice.**

**Subdivision 1. Practice of nursing.** Nursing is a dynamic discipline based on a scientific body of knowledge; it is a learned profession based on an understanding of the human condition across the lifespan and the relationship of a patient with others and within the environment; and it is an art dedicated to caring for others.

**Subd. 2. Practice of professional nursing**

Practice as a professional nurse means the scope of nursing practice, with or without compensation or personal profit, that incorporates caring for all patients in all settings through nursing standards recognized by the board and includes, but is not limited to:

- a. Providing comprehensive assessment of the health status of patients through the collection, analysis and synthesis of data used to establish a health status baseline, plan care, and address changes in a patient's condition.
- b. Collaborating with the health care team to develop and coordinate an integrated plan of care.
- c. Developing nursing interventions to be integrated with the plan of care.
- d. Implementing nursing care through the execution of independent nursing interventions and the provision of regimens requested, ordered or prescribed by authorized health care providers.
- e. Delegating or assigning nursing activities to implement the plan of care.

**Subd. 3. Practice of practical nursing.**

Practice as a practical nurse means the scope of nursing practice, with or without compensation or personal profit, that incorporates caring for patients in all settings at the direction of a registered nurse, advanced practice registered nurse, licensed physician or other licensed health care provider authorized by the state through nursing standards recognized by the board and includes, but is not limited to:

- a. Conducting focused nursing assessment of the health status of individuals through the collection and comparison of data to normal findings and the individual's current health status and reporting changes and responses to interventions in an ongoing manner.
- b. Participating with other health care providers in the development and modification of a plan of care.
- c. Determining and implementing appropriate interventions within a plan of care, or from regimens requested, ordered or prescribed by authorized health care providers.
- d. Assigning nursing activities to other LPNs.
- e. Assigning and monitoring nursing activities performed by unlicensed assistive personnel.

<ul style="list-style-type: none"> <li>f. Providing for the maintenance of safe and effective nursing care.</li> <li>g. Promoting a safe and therapeutic environment.</li> <li>h. Advocating for the best interest of patients.</li> <li>i. Evaluating responses to interventions and the effectiveness of the plan of care.</li> <li>j. Collaborating and coordinating with other health care professionals in the management and implementation of care within and across care settings and communities.</li> <li>k. Providing health promotion, disease prevention, care coordination, and case finding.</li> <li>l. Designing, implementing, and evaluating the teaching plans based on patient needs.</li> <li>m. Participating in the development of health care policies, procedures and systems.</li> <li>n. Managing, supervising, and evaluating the practice of nursing.</li> <li>o. Teaching the theory and practice of nursing.</li> <li>p. Accountability for the quality of care delivered; recognizing limits of knowledge and experience; addressing situations beyond the nurse's competency; and evidencing that level of education, knowledge, and skill ordinarily expected of an individual who has completed an approved professional nursing education program as described in 148.211, subdivision 1.</li> </ul>	<ul style="list-style-type: none"> <li>f. Providing for the maintenance of safe and effective nursing care delivered.</li> <li>g. Promoting a safe and therapeutic environment.</li> <li>h. Advocating for the best interest of individuals.</li> <li>i. Assisting in the evaluation of responses to interventions.</li> <li>j. Collaborating and communicating with other health care providers.</li> <li>k. Providing health care information to individuals.</li> <li>l. Providing input into the development of policies and procedures.</li> <li>m. Accountability for the quality of care delivered; recognizing limits of knowledge and experience; addressing situations beyond the nurse's competency; and evidencing that level of education, knowledge, and skill ordinarily expected of an individual who has completed an approved practical nursing education program described in 148.211, subd. 1.</li> </ul>
---	---

**148.171 DEFINITIONS; TITLE.**

Subdivision X. **Assignment.** "Assignment" means designating nursing activities to be performed by another nurse or unlicensed assistive person that are consistent with the scope of practice for a licensed person or the role responsibilities for an unlicensed person.

Subd. X. **Delegation.** "Delegation" means transferring to a competent individual the authority to perform a selected nursing task in a selected situation.

Subd. X. **Intervention.** "Intervention" means any act or action, based upon clinical judgment and knowledge, that a nurse performs to enhance patient outcomes.

Subd. X. **Monitoring.** "Monitoring" means the periodic inspection by a registered nurse or licensed practical nurse of a directed function or activity and includes watching during performance, checking, and tracking progress, updating a supervisor of progress or accomplishment by the person monitored, and contacting a supervisor as needed for direction and consultation.

Subd. X. **Patient.** "Patient" means a recipient of nursing care; may be an individual, family, group or community.

Subd. X. **Supervision.** "Supervision" means the guidance by a registered nurse for the accomplishment of a function or activity. The guidance consists of the activities included in monitoring as well as establishing the initial direction, delegating, setting expectations, directing activities and courses of action, critical watching, overseeing, evaluating, and changing a course of action.

Subd. X. **Unlicensed assistive personnel.** "Unlicensed assistive personnel" abbreviated UAP, means any unlicensed person regardless of title, to whom nursing tasks are delegated or assigned.