Proxy Caregiver
111-8-100

Presented by: State Licensure Programs (PCH, PHCP, DTP)
Healthcare Facility Regulation Division
HFRD MISSION

ACCESS
Access to affordable, quality health care in our communities

RESPONSIBLE
Responsible health planning and use of health care resources

HEALTHY
Healthy behaviors and improved health outcomes
State Licensure Programs

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Definitions

Proxy Caregiver (PCG) - an unlicensed person or a licensed health care facility who has been selected by a disabled individual or a personal legally authorized to act on behalf of such individual to serve as such individual’s proxy caregiver, provided that such person shall receive training and shall demonstrate the necessary knowledge and skills to perform documented health maintenance activities as specified in Rules 111-8-100.
"Health maintenance activities" are limited to those activities that, but for a disability, a person could reasonably be expected to do for himself or herself. Such activities are typically taught by a registered professional nurse, but may be taught by an attending physician, advanced practice registered nurse, physician assistant, or directly to a patient and are part of ongoing care. Health maintenance activities are those activities that do not include complex care such as administration or intravenous medications, central line maintenance, and complex wound care; do not require complex observations or critical decisions; can be safely performed and have reasonable precise, unchanging directions; and have outcomes or results that are reasonably predictable. Health maintenance activities conducted pursuant to these rules shall not be considered the practice of nursing.
Medication Assistance vs. Administration

Self- administration

*No proxy caregiver required*

Assisted self-administration

*No proxy caregiver required*

Administration

*Proxy caregiver required*
Informed Consent

No licensed facility will permit a proxy caregiver to provide health maintenance activities (HMA) by or through the licensed facility unless the individual with the disability, or the legally authorized representative has executed a written informed consent. Informed Consent Form Provided

This informed consent requires the name(s) of the proxy caregiver(s) who are being authorized to provide the HMA.
"Licensed healthcare professional" (LHP) means an individual who is licensed and authorized under Georgia law to perform certain healthcare practices. The term includes physicians, advance practice registered nurses, physician's assistants, registered nurses, pharmacists, physical, speech and occupational therapists who are functioning within their scopes of licensed practice. The term does not include licensed practical nurses, certified nursing assistants or medication aides.
Proxy Caregivers Functioning Independently

This is allowed by statute and by the rules and regulations. We will not address this today since we haven’t seen this so far in the facilities.
1) Facility must develop Policies and Procedures that outline:
   a. The scope of HMA that PCG can perform
   b. Notification procedures with change of condition
   c. Safety and security precautions
2. Facility Must Disclose:
   a) The manner in which the PCG is used and the supervisor’s qualification
   b) Any additional charges
   c) How the resident can change and designate PCG
   d) Qualifications of the LHP who develops the Plan of Care and training
   e) Frequency of skills determinations
Delivering Services through PCG

- Ensure Written Informed Consent
- Ensure Written Plan of Care developed and implemented
- Maintain Documentation of training
- Separate skills checklist for each HMA provided
- Use medication curriculum and forms
- Maintain supporting documentation
- Maintain evidence of satisfactory performance on initial and annual skills competency determinations
Training Curricula

• For non-medication HMA the LHP must develop the curriculum/forms for the HMA that includes all the requirements in
  111-8-100-.05(1) (a-g)

Only TOFHLA if no high school diploma or GED

Medication Administration:
  ◦ Use Curriculum/Forms established by DCH
  ◦ Training Provided by LHP
  ◦ New medication must document contact with a LHP to determine whether additional training is required
  ◦ 75 on the TOFHLA
  ◦ Annual training at a minimum
General HMA Training Curriculum (non med)

- Learning objectives
- Content knowledge and skills
- Learning activities to provide instruction
- TOHFLA if no high school diploma or GED
- Completion of required skills competency checklists
- Use forms if provided by the Department or other which include the competencies in the correct order
- Evidence of routine evaluations at least annually
Non-medication or specialized HMA

- LHP must verify by direct observation and sign documentation that the PCG can complete all tasks in proper sequence without prompting
- Must be reevaluated with any change and on a regularly recurring schedule as determined on the Plan of Care
- Schedule should take into consideration the nature of the HMA and the condition of the client
- No less than annually at a minimum
Informed Consent

- Prior to PCG services being provided and must contain:
  - Definition of HMA
  - The HMA to be performed
  - Explanation that the HMA are provided pursuant to a healthcare provider’s orders
  - Name(s) of the proxy caregiver(s) who are being authorized to provide HMA
  - Disclosure that GA law now allows LHP to train unlicensed PCG
  - Acknowledgement that PCG are not licensed professionals
  - Consent is conditioned upon PCG to be trained appropriately
  - Statement that consent can be withdrawn orally or in writing
  - Authorization signed and dated
Written Plan of Care

• In accordance with the orders of an attending physician
• Specifies training frequency and evaluation requirements
• Implemented by appropriately trained PCG
• Maintain documentation of training with checklists
• Maintain supporting documentation as needed
• Maintain documentation of satisfactory performances on initial and annual competency-based skills checklist
• Does not have to be signed by the medical provider
Records maintenance for medication administration

- MAR which includes name, allergies name and number of healthcare provider, name strength and specific instructions for medications and a chart for staff to record initials, time and date when meds are taken, refused or error is identified. Staff must immediately update the MAR.

- Facility must make medication information concerning the descriptions of medication, dosing, side effects, adverse reactions and contraindications for each medication immediately available.

- Must document any unusual reactions to the medications and provide such information to the individual with a disability, legally authorized representative, if any and healthcare provider, as appropriate.
Prohibited Assistance

- Mixing Compounding, converting or calculating medication doses, except for measuring a prescribed amount of liquid medication, breaking a scored tablet, crushing a tablet or adding water or other liquid to laxatives and nutritional supplements when being done in accordance with a specific RX.
- Preparing syringes for intravenous injection or the first dose of any subcutaneous or intramuscular injection
- Interpreting a “PRN” order when the order does not identify the resident behaviors or symptoms which would trigger the need for the medication and/or does not identify the proper dosing and is not specifically authorized on the Plan of Care
- Irrigating or debriding agents for treatment of skin conditions
- Administering any medication or over the counter drugs with no order
- Performing HMA that no longer meets the definition of a HMA or without the knowledge or skill necessary to perform the HMA safely
Website: dch.ga.gov, healthcare facility division

- Rules and Regulations 111-8-100 for PCG
- Medication Curriculum
- Informed Consent
- Plan of Care
- Medication skills competency checklist
- Signature Page non-medication HMA checklist
- Insulin by syringe checklist
- Insulin by pen checklist