

National Guidelines for Nursing Delegation

National Council of State Boards of Nursing

In early 2015, the National Council of State Boards of Nursing convened two panels of experts representing education, research, and practice. The goal was to develop national guidelines based on current research and literature to facilitate and standardize the nursing delegation process. These guidelines provide direction for employers, nurse leaders, staff nurses, and delegates.

Keywords: Delegation, evidence-based, guidelines, nursing assignment, regulation, research

Objectives

- Understand evidence-based, state-of-the-art standards for delegation.
- Explain the differences between assignment and delegation and the responsibilities of the employer, nurse leader, delegating nurse, and delegatee in the process of delegation.

Health care is continuously changing and this includes the roles and responsibilities of licensed health care providers and assistive personnel. The number of licensed nurses (i.e., advanced practice registered nurses [APRNs], registered nurses [RNs], or licensed practical nurse/vocational nurses [LPN/VNs]) may be limited in certain regions and/or institutions. Therefore, care may need to extend beyond the traditional role and assignments of RNs, LPN/VNs, and unlicensed assistive personnel (UAP). When certain aspects of nursing care need to be delegated beyond the traditional role and assignments of a care provider, it is imperative that the delegation process and the state nurse practice act (NPA) be clearly understood so that it is safely and effectively carried out.

The delegation process is multifaceted. It begins with decisions made at the administrative level of the organization and extends to the staff responsible for delegating, overseeing the process, and performing the responsibilities. It involves effective communication, empowering staff to make decisions based on their judgment and support from all levels of the health care setting. The employer/nurse leader, individual licensed nurse, and delegatee all have specific responsibilities within the delegation process. (See Figure 1.) It is crucial to understand that states/jurisdictions have different laws and rules/regulations about delegation, and it is the responsibility of all licensed nurses to know what is permitted in their state NPA, rules/regulations, and policies.

In early 2015, the National Council of State Boards of Nursing (NCSBN) convened two panels of experts representing

education, research, and practice to discuss the literature and key issues, and evaluate findings from delegation research funded through NCSBN's Center for Regulatory Excellence Grant Program. The goal was the development of national guidelines to facilitate and standardize the nursing delegation process. They build on previous work by NCSBN and the American Nurses Association, and provide clarification on the responsibilities associated with delegation.

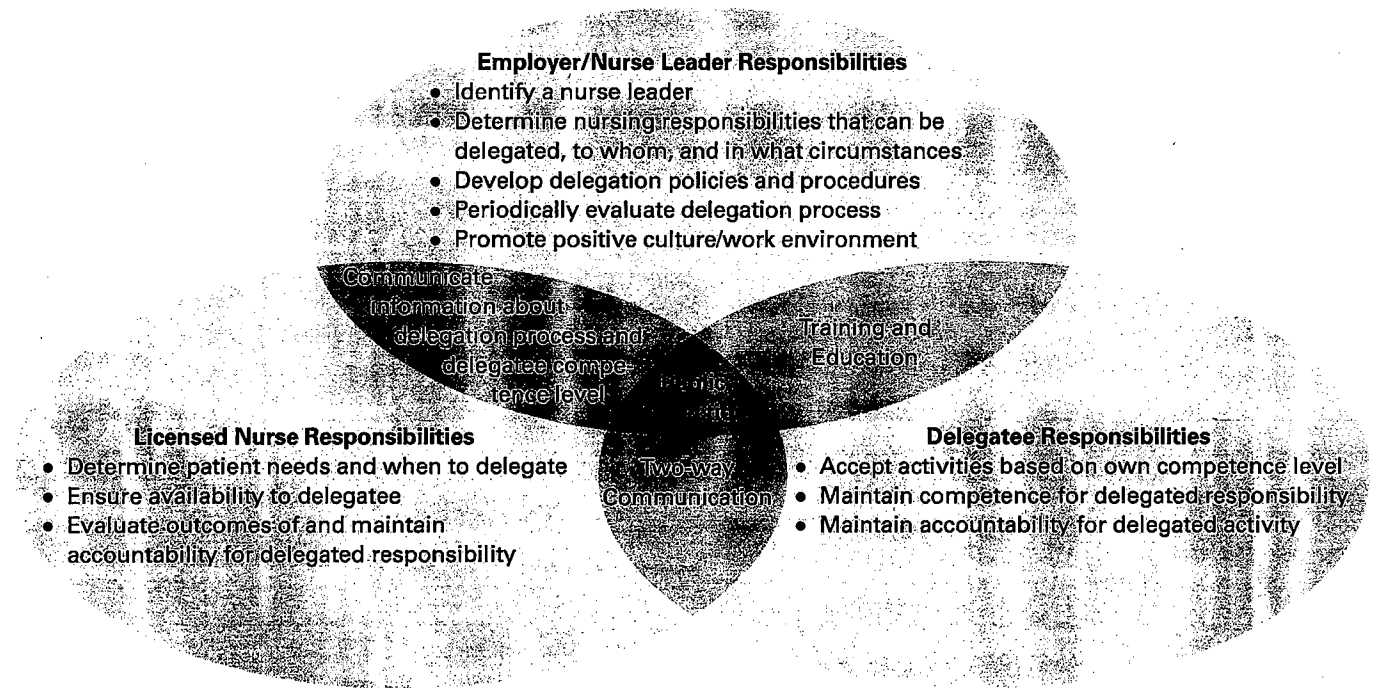
Additionally, these guidelines are meant to address delegation with respect to the various levels of nursing licensure (i.e., APRN, RN, and LPN/VN, where the state NPA allows).

Delegation Versus Assignment

Delegation has been a source of significant debate for many years and includes many philosophical discussions over the differences between assignment and delegation. Much of the literature surrounding nursing delegation has focused on the nursing home setting. The Centers for Medicare & Medicaid Services (CMS) requires nursing homes to employ certified nursing assistants or aides (CNAs) as part of a mechanism to ensure higher standards of care. Through this mechanism, CMS supports federal regulations concerning CNA training and competency, which were established by the Omnibus Budget Reconciliation Act of 1987. These regulations require nursing homes to employ CNAs who complete state-approved CNA programs, outline the fundamental skills that should be included in all CNA programs, and require the CNA to pass a competency evaluation administered and evaluated only by the state or by a state-approved entity and be added to the state registry. The interpretation of these guidelines by the nursing practice community has likely led to some confusion about what activities, skills, or procedures can be delegated to CNAs. The regulations define the minimum curriculum to be included in a CNA program but do not necessarily define all the activities, skills, or procedures that can

FIGURE 1

Delegation Model



be performed by a CNA. It is likely that nursing practice has understood these regulations to mean that CNAs can only perform those activities, skills, or procedures that were learned in the basic state-approved CNA training program. CMS defers to state requirements for what CNAs are allowed to perform (Sheila Blackstock, personal communication, December 7, 2015).

When performing a fundamental skill on the job, the delegatee is considered to be carrying out an assignment. Delegation is allowing a delegatee to perform a specific nursing activity, skill, or procedure that is beyond the delegatee's traditional role and not routinely performed. This applies to licensed nurses as well as UAP.

Regardless of the current role of the delegatee (RN, LPN/VN, or UAP), delegation can be summarized as follows:

- A delegatee is allowed to perform a specific nursing activity, skill, or procedure that is outside the traditional role and basic responsibilities of the delegatee's current job.
- The delegatee has obtained the additional education and training, and validated competence to perform the care/delegated responsibility. The context and processes associated with competency validation will be different for each activity, skill, or procedure being delegated. Competency validation should be specific to the knowledge and skill needed to safely perform the delegated responsibility as well as to the level of practitioner (i.e., RN, LPN/VN, UAP) to whom the activity, skill, or procedure has been delegated.

- The licensed nurse who delegates the "responsibility" maintains overall accountability for the patient. However, the delegatee bears the responsibility for the delegated activity, skill, or procedure.
- The licensed nurse cannot delegate nursing judgment or any activity that will involve nursing judgment or critical decision making.
- Nursing responsibilities are delegated by someone who has the authority to delegate.
- The delegated responsibility is within the delegator's scope of practice.
- When delegating to a licensed nurse, the delegated responsibility must be within the parameters of the delegatee's authorized scope of practice under the NPA.

Regardless of how the state/jurisdiction defines delegation as compared to assignment, appropriate delegation allows for the transition of a responsibility in a safe and consistent manner. The licensed nurse transfers the performance of an activity, skill, or procedure to a delegatee. However, the practice pervasive functions of clinical reasoning, nursing judgment, or critical decision making cannot be delegated.

Delegation should not be confused with assignment. Assignment is defined as follows:

- The routine care, activities, and procedures that are within the authorized scope of practice of the RN or LPN/VN or part of the routine functions of the UAP

- The above are included in the coursework taught in the delegatee's basic educational program.

A licensed nurse is still responsible for ensuring an assignment given to a delegatee is carried out completely and correctly.

An example of assignment is an LPN/VN caring for a diabetic patient. He or she takes vital signs, checks the blood sugar level using a blood glucose meter, monitors input and output, documents the information, and reports data to the RN. This is considered an "assignment" because these functions are taught in the LPN/VN program and are part of the LPN/VN scope of practice.

One exception to these definitions pertains to advanced UAP roles. Skills once believed exclusive to the RN and LPN/VN role are now taught in certain advanced UAP programs. In a basic course, examples of this include:

- Certified medication aides taught to pass out medications
- Certified medical assistants taught to give injections.

Even if taught in a basic education program, when the activity requires a significant level of skill and knowledge, such as administering medications or injections, it is advised that employers/nurse leaders regard these procedures as being delegated and validate competency.

For example, an APRN works with a certified medical assistant (CMA) in a physician's office. The CMA has been taught to give injections in his or her basic coursework and administering injections is part of the CMA role; however, due to the skill and knowledge required and the potential risk to patient safety if not done correctly, the APRN considers injections a delegated responsibility. While additional coursework may not be necessary, competency validation is required. In this scenario, prior to delegating injections, the APRN observes the CMA drawing up medication and administering an injection on different types of patients. Once the APRN is comfortable that the CMA is competent to perform the procedure, it can be routinely delegated to him or her.

Additional Key Definitions

Accountability: "To be answerable to oneself and others for one's own choices, decisions and actions as measured against a standard..." (American Nurses Association, 2015, p. 41)

Delegated Responsibility: A nursing activity, skill, or procedure that is transferred from a licensed nurse to a delegatee.

Delegatee: One who is delegated a nursing responsibility by either an APRN, RN, or LPN/VN (where state NPA allows), is competent to perform it, and verbally accepts the responsibility. A delegatee may be an RN, LPN/VN, or UAP.

Delegator: One who delegates a nursing responsibility. A delegator may be an APRN, RN, or LPN/VN (where state NPA allows).

Licensed Nurse: A licensed nurse includes APRNs, RNs and LPN/VNs. In some states/jurisdictions, LPN/VNs may be allowed to delegate.

UAP: Any unlicensed personnel trained to function in a supportive role, regardless of title, to whom a nursing responsibility may be delegated. This includes but is not limited to CNAs, patient care technicians, CMAs, certified medication aides, and home health aides.

Literature Review

A review of the literature was conducted in CINAHL and MEDLINE to search for current articles published in the United States on nursing delegation from 2010 to September 2015. The published evidence surrounding delegation is limited, although communication or the collaborative relationship between the licensed nurse and the UAP and scope of practice or scope of employment/function (in the case of the UAP) were primary themes of the published literature.

Evidence shows that the better the communication and collaborative relationship between the nurse and the delegatee, the more optimal the outcome of the delegation process (Anthony & Vidal, 2010; Bittner & Gravlin, 2009; Corazzini, Anderson, Mueller, Hunt-McKinney et al., 2013; Damgaard & Young, 2014; Gravlin & Bittner, 2010; Kalisch, 2011; Saccomano & Pinto-Zipp, 2011; Young & Damgaard, 2015). In Gravlin and Bittner's (2010) descriptive, exploratory study, they 1) measured RNs' and nurse assistants' (NAs) reports of missed nursing care and reasons for missed care, 2) identified RNs' and NAs' reports of factors related to successful delegation, and 3) described the nurse managers' reports of missed care. They found that communication between an RN and an NA contributes to effective delegation. Similarly, the literature suggests that a collaborative relationship between the licensed nurse and the UAP influences the effectiveness of delegation and promotes positive patient outcomes (Bittner & Gravlin, 2009; Corazzini, Anderson, Mueller, Hunt-McKinney et al., 2013; Saccomano & Pinto-Zipp, 2011). Bittner and Gravlin (2009) found in their study that nurturing a work relationship based on trust and respect is necessary for effective teamwork and therefore effective delegation.

Additionally, evidence also demonstrates that the UAP's level of competence and knowledge impacts effective delegation (Damgaard & Young, 2014; Gravlin & Bittner, 2010; Young & Damgaard, 2015). Damgaard and Young (2014) and Young and Damgaard (2015) evaluated a nursing care model that included partnering trained UAP at a school with RNs via telehealth technology. The UAP consisted of teachers, school administrators, and administrative assistants who agreed to assist in the management of the children with diabetes. The American Diabetes Association's (ADA) standardized curriculum, *Diabetes Care Tasks at School: What Key Personnel Need to Know* (ADA, 2008), was used to train the UAP. Damgaard and Young found that this model was an effective method of delegating diabetes nursing care tasks to UAP. Although this research supports how

TABLE 1

Five Rights of Delegation**Right task**

- The activity falls within the delegatee's job description or is included as part of the established written policies and procedures of the nursing practice setting. The facility needs to ensure the policies and procedures describe the expectations and limits of the activity and provide any necessary competency training.

Right circumstance

- The health condition of the patient must be stable. If the patient's condition changes, the delegatee must communicate this to the licensed nurse, and the licensed nurse must reassess the situation and the appropriateness of the delegation.

Right person

- The licensed nurse along with the employer and the delegatee is responsible for ensuring that the delegatee possesses the appropriate skills and knowledge to perform the activity.

Right directions and communication

- Each delegation situation should be specific to the patient, the licensed nurse, and the delegatee.
- The licensed nurse is expected to communicate specific instructions for the delegated activity to the delegatee; the delegatee, as part of two-way communication, should ask any clarifying questions. This communication includes any data that need to be collected, the method for collecting the data, the time frame for reporting the results to the licensed nurse, and additional information pertinent to the situation.
- The delegatee must understand the terms of the delegation and must agree to accept the delegated activity.
- The licensed nurse should ensure that the delegatee understands that she or he cannot make any decisions or modifications in carrying out the activity without first consulting the licensed nurse.

Right supervision and evaluation

- The licensed nurse is responsible for monitoring the delegated activity, following up with the delegatee at the completion of the activity, and evaluating patient outcomes. The delegatee is responsible for communicating patient information to the licensed nurse during the delegation situation. The licensed nurse should be ready and available to intervene as necessary.
- The licensed nurse should ensure appropriate documentation of the activity is completed.

Source: National Council of State Boards of Nursing (1995, 1996).

the UAP's level of competence impacts effective delegation, further research may include evaluating the impact of the licensed nurse's competence on effective delegation.

Another prominent theme in the delegation literature involves the effect role confusion has on delegation (Bittner & Gravlin, 2009; Kalisch, 2011). In relation to this, variation exists among states/jurisdictions surrounding scope of practice related to delegation across both the RN and LPN/VN licensure levels (Corazzini et al., 2010; Corazzini et al., 2011; Corazzini, Anderson, Mueller, Hunt-McKinney et al., 2013; Corazzini, Anderson, Mueller, Thorpe, & McConnell, 2013; Mueller, Anderson, McConnell, & Corazzini, 2012; Mueller & Vogelsmeier, 2013). This variation in NPAs and administrative codes promotes confusion among LPN/VNs related to their scope of practice surrounding delegation and supervision (Corazzini, Anderson, Mueller, Thorpe, & McConnell, 2013; Mueller et al., 2012).

At times in the long-term care (LTC) setting, RN and LPN licensure levels are not delineated (Corazzini, Anderson, Mueller, Hunt-McKinney et al., 2013). Corazzini et al. (2010) reported that a lack of RNs in LTC clinical leadership sometimes thrusts LPNs into leadership roles in which they are responsible for delegation that extends beyond their scope of practice. Inadequate staffing mix and lack of staff engagement can subsequently have a negative effect on the RN and LPN collaborative relationship (Corazzini, Anderson, Mueller, Hunt-McKinney et al., 2013).

Variation in scope of practice or scope of employment/function across states has also been identified with the CNA role (McMullen et al., 2015). This same variation was also found with the roles and responsibilities of other UAP (Budden, 2011; Jenkins & Joyner, 2013; Mitty et al., 2010).

Additionally, Jenkins and Joyner (2013) found variation across acute-care hospitals in the Washington, DC, metropolitan area in what activities UAP were allowed to perform, ranging from basic nursing care functions (including personal hygiene) to special skills, which fall outside the traditional UAP duties.

In summary, the evidence demonstrates that successful delegation is influenced by various factors, including effective communication, collaborative work relationship, level of competence and knowledge of the UAP, and role clarity.

Guidelines for Delegation

Purpose: To provide clear direction and standardization of the delegation process, from a system (employer) and patient care perspective, for safe delegation of nursing responsibilities.

Intended Users: Include, but are not limited to: BONs, health care facilities, community-based settings, professional associations, nurse educators, licensed nurses, and UAP.

When using these delegation guidelines, it is important to understand that states/jurisdictions have different laws and rules/regulations about delegation, and it is the responsibility of all licensed nurses to know what is permitted in their state NPA, rules/regulations, and policies.

These guidelines can be applied to:

- APRNs when delegating to RNs, LPN/VNs, and UAP
- RNs when delegating to LPN/VNs and UAP
- LPN/VNs (as allowed by their state/jurisdiction) when delegating to UAP.

These guidelines do not apply to the transfer of responsibility for care of a patient between licensed health care providers (e.g., RN to another RN or LPN/VN to another LPN/VN), which is considered a handoff (Agency for Healthcare Research and Quality, 2015).

Employer/Nurse Leader Responsibilities

1. The employer must identify a nurse leader responsible for oversight of delegated responsibilities for the facility. If there is only one licensed nurse within the practice setting, that licensed nurse must be responsible for oversight of delegated responsibilities for the facility.

Rationale: The nurse leader has the ability to assess the needs of the facility, understand the type of knowledge and skill needed to perform a specific nursing responsibility, and be accountable for maintaining a safe environment for patients. He or she is also aware of the knowledge, skill level, and limitations of the licensed nurses and UAP. Additionally, the nurse leader is positioned to develop appropriate staffing models that take into consideration the need for delegation. Therefore, the decision to delegate begins with a thorough assessment by a nurse leader designated by the institution to oversee the process.

2. The designated nurse leader responsible for delegation, ideally with a committee (consisting of other nurse leaders) formed for the purposes of addressing delegation, must determine which nursing responsibilities may be delegated, to whom, and under what circumstances. The nurse leader must be aware of the state/jurisdiction's NPA and the laws/rules and regulations that affect the delegation process and ensure all institution policies are in accordance with the law.

Rationale: A systematic approach to the delegation process fosters communication and consistency of the process throughout the facility.

3. Policies and procedures for delegation must be developed. The employer/nurse leader must outline specific responsibilities that can be delegated and to whom these responsibilities can be delegated. The policies and procedures should also indicate what may not be delegated. The employer must periodically review the policies and procedures for delegation to ensure they remain consistent with current nursing practice trends and that they are consistent with the state/jurisdiction's NPA (institution/employer policies can be more restrictive, but not less restrictive).

Rationale: Policies and procedures standardize the appropriate method of care and ensure safe practices. Having a policy and procedure specific to delegation and delegated responsibilities eliminates questions from licensed nurses and UAP about what can be delegated and how they should be performed.

4. The employer/nurse leader must communicate information about delegation to the licensed nurses and UAP and educate them about what responsibilities can be delegated. This information should include the competencies of delegates who can safely perform a specific nursing responsibility.

Rationale: Licensed nurses must be aware of the competence level of staff and expectations for delegation (as described within the policies and procedures) in order to make informed decisions on whether or not delegation is appropriate for the given situation. Licensed nurses maintain accountability for the patient. However, the delegatee has responsibility for the delegated activity, skill, or procedure.

5. All delegates must demonstrate knowledge and competency on how to perform a delegated responsibility. Therefore, the employer/nurse leader is responsible for providing access to training and education specific to the delegated responsibilities. This applies to all RNs, LPN/VNs, and UAP who will be delegates. Competency validation should follow education and competency testing should be kept on file. Competency must be periodically evaluated to ensure continued competency. The con-

text and processes associated with competency validation will be different for each activity, skill, or procedure being delegated. Competency validation should be specific to the knowledge and skill needed to safely perform the delegated responsibility as well as to the level of practitioner (i.e., RN, LPN/VN, UAP) to whom the activity, skill, or procedure has been delegated.

Rationale: This ensures that competency of the delegatee is determined not only at the beginning of the delegation process, but on an ongoing basis, as well.

6. The nurse leader responsible for delegation, along with other nurse leaders and administrators within the facility, must periodically evaluate the delegation process. The licensed nurse and/or his or her manager (if applicable) must report any incidences to the nurse leader responsible for delegation. A decision should be made about corrective action, including whether further education and training are needed or whether that individual should not be allowed to perform a specific delegated responsibility.

Rationale: Patient safety should always be the priority for a health care setting. If any compromises in care are noted, immediate action must be taken. Gravlin and Bittner (2010) identified that evaluation of the effectiveness of the delegation process and resolution of any issues is critical to delegation.

7. The employer/nurse leader must promote a positive culture and work environment for delegation.

Rationale: A positive culture nurtures effective communication and collaboration in order to create an environment supportive of patient-directed care.

Licensed Nurse Responsibilities

Any decision to delegate a nursing responsibility must be based on the needs of the patient or population, the stability and predictability of the patient's condition, the documented training and competence of the delegatee, and the ability of the licensed nurse to supervise the delegated responsibility and its outcome, with special consideration to the available staff mix and patient acuity. Additionally, the licensed nurse must consider the state/jurisdiction's provisions for delegation and the employer's policies and procedures prior to making a final decision to delegate. Licensed nurses must be aware that delegation is at the nurse's discretion, with consideration of the particular situation. *The licensed nurse maintains accountability for the patient, while the delegatee is responsible for the delegated activity, skill, or procedure.* If, under the circumstances, a nurse does not feel it is appropriate to delegate a certain responsibility to a delegatee, the delegating nurse should perform the activity him/herself.

1. The licensed nurse must determine when and what to delegate based on the practice setting, the patients' needs and condition, the state/jurisdiction's provisions for delegation, and the employer policies and procedures regarding delegating a specific responsibility. The licensed nurse must determine the needs of the patient and whether those needs are matched by the knowledge, skills, and abilities of the delegatee and can be performed safely by the delegatee. The licensed nurse cannot delegate any activity that requires clinical reasoning, nursing judgment, or critical decision making. The licensed nurse must ultimately make the final decision whether an activity is appropriate to delegate to the delegatee based on the Five Rights of Delegation (National Council of State Boards of Nursing, 1995, 1996). See Table 1 for the description of the Five Rights of Delegation.

Rationale: The licensed nurse, who is present at the point of care, is in the best position to assess the needs of the patient and what can or cannot be delegated in specific situations.

2. The licensed nurse must communicate with the delegatee who will be assisting in providing patient care. This should include reviewing the delegatee's assignment and discussing delegated responsibilities, including information on the patient's condition/stability, any specific information pertaining to a certain patient (e.g., no blood draws in the right arm), and any specific information about the patient's condition that should be communicated back to the licensed nurse by the delegatee.

Rationale: Communication must be a two-way process involving both the licensed nurse delegating the activity and the delegatee being delegated the responsibility. Evidence shows that the better the communication between the nurse and the delegatee, the more optimal the outcome (Corazzini, Anderson, Mueller, Hunt-McKinney et al., 2013). The licensed nurse must provide information about the patient and care requirements. This includes any specific issues related to any delegated responsibilities. These instructions should include any unique patient requirements. The licensed nurse must instruct the delegatee to regularly communicate the status of the patient.

3. The licensed nurse must be available to the delegatee for guidance and questions, including assisting with the delegated responsibility, if necessary, or performing it him/herself if the patient's condition or other circumstances warrant doing so.

Rationale: Delegation calls for nursing judgment throughout the process. The final decision to delegate rests in the hands of the licensed nurse as he or she has overall accountability for the patient.

4. The licensed nurse must follow up with the delegatee and the patient after the delegated responsibility has been completed.

Rationale: The licensed nurse who delegates the "responsibility" maintains overall accountability for the patient, while the delegatee is responsible for the delegated activity, skill, or procedure.

5. The licensed nurse must provide feedback information about the delegation process and any issues regarding delegatee competence level to the nurse leader. Licensed nurses in the facility need to communicate, to the nurse leader responsible for delegation, any issues arising related to delegation and any individual that they identify as not being competent in a specific responsibility or unable to use good judgment and decision making.

Rationale: This will allow the nurse leader responsible for delegation to develop a plan to address the situation.

Delegatee Responsibilities

Everyone is responsible for the well-being of patients. While the nurse is ultimately accountable for the overall care provided to a patient, the delegatee shares the responsibility for the patient and is fully responsible for the delegated activity, skill, or procedure.

1. The delegatee must accept only the delegated responsibilities that he or she is appropriately trained and educated to perform and feels comfortable doing given the specific circumstances in the health care setting and patient's condition. The delegatee should confirm acceptance of the responsibility to carry out the delegated activity. If the delegatee does not believe he or she has the appropriate competency to complete the delegated responsibility, then the delegatee should not accept the delegated responsibility. This includes informing the hospital leadership if he or she does not feel he or she has received adequate training to perform the delegated responsibility, is not performing the procedure frequently enough to do it safely, or his or her knowledge and skills need updating.

Rationale: The delegatee shares the responsibility to keep patients safe and this includes only performing activities, skills, or procedures in which he or she is competent and comfortable doing.

2. The delegatee must maintain competency for the delegated responsibility.

Rationale: Competency is an ongoing process. Even if properly taught, the delegatee may become less competent if he or she does not frequently perform the procedure. Given that the delegatee shares the responsibility for the patient, the delegatee also has a responsibility to maintain competency.

3. The delegatee must communicate with the licensed nurse in charge of the patient. This includes any questions related to the delegated responsibility and follow-up on any unusual incidents that may have occurred while the delegatee was performing the delegated responsibility, any concerns about a patient's condition, and any other information important to the patient's care.

Rationale: The delegatee is a partner in providing patient care. He or she is interacting with the patient/family and caring for the patient. This information and two-way communication is important for successful delegation and optimal outcomes for the patient.

4. Once the delegatee verifies acceptance of the delegated responsibility, the delegatee is accountable for carrying out the delegated responsibility correctly and completing timely and accurate documentation per facility policy. The delegatee cannot delegate to another individual. If the delegatee is unable to complete the responsibility or feels as though he or she needs assistance, the delegatee should inform the licensed nurse immediately so the licensed nurse can assess the situation and provide support. Only the licensed nurse can determine if it is appropriate to delegate the activity to another individual. If at any time the licensed nurse determines he or she needs to perform the delegated responsibility, the delegatee must relinquish responsibility upon request of the licensed nurse.

Rationale: Only a licensed nurse can delegate. In addition, because they are responsible, they need to provide direction, determine who is going to carry out the delegated responsibility, and assist or perform the responsibility him/herself, if he or she deems that appropriate under the given circumstances.

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Expert Panel

The National Council of State Boards of Nursing (NCSBN) wishes to thank the members of the expert panel that developed the National Delegation Guidelines. The members of the panel include:

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After being developed, the guidelines were vetted by the state boards of nursing and national nursing leaders across the United States. They were approved by the NCSBN Board of Directors.

National Guidelines for Nursing Delegation

Objectives

- Understand evidence-based, state-of-the-art standards for delegation.
- Explain the differences between assignment and delegation and the responsibilities of the employer, nurse leader, delegating nurse, and delegatee in the process of delegation.

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CE Posttest

If you reside in the United States and wish to obtain 1.0 contact hour of continuing education (CE) credit, please review these instructions.

Instructions

Go online to take the posttest and earn CE credit:

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If you cannot take the posttest online, complete the print form and mail it to the address (nonmembers **must** include a check for \$15, payable to NCSBN) included at bottom of form.

Provider accreditation

The NCSBN is accredited as a provider of CE by the Alabama State Board of Nursing.

The information in this CE does not imply endorsement of any product, service, or company referred to in this activity.

Contact hours: 1.0

Posttest passing score is 75%.

Expiration: April 2019

Posttest

Please circle the correct answer.

- 1. Which statement about delegation is correct?**
 - a. Nurses are accountable for predicting adverse outcomes.
 - b. Unlicensed assistive personnel (UAP) must accept any delegated nursing activity.
 - c. UAP work under the license of the delegating nurse.
 - d. Nurses cannot delegate any element of the nursing process.
- 2. Which of the following is NOT one of the Five Rights of Delegation?**
 - a. Right reason
 - b. Right person
 - c. Right task
 - d. Right communication
- 3. What two factors help ensure optimal outcomes in delegation?**
 - a. Communication and collaboration
 - b. Licensure and experience
 - c. Training and authorization
 - d. Certification and endorsement
- 4. Which statement about regulation and scope of practice is correct?**
 - a. Any licensed nurse can delegate and supervise unlicensed assistive personnel (UAP).
 - b. Only registered nurses can delegate and supervise UAP.
 - c. All states prohibit licensed practical/vocational nurses (LPN/VNs) from delegating and supervising.
 - d. Some states prohibit LPN/VNs from delegating and supervising UAP.
- 5. Which factor can have a negative impact on delegation?**
 - a. Shortage of training programs for unlicensed assistive personnel (UAP)
 - b. Variation in roles and responsibilities of UAP
 - c. Inconsistent use of a decision tree for delegation
 - d. Lack of standardized patient handoffs
- 6. Which statement about members of the nursing team and delegation is correct?**
 - a. Unlicensed assistive personnel (UAP) can delegate to other UAP.
 - b. Licensed practical/vocational nurses (LPN/VNs) can delegate to registered nurses (RNs) and UAP.
 - c. RNs can delegate to advanced practice registered nurses (APRNs), LPN/VNs, and UAP.
 - d. APRNs can delegate to RNs, LPN/VNs, and UAP.
- 7. Allowing persons to perform a specific nursing activity, skill, or procedure that is outside the traditional role and basic responsibilities of the delegatee's current job is the definition for which of the following terms?**
 - a. Supervision
 - b. Delegation
 - c. Responsibility
 - d. Accountability
- 8. The nurse asks the unlicensed assistive personnel to measure blood pressure, temperature, pulse, and respirations. This is an example of:**
 - a. Delegation
 - b. Supervision
 - c. Assignment
 - d. Authorization
- 9. Who is ultimately accountable for the outcome of the delegation?**
 - a. The health care provider
 - b. The health care employer
 - c. The nurse leader
 - d. The nurse who delegates the activity

10. Which of the following is NOT a responsibility of the employer and/or nurse leader involving delegation?

- a. Ensuring appropriate policies and procedures regarding delegation are in place
- b. Ensuring adequate staffing
- c. Establishing scope of practice guidelines for unlicensed assistive personnel
- d. Promoting and maintaining a positive culture

11. The nurse evaluates a patient's condition and determines that it is inappropriate to delegate a nursing activity to the unlicensed assistive personnel (UAP). What should the nurse do next?

- a. Ask the UAP to observe and learn how to perform the skill
- b. Perform the activity himself or herself
- c. Contact the nursing supervisor
- d. Consult another nurse

12. How does the nurse supervise a delegated activity?

- a. By observing the delegatee perform the activity
- b. By encouraging autonomy, creativity, and self-discipline
- c. By providing support, guidance, and instructions
- d. By assessing the staff member's knowledge, skills, and abilities

Evaluation Form (required)

1. Rate your achievement of each objective from 5 (high/excellent) to 1 (low/poor).

- Understand evidence-based, state-of-the-art standards for delegation.

1 2 3 4 5

- Explain the differences between assignment and delegation and the responsibilities of the employer, nurse leader, delegating nurse, and delegatee in the process of delegation.

1 2 3 4 5

2. Rate each of the following items from 5 (very effective) to 1 (ineffective):

- Were the authors knowledgeable about the subject?

1 2 3 4 5

- Were the methods of presentation (text, tables, figures, etc.) effective?

1 2 3 4 5

- Was the content relevant to the objectives?

1 2 3 4 5

- Was the article useful to you in your work?

1 2 3 4 5

- Was there enough time allotted for this activity?

1 2 3 4 5

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Joint Statement on Delegation

American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN)

Introduction

There is more nursing to do than there are nurses to do it. Many nurses are stretched to the limit in the current chaotic healthcare environment. Increasing numbers of people needing healthcare combined with increasing complexity of therapies create a tremendous demand for nursing care. More than ever, nurses need to work effectively with assistive personnel. The abilities to delegate, assign, and supervise are critical competencies for the 21st century nurse.

In 2005, both the American Nurses Association and the National Council of State Boards of Nursing adopted papers on delegation.¹ Both papers presented the same message: delegation is an essential nursing skill. This joint statement was developed to support the practicing nurse in using delegation safely and effectively.

Terminology

Although there is considerable variation in the language used to talk about delegation, ANA and NCSBN both defined delegation as the process for a nurse to direct another person to perform nursing tasks and activities. NCSBN describes this as the nurse transferring authority while ANA calls this a transfer of responsibility. Both mean that a registered nurse (RN) can direct another individual to do something that that person would not normally be allowed to do. Both papers stress that the nurse retains accountability for the delegation.

Both papers define assignment as *the distribution of work that each staff member is responsible for during a given work period*. The NCSBN uses the verb "assign" to describe those situations when a nurse directs an individual to do something the individual is already authorized to do, e.g., when an RN directs another RN to assess a patient, the second RN is already authorized to assess patients in the RN scope of practice.

Both papers consider supervision² to be the provision of guidance and oversight of a delegated nursing task. ANA refers to on-site supervision and NCSBN refers to direct supervision, but both have to do with the physical presence and immediate availability of the supervising nurse. The ANA refers to off-site supervision, and NCSBN refers to indirect supervision. Both have to do with availability of the supervising nurse through various means of written and verbal communication.

¹ ANA and NCSBN have different constituencies. The constituency of ANA is state nursing associations and member RNs. The constituency of NCSBN is state boards of nursing and all licensed nursing. Although for the purpose of collaboration, this joint paper refers to registered nurse practice, NCSBN acknowledges that in many states LPN/VNs have limited authority to delegate.

² ANA defines supervision to be the active process of directing, guiding, and influencing the outcome of an individual's performance of a task. Similarly, NCSBN defines supervision as the provision of guidance or direction, oversight, evaluation and follow-up by the licensed nurse for the accomplishment of a delegated nursing task by assistive personnel. Individuals engaging in supervision of patient care should not be construed to be managerial supervisors on behalf of the employer under federal labor law.

Joint Statement on Delegation

American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN)

Policy Considerations

- State nurse practice acts define the legal parameters for nursing practice. Most states authorize RNs to delegate.
- There is a need and a place for competent, appropriately supervised nursing assistive personnel in the delivery of affordable, quality health care.
- The RN assigns or delegates tasks based on the needs and condition of the patient, potential for harm, stability of the patient's condition, complexity of the task, predictability of the outcomes, abilities of the staff to whom the task is delegated, and the context of other patient needs.
- All decisions related to delegation and assignment are based on the fundamental principles of protection of the health, safety and welfare of the public.

Principles of Delegation

- The RN takes responsibility and accountability for the provision of nursing practice.
- The RN directs care and determines the appropriate utilization of any assistant involved in providing direct patient care.
- The RN may delegate components of care but does not delegate the nursing process itself. The practice pervasive functions of assessment, planning, evaluation and nursing judgment cannot be delegated.
- The decision of whether or not to delegate or assign is based upon the RN's judgment concerning the condition of the patient, the competence of all members of the nursing team and the degree of supervision that will be required of the RN if a task is delegated.
- The RN delegates only those tasks for which she or he believes the other health care worker has the knowledge and skill to perform, taking into consideration training, cultural competence, experience and facility/agency policies and procedures.
- The RN individualizes communication regarding the delegation to the nursing assistive personnel and client situation and the communication should be clear, concise, correct and complete. The RN verifies comprehension with the nursing assistive personnel and that the assistant accepts the delegation and the responsibility that accompanies it.
- Communication must be a two-way process: Nursing assistive personnel should have the opportunity to ask questions and/or for clarification of expectations.
- The RN uses critical thinking and professional judgment when following the Five Rights of Delegation, to be sure that the delegation or assignment is:
 1. The right task
 2. Under the right circumstances
 3. To the right person
 4. With the right directions and communication; and
 5. Under the right supervision and evaluation.
- Chief Nursing Officers are accountable for establishing systems to assess, monitor, verify and communicate ongoing competence requirements in areas related to delegation.

Joint Statement on Delegation
American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN)

- There is both individual accountability and organizational accountability for delegation. Organizational accountability for delegation relates to providing sufficient resources, including:
 - Sufficient staffing with an appropriate staff mix
 - Documenting competencies for all staff providing direct patient care and for ensuring that the RN has access to competence information for the staff to whom the RN is delegating care
 - Organizational policies on delegation are developed with the active participation of all nurses, and acknowledge that delegation is a professional right and responsibility.

Delegation Resources

Both the ANA and NCSBN have developed resources to support the nurse in making decisions related to delegation. Appendix A of this paper provides the ANA Principles of Delegation. Appendix B presents the NCSBN decision tree on delegation that reflects the four phases of the delegation process articulated by the NCSBN.

Delegation in Nursing Education

Both the ANA and the NCSBN acknowledge that delegation is a skill that must be taught and practiced for nurses to be proficient in using it in the delivery of nursing care. Nursing schools should provide students with both didactic content and the opportunity to apply theory in a simulated and realistic context. Nursing curricula must include competencies related to delegation. RNs are educated and mentored on how to delegate and supervise others. The effective use of delegation requires a nurse to have a body of practice experience and the authority to implement the delegation.

Delegation in NCLEX®

The *NCLEX-RN® Examination Test Plan* includes competencies related to delegation.

Delegation in the Provision of Nursing Care

The ANA paper outlines some basic elements for the nurse that is essential to form the foundation for delegation, including:

1. Emphasis on professional nursing practice;
2. Definition of delegation, based on the nurse practice act and rules/regulations;
3. Review of specific sections of the law and regulations regarding delegation;
4. Emphasis on tasks/functions that cannot be delegated or cannot be routinely delegated;
5. Focus on RN judgment for task analysis and the decision whether or not to delegate.
6. Determination of the degree of supervision required for delegation;
7. Identification of guidelines for lowering risk related to delegation;
8. Development of feedback mechanisms to ensure that a delegated task is completed and to receive updated data to evaluate the outcome.

Joint Statement on Delegation

American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN)

The NCSBN paper discusses these elements as part of the preparation to delegate. The NCSBN paper also articulates the following steps of the delegation process:

- Assess and plan the delegation, based on the patient needs and available resources.
- Communicate directions to the delegate including any unique patient requirements and characteristics as well as clear expectations regarding what to do, what to report, and when to ask for assistance.
- Surveillance and supervision of the delegation, including the level of supervision needed for the particular situation and the implementation of that supervision, including follow-up to problems or a changing situation.
- Evaluation and feedback to consider the effectiveness of the delegation, including any need to adjust the plan of care.

Delegation skills are developed over time. Nursing employers need to recognize that a newly licensed nurse is a novice who is still acquiring foundational knowledge and skills. In addition, many nurses lack the knowledge, the skill and the confidence to delegate effectively, so ongoing opportunities to enforce the theory and apply the principles of delegation is an essential part of employment orientation and staff development.

Many nurses are reluctant to delegate. This is reflected in NCSBN research findings and a review of the literature as well as anecdotal accounts from nursing students and practicing nurses. There are many contributing factors, ranging from not having had educational opportunities to learn how to work with others effectively to not knowing the skill level and abilities of nursing assistive personnel to simply the work pace and turnover of patients. At the same time, NCSBN research shows an increase in the complexity of the nursing tasks performed by assistive personnel. With the demographic changes and resultant increase in the need for nursing services, plus the nursing shortage, nurses need the support of nursing assistive personnel.

Conclusions

The topic of delegation has never been timelier. Delegation is a process that, used appropriately, can result in safe and effective nursing care. Delegation can free the nurse for attending more complex patient care needs, develop the skills of nursing assistive personnel and promote cost containment for the healthcare organization. The RN determines appropriate nursing practice by using nursing knowledge, professional judgment and the legal authority to practice nursing. RNs must know the context of their practice, including the state nurse practice act and professional standards as well as the facility/organization's policies and procedures related to delegation. Facing a shortage of epic proportions, the nursing community needs to plan how we can continue to accomplish nursing care while assuring the public access to safe, competent nursing care. RNs are urged to seek guidance and appropriate direction from supervisors or mentors when considering decisions about delegation. Mastering the skill and art of delegation is a critical step on the pathway to nursing excellence.

Attachments:

Attachment A: *ANA Principles of Delegation*

Attachment B: *NCSBN Decision Tree – Delegation to Nursing Assistive Personnel*

Joint Statement on Delegation
American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN)

Appendix A
American Nurses Association Principles for Delegation

The following principles have remained constant since the early 1950s.

Overarching Principles:

- The nursing profession determines the scope of nursing practice.
- The nursing profession defines and supervises the education, training and utilization for any assistant roles involved in providing direct patient care.
- The RN takes responsibility and accountability for the provision of nursing practice.
- The RN directs care and determines the appropriate utilization of any assistant involved in providing direct patient care.
- The RN accepts aid from nursing assistive personnel in providing direct patient care.

Nurse-related Principles:

- The RN may delegate elements of care but does not delegate the nursing process itself.
- The RN has the duty to answer for personal actions relating to the nursing process.
- The RN takes into account the knowledge and skills of any individual to whom the RN may delegate elements of care.
- The decision of whether or not to delegate or assign is based upon the RN's judgment concerning the condition of the patient, the competence of all members of the nursing team and the degree of supervision that will be required of the RN if a task is delegated.
- The RN delegates only those tasks for which she or he believes the other health care worker has the knowledge and skill to perform, taking into consideration training, cultural competence experience and facility/agency policies and procedures.
- The RN uses critical thinking and professional judgment when following *The Five Rights of Delegation*:
 1. Right task
 2. Right circumstances
 3. Right person
 4. Right directions and communication
 5. Right supervision and evaluation (NCSBN 1995)
- The RN acknowledges that there is a relational aspect to delegation and that communication is culturally appropriate and the person receiving the communication is treated respectfully.
- Chief nursing officers are accountable for establishing systems to assess, monitor, verify and communicate ongoing competence requirements in areas related to delegation, both for RNs and delegates.
- RNs monitor organizational policies, procedures and position descriptions to ensure there is no violation of the nurse practice act, working with the state board of nursing if necessary.

Joint Statement on Delegation
American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN)

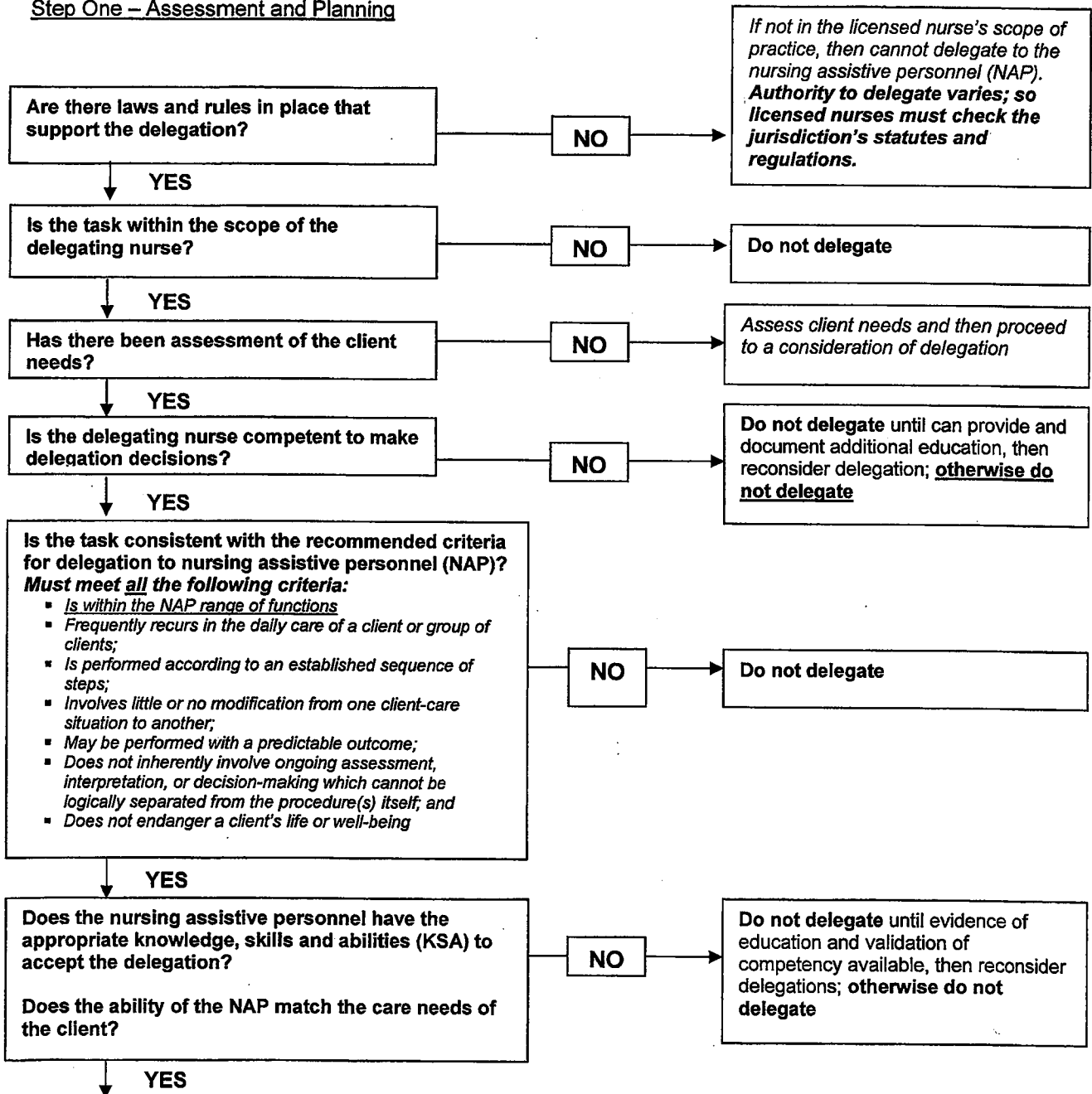
Organization-related Principles:

- The organization is accountable for delegation through the allocation of resources to ensure sufficient staffing so that the RN can delegate appropriately.
- The organization is accountable for documenting competencies for all staff providing direct patient care and for ensuring that the RN has access to competency information for staff to whom the RN is delegating patient care.
- Organizational policies on delegation are developed with the active participation of all nurses (staff, managers and administrators).
- The organization ensures that the education needs of nursing assistive personnel are met through the implementation of a system that allows for nurse input.
- Organizations have policies in place that allow input from nurses indicating that delegation is a professional right and responsibility.

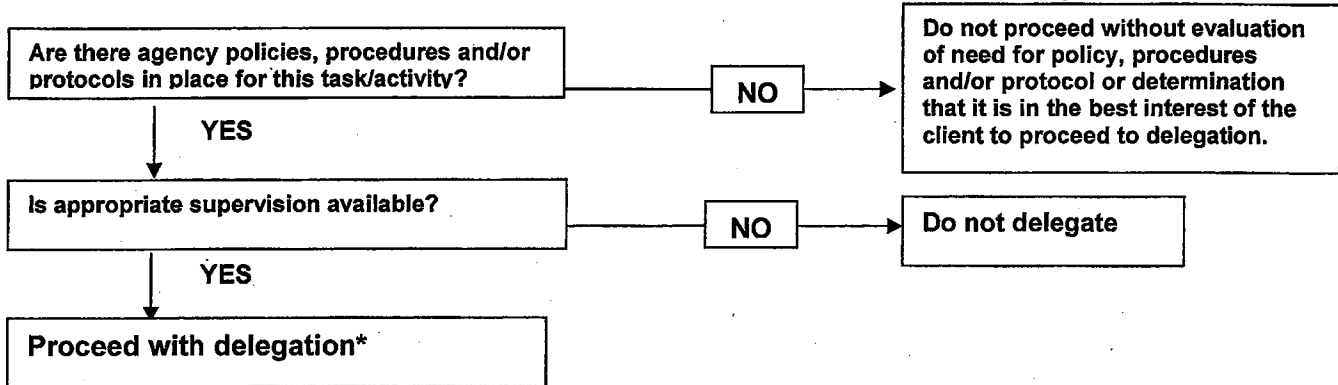
Joint Statement on Delegation
American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN)

**Appendix B National Council of State Boards of Nursing
Decision Tree for Delegation to Nursing Assistive Personnel**

Step One – Assessment and Planning



Joint Statement on Delegation
American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN)



Step Two – Communication

Communication must be a two-way process

<p>The nurse:</p> <ul style="list-style-type: none"> ▪ Assesses the assistant's understanding <ul style="list-style-type: none"> ○ How the task is to be accomplished ○ When and what information is to be reported, including <ul style="list-style-type: none"> ✓ Expected observations to report and record ✓ Specific client concerns that would require prompt reporting. ▪ Individualizes for the nursing assistive personnel and client situation ▪ Addresses any unique client requirements and characteristics, and clear expectations of: ▪ Assesses the assistant's understanding of expectations, providing clarification if needed. ▪ Communicates his or her willingness and availability to guide and support assistant. ▪ Assures appropriate accountability by verifying that the receiving person accepts the delegation and accompanying responsibility 	<p>The nursing assistive personnel</p> <ul style="list-style-type: none"> ▪ Ask questions regarding the delegation and seek clarification of expectations if needed ▪ Inform the nurse if the assistant has not done a task/function/activity before, or has only done infrequently ▪ Ask for additional training or supervision ▪ Affirm understanding of expectations ▪ Determine the communication method between the nurse and the assistive personnel ▪ Determine the communication and plan of action in emergency situations. 	<p>Documentation: Timely, complete and accurate documentation of provided care</p> <ul style="list-style-type: none"> ▪ Facilitates communication with other members of the healthcare team ▪ Records the nursing care provided.
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American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN)

Step Three – Surveillance and Supervision

The purpose of surveillance and monitoring is related to nurse's responsibility for client care within the context of a client population. The nurse supervises the delegation by monitoring the performance of the task or function and assures compliance with standards of practice, policies and procedures. Frequency, level and nature of monitoring vary with needs of client and experience of assistant.

<p>The nurse considers the:</p> <ul style="list-style-type: none"> ▪ Client's health care status and stability of condition ▪ Predictability of responses and risks ▪ Setting where care occurs ▪ Availability of resources and support infrastructure. ▪ <u>Complexity of the task being performed.</u> 	<p>The nurse determines:</p> <ul style="list-style-type: none"> ▪ The frequency of onsite supervision and assessment based on: <ul style="list-style-type: none"> ○ Needs of the client ○ Complexity of the delegated function/task/activity ○ Proximity of nurse's location 	<p>The nurse is responsible for:</p> <ul style="list-style-type: none"> ▪ Timely intervening and follow-up on problems and concerns. Examples of the need for intervening include: ▪ Alertness to subtle signs and symptoms (which allows nurse and assistant to be proactive, before a client's condition deteriorates significantly). ▪ Awareness of assistant's difficulties in completing delegated activities. ▪ Providing adequate follow-up to problems and/or changing situations is a critical aspect of delegation.
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Step Four – Evaluation and Feedback

Evaluation is often the forgotten step in delegation.

<p>In considering the effectiveness of delegation, the nurse addresses the following questions:</p> <ul style="list-style-type: none"> ▪ Was the delegation successful? <ul style="list-style-type: none"> ○ Was the task/function/activity performed correctly? ○ Was the client's desired and/or expected outcome achieved? ○ Was the outcome optimal, satisfactory or unsatisfactory? ○ Was communication timely and effective? ○ What went well; what was challenging? ○ Were there any problems or concerns; if so, how were they addressed? ▪ Is there a better way to meet the client need? ▪ Is there a need to adjust the overall plan of care, or should this approach be continued? ▪ Were there any "learning moments" for the assistant and/or the nurse? ▪ Was appropriate feedback provided to the assistant regarding the performance of the delegation? ▪ Was the assistant acknowledged for accomplishing the task/activity/function?
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SUBCHAPTER 15

DELEGATION OF SPECIAL NURSING CARE TASKS TO UNLICENSED ASSISTIVE PERSONNEL

§16-89-100 Purpose. (a) Only a registered nurse has authority to practice professional nursing; therefore, only the registered nurse has authority to delegate nursing.

It is the intent of the board that the delegation of tasks of nursing care to unlicensed assistive personnel be the exception rather than the rule unless the registered nurse can justify the need for delegation.

The board believes that unlicensed assistive personnel can be utilized to provide tasks of nursing care under the specific delegation and supervision of a registered nurse and not under any licensed practical nurse. Nothing in this subchapter shall limit a licensed practical nurse from providing care within the scope of their practice.

A registered nurse may delegate in any setting at any time; provided that when the registered nurse is not regularly scheduled and not available to provide direct supervision, the registered nurse shall provide indirect supervision.

(b) When delegating a task, function, or activity, the nurse shall use the NCSBN delegation decision-making process and the protocols contained in the NCSBN documents recognized by the Board as a model.

(c) In public school settings, medication shall be administered by school aides in accordance with the regulations and local policies of the department of health and the department of education. Those regulations and policies shall comply and coordinate with applicable federal and state laws, including but not limited to, part III, subpart F of chapter 302A, HRS (relating to school health services program, including statewide requirements for medication administration) and section 11-146-4.

[§457-7.5] Delegation. (a) A registered nurse may delegate nursing care tasks, functions, and activities to unlicensed assistive personnel in a manner that is appropriate to the level of knowledge and skill of the unlicensed assistive personnel; provided that the delegation of tasks, functions, and activities complies with applicable federal and state laws; and provided further that the practice-pervasive functions of assessment, evaluation, and nursing judgment shall not be delegated.

(b) The delegating nurse is responsible for individually assessing the patient and the situational circumstances and for ascertaining the competence of the delegatee before delegating any task, function, or activity. The delegating nurse shall supervise, monitor, evaluate, and follow-up on instructions to a delegatee after delegating any task, function, or activity. The delegatee shall assume liability for accepting the delegation and for the delegatee's own actions in carrying out the delegated task, function, or activity.

(c) When delegating a task, function, or activity, a delegating nurse shall use the NCSBN delegation decision-making process as a model for decision-making. The delegating nurse shall consider and carefully analyze:

- (1) Patient needs and circumstances;
- (2) Qualifications of the proposed delegatee;
- (3) The nature of the delegating nurse's delegation authority set forth in this chapter;
- (4) The delegating nurse's personal competence in the area of nursing relevant to the task, function, or activity to be delegated; and
- (5) The protocols contained in NCSBN documents, including but not limited to: Five Rights of Delegation, Delegation-Decision Making Tree, and The Continuum of Care Framework. [L 2010, c 57, pt of §2]

[Previous](#)

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