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 delegatees.

KeywordsDelegation, 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.

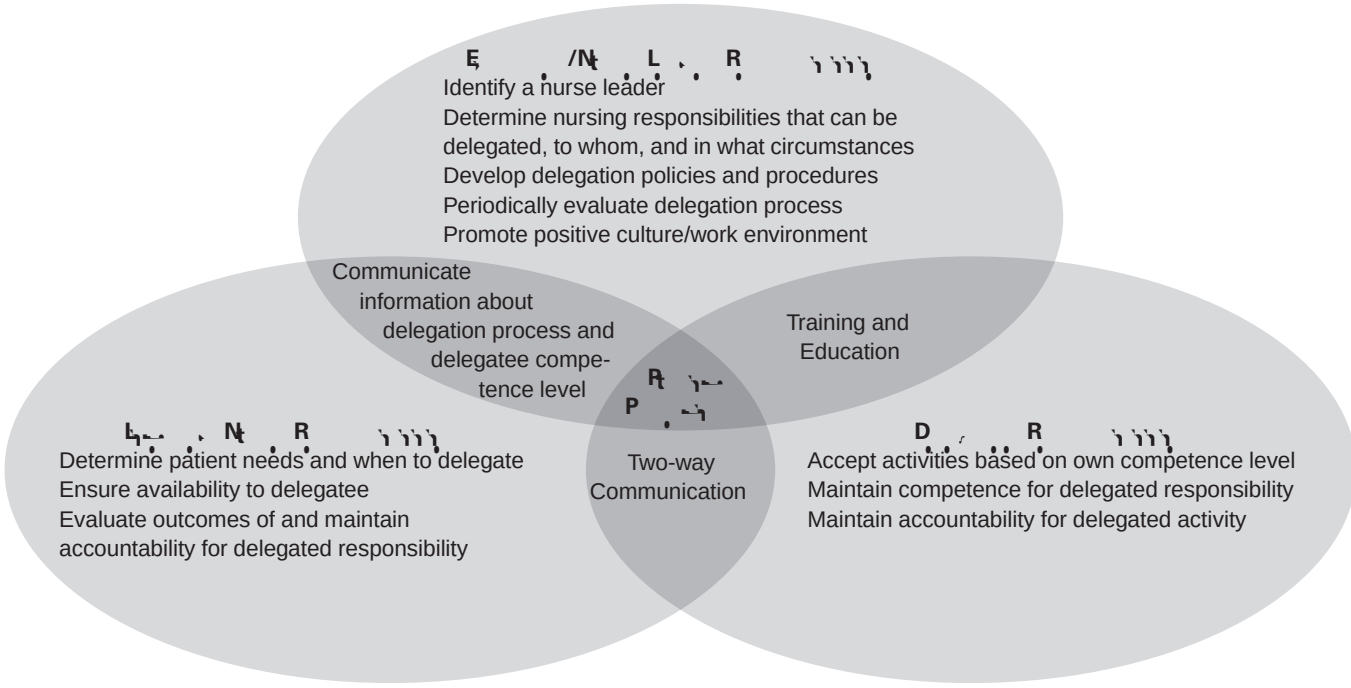
Health care is continuously changing and this includes the roles and responsibilities of licensed health care providers and assistive personnel. The number of licensed nurses (i.e., advanced practice registered nurses [APRNs], registered nurses [RNs], or licensed practical nurse/vocational nurses [LPN/VNs]) 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.

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.

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 not 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 delmeth.

the UAP's level of competence impacts effective delegation, fur ther 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 respon sible 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, Anderheir scope of(n)0.5 (.)]TJ 0.010.5 (r nl.0 20esp.

Guidelines for Delegation

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

Intended Users: Include, but are not limited to: BONs, health care facilities, community-based settings, professional ass tions, 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 provide RN to another RN or LPN/VN to another LPN/VN), which is considered a handoff (Agency for Healthcare Research and Qu 2015).

E /N L R

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 de responsibilities for the facility.

   Rationale: The nurse leader has the ability to assess the needs of the facility, understand the type of knowledge and a specific nursing responsibility, and be accountable for maintaining a safe environment for patients. He or she is also a skill level, and limitations of the licensed nurses and UAP. Additionally, the nurse leader is positioned to develop appropriat take into consideration the need for delegation. Therefore, the decision to delegate begins with a thorough assessment b 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/ru 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

3. Policies and procedures for delegation must be developed. The employer/nurse leader must outline specific responsibi ties that can be delegated and to whom these responsibilities can be delegated. The policies and procedures should als what may not be delegated. The employer must periodically review the policies and procedures for delegation to ensu remain consistent with current nursing practice trends and that they are consistent with the state/jurisdiction's NPA (ins tion/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 specific to delegation and delegated responsibilities eliminates questions from licensed nurses and UAP about what can 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 deleg tees 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 de and procedures) in order to make informed decisions on whether or not delegation is appropriate for the given situation. accountability for the patient. However, the delegatee has responsibility for the delegated activity, skill, or procedure.

5. All delegatees 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 respons This applies to all RNs, LPN/VNs, and UAP who will be delegatees. Competency validation should follow education and petency testing should be kept on file. Competency must be periodically evaluated to ensure continued competency. T

References

Agency for Healthcare Research and Quality. (2015). Patient safety primers: Handoffs and signouts. Retrieved from www.psnet.ahrq.gov/primer.aspx?primerID=9

American Diabetes Association. (2008). Diabetes care tasks at school: What key personnel need to know. Retrieved from www.diabetes.org/living-

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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:

Members – www.ncsbninteractive.org (no charge)

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

Provider accreditation

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Contact hours: 1.0
Posttest passing score is 75%.
Expiration: April 2019

Posttest

Please circle the correct answer.

1....

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

Comments: